CENTRE FOR
FERTILITY AND HEALTH

Annual report 2025

NIPH
Norwegian Institute of Public Health

Norwegian
Centre of
Excellence

Contents

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Hans Fredrik Sunde
Fredrik Swift

Introduction from the Centre Directors

2025 has been a year marked by scientific progress, strategic development, and a strengthened environment at the Centre for Fertility and Health. Our early-career researchers are flourishing, we are expanding and advancing new research fields and further strengthening our national and international position. At the same time, we are entering the final phase of our Centre of Excellence (SFF) period with a clear ambition to secure sustainable structures, strong research environments, and high relevance for public health.

A Strong and Forward-Looking Research Culture
One of our greatest strengths is the Centre's research culture—characterised by openness, active exchange of ideas, and fruitful collaborations across projects and disciplines. In 2025, we have seen how this research culture is increasingly carried forward by our early-career researchers. New projects and research ideas emerge from collaboration, and we are proud to see the next generation of researchers taking ownership of both scientific developments, our social environment and culture building.

At the end of 2024, we implemented structural changes in the PhD network and established CEFHUng, a network for early-career researchers at the Centre. Its purpose is to strengthen the scientific, social, and professional integration of young researchers through structured meeting arenas, skills development, and academic community building. CEFHUng serves as a forum where early-career researchers can exchange ideas, build professional relationships, and develop skills relevant both within and beyond academia. Through organised activities, this network contributes to strengthen the Centre's culture of scientific excellence and provides a solid foundation for future careers.

We have also continued the Project Leader Network, where project leaders meet for peer mentoring, support and exchange of experience. In 2025, the network has placed particular emphasis on PhD supervision, the development of competitive grant applications, and effective project completion. Meetings are informal and practically oriented, providing an important support structure for research leadership.

This year's Centre retreat was held at Norefjell, with the programme developed by CEFHUng. Topics included the path towards research independence, how to improve skills in presentation and visualisation, career development, international mobility, interdisciplinarity, and media communication. The retreat illustrates how our young researchers not only participate in, but actively shape, our academic community.

Looking ahead, we will place particular emphasis on continued support of early-career development, preserving and further developing the research environment as a cohesive unit within the Norwegian Institute of Public Health after the SFF period ends, and ensuring that our strong research culture continues to support creativity and collaborations.

New Research Avenues and Strategic Project Development

In 2025, we have worked strategically to establish larger projects and datasets that will form the foundation for research in the years ahead. Two major projects have received approval from the Regional Committees for Medical and Health Research Ethics (REK): *Reproduction of Health Inequalities,* which investigates how health inequalities arise and are reproduced across generations, and *Reproductive Health – Risk Factors and Health Consequences of Reproductive Health Throughout the Life Course*, which aims to examine risk factors and health consequences of reproductive health indicators across the life course. We are currently applying for data access and expect research activities to begin during 2026 or early 2027. The establishment of data linkages for research are time-consuming but essential for enabling future groundbreaking discoveries. We are also analysing more biological samples in the Norwegian Mother, Father and Child Cohort Study (MoBa) to generate datasets to strengthen ongoing and future research. In 2025, we received new telomere-data from our collaborator at Rutgers University in New York that will contribute to deeper understanding of how fertility and health are influenced by genetics, environment and aging.

We are also expanding our portfolio in cancer epidemiology, with particular emphasis on understanding underlying causal pathways for cancer development, with the aim of identifying preventable measures. We have taken over the role as coordinating institution for the *International Childhood Cancer Cohort Consortium (I4C).* This international collaboration is dedicated to identifying causes of cancer in childhood, adolescence, and young adulthood. Several new projects have been initiated, including studies of the association between cancer and infertility, cancer risk among individuals conceived through assisted reproductive technology (ART), and the potential role of viral infections during pregnancy in the development of childhood leukaemia. We are following up on our previous research findings showing that children conceived through ART display widespread epigenetic differences at birth, particularly in the promoter region of the *BRCA1* gene.

Through the ERC synergy project BIOSFER and its related projects, we have expanded interdisciplinary research with the other PI institutions, the Max Planck Institute for Demographic Research in Rostock and the University of Aarhus. The bi-annual synergy camps have proven to be a great success for developing true interdisciplinary synergies and foster young research careers. BIOSFER has further strengthened our collaboration with three fertility clinics in Norway. The integration of clinical practice with advanced registry and cohort research generates results that enhance patient care, public health, and knowledge development nationally and internationally. Our research has received extensive media attention, including studies highlighting how age at first birth

and early puberty may influence fertility among Norwegian women. We are deeply grateful to all the young women and men who participate in MoBa and contribute to our studies.

We continue to pursue external research funding with high intensity. Competition remains strong, and major societal changes affect the funding opportunities. At the same time, in periods of rapid societal transformation the need for solid, independent research is greatest.

Internationalisation and Scientific Meeting Places

International collaboration is essential for the quality and relevance of our research. In 2025, we hosted visiting researchers and collaborators from leading institutions across the Nordic countries, Europe, and beyond, further strengthening our academic networks.

As co-founders of the E*uropean Perinatal and Paediatric Epidemiology Conference (EPPEC)*, which has been a great success since its first meeting in 2023, we hosted the third conference in Oslo in September. This conference brought together senior and junior researchers interested in epidemiological methods, reproduction, child health, and life-course research. The programme included distinguished keynote speakers and provided dedicated time for presentations from early-career researchers.

As usual, we organised our *8th Annual CEFH Symposium* in May, and also contributed to the organisation of the *Social Science and Genetics Conference* in Oslo in June. These international meeting arenas are vital for stimulating scientific renewal and inspiring interdisciplinary discussions motivating new collaborations and research ideas.

Recognition and Strategic Positioning

Our Centre was evaluated as a research unit in the Research Council of Norway's evaluation of medicine and health sciences (EVALMEDHELSE). We received the highest rating for research quality and very positive feedback. The evaluation described the Centre as a very strong research group with an excellent record in competitive research funding which has generated research outputs that are among the very best internationally in significance, rigour and originality.

The evaluation report also points to a potential tension between curiosity driven groundbreaking research and research that is directly relevant to public health. We view these ambitions to be complementary and not contradictory. Our experience is that advanced methodological development, fundamental research, and close collaboration with leading international environments are prerequisites for understanding and addressing complex societal challenges affecting population health. During the pandemic, we experienced the importance of having highly competent and versatile senior researchers as part of our institute's preparedness. We will clearly advocate this perspective in the development of the Institute's new research strategy in 2026.

Dissemination and Societal Contribution

We experience substantial interest in our results from authorities, professional communities, and the public, as reflected in the extensive dissemination activities documented in this report.

CEFH researchers are highly active in disseminating research findings through interviews, opinion pieces, commentaries, and podcasts. We regularly publish articles on the Norwegian Institute of Public Health's website and in newsletters, covering topics such as ADHD and school performance, how teenage depression affects families, the transition from adolescence to adulthood, the relationship between mental disorders and number of children, risk of endometriosis, and how losing a parent may influence educational and work trajectories. For professional stakeholders, we have organised several seminars marking the completion of major projects, including *Lost in Transition, Sickfam,* and *ADHD Medication in Pregnancy.*

Looking Ahead

As we enter the ninth year of our ten-year Centre of Excellence period, we are grateful and proud of what we have achieved so far. At the same time, we look forward. A key task in the coming years will be to ensure that our research environment is closely integrated with the societal mission and operational needs of our host institution, while safeguarding our established open and creativity driven research culture, scientific independence and maintaining the ambition for research excellence.

Siri E. Håberg, Centre Director

Per Magnus, Centre Deputy Director

Highlights 2025

Selected publications

A working paper in *SSRN* indicate that grandparents continue to play a key role in the provision of childcare despite Norway's extensive childcare services and generous parental support. The study also highlights that grandchildren may influence the health of older adults.

Andersen ML, **Hart RK**, **Sunde HF**, Davies NM & **Torvik FA**. (2025). The Cost of Caring: Gendered Health and Labour Market Effects of Grandparenthood. *SSRN.*

A study published in *European Sociological Review* provides important evidence one way in which inequalities are produced by the education system and how socioeconomically advantaged parents may act to mitigate these risks.

Beck KC. (2025). The later the better? A novel approach to estimating the effect of school starting age on ADHD and academic skills. *European Sociological Review,* 41(5), 675-688.

We found that subtle hypermethylation at the *BRCA1/NBR2* promoter in ART-conceived children may represent an ART-associated epigenetic signature. Further studies in larger populations are needed to clarify its persistence and significance.

Lee Y, Gjessing HK, Page CM, Bohlin J, Lyle R, Magnus P & Håberg SE. (2025). Methylation differences between assisted reproductive technology-conceived and naturally conceived children near BRCA1 and NBR2. *Epigenetics,* 20(1), 2577188.

We found that that the increased risk of adverse perinatal outcomes (such as lower birthweight and shorter gestation) associated with assisted reproductive technologies (ART) is less pronounced when used for male infertility compared to female infertility. This suggests that the risks in ART pregnancies are a combination of underlying factors related to female infertility and ART procedures.

Magnus MC, **Skåra KH**, **Carlsen EØ**, **Gjerdevik M**, Ramlau-Hansen CH, Myrskyla M, **Romundstad L-B** & **Håberg SE**. (2025). Use of assisted reproductive technologies for male and female infertility and perinatal outcomes. *Fertility and Sterility,* 124(2), 270-280.

We developed new models to disentangle the distinct genetic contributions of parents and the fetus on infertility and early fetal viability. The study provides new insights into how genetic factors influence infertility and early pregnancy outcomes, thus improving our understanding of reproductive health.

Skodvin SN, **Gjerdevik M**, **Romanowska J**, **Håberg SE**, Havdahl A, **Lie RT**, **Jugessur A** & **Gjessing HK**. (2025). Statistical methods to disentangle genetic effects influencing infertility and early fetal viability with a genome-wide application. *PLOS Genetics, 21*(12), e1011952.

We developed a framework for understanding indirect assortative mating. We showed that partner similarity in education was better explained by indirect assortment than direct assortment on observed educational attainment.

Sunde HF, Eilertsen EM **& Torvik FA.** (2025). Understanding indirect assortative mating and its intergenerational consequences for educational attainment. *Nature Communications,* 16(1), 5264.

Events

- Annual Centre retreat to Norefjell. Jan 28-29, 2025.
- Retirement seminar for Jennifer R. Harris. Feb 27, 2025.
- BIOSFER synergy camp Lillehammer, Norway. Mar 3-5, 2025.
- Closing seminar for the Sickfam project. Mar 27, 2025.
- 8th Annual CEFH Symposium. May 15-16, 2025.
- BIOSFER synergy camp Ringberg Castle, Germany. Jun 2-4, 2025.
- CEFH summer garden party. June 19, 2025.
- European Perinatal and Pediatric Epidemiology Conference (EPPEC). Sep 16-17, 2025.
- CEFH Ung Fall retreat. Oct 15-16, 2025.
- Annual Meeting I4C, Seoul, Republic of Korea. Oct 21-22, 2025.
- Closing seminar for the ADHD Medication in Pregnancy project. Nov 18, 2025.
- Centre Christmas Event. Nov 13, 2025.
- Closing seminar for the Lost in transition? project. Dec 3, 2025
- 60 year anniversary seminar for Håkon K. Gjessing. Dec 5, 2025
- Various project seminars, PhD seminars and courses and more than 50 weekly seminars

Highlights 2025

New externally funded projects

Funding from the Research Council of Norway's Thematic Call on Welfare and Education to **Fartein Ask Torvik** for the project *"Tracking health-related underachievement in the first two decades of life (THRIVE)"*, which examines how children's health affects school performance, in interaction with family and school environments.

Funding from the Research Council of Norway's FRIPRO programme to **Dana Kristjansson** for the project *"InferCan: Uncovering the Infertility–Cancer Connection"*, which explores the link between infertility and cancer.

Funding from the Research Council of Norway for the *Research School for Computational Life Sciences in Norway* at the University of Bergen, involving researchers from the center.

Nominations and awards

Maria C. Magnus received the Fulbright Article Prize for an article in *The BMJ* investigating the risk of congenital malformations following COVID-19 infection or vaccination during the first trimester of pregnancy. Through robust epidemiological methods and cross-country meta-analyses, the study provides compelling evidence that neither infection nor vaccination in early pregnancy increases the risk of congenital malformations.

Maria Lyster Andersen received the Nordic Health Economics Study Group (NHESG) Award for Best Student Paper for an article published in *SSRN* on how the transition to grandparenthood affects health and labour market outcomes.

Recruitment

In 2025, we welcomed four new PhD candidates: Sunniva Marie Nydal, Marie Wangen Beining, Viktoria Hecimovic and Katja Barlinn Kjelstad and two new postdocs: Arno Van Hootegem and Solveig Løkhammer. Kim Christian Danielsson started in a part time researcher position.

PhD theses

Siri Skodvin. Family-based statistical modeling of genetic effects on infertility and early fetal viability.

Chaitra Srinivas. ADHD Medication Use in Pregnancy: Nationwide Register- Based Studies of Perinatal Treatment Trajectories and Risks of Preterm Birth and Miscarriage.

Rishabh Tyagi. The Disparate Effects of Employment Uncertainty on Life Course Outcomes.

Mari Landås Warp. Reproductive health and capability across two generations: A study of mothers and daughters in the Norwegian Mother, Father and Child Cohort Study.

DAGENS Medisin

DM Debatt DM Event DM Jobb DM + Min side

FIKK PENGER TIL FORSKNINGEN SIN: Forsker Dana Kristjansson (t.v.) fikk også blomster fra forsknings- og høyere utdanningsminister Sigrun Aasland (Ap). Kjersti Flugstad Eriksen

FHI-forsker har fått 6,5 millioner til å se på kobling mellom infertilitet og kreft

Activities of the PhD and Postdoc Research Network at CeFH CeFHUng in 2025

In 2025, the CeFHUng network had 9 seminars, a two-day workshop and various social activities and events. During the seminars, internal or external speakers were invited to present on specific topics, with room for group discussion. Specifically, seminars were organized on topics related to building clear and aesthetic presentations, fake research and open science, supervision of PhDs, health care data, and the role of leadership and feedback. These seminars were coupled with social events to strengthen solidarity, communication and community-building among the early career academics at the Centre, which has strengthened a close-knit group of doctoral students and postdoctoral researchers.

During the two-day workshop, all participating members of the CeFHUng group gave short presentations about their ongoing work and gave feedback on each other's paper projects. In addition, a session was devoted to presentations of some of the postdoctoral researchers on their ideas for project funding applications, which were then discussed in small groups to provide useful feedback and ways forward. As part of the two-day workshop, the CeFHUng group also discussed the potential to write a joint paper both with the whole Centre of Fertility and Health and with the CeFHUng group separately on topics related to fertility.

Based on this workshop, several postdoctoral researchers of the CeFHUng group are now steering and leading the development of a 'Perspectives' paper for the whole Centre that positions its expertise in the fields of fertility and health in a joint paper, which will be aimed to be published in a highly ranked journal. Specifically, with support from leadership and administration from the Centre, the group is currently developed a joint paper project on how fertility decline and postponement has affected population health in positive and adverse ways.

In sum, the start of the CeFH Ung network in 2025 has not only been extremely useful for the social ties among junior academics within the Centre, but has advanced the scientific quality and ongoing collaborations.


Background

PhD and postdoc projects in 2025

Completed dissertations for the PhD degree

Siri Nærland Skodvin
"Family-based statistical modeling of genetic effects on infertility and early fetal viability".
June 6, 2025. Department of Global Public Health and Primary Care, Faculty of Medicine, University of Bergen. Trial lecture topic: *"Polygenic risk scores and their potential for clinical utility in the field of reproductive medicine"*

Chaitra Srinivas
"ADHD Medication Use in Pregnancy: Nationwide Register- Based Studies of Perinatal Treatment Trajectories and Risks of Preterm Birth and Miscarriage".
November 17, 2025. Institute of Health and Society, Faculty of Medicine, University of Oslo. Trial lecture topic: *"An Introduction to Machine Learning in Pharmacoepidemiology"*

Rishabh Tyagi
"The Disparate Effects of Employment Uncertainty on Life Course Outcomes".
November 28, 2025. Department of Sociology and Human Geography, Faculty of Social Sciences, University of Oslo. Trial lecture topic: *"Family Dynamics and Family Wellbeing: The Role of Labour Market Uncertainties"*

Mari Landås Warp
"Reproductive health and capability across two generations: A study of mothers and daughters in the Norwegian Mother, Father and Child Cohort Study."
September 18, 2025. Clinical Institute 2, Faculty of Medicine, University of Bergen. Trial lecure topic: *"Age at menarche and menopause and subsequent long-term health consequences"*

PhD fellowships

Maria Lyster Andersen
"Parenthood, childlessness, and mental health in times of falling fertility"

Lise Andrea Arge
"Determinants of fecundability and consequences for the offspring"

Marie Wangen Beining
"The association of social media usage, sleep and mental health among the young"

Kristina Wikjord Dreiås
"Biological causes of low female fertility (BIOFEM)"

Marianne Hopen Grefslie
"Revisiting and dissecting the maternal effect on childhood asthma, and its impact"

Viktoria Hecimovic
”From birth to menopause: determinants and consequences of epigenetic aging”

Sunniva Marie Nydal
”Determinants of endometriosis and adenomyosis throughout the life course”

Fredrikke Thoresen
”InterGEnerational transmission of MALe fertility (GEMAL)”

Postdoc fellowships

Kathryn Beck
“Pubertal Timing and Inequalities in Education”

Ellen Øen Carlsen
”Intergenerational lifecourse fertility”

Thea Grindstad
“Determinants of fecundity across generations in modern developed society”

Solveig Løkhammer
”Longitudinal intergenerational genetic modeling: indirect genetic effects across development and reproductive health outcomes”

Huong Thu Nguyen
“Assisted reproductive technologies and risk of cardiovascular disease”

Hans Fredrik Sunde
“Parenthood, childlessness, and mental health in times of falling fertility”

Siri Nærland Skodvin
“Advancing statistical methods for modeling pregnancy exposures and outcomes”

Karoline Hansen Skåra
”Fecundity, fertility and reproductive health among young women and men in Norway”

Arno Van Hootegem
”Young adults’ mental health and labor market exclusion - causes, consequences, and trends”

New externally funded projects

THRIVE: Tracking health-related underachievement in the first two decades of life

Research Council of Norway
Thematic Call on Welfare and Education
Project manager: Fartein Ask Torvik

Health and education are closely linked, yet few studies have systematically investigated which aspects of health that impair education and how this can be prevented. Although health conditions correlate with educational outcomes, the links are not intrinsic. Many health conditions can be treated or their impact on education reduced. Underachievement among children with health issues – performance below their level of talent – therefore represents untapped educational potential and a way to increase social inclusion. In this project, we investigate how health influences underachievement in interplay with families and schools by following a new generation from infancy to early adulthood.

Our overarching goal is to understand how health relates to the development of educational underachievement from childhood to early adulthood.

Specifically, we aim to:

1. Determine which health conditions and health-related traits contribute to educational underachievement.
2. Study how child health and development might explain intergenerational reproduction of educational disparities.
3. Explore how the educational system interacts with children's personal characteristics and predispositions to shape educational outcomes from childhood to early adulthood.

We achieve these aims by following a new generation through the first two decades of life in population-wide register data and in a large birth cohort. The project will start in 2026.

InferCan: Uncovering the infertility-cancer connection

Research Council of Norway
FRIPRO Project for Early Career Scientist
Project manager: Dana Kristjansson

Infertility affects approximately one in six people globally and goes beyond the challenge of having children—it is increasingly seen as an important indicator of overall health, with implications for future risks such as cancer. Research shows that infertility is associated with increased cancer risk, especially when experienced at a younger age.

The InferCan project will explore critical links between infertility and cancer, bringing new insights that could change our understanding and approach to these health issues. Using comprehensive data from large Norwegian health surveys, the project will investigate whether infertility may be a precursor to cancer risk. By distinguishing infertility from childlessness, InferCan will use groundbreaking techniques to reveal how failed pregnancy attempts impact health differently than choosing not to have children. The project also aims to uncover genetic factors that may make infertile individuals more vulnerable to cancer risk, using advanced genetic analysis to identify shared risk genes and differences between fertile and infertile individuals. In addition, we plan to analyze how assisted reproductive technology (ART) - which many couples use to conceive - may affect cancer risk due to long-term hormone exposure. With these technologies becoming increasingly common worldwide, it is important to understand their long-term health effects.

Through novel approaches that combine epidemiological research and genetic analysis, InferCan promises to provide new perspectives on the connection between fertility and cancer risk, offering valuable insights for health strategies, preventive measures, and empowering individuals to make informed health decisions based on evidence.

Partnerships and funding

Adequate funding is essential to CEFH's ability to reach our ambitious research plans.

CEFH has developed a culture striving for high quality research and renewal. Key to this development are strong collaborations with international and national researchers to develop new research proposals and projects. Both formal and informal collaborations with other researchers contribute to enhance the quality of our research and to improve the chances for funding.

Thorough analyses of calls for proposals, a support system for proposal writing and budgeting and fostering an open research environment are important steps taken at CEFH to help ensure successful funding. At CEFH, researchers and administrative staff liaise to ensure compliance and coordinate research with funders and collaborators.

Since the inception of the Centre in 2017, researchers at CEFH have submitted over 100 applications for external funding. Of these, 28 have been funded, totalling over 440 million NOK. In addition, we are partners and collaborators in many other project proposals.

The Centre has secured funding from many different sources. Ongoing projects are funded by The Research Council of Norway, the European Research Council (ERC Synergy Grant and Starting Grant), Nordforsk, The Norwegian Cancer Society and Oslo University Hospital.

Funded by The Research Council of Norway

NORWEGIAN CANCER SOCIETY

Funded by the Nordic Council of Ministers

European Research Council
Established by the European Commission

OSLO UNIVERSITY HOSPITAL

The Gro Harlem Brundtland Visiting Scholarship 2025

Henrik-Alexander Schubert

Henrik is a postdoctoral researcher at the Max Planck Institute for Demographic Research in Rostock, Germany, specializing in fertility trends, male fertility, and mortality improvements. His research examines the interplay between biological, social, and structural factors shaping demographic change.

During his research stay at the Centre in Oslo in 2025, he investigated residential mobility around childbirth using Norwegian administrative register data. The project revealed significant heterogeneity in migration behavior, with amplified mobility preceding conception. Importantly, while moving around conception was initially associated with increased risk of postnatal mental health problems, counterfactual analyses suggested this link was largely driven by selection: those who moved were often already facing higher health or socioeconomic risks. In fact, the move itself appeared to be a rational behaviour that mitigated potential health complications The project highlights the role of residential mobility for reproductive health. The research stay provided critical access to high-resolution longitudinal data and enabled collaboration with Martin Flatø, who provided excellent supervision and intellectual support. The inspiring, stimulating, and collaborative atmosphere at CeFH also led to new research collaborations.

Linus Andersson

Linus is a researcher at the Swedish Institute for Social Research (SOFI), Stockholm University, and a lecturer at the Department of Sociology, Uppsala University. He received a PhD in Sociology and a habilitation (Docent in Demography) in 2023, both from Stockholm University.

His research focuses on population processes, with particular emphasis on fertility, partnership dynamics, kinship systems, and educational institutions. Currently, he analyses emerging trends in partnering, fertility, and demographic behaviour in the Nordic countries. He is the principal investigator of an international project examining attitudes toward pronatal policies in a comparative perspective across Hungary, Sweden, Germany, and Poland. He also investigates the role of online distance education in family formation over the life course.

During his visit to the Centre, he collaborated with Vegard Skirbekk on work that examines the relationship between fertility and religious affiliation using Finnish register data. He presented work on decomposing cohort trends in religiosity and fertility at the 8th Annual CeFH Symposium. With Skirbekk and others, he currently works a study on religiosity and childbearing behaviour in a Nordic comparative framework.

The Gro Harlem Brundtland Visiting Scholarship

We are strongly committed to the education and engagement of early career researchers and have established the Gro Harlem Brundtland Visiting Scholarship. This scholarship helps CEFH host early career researchers from Norway and abroad to engage in collaborative research and to participate in and enrich the research community at the Centre and at the Norwegian Institute of Public Health. The scholarship was announced for the first time in May 2018, and has been awarded to 13 researchers.

Our research themes

The overarching scientific goal of the Centre is to advance the understanding of the factors that influence fertility and elucidate the social and biological pathways through which fertility affects health across the lifespan.

In addition to this overarching goal, we aim to increase our knowledge about the determinants and health consequences of union formation and dissolution, which are closely linked with fertility.

To address these issues, the Centre combines expertise from epidemiologists, geneticists, physicians, psychologists, demographers, statisticians, sociologists and economists.

As the Centre has evolved, new research ideas have been added to the ones originally described in our CoE proposal. They reflect advances in the field and new ideas are spawned by the growing number of Centre team members and collaborators.

Ongoing research projects are aiming to understand how maturation and education influence health, how biological age can be measured and what is shaping fertility in young adults today. The pandemic has also provided new research opportunities.

We have defined six main research themes. The research themes are an underlying framework for our research. Many of our research projects and activities are intertwined and integrated parts in several of these main themes.

Our six current research themes are:

- Maternal and paternal age
- Infertility, subfertility and reproductive technologies
- Fetal life, adolescence and fertility outcomes
- Fertility, family structure and transmission of health across generations
- New statistical methods for analysing family and transgenerational data
- Covid, vaccination and its implications on pregnancy, young adults, education, partner formations and fertility

Maternal and paternal age

Age is perhaps the most important predictor of fertility and health. Maternal and paternal age influence the ability to become pregnant and has consequences for pregnancy outcomes and for health. Aging processes differ between individuals, as some appear to age faster and some slower than people of the same chronological age.

Our research is at the forefront of developing biological aging clocks, which we use to study how differences in chronological and biological age are associated with fecundity, fertility and risk of disease.

We investigate the impact of maternal and paternal age at childbirth on subfertility, pregnancy outcomes, and consequences for parental and child health. We also analyse the factors behind the increasing age at childbearing.

KEY AIMS

- To understand how maternal and paternal age affect pregnancy outcomes and children's health through social and biological mechanisms.
- To improve biological clocks of ageing, including gestational age clocks, and to use them in ongoing research on fertility and ageing.
- To understand which factors influence age at childbearing in young adults today.

PRESENT ACHIEVEMENTS

Magnus MC *et al.* 2019. Role of maternal age and pregnancy history in risk of miscarriage: prospective register based study. *BMJ* 364, 1869.

Haftorn KL *et al.* 2023. Nucleated red blood cells explain most of the association between DNA methylation and gestational age. *Communications Biology* 6(1), 224.

Lee Y *et al.* 2020. Blood-based epigenetic estimators of chronological age in human adults using DNA methylation data from the Illumina MethylationEPIC array. *BMC Genomics* 21(1), 747.

Basso O *et al.* 2022. Parents' age at birth and daughters' time to pregnancy: a study within the Norwegian Mother, Father and Child Cohort. *Human Reproduction* 37(8), 1896-1906.

Infertility, subfertility and assisted reproductive technologies

Assisted reproductive technologies can help many subfertile couples to become pregnant. Studies indicate that children conceived with assisted reproductive technologies are at increased risk of some adverse health outcomes in childhood and young adulthood. However, whether this is related to the technologies themselves or to underlying heritable aspects of subfertility is difficult to disentangle.

We use genetic, epigenetic and registry data to investigate causes and consequences of infertility and health consequences of subfertility and assisted reproductive technologies in parents and children.

KEY AIMS

- To investigate the social and biological causes and consequences of subfertility and the use of assisted reproductive technologies.
- To understand the nature of the relationships between infertility, various diseases, and health status.
- To understand how genetic influences and epigenetic differences are associated with subfertility and the use of assisted reproductive technologies in parents and children.

PRESENT ACHIEVEMENTS

Goisis A *et al.* 2020. The demographics of assisted reproductive technology births in a Nordic country. *Human Reproduction* 35(6), 1441-1450.

Bratsberg B *et al.* (2021). Fathers of children conceived using ART have higher cognitive ability scores than fathers of naturally conceived children. *Human Reproduction* 35(6), 1461-1468.

Magnus MC *et al.* 2021. Growth in children conceived by ART. *Human Reproduction* 36(4), 1074-1082.

Håberg SE *et al.* 2022. DNA methylation in newborns conceived by assisted reproductive technology. *Nature Communications* 13, 1896.

Lee Y *et al.* 2022. Associations between epigenetic age acceleration and infertility. *Human Reproduction* 37 (9), 2063–2074.

Magnus MC *et al.* 2025. Use of assisted reproductive technologies for male and female infertility and perinatal outcomes. *Fertility and Sterility,* 124(2), 270-280.

Fetal life, adolescence and fertility outcomes

Starting with conception and fetal life, we investigate how factors in early life affect maturation, puberty, later fertility and health. Central topics include educational pathways, mental health in social interactions and partner formation.

In the last decades there has been a steep increase in gender dysphoria. We need to understand both social and biological aspects of this increase. We will investigate whether environmental substances in fetal life can disturb development and influence sexual identity.

KEY AIMS

- To understand causes and consequences of gender differences in school performance and examine whether they are explained by differences in timing of physical maturity between girls and boys.
- To understand the interplay between education, labour market participation, family formation and health.
- To understand how social, biological and psychological forces shape the emerging fertility patterns in young adults, and investigate the role of social and biomedical factors on low fertility.
- To understand the short and long-term consequences of medication use and endocrine disrupting substances in pregnancy.

PRESENT ACHIEVEMENTS

Kinge JM *et al.* 2021. Parental income and mental disorders in children and adolescents: prospective register-based study. *International Journal of Epidemiology*; 50(5): 1615-1627.

Nordmo M *et al.* 2022. The educational burden of disease: a cohort study. *Lancet Public Health* 7 (6), e549-e556.

Beck KC *et al.* 2024. Distressing testing: A propensity score analysis of high-stakes exam failure and mental health. *Child Development* 95(1), 242-260.

Beck KC *et al.* 2024. School Starting Age, Fertility, and Family Formation: Evidence From the School Entry Cutoff Using Exact Date of Birth. *Demography.* 61, 6, 1999-2026.

Reme B-A *et al.* 2024. School performance and the social gradient in young adult death in Norway. *Nature Human Behaviour.* 9, 84-89.

Beck KC. 2025. The later the better? A novel approach to estimating the effect of school starting age on ADHD and academic skills. *European Sociological Review,* 41(5), 675-688.

Fertility, family structure and transmission of health across generations

We investigate the causes and health consequences of various aspects of fertility such as number of children, number of siblings, childlessness, age at first birth, birth intervals, union formation and dissolution.

We analyse determinants and health effects of union formation and dissolution, which are closely linked with fertility

We explore how health and disease are transmitted across generations.

KEY AIMS

- To understand how fertility, union formation and union dissolution is related to health of children and adults.
- To understand how socioeconomic and ideational factors affect reproduction among women and men.
- To understand the role of mental health in the reproduction of socioeconomic differences.
- To understand associations in occurrence of pregnancy outcomes, health and disease across generations.

PRESENT ACHIEVEMENTS

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New statistical methods for analysing family and transgenerational data

We develop novel advanced statistical models to analyse genetic data from large-scale genome-wide association studies, integrating SNP and methylation data, and focusing on nuclear families and transgenerational data.

A large number of projects at the Centre will also benefit from extending methodology such as time-to-event data, correlated data, and multilevel data to studies of pregnancy and fertility-related outcomes within families.

KEY AIMS

- To develop and extend methods to analyse large-scale genetic association data, particularly in nuclear families and outcomes related to the use of artificial reproductive technologies.
- Develop and investigate new ways to define and measure heritability and intergenerational transmission of health.
- Develop new, general methodology for analysing correlated and multilevel data.
- Extend time-to-event methodology to comprehensively analyse pregnancy outcomes under time-dependent exposure.
- Introduce and apply novel methods to analyse COVID-19 and other infectious disease data to provide real-time descriptions and short-term predictions of disease spread.

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Covid and its implication on young adults, education, partner formations and fertility

The COVID-19 pandemic had a huge impact on health, living conditions, education and fertility. Pregnant women were especially vulnerable and at higher risk of adverse outcomes. People had an abrupt change in social interactions, work life and lifestyle changes. A surprising surge in births was seen 9 months after lockdown. However, a current corresponding downswing in births is now observed.

We study the impact of the COVID-19 pandemic on health, living conditions, education and fertility.

KEY AIMS

- To explore the underlying causes in the changing fertility patterns during and after the COVID-19 pandemic.
- To understand the role of long COVID in fertility and pregnancy.
- To examine whether effects of the pandemic vary across social strata and contribute to larger social inequalities in fertility and health.
- To understand how the COVID-19 pandemic and vaccinations have affected pregnancy outcomes and the health of pregnant women and their offspring.

PRESENT ACHIEVEMENTS

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Key projects

Reproduction, partner disruption and health

The aim of this project is to gain more insight into how partnership disruption, number of children, parents' age at birth, and birth interval lengths affect the health of parents and offspring. Four sub-projects are defined:

- How does maternal/paternal age at birth, number of siblings, and age interval between siblings affect children's health?
- How does the number of children (including childlessness), age at first birth, and interval between births affect adult health?
- How does disruption of parental relationships, and possible parental re-partnering, affect children's health?
- How does disruption of relationships, and possible re-partnering, affect the health of the involved adults?

This project was initiated in 2017 to answer many of the research questions described in our original Centre of Excellence application and is also used to answer relevant research questions in some of the other research projects listed in this annual report. It is based on a rich linkage of data from registers and surveys.

In 2025, we included updated data from some of the registers.

The project is funded by the Research Council of Norway through the Centre of Excellence grant

Project managers: Per Magnus and Øystein Kravdal

START – Study of assisted reproductive technology

The main aim of the project is to understand causes and health consequences of subfertility and use of assisted reproductive technologies in women and men. We examine the role of genes, age and environment, and whether there are differences in epigenetic markers associated with subfertility, the use of assisted reproductive technologies (ART) and health outcomes in parents and children. The Centre of Excellence funding provided the opportunity to establish the largest dataset to date of DNA methylation in mother-father-child trios with a child conceived with ART and naturally conceived children. We have expanded the epigenetic data with additional random trios and have now the world largest dataset to date with triodata of DNA methylation combined with genetics.

We have published findings on epigenetic differences in children born through ART compared to naturally conceived children. Differences were found in 176 known genes, many of which were related to health outcomes associated with ART in other studies. With funding from the Norwegian Cancer Society, we found indications that these DNA methylation differences at birth persist into older ages. We are currently investigating whether the DNA methylation differences are associated with differences in gene expression at birth. We have also found that DNA methylation mediates differences in birth weight with ART and are now looking into outcomes later in childhood. With the data in START we have expanded our work on biological aging clocks based on DNA methylation, exploring cell type specific patterns and different CpG sites in the aging clocks, and we found that maternal biological aging, but not paternal biological aging, was associated with preg-

nancy outcomes. The role of genetics in subfertility, and especially interaction between parent's genes have been shown to play important roles in subfertility and need of ART. We have also studied genetic effects on telomere length, and the relation between telomere length, fecundity and use of ART. Another advancing area is combining our triodata on genetics, and we have published novel statistical methods to detect mother-father genetic interaction effects, with infertility as an example. We are currently expanding our work combining genetics in trios with epigenetics and other omics data to understand the complex interplay of genetic and environmental effects in subfertility and health.

Further analyses of DNA methylation and RNA are conducted in close collaboration with the University of Bergen and Oslo University Hospital.

The project is funded by the Research Council of Norway through the Centre of Excellence grant and by the Norwegian Cancer Society.

Project manager: Siri E. Håberg

ART (Assisted Reproductive Technologies) – Pregnancy and childhood outcomes

This project combines Norwegian registry data and questionnaire data from the MoBa cohort study to investigate causes and consequences of subfertility and assisted conceptions. Main outcomes include fetal growth, gestational length, fetal loss, 'vanishing' twins, and causes and consequences of subfertility and use of ART in parents and children.

Our research has provided knowledge on causes of miscarriages, such as the role of maternal age, and also on the link between underlying chronic diseases and mental health in miscarriages. We are also investigating short- and long-term health effects in women who used ART. Several PhD candidates at CeFH are involved in this project and in studies of subfertility and miscarriages. We have shown that children's growth and health after ART is different at birth and in preschool ages. Our international collaborators include senior researcher Gavin Pereira from Curtin University in Perth, Australia, and several members of his team. In this collaboration we have explore the role of interpregnancy intervals, and how short and long intervals between children influence risk of miscarriages and fertility outcomes. Reassuringly we found that that women with short intervals were not at higher risk of adverse outcomes. We have also studied intergenerational risks on fertility outcomes, and the role of parents' age in offspring fertility. Current work expands on understanding gestational length, preterm deliveries and how dating of pregnancies influence estimated pregnancy duration in both ART and naturally conceived pregnancies.

The project is funded by the Research Council of Norway through the Centre of Excellence grant.

Project manager: Siri E. Håberg

Metabolomic profile and IVF, pregnancy, perinatal and longer-term outcomes

In this collaborative MoBa-project we work with researchers in Bristol, UK, and combine metabolic profiles, genome-wide genotypic data, and clinical factors to understand causal mechanisms for adverse pregnancy, perinatal and postnatal outcomes in in vitro fertilisation (IVF) and spontaneously conceived pregnancies. Differences in pregnancy metabolic profiles are likely to be important, but it is only recently that studies of pregnant women have acquired detailed measurements of metabolic profiles during pregnancy.

We have now received all metabolomic profiles (250 metabolites in total) to pregnancy samples for approximately 11 000 women and 5000 of their male partners in MoBa who have genome-wide genotypic data on trios. The results from the analysis of these data will enhance our understanding of the role of pregnancy metabolism on pregnancy and perinatal outcomes. We will use machine learning methods to develop prediction algorithms for each adverse outcome, also for 'healthy' pregnancies, and test the discrimination and calibration of these, as well as compare them to similar metrics for prediction using established risk factors collected at the first antenatal clinic.

The project is funded by grants to Deborah A Lawlor (ERC Advanced Grant and UK National Institute of Health Research Senior Investigator award).

Project manager at the Centre: Maria C. Magnus

ADHD medication in pregnancy: understanding the population and outcomes related to treatment use and discontinuation

ADHD became an increasingly common diagnosis among adults in the last two decades. The subsequent increase in ADHD medication use among women of childbearing age has been substantial. While we should be concerned about the potential negative consequences of drug exposures in pregnancy, we should also weigh the risks of discontinuing beneficial treatment. Prior epidemiologic studies had identified increased risks of miscarriage and preterm birth related to ADHD treatment, but there were concerns about appropriate comparison groups and other potential sources of bias that had been underexplored. For example, women with ADHD might be more likely to seek an induced abortion which would affect their risk of experiencing a miscarriage. The primary objective of the project was to assess whether ADHD medication use or discontinuation during pregnancy increase the risk of miscarriage, preterm birth, or postpartum depression. Secondary objectives explored potential sources of bias and described how ADHD medications are used around the pregnancy period. The project used data from health registries in Norway and Sweden and the Norwegian Mother, Father and Child Cohort Study (MoBa). We employed statistical methods that went beyond state of the art.

Our descriptive research provided knowledge on the recent trends in ADHD medication use in pregnancy,

characteristics of patients, and patterns of use. We found a steep rise in ADHD medication use in pregnancy in Norway and Sweden from 2010-2019, and a rising predominance in the use of lisdexamfetamine, prompting more focus on this drug. We found that few patients continued using ADHD medication throughout the perinatal period, and that these patients used other psychiatric medications more often and more continuously in the perinatal period as well. We found that young women with ADHD were more likely than their peers without ADHD to have an abortion, suggesting a need for increased public health focus to reduce unplanned pregnancy and inadvertent prenatal exposure to ADHD medication.

We also focused on the potential harms of ADHD medication in pregnancy or of untreated ADHD in pregnancy. We found that ADHD medication modestly increased the risks of both preterm birth and miscarriage. This aligns with prior research and suggests caution but not contraindication. We did not find that discontinuation of ADHD medication in pregnancy increased the risk of perinatal depression or anxiety, nor that prenatal exposure increased the risk of neurodevelopmental disorders. Some of this work remains to be finalized.

The project ended in 2025.

The project was funded by the Research Council of Norway's FRIPRO - Young Research Talents programme.

Project manager: Jacqueline Cohen

National Historical Population Register for Norway (HPR) 1800–2024

In December 2021, the Research Council of Norway awarded a new substantial grant to continue this project, now under a new name 'Historical Registers'. This grant will secure the completion of the HPR within a few years. The project is coordinated by the Norwegian Computing Center, with extensive contribution by CeFH researchers in all work packages. Digitalization of all sources 1900-1960 is now basically completed. This work, using various AI-techniques, has been conducted by CeFH. The focus now turns to linking together these sources, validation, and integration of HPR with existing modern microdata. Under the new grant we will also work to set up an infrastructure were also other historical thematic sources with person-data can be fully integrated with HPR and modern data. Norwegian archives are full of valuable sources that can realistically be digitalized and linked to HPR with modest resources.

The project is funded by the Research Council of Norway's FORINFRA programme since 2013.

Project manager at CEFH: Kåre Bævre. The project is coordinated by Lars Holden at the Norwegian Computing Center.

Lost in transition? Uncovering social and health consequences of sub-optimal transitions in the education system

The overarching aim of this project is to understand the effects of transitions in the educational system on later labour market participation, family formation, and health. The project considers how starting school at a suitable age, attending an upper secondary school of choice, and managing to complete upper secondary education affect later social participation and health.

In 2025, we hosted a seminar where we presented results from the project and discussed its findings with stakeholders at Litteraturhuset in Oslo with opportunities for online participation. Several new publications came out of the project. An article by Beck (2025) uses a novel natural experiment design to show that younger school starting age causes significantly lower grades and more ADHD diagnoses, and that 10% of births are shifted from before until after the January 1st cutoff, particularly for women with higher education.

The project is funded by the Research Council of Norway's FRIHUMSAM programme.

Project manager: Martin Flatø.

Maternal effects of asthma – Revisiting and dissecting the maternal effect of asthma

It is well established that childhood asthma is more common when the mother has asthma than when the father has it. Although this has been reproduced by many researchers, none have come up with a good explanation for the effect. At present there is no efficient primary prevention of childhood asthma, due to lack of etiological insight. We aim to discover the biology behind the maternal effect using data from a large pregnancy cohort, MoBa, as well as data from nationwide registries.

The project is developing using data and biomaterials from MoBa as well as analysing registry linked data from the whole Norwegian population. The aim is to understand the mechanisms behind the maternal effect on childhood asthma. We have published MoBa questionnaire data that demonstrate that the maternal effect is also present when the children are teenagers and we have recently received telomere length data from children with asthma that will be compared with telomere length data from children without asthma. Submitted analyses of registry data show the higher recurrence risk of asthma through the maternal line.

The project is funded by the Research Council of Norway's FRIMEDBIO programme.

Project manager: Per Magnus

Women's fertility – an essential component of health and well-being

This project ended in 2025. The main objective of this project was to study women's reproductive health throughout the life course. With data from the Norwegian Mother, Father and Child Cohort Study (MoBa), examined how lifestyle, genetic, epigenetic, and environmental factors affect different aspects of reproductive health. We also studied if health conditions affected reduced fertility. With

data from both mothers and daughters we studied intergenerational associations and how mothers' and daughters' reproductive histories and health are related.

The project facilitated clinical examinations of more than 800 young women in MoBa. A PhD candidate, Mari Landås Warp, defended her doctoral thesis in 2025, on factors influencing pubertal development in young women and ovarian anatomy and function. The research team still has ongoing analyses and articles based on the clinical data collection.

Among the most important finding was the association between miscarriage and reduced fertility. We also showed an increased risk of cardiovascular disease among women and men with reduced fertility. In addition, we found that smoking and high body mass index (BMI) were the factors most consistently associated with increased time to pregnancy and age at first birth. We found that the increased risk of adverse perinatal outcomes in pregnancies conceived through assisted reproductive technology (ART) was less pronounced when infertility was due to male causes than female causes. This suggests that the risk of adverse outcomes in ART pregnancies is a combination of factors related to female infertility and the ART treatment itself. We had some reassuring findings for women using ART. We showed that there was no increased short-term risk of stroke among women who gave birth after using ART, and over a median follow-up of 11 years, there was no increased risk of cardiovascular disease compared with those who conceived without ART. We also found no clear associations between high levels of PFAS and the risk of miscarriage. An interesting finding was that women with atopic eczema had slightly shorter time to pregnancy and less need for fertility treatment.

Lifestyle factors are important in reproductive health. We found a possible increased risk of preterm birth among women with insomnia. Furthermore, our findings indicate that both short and long sleep duration may increase the risk of stillbirth, perinatal depression, and low birth weight. We have also described common menopausal symptoms and examined the importance of prior fertility in menopausal symptoms.

By combining data from mothers and daughters, we found that women born less than 16 years after their mother's menarche (first menstruation) had a lower likelihood of early menarche themselves, whereas girls born more than 20 years after their mother's menarche had a higher likelihood of early menarche. Women conceived via ART had an increased risk of endometriosis and adenomyosis, while naturally conceived women whose parents had used ART in other pregnancies did not have an increased risk. This suggests that parental infertility cannot explain the increased risk among women conceived through ART.

Using genetic data in MoBa, we identified genetic markers associated with menstrual cycle characteristics and infertility, including 14 novel markers related to regulation of menstrual cycle length. We have also identified risk genes associated with reduced fertility. Using epigenetic data we showed that accelerated biological aging was associated with reduced fertility. We have also applied genetic instruments in a method known as Mendelian randomization to investigate potential causal relationships between sleep, insomnia, smoking, BMI, and pregnancy outcomes. Using Mendelian randomization (MR), we found that the association with age at first birth may partly be explained by underlying genetic predisposition to attention deficit hyperactivity disorder (ADHD) and educational attainment. These results contribute to a better understanding of the complex interplay between genetics, environment, and reproductive health.

The project was funded by the Research Council of Norway's KVINNEHELSE funding scheme.

Project manager: Siri E. Håberg

Telomere and female fecundity

This project is founded on the observation that women with delayed menopause and those who give birth to children later in life have a lower risk of cardiovascular disease and live longer than other women. Moreover, women with longer telomere length (TL) have delayed menopause, less cardiovascular disease, and live longer than other women. A central hypothesis of this project posits that women who bear children later in life, without the use of assisted reproductive technologies (ART), may have a longer TL than their peers. The aims of the study were therefore to: *1)* measure TL in 1700 mothers who gave birth at ages 18 years or older, including 1000 mothers who gave birth at the age 32 years and older; *2)* measure TL in 300 mothers who gave birth at the age of 32 years or older with the assistance of ART; *3)* measure TL in the 2000 fathers (the sexual partners) of the mothers in aims 1 and 2); and *4)* measure TL in newborns of these parents.

The first two years of Kristine Haftorn's PhD work was supported by funding from this project. Haftorn defended her thesis successfully in 2023 at the University of Oslo. Her thesis also dealt with epigenetic gestational clocks, which are DNA methylation-based predictors of gestational age. Currently, we are in the process of analyzing the TL data that have been gathered thus far. One manuscript, on the effect of polygenic scores of TL alleles on TL in newborns and parents, was published in the journal Aging Cell in 2024 (Lee *et al.*). A second manuscript, on the relationship between TL and fecundity was published in the journal BMC Medicine in 2024 (Skåra *et al.*) is currently being drafted for submission. Regarding our work on epigenetic aging, we submitted a preprint on a project where we examined the effect of prenatal stress on gestational epigenetic age (Murgatroyd C *et al.*)

The project was initially funded by the US National Institutes of Health (NIH) (grant R01 1HL134840-01) until 2022 and subsequently by the Research Council of Norway through the Centre of Excellence grant.

Project manager: Per Magnus.

INFERTILITY: Understanding the causal nature of the relationship between infertility and cardiovascular disease

The INFERTILITY project aims at filling several existing knowledge gaps in our understanding of the nature of the relationship between infertility and cardiovascular disease. The working hypothesis is that both infertile men and women have an increased risk of cardiovascular disease, and that this might at least partly reflect a greater burden of cardiovascular disease risk factors among infertile men and women. The project uses data from the MoBa, HUNT, the Avon Longitudinal Study of Parents and Children (ALSPAC), and the national health registries.

We have published 18 scientific papers. Findings have confirmed an increased risk of cardiovascular disease among infertile women in both MoBa and HUNT, while there appears to be no robust evidence of an increased risk among infertile men. Using genes as instrumental variables in Mendelian randomization analyses, we have found that both obesity and higher fasting insulin was linked to infertility in both sexes, while there appears to be no strong relationship between smoking and infertility in either sex. Beyond this, measures of biological ageing, including epigenetic age acceleration and telomere length, does not appear to be associated with infertility in either sex. In registry-based analyses, we found no robust evidence of an increased risk of cardiovascular disease among women who delivered after using assisted reproductive technologies. However, when more closely evaluating the number of cycles a woman had been exposed to, there appeared to be en increased risk of cardiovascular disease with increasing number of cycles, primarily driven by thrombotic events. We have also conducted a series of studies providing some evidence of a poorer cardiometabolic health among offspring conceived by assisted reproductive technologies, and further showed that this might be partly explained by aspects related to the underlying infertility in the parents. One PhD candidate who was working within the project defended her PhD in 2024. A postdoctoral researcher has also completed his postdoc and resumed a faculty position at Blanquerna School of Health Sciences in Barcelona. A second postdoc researcher been working in the project since February 2023.

The project is funded by the European Research Council's Starting Grant funding scheme.

Project manager: Maria C. Magnus

Sickness in the Family: A register Study on the Short- and Long-Term Effects of Severe Sickness on Family Members

Even in a welfare state like Norway, serious illness can have major effects on the daily lives of the person's family members. While this has been well documented in the context of older family members with care needs, this project focused on how seri-

ous illness and death affect young families, often with minor children. Using various Norwegian population-based registers, the project examined the effects of health problems on other family members' life outcomes, both within and across generations. Analyses of children as next of kin addressed how children are affected in the shorter and longer term by mental illness, cancer, and death in the family. The outcomes examined were their mental health, entry into and participation in the labor market, and use of health services as adults. Analyses of adult as next of kin addressed how being the parent of a child with depression or congenital conditions, or being the partner of a person with cancer, affect relationships, fertility, mental health, and participation in the labor market.

The project has contributed new knowledge by providing an important description of families who experience serious illness among family members and of the effects on other family members. In addition, the project has contributed to distinguishing between correlation and causation in the associations between family members' health and other family members' life outcomes by applying modern statistical methods to large population data.

The project's results show that individuals are affected by health events in the family. At the same time, several of the studies find that serious health events among close family have limited impact on measures observed in public registers. Several studies also identify a temporary crisis period followed by a certain degree of normalization in the longer term. Furthermore, the project's results show that the risk of experiencing serious health events in the family is unevenly distributed in society, and that individuals facing other challenges (e.g., financial) are more likely to be affected by health problems in the family. Resources and other factors, including age and gender, may also play a role for the extent to which next of kin are affected by health events in the family.

Results from the project were presented to the national and international research communities and to national interest organizations, as well as published in scientific journals and through other channels that reach a broader audience.

The project was funded by the Research Council of Norway's VAM programme (2021-2025).

Project managers: Bjørn-Atle Reme and Jonathan Wörn

SCOPE2 - Studies of COVID-19 in pregnancy - A framework to secure reproductive, maternal and child health during societal crises

This project builds on our expert network and established infrastructure established in the early phase of the COVID-19 pandemic with Karolinska Institutet in Sweden and the University of Copenhagen in Denmark, funded by NordForsk. Pregnant women and infants are especially vulnerable during crises, whether it is pandemics, disasters, or war. In

this project we study how the COVID-19 pandemic affects pregnant women and their infants, who are especially vulnerable. We combine the Scandinavian registry data to investigate medium- and long-term effects of COVID-19 infections and vaccinations on pregnant women and their children. We currently investigate how the COVID-19 pandemic influence reproductive health, pregnancy, and child outcomes in the first years of life after their mothers were exposed to pandemic infections or were vaccinated while pregnant. We will use our experience from SCOPE 1 and SCOPE 2 to inform preparedness for how to gain knowledge during ongoing crises to improve management of pregnant women and children in future societal crises.

The project is funded by NordForsk's Societal Security Beyond COVID-19

Project managers: Siri E. Håberg, Olof Stephansson and Anne-Marie Nybo-Andersen

Safety of COVID-19 vaccination in pregnancy

The project aims to study safety of COVID-19 vaccination in pregnant women and children born to mothers who were vaccinated while pregnant. We build on the established Scandinavian and international collaborations and use updated registry data to provide results on vaccine safety in pregnant women. The aim is to investigate potential health consequences of Covid vaccination for women's health, pregnancy outcomes, newborns and young children.

So far, the project has provided important knowledge to the international community. A letter to the editor of the *New England Journal of Medicine* was accepted in October 2021 reporting no evidence of an increased risk of early pregnancy loss after COVID-19 vaccination. The project has studied potential adverse pregnancy outcomes such as preterm births, stillbirths, neonatal health. We have not found indication of adverse effects after vaccination. In 2024, we published together with our Scandinavian collaborators reassuring results showing no indications of increased risk of congenital anomalies when women were vaccinated during first trimester. We also have reassuring findings on neonatal outcomes in children born after maternal vaccination while pregnant. Our results have been published in several high impact journals, including publications in *NEJM*, *BMJ* and *JAMA*. We continue to follow outcomes in women who have been pregnant during the COVID-19 pandemic, investigate short- and long-term impact of vaccination on women's risk of disease pregnancy outcomes, and health in children who were born to vaccinated women. We also collaborate with Canadian and US researchers in this project. We continue to study early childhood outcomes in children whose mothers were vaccinated during pregnancy, and longer-term health outcomes in women who were vaccinated while pregnant.

The project is funded by the Research Council of Norway through the Health Research programme.

Project manager: Håkon K. Gjessing

BIOSFER: Untangling the biologic and social causes of low fertility in modern societies

BIOSFER is an ERC Synergy Grant funded interdisciplinary collaboration between our Centre and researchers at Aarhus University in Denmark and the Max Planck Institute for Demographic Research in Germany. The aim of the project is to investigate how social, biological and psychological factors influence fertility patterns in young adults, and to what extent the fertility decline and polarization of fertility in socioeconomic groups can be attributed to social vs. biomedical factors. We use data from the two richest population-based longitudinal pregnancy and pubertal cohorts in the world, the Norwegian Mother, Father and Child Cohort Study and the Danish National Birth Cohort. The project includes new survey and facilitates clinical data collected through clinical examinations of young adults, and through pregnancy planner cohorts, in Norway and Denmark. We also investigate fertility knowledge among young adults, and whether information on fecundity may affect fertility plans in young adults.

To strengthen synergies and interdisciplinary research, we organise regular BIOSFER-research camps where around 50 participants come together for 4 days. In these camps we develop research ideas, present ongoing work and plan studies. We have initiated several new interdisciplinary collaborations across the research teams and developed materials for new data collections. Several PhDs and postdocs have been recruited in 2025. So far, 70 scientific papers have been published from this project, ranging from biological processes in puberty and fertility to the impact of educational differences, partnering patterns and childlessness.

The project is funded by the European Research Council (ERC) through an ERC Synergy Grant.

Project managers: Siri E. Håberg, Mikko Myrskylä, Cecilia Ramlau-Hansen

Young Dyad: Romantic partners in the young adulthood - A dyadic perspective on childbearing plans and values

One of the main reasons for the recent decline in fertility in Norway and other Nordic countries is that men and women are having children later. Even though young adults are central to understanding the decline in fertility, we know little about fertility determinants and desires in this life phase. Over 90% of Norwegian children are born to mothers who are married or cohabiting. Although the decision to have children is usually always made by couples, most studies only have access to information from one partner.

In this project, we will examine how young adults, and their partners/boyfriends think about parenthood, child plans and equality. The project will use data from the Norwegian Mother and Child Cohort (MoBa) and the "Young Health" data collection, as updated from time to time, on fertility determinants in MoBa. We invited their boy/girlfriends to fill in a similar form. This gives us data on how young couples think about family formation, equality and


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Drevet, Aitken. Adv Exp Med Biol. 2019
Esteves et.al. Andrologia. 2021.

values, and how such agreement or disagreement affects when and if they have children.

The project is funded by the Research Council of Norway through the Centre of Excellence grant and closely connected to the BIOSFER-project.

Project manager: Rannveig Kaldager Hart

Parment - Parenthood, childlessness, and mental health in times of falling fertility

The overarching aim of this project is to understand how mental health is linked with reproduction among men and women. The specific aims are to understand: 1) how mental health leads to selection into partnership and parenthood 2) the effects of reproduction on mental health and 3) how patterns of partner selection influence mental health (assortative mating). We use of register data on the entire population of Norway that includes longitudinal information on kinship, mental health, education, and economic activity.

During the project's first two years, we have published three papers on the project's core objectives, and we have prepared and released three preprints. Kravdal *et al.* (2025) used registry data to study how mental disorders were associated with subsequent childbearing. The prospective study showed that mental disorders were associated with lower probability of having a child, particularly among men, and that this could partly be explained by partnership status. An exception was that anxiety and depression in early adulthood were linked to a somewhat higher probability of having children, especially among women. The associations remained significant in sibling comparisons. In a preprint (Andersen *et al.*, 2024), we showed that men and women with children had a lower risk of mental disorders than the childless throughout the life course, from age 30 to 80, but that mothers had a somewhat increased risk of symptoms of mental disorders.

Regarding the effects of parenthood on mental health, we have released a preprint on this (Hart *et al.*, 2024). The findings indicated that more individuals seek healthcare for mental health conditions after having children, compared to their mental health before becoming parents. The results were most pronounced for men but are also present for women.

With respect to assortative mating, we have published two academic papers in *Nature Communications*. In one of the papers (Sunde *et al.*, 2024), we compared genetic similarity between close and distant relatives. Similarity between close relatives is due to recent partner choices, whereas similarity between distant relatives reflects partner choices made further back in time. This allowed us to understand how partner selection has evolved across generations. The results showed that people increasingly choose partners with similar genetic predispositions towards education, contributing to rising social inequality. The second paper (Torvik *et al.*, 2024) examined to what extent Norwegian first-time parents resembled each other 5–10 years before having their first child, and how this similarity developed during the relationship. This method allowed us to distinguish between initial partner selection and mutual influence as mechanisms for partners resemblance. We found that partners were similar in terms of mental health at the beginning of the relationship, and that this similarity increased over time. Partners also had similar grades point averages from lower secondary school. Furthermore, we found that low education or health problems in one partner were associated with low education and health problems of other types in the other partner. This implies that children grow up under unequal distributions of risk and protective factors.

The project is funded by the Research Council of Norway's FRIPRO programme

Project manager: Fartein Ask Torvik

Risk of breast cancer in persons born after assisted reproductive technologies (ART)

In this project, funded by the Norwegian Cancer Society, we study cancer risk in persons conceived with ART. The project builds on findings from our work funded through the Centre of Excellence funding from the Research Council of Norway, where we found epigenetic differences in newborns conceived by ART compared to naturally conceived children. We follow up our finding that children conceived with ART have widespread different epigenetic patterns at birth, especially in the promotor of the *BRCA1* gene. We investigate the potential role of

ART and DNA methylation at birth in risk of breast cancer and other cancers by 1) using registry data to explore if persons born after conception with ART has an increased risk of cancer, whether there are sex differences in cancer risk after ART, and especially risk of BRCA-related cancers, 2) explore whether differences in epigenetic marks at birth in *BRCA1* persist into older ages and 3) explore whether epigenetic differences in *BRCA1* at birth is associated with gene-expression in newborns.

The first papers have been published, showing sex differences in childhood cancer risk in children born after ART, and also showing sex differences in DNA methylation at birth in children born after ART compared to naturally conceived. We have also found that DNA methylation marks present at birth seem to persist into older ages. These analyses were based on repeated measurements of DNA methylation from children born after ART and naturally conceived children, comparing methylation at in childhood and up to age 22. We are currently performing lab analyses of RNA samples and will continue analyses of the generated data in 2026.

The project is funded by The Norwegian Cancer Society's Rosa sløyfe call.

Project manager: Siri E. Håberg

Pubertal timing and inequalities in education

Within a typical classroom, the onset of puberty occurs four years earlier for the first developing girl than for the latest developing boy. However, it is not clear how these large inter-personal differences affect school performance and educational trajectories, with previous studies finding negative effects of both early and late pubertal timing on school performance. This project therefore aims to provide new knowledge on how variation in pubertal timing affects school performance during adolescence and inequalities in education later in life, and to assess policies that could mitigate adverse consequences of such relationships.

In 2025, a first article in this project shows that age at menarche has been declining in Norway over the entire period from 1840-2008 (Bruserud *et al.*, 2025). Two postdocs are hired in the project, Kathryn Beck at CEFH and Anne Gaml-Sørensen at Aarhus University. Several articles are being worked on, using both Norwegian and Danish data.

The project is funded by the Research Council of Norway through a thematic priority call on education and competence.

Project manager: Martin Flatø

YoungWork: Young adults' mental health and labor market exclusion – causes, consequences and trends

Increasing rates of mental health problems in young persons – especially depression and anxiety – have caused concerns about young adults' well-being as well as their ability to contribute to the labor force. The YoungWork project examines whether society has become more or less inclusive of young persons with mental health problems and whether young adults with mental health problems today are more (or less) likely to complete education and to be active in the labor force.

In 2025, the project completed two studies that are currently in review. One - focusing on mental health and function - investigates the relationship between mental health problems and drop out from high school. The other study compares time trends in symptoms versus disorders of anxiety and depression. This study provides indicative evidence that the threshold for seeking treatment has lowered.

The project is funded by the Research Council of Norway through a thematic priority call on welfare, culture and society.

Project manager: Bjørn-Atle Reme

YoungPsych: Drivers and implications of the mental health decline among the young

During the last decade, depression and anxiety have been on the rise among adolescents and young adults in Norway and other countries. This trend has been referred to as a "teen mental health crisis" and caused concerns regarding the immediate impact on well-being as well as the long-term consequences for affected individuals and society at large. Several explanations have been brought forward, and this project will focus on one of the most prominent, the social media hypothesis: more widespread use of social media leading to mental health declines via changing sleep patterns, social comparison, altered leisure time activities, and online bullying. The project will produce novel insights about the links between social media use and mental health. These relate to pathways, buffering characteristics of individuals and families, associations between extensive use of social media with functioning in other life domains, and the role of age restrictions.

In 2025, a PhD-student was hired in the project. The project members have further collected data on social media usage patterns from the second generation of MoBa-participants and engaged in analyses based on both MoBa-data and national registers.

This Young Research Talents project is funded by the Research Council of Norway through FRIPRO.

Project manager: Jonathan Wörn

Endohealth: Endometriosis and adenomyosis throughout the life-course

Despite the large number of women living with endometriosis and adenomyosis, there is a limited understanding of the causes and consequences of these conditions. The ENDOHEALTH project aims to mitigate these knowledge gaps. First, we will identify genetic, prenatal and childhood/adolescent determinants of endometriosis and adenomyosis. The more than 20 years of follow-up from the fetal period will enable us to identify vulnerable periods for environmental exposure in the risk of endometriosis and adenomyosis. Second, we will examine the health and psychosocial status of young women defined as having high risk of endometriosis/adenomyosis. Third, we will identify social and health consequences of endometriosis and adenomyosis. Our focus also on educational attainment, work force participation and sexual health as broader aspects of the consequences of these conditions will help shed light on the lives of the women living with these disorders. To answer these objectives, we will study ~95,000 mothers and ~45,000 adult female offspring participating in the Norwegian Mother, Father and Child Cohort Study and a large national registry linkage of all women of reproductive age in Norway (~1 million). Our evaluation of endometriosis and adenomyosis in combination as well as separately is a strength of the project, allowing us to identify both common and independent causes and consequences, to better understand their relatedness. So far in the project, we have published three papers in international scientific journals and one paper in *Tidsskriftet* (the journal of the *Norwegian Medical Association*). Our published findings include that women who themselves are conceived by assisted reproductive technologies have an increased risk of endometriosis/adenomyosis, that women with endometriosis have an increased risk of post-partum depression, and that despite having a higher rate of anxiety/depression women with endometriosis do not have a higher rate of relationship dissatisfaction or union dissolution.

The project started in January 2025 and includes two full-time Phd candidates.

This Researcher Project for Scientific Renewal is funded by the Research Council of Norway's FRIPRO programme

Project manager: Maria C. Magnus

ADHDStability: Stable Life Trajectories for Young People with ADHD and Other Neurodevelopmental Diagnoses

This project aims to understand how the life trajectories of neurodivergent youth and young adults develop across education, employment, and family formation, and to access factors which promote positive trajectories, both assessed in traditional terms and in less traditional ones, like stability, among young adults with neurodevelopmental diagnoses. In 2025, we presented our preliminary findings for the ADHD Research Network's Annual Conference. We are currently working on analysis of early adulthood trajectories in education and work for youth and young adults with ADHD and plan to continue analysis and complete the project in 2026.

The project is funded by the ADHD Research Network at Regional kompetansetjeneste for autisme, ADHD og Tourettes syndrom Helse Sør-Øst (RKT).

Project manager: Kathryn Beck

People

Leader group

Siri E. Håberg
Centre Director

Per Magnus
Deputy Director

Håkon Gjessing
Principal Investigator

Øystein Kravdal
Principal Investigator

Vegard Skirbekk
Principal Investigator

Fredrik Swift
Head of Administration

Researchers

Jon Bohlin

Kåre Bævre

Ida Caspersen

Jacqueline Cohen

Kim Danielsson

Martin Flatø

Kari Furu

Miriam Gjerdevik

Hans Ivar Hanevik

Jennifer Harris

Rannveig Kaldager Hart

Anil (Astanand) Jugessur

Birgitte Heiberg Kahrs

Dana Kristjansson

Yunsung Lee

Robert Lyle

Maria C. Magnus

Christian Page

Bjørn-Atle Reme

Liv Bente Romundstad

Ellen Røyrvik

Anders Skrondal

Fartein Ask Torvik

Aage Tverdal

Jonathan Wörn

Postdocs

Kathryn Christine Beck

Ellen Øen Carlsen

Thea Karoline Walstad Grindstad

Solveig Løkhammer

Huong Thu Nguyen

Siri Nærland Skodvin

Karoline Hansen Skåra

Hans Fredrik Sunde

Arno Van Hootegem

** List of people updated in February 2026*

PhD candidates

Maria Lyster Andersen

Lise Andrea Arge

Marie Wangen Beining

Kristina Wikjord Dreiås

Marianne Rørholt Grefslie

Viktoria Hecimovic

Katja Kjelstad

Sunniva Marie Nydal

Frederikke Thoresen

Administrative staff

Frida Løvlie Bråttum
Office Coordinator

Anina Falch
Research Finance Officer

Katrine Kranstad
Research Administration Officer

Randi Sekkeseter
Project coordinator

Linda Selje Sunde
Project coordinator

Scientific Advisory Committee

David Leon
Professor of Epidemiology
Faculty of Epidemiology and Population Health
London School of Hygiene & Tropical Medicine,
London, UK.

Roberta B. Ness
Rockwell Professor of Public Health
University of Texas, Houston, USA.

Torkild Hovde Lyngstad
Professor of Sociology
Department of Sociology and Human Geography,
University of Oslo, Norway.

Susan Sawyer
Professor of Adolescent Health at The University of Melbourne and Director of the RCH Centre for Adolescent Health, Australia.

Dag Erik Undlien
Professor of Medical Genetics
Department of Genetics,
Oslo University Hospital,
University of Oslo, Norway.

Matthijs Kalmijn
Professor of Sociology and Demography at the University of Amsterdam, Netherlands and Senior Researcher at Netherlands Interdisciplinary Demographic Institute.

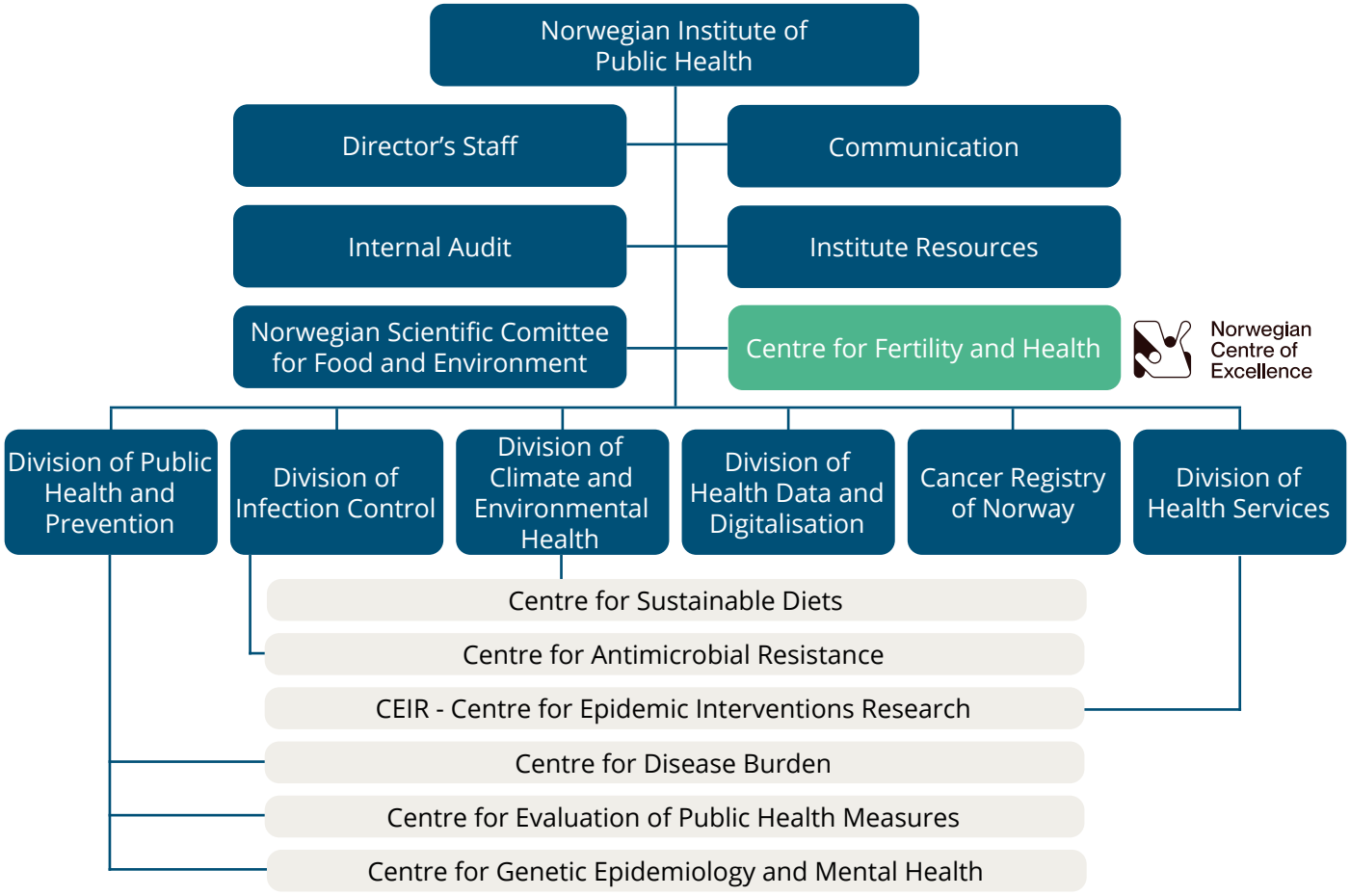
The Scientific Advisory Committee (SAC) ic constituted by international scholars who are specialists in research fields relevant to the Centre.

The mandate of the SAC is to:

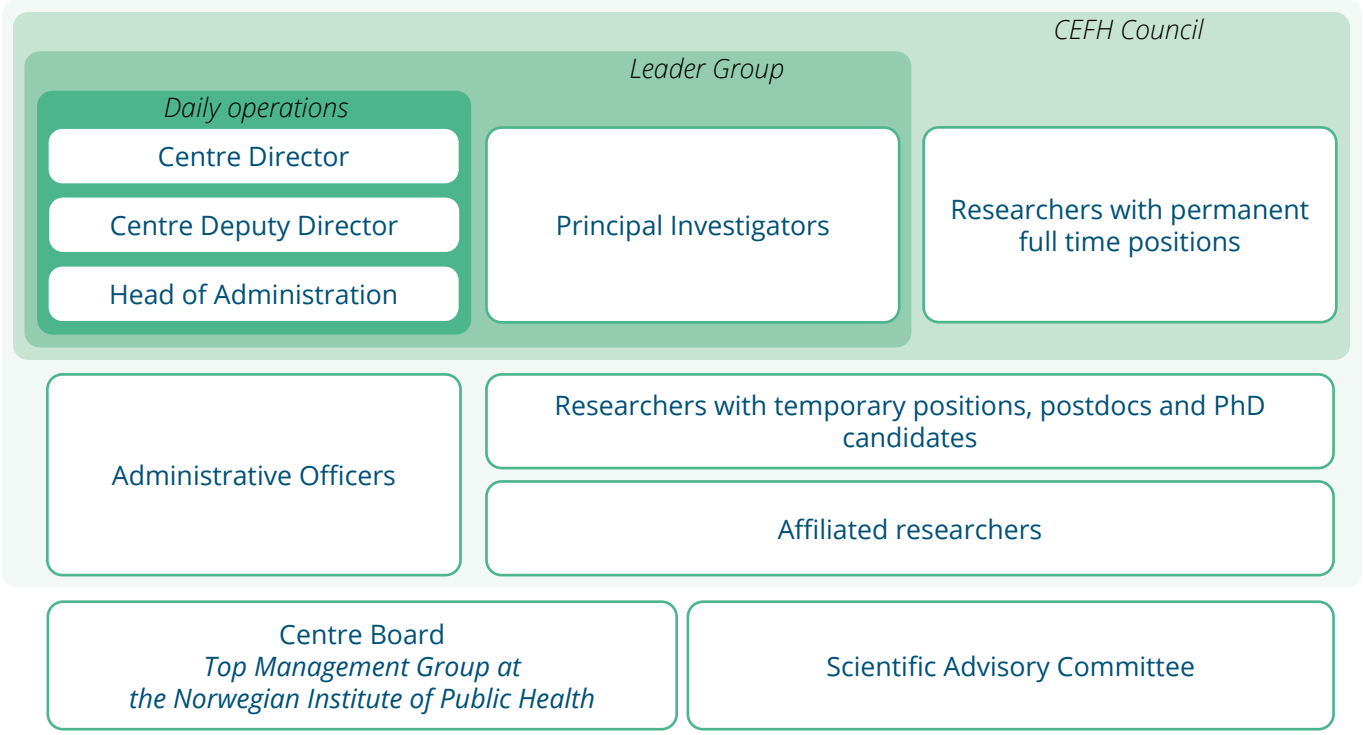
- Partake in discussions of the Centre's research strategy and scientific challenges throughout the project period. The committee may also provide advice on other types of issues.
- Provide strategic advice to the Centre, based on international trends and scientific development within the field of fertility and health. As far as possible, the SAC should also be able to provide advice that is directly relevant to Norwegian needs and strategies.
- Assume an active role in monitoring the performance and scientific excellence of the Centre.
- Provide annually a short status report on the development of the Centre, drawing on annual reports and other material made available by the Centre.

Organisation

Organisation chart of the Norwegian Institute of Public Health

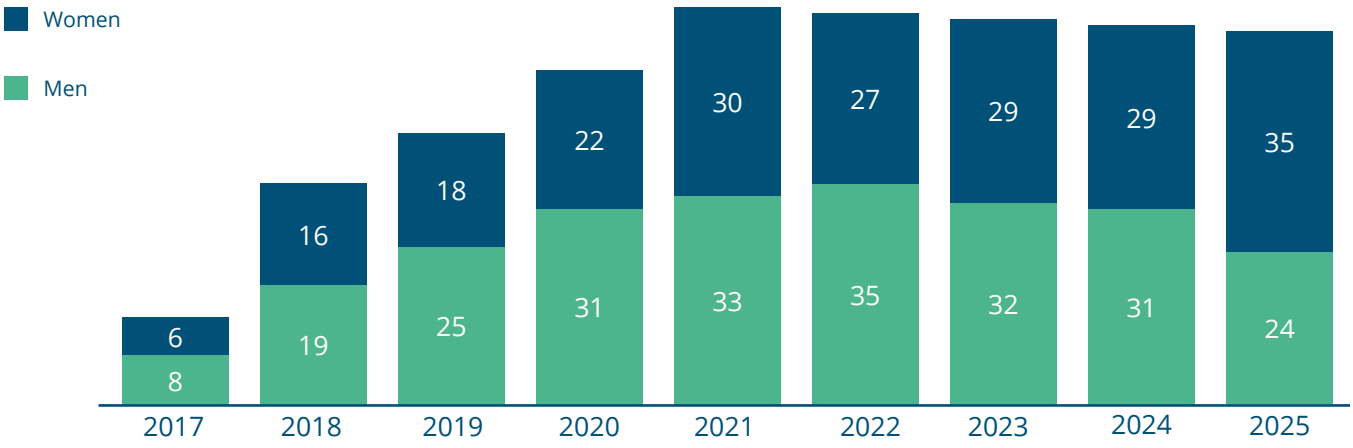


Organisation of the Centre for Fertility and Health

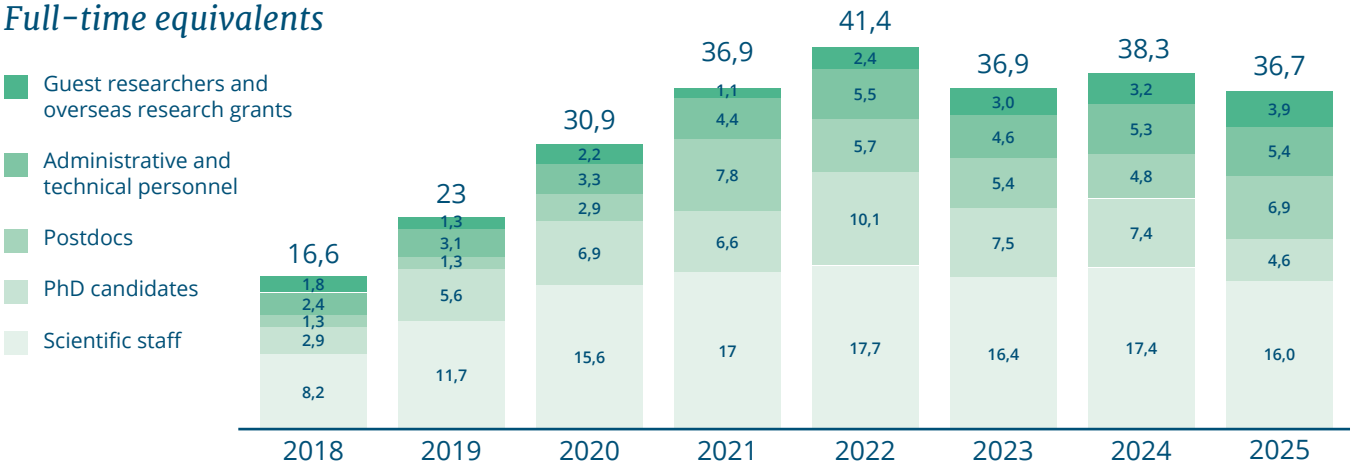


Indicators 2017–2025

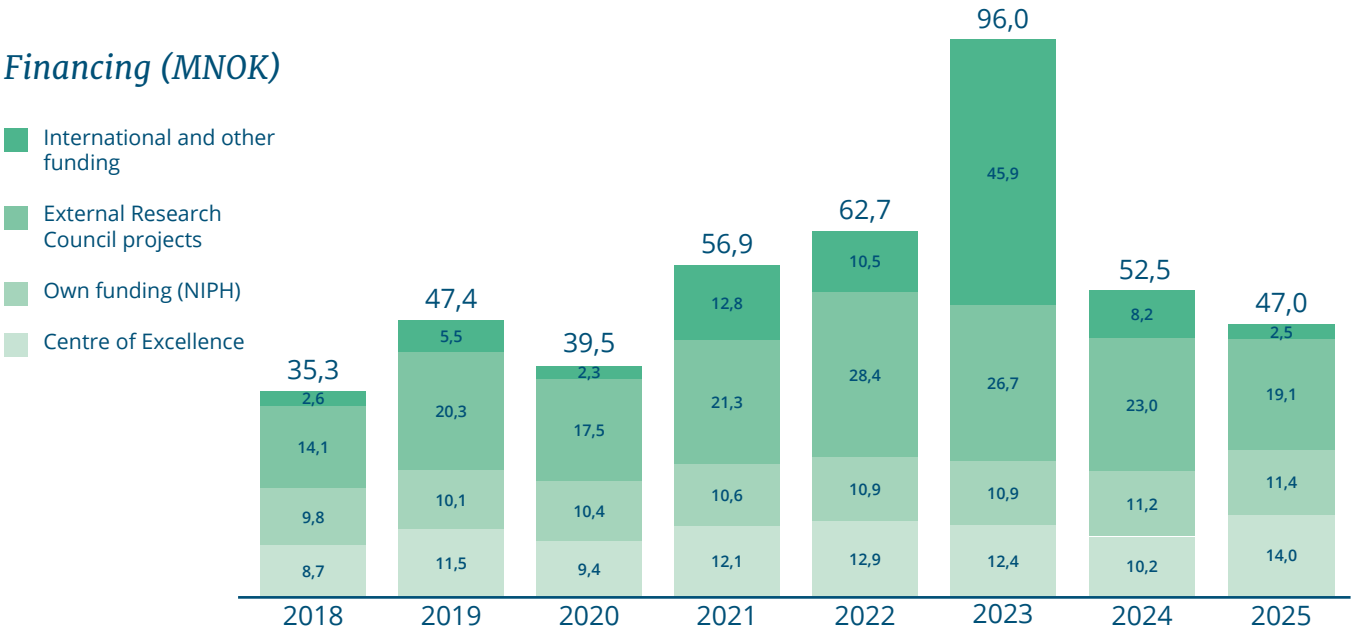
CEFH personnel



Full-time equivalents



Financing (MNOK)



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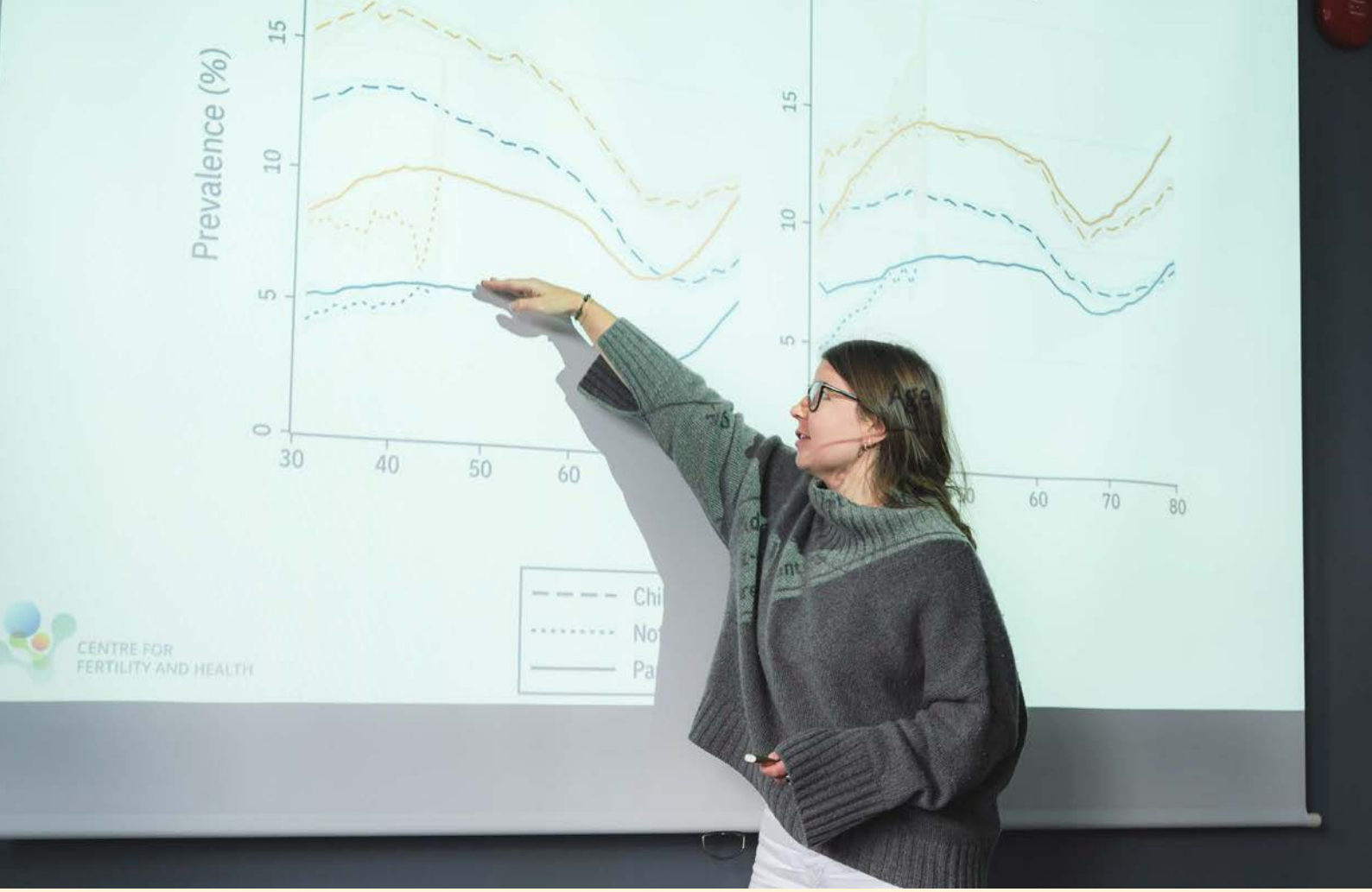

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Andersen ML, **Hart RK**, **Sunde HF**, Davies NM & **Torvik FA**. (2025). The Cost of Caring: Gendered Health and Labour Market Effects of Grandparenthood. *SSRN.*

Morales-Berstein F, Gonçalves-Soares A, Yang Q, McBride N, Bond T, Arab MA, Fernández-Sanlés A, **Magnus MC**, Sanderson E, Hart E, Fraser A, Birchenall KA, Lawlor DA, Clayton GL & Borges M-C. (2025). Assessing the impact of maternal blood pressure during pregnancy on perinatal health: A wide-angled Mendelian randomization study. *medRxiv*, 2025.2006.2019.25329933.

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Corrections

Magnus MC, **Lee Y**, **Carlsen EØ**, **Arge LA**, **Jugessur A**, Kvalvik LG, Morken N-H, Ramlau-Hansen CH, Myrskylä M, **Magnus P** & **Håberg S**. (2025). Correction: Parental epigenetic age acceleration and risk of adverse birth outcomes: the Norwegian mother, father and child cohort study. *BMC Medicine* 23, 9.

$$E(\beta_j|\hat{\beta}_j, \boldsymbol{R}) = E(\beta_j|\tilde{\beta}_j),$$

Where $\tilde{\beta}_j = \hat{\beta}_j - \sum_{j \neq k} R_{jk}\beta_j = R_{jj}\beta_j + \epsilon_j \sim N(0, \sigma^2)$

$$f(\tilde{\beta}_j|\beta_j) = \phi(\tilde{\beta}$$

What we need is $f(\beta_j|\tilde{\beta}_j) = \frac{f(\tilde{\beta}_j|\beta_j)f(\beta_j)}{f(\tilde{\beta}_j)}$ by Bayes theorem

We need the exact posterior pdf since it is needed when the

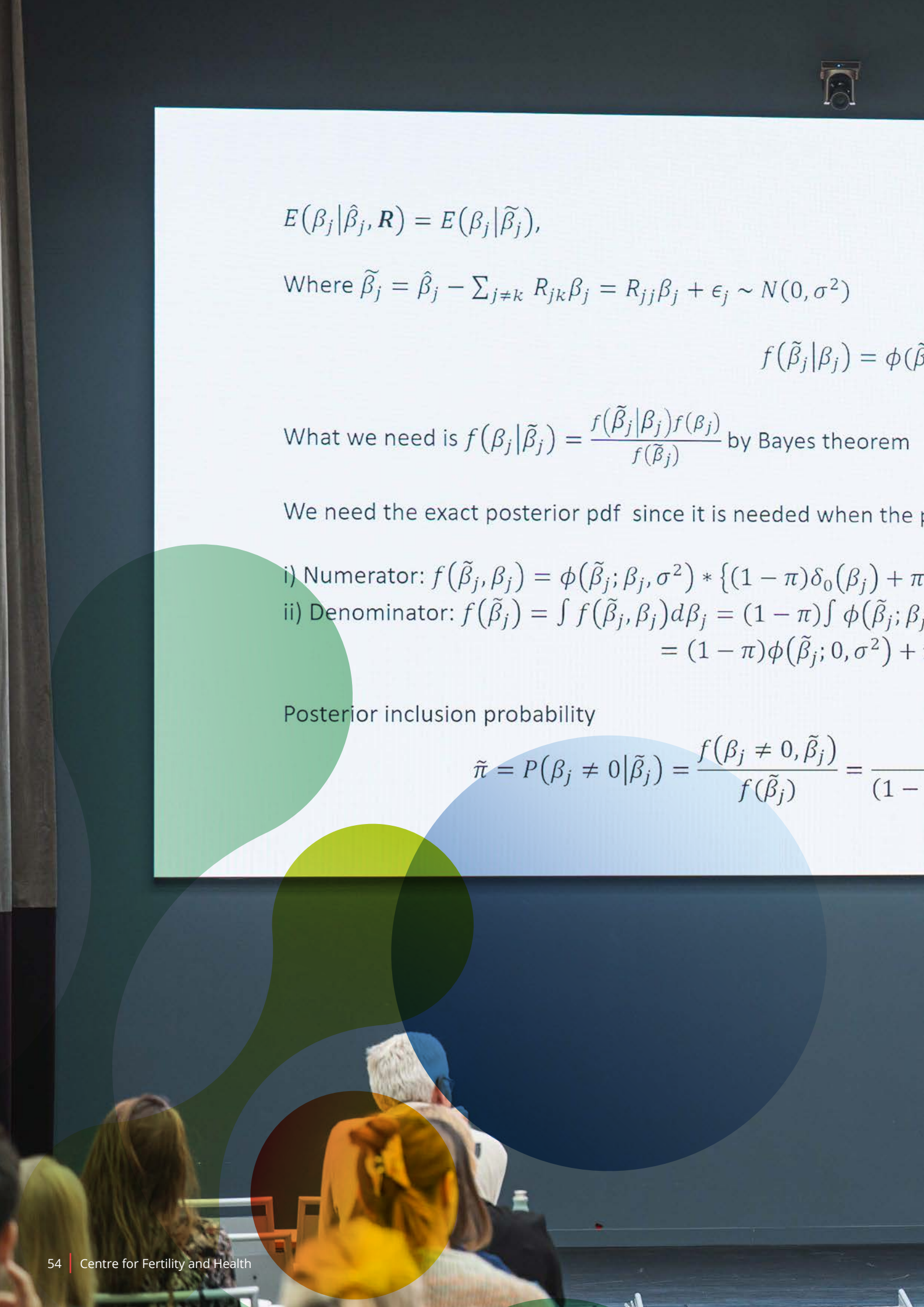
i) Numerator: $f(\tilde{\beta}_j, \beta_j) = \phi(\tilde{\beta}_j; \beta_j, \sigma^2) * \{(1-\pi)\delta_0(\beta_j) + \pi$

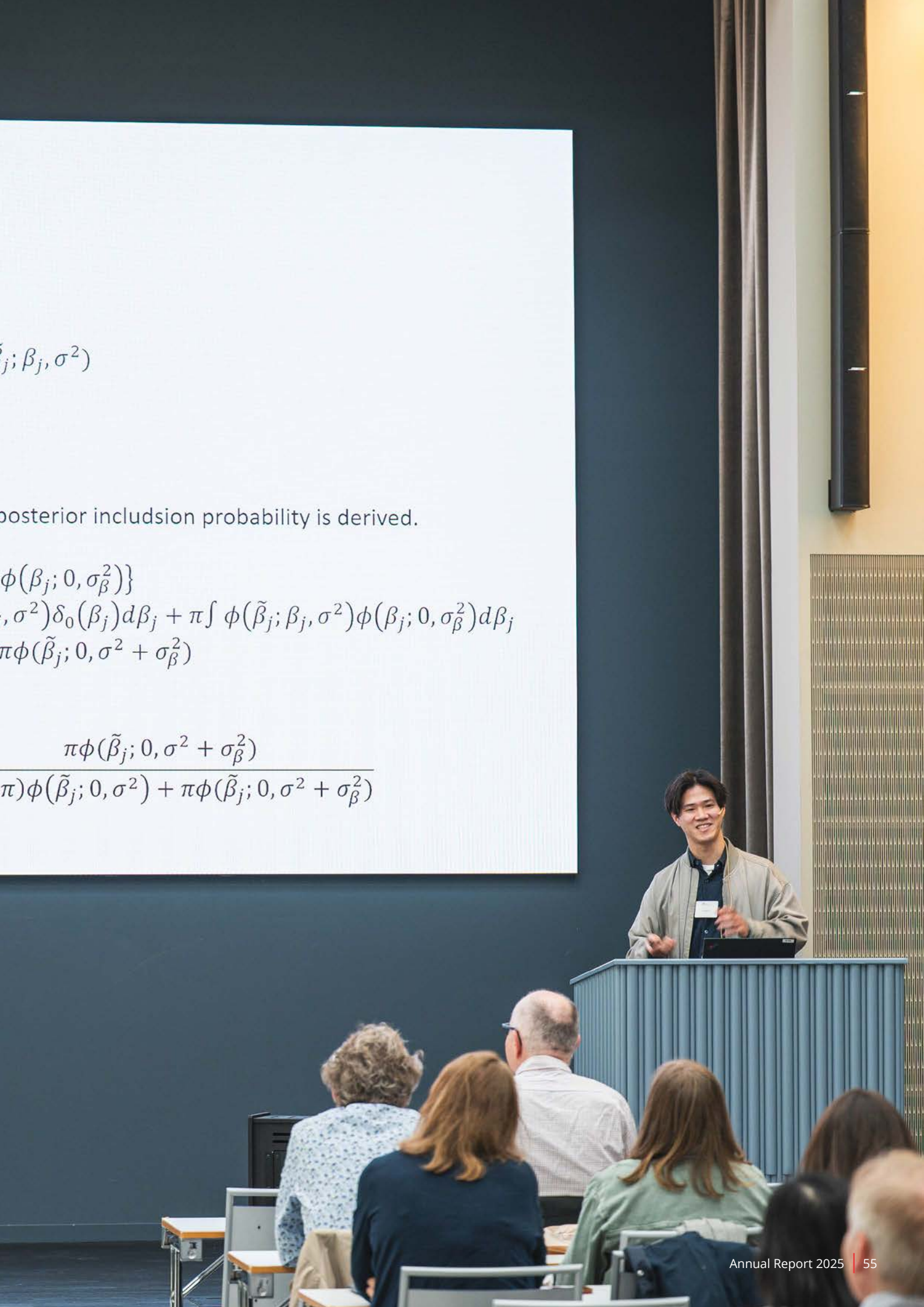
ii) Denominator: $f(\tilde{\beta}_j) = \int f(\tilde{\beta}_j, \beta_j)d\beta_j = (1-\pi)\int \phi(\tilde{\beta}_j; \beta$

$$= (1-\pi)\phi(\tilde{\beta}_j; 0, \sigma^2) +$$

Posterior inclusion probability

$$\tilde{\pi} = P(\beta_j \neq 0|\tilde{\beta}_j) = \frac{f(\beta_j \neq 0, \tilde{\beta}_j)}{f(\tilde{\beta}_j)} = \frac{}{(1-}$$




$\tilde{\beta}_j; \beta_j, \sigma^2)$
posterior includsion probability is derived.
$\phi(\beta_j; 0, \sigma_\beta^2)\}$
$, \sigma^2)\delta_0(\beta_j)d\beta_j + \pi\int \phi(\tilde{\beta}_j; \beta_j, \sigma^2)\phi(\beta_j; 0, \sigma_\beta^2)d\beta_j$
$\pi\phi(\tilde{\beta}_j; 0, \sigma^2 + \sigma_\beta^2)$
$\frac{\pi\phi(\tilde{\beta}_j; 0, \sigma^2 + \sigma_\beta^2)}{\pi)\phi(\tilde{\beta}_j; 0, \sigma^2) + \pi\phi(\tilde{\beta}_j; 0, \sigma^2 + \sigma_\beta^2)}$

Dissemination 2025

Conference presentations

Andersen ML. The Cost of Caring: Gendered Health and Labour Market Effects of Grandparenthood. *BIOSFER Research Meeting*. Schloss Ringberg, Germany. 01.06.2025

Beck KC. Age at menarche and the timing of first birth: Disentangling the role of educational enrollment and attainment. *Biosfer Conference on Fertility, Childlessness and Reproductive Aging: Bio-social perspectives.* Menaggio, Italy. 15.09.2025.

Bragedatter ES, Eggebø TM, Mørch H, Opdahl S, Saravelos S, Westvik-Johari K, **Khars BH**. Terminfastsettelse i svangerskap etter assistert befruktning - sammenligning av ultralydmål og beregning fra embryooverføringsdato. *Årsmøte i Norsk gynekologisk forening*. Ålesund, Norway. 22.10.2025

Caspersen IH. Selenium exposure and leukemia. *I4C-NCC Childhood Cancer Symposium.* Seoul, Republic of Korea. 21.10.2025

Cohen JM. ADHD Medication Use During Pregnancy: Balancing Benefits and Risks. *10th World Congress on ADHD.* Prague, Czech Republic. 08.05.2025.

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Fiva JH, Lind T, **Reme BA**, Øien H. Sick of Politics? 1*5th Annual Conference of the European Political Science Association*. Madrid, Spain. 26.06.2025

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Flatø M. Understanding adolescent reproductive patterns in Norway. *Biosfer Conference on Fertility, Childlessness and Reproductive Aging: Bio-social perspectives.* Menaggio, Italy. 15.09.2025

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Hanevik HI. Evolution and IVF. *Nordic Federation of societies of Obstetrics and Gynecology Congress*. Uppsala, Sweden.

Kinge JM. Konsekvenser av aldring for framtidens helsetjeneste. *Aldring og helsedagene*. 16.09.2025

Sunde HF. Understanding indirect assortative mating and its intergenerational consequences. *European Social Science Genetics Conference 2025*. Bristol, UK. 22.05.2025

Sunde HF, Eilertsen EM, **Torvik FA**. Combining Genetic and Phenotypic Data in Extended Families to Investigate Indirect Assortative Mating and Gene–Environment Correlations. *55th Annual Meeting of the Behavior Genetics Association.* Atlanta GA, USA.

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Torvik FA. Reproduction of social differences in mental health. *Genetics and Social Science Conference*. Oslo, Norway. 12.06.2025

Conference posters

Flatø M, Lee SD. The changing social gradient in age at menarche across cohorts and generations in Norway. *Population Association of America 2025 Annual Meeting.* Washington DC, USA. 11.04.2025.

Flatø M. The changing social gradient in age at menarche across cohorts and generations in Norway. *14th Annual Conference of the American Association of Health Economists.* Nashville, USA. 22.06.2025

Ofstad SV, Demange PAD, **Torvik FA**, Cheesman RCG, Qin Q, Ystrøm E. Using within-family polygenic indexes to examine sex-specific gene-environment interaction on GPA. *53rd European Mathematical Genetics Meeting.* Brest, France. 08.04.2025

Peng Q, Pettersen JH, Sunde HF, Rietveld CAN, Cheesman RCG, Demange PAD, Davies NM, **Torvik FA**, Ystrøm E, Wootton RE, Havdahl A. Intergenerational Transmission of Education in Norway: A Triangulation Approach. *European Social Science Genetics Conference 2025.* University of Bristol, England. 22.05.2025

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Seljeflot EB, Mørch H, Eggebø TM, Opdahl S, Westvik-Johari K, Sarajevos S, **BH Kahrs**. Fetal growth after assisted reproductive technology, comparing ultrasound measures and transfer date estimations of gestational age. *NFOG Congress 2025.* Uppsala, Sweden. 24.08.2025

Wörn J. School Performance and Inequalities in Family Formation: A Population-Wide Register-Based Study from Norway. *Nordic Demographic Symposium*. Middelfart, Denmark. 12.06.2025

Lectures

Beck KC, Hellstrand J, Myrskylä M: More Education and Fewer Children? The Contribution of Educational Enrollment and Attainment to the Fertility Decline in Norway. *23rd Nordic Demographic Symposium*. Middelfart, Denmark. 10.06.2025

Beck KC. The later the better? A novel approach to estimating the effect of school starting age on ADHD and academic skills. *ADHD Norges fagråd*. Online, Norway. 27.02.2025

Caspersen IH. Triangulation of epidemiological evidence: Examples from MoBa. *Annual Meeting of the Environment and Child Health International Group (ECHIG).* Lyon, France. 15.09.2025

Cohen JM. ADHD medication in pregnancy - Emerging evidence on harms and benefits. *HER-MIND seminar.* Karolinska Institutet, Sweden. 10.12.2025

Flatø M. Adolescent determinants of male fertility. *HOMME – Health, Cognition, Family, and Employment among Men.* Oslo, Norway. 07.01.2025

Kravdal Ø. Lavt barnetall i Norge. Hvordan kom vi dit, og er det noe problem? *Det Norske Videnskaps-Akademi. YouTube*. 19.03.2025

Torvik FA. Partner choice and social inequality. *HOMME – Health, Cognition, Family, and Employment among Men.* Oslo, Norway. 07.01.2025

Wörn J, **Reme B-A**. Sykdom i familien og innvirkninger på pårørende. *Offentlig seminar.* Oslo, Norway. 27.03.2025

Wörn J. Sykdom i familien: En registerstudie av kortsiktige og langsiktige effekter av alvorlig sykdom på familiemedlemmer. *Forskernettverket BarnsBeste*. Gardemoen, Norge. 11.11.2025

Other presentations

Flatø M. Lesing som medisin! Bøker i et folkehelseperspektiv. *Arendalsuka*. Arendal, Norway. 12.08.2025

Open project seminars

Sykdom i familien og innvirkninger på pårørende. *Domus Media.* 27.03.2025.

Closing seminar for ADHD Medication in Pregnancy Project. *Folkehelseinstituttet.* Lovisenberggata 8, Oslo. 18.11.2025

Lost in transition? Et seminar om overganger i skolesystemet. *Litteraturhuset.* 03.12.2025

Blogposts and podcasts

Carlsen EØ. Hva påvirker svangerskapet og hvorfor? *Moderne media podkast, Familieliv, 343.* 30.05.2025

Caspersen IH, Trogstad L. Nytt forskningsfunn om koronasykdom etter omikron. *Fhi.no.* 10.01.2025

Cohen JM, Bruno C. Nordic-Australian Collaboration Sheds Light on Child Neurodevelopment after ADHD Medication Use in Pregnancy. *Timespan.* 18.06.2025

Cohen JM. Graviditetsplanlegging med ADHD-medisinering: Ny innsikt om risiko for spontanabort. *Forskningsfunn fhi.no.* 15.12.2025

Flatø M, Larsen SM. Født sent på året: Urettferdig fra første skoledag? *Forskningsnytt.* 15.12.2025

Førde KE, **Hart RK**. Må vi føde flere barn? Når kjærlighet og familie blir politikk. *Acast, Kjønnsavdelingen, Episode 37.* 10.04.2025

Håberg SE, **Magnus PM**. Nysgjerrige på: fruktbarhetens mysterier. *Nysgjerrige Norge.* 02.03.2025

Sunde HF. LL-630: Hans Fredrik Sunde om skoleprestasjoner på tvers av generasjonene. *Lektor Lomsdalens innfall.* 04.03.2025

Wörn J. Flere foreldre og søsken oppsøker selv fastlege når tenåringen i familien er deprimert. *Forskningsfunn fhi.no.* 21.03.2025

Wörn J, Delalic L, **Reme B-A**. Blant barn som mister en forelder, er det flere som får utfordringer med skole og jobb senere. *Forskningsfunn fhi.no.* 13.11.2025.

Wandem FS, **Flatø M**, Larsen SM. Podkast: Født sent på året – Urettferdig fra første skoledag? *Det virker! - en podkast fra SpedAims*. 15.12.2025

Feature articles and reader opinions

Carlsen EØ. Å føde er en omveltende opplevelse. *Morgenbladet*. 11.04.2025

Cohen JM. Ny FHI-studie: Risikoen for spontanabort øker ved bruk av ADHD-medisiner. Aftenposten. 15.12.2025

Flatø M. Menn kan også bidra til økt fruktbarhet. *Aftenposten*. 2025

Flatø M, **Beck KC**, Salvanes KV, Skålholt A, Stoltenberg C. Forskning: En skjev start på skolen kan prege hele skolegangen. *Dagsavisen.no.* 02.12.2025

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Beck KC, Reisel L, **Torvik FA**. Forskere er uenige om fleksibel skolestart. *Kilden kjønnsforskning.no.* 08.04.2025

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Lunch Seminars and Genetic Fridays in 2025

Hans Fredrik Sunde. The Theory Crisis: What it is and why it is here. *January 17.*

Signe Clemmensen. Hematologic malignancies and tattooing: Twins, epigenetics, and time-to-event analysis with a time-varying exposure. *January 24.*

Rigmor Baraas. Cone opsin genes: colour vision and myopia. *January 24.*

Sara Abrahamsson. Beyond Hot Flashes: The Career Cost of Menopause. *January 31.*

Maria Magnus. Studying endometriosis and adenomyosis throughout the life-course. *February 7.*

Per Magnus/ Yunsung Lee/ Pekka Vartiainen. Primary causes of childhood asthma. *February 7.*

Christian Page. Primer of Machine-Learning methods relevant for epidemiology. *February 14.*

Harriet Forbes. Investigating the likelihood of live birth among non-metastatic breast cancer survivors: a cohort study using data from England and Norway. *February 21.*

Inger Johanne Bakken. Parquet in registries and research. *February 28.*

Thea Grindstad. Disentangling the role of PFASs in the risk of miscarriage. *March 7.*

Johanne Pettersen. Mental Health in Adolescents and Families During the Covid-19 Pandemic. *March 7.*

Magnus Nordmo. The educational gradient of mental health. *March 14.*

Håkon Gjessing. Ultrasound pregnancy dating at Week 12. *March 21.*

Marc Vaudel. Temporary inconvenience or early warning signs? A new take on maternal symptoms in early pregnancy and their consequences. *March 21.*

Siri Skodvin. PhD presentation: Family-based statistical modeling of genetic effects on infertility and early fetal viability. *March 28.*

Bo Jacobsson. Born too soon – from amniotic fluid and basic genetics to global health for the reduction of preterm birth. *April 4.*

Pol Solé Navais. Maternal age and time-to-miscarriage. *April 4.*

Anders Skrondal. Causal mediation analysis. *April 11.*

Hans Henrik Bull. Presentation of the first report from the Commission on Fertility and Welfare Policies for Families with Children. *April 25.*

Oddvar Myre/ Kristine Gutzkow/ Cathrine Thomsen. Presentations from Division of Climate and Environment (In vitro modelling of the developing brain to predict toxicity of chemicals – status and opportunities - Environmental exposure and health – some projects from Dep of Air quality and Noise - Activities and expertise at the Department of Food Safety relevant for future collaboration). *May 9.*

Hilde Kristin Brekke/ Elisabeth Adolfsen Øhman. The effect of lactation and weight change on risk factors for cardiovascular disease in postpartum women with overweight and obesity – The EVA study. *May 23.*

Robert Lyle. De-extinction: genetics and ethics. *June 6.*

Nandita Bajaj. Confronting Low-Fertility Panic Amid Unraveling Eco-Social Crises. *June 13.*

Jon Bohlin. Understanding epigenetic age and health span. *June13.*

Magne Mogstad. The negative income tax experiment 50 years later: What can we learn by accounting for attrition? *June 20.*

Bernardo Queiroz. Global dependency and health. *August 22.*

Nathalie C. Støer. Drug Repurposing in Gynecological and Breast Cancer: Risk and Prognosis. *August 29.*

Morten Nordmo. Reevaluating the Flynn effect, and the reversal: Temporal trends and measurement invariance in Norwegian armed forces intelligence scores. *September 5.*

Max-Emil Mohn King. No Time to Attend? Effects of Family-Friendly Meeting Hours in Politics. *September 12.*

Helen Chin. Minipuberty: An early window into reproductive function. *September 19.*

Anil Jugessur. A gentle introduction to GWAS, meta-GWAS and PGS. *September 19.*

Eirik Berger Abel. Fertility, Partner Choice, and Human Capital. *September 26.*

Torkild Lyngstad. Fusing Genetics, Sociology and Demography: Findings and experiences from a large research project. *October 10.*

Per Magnus. Causes of childhood cancer - can CEFH help? *October 17.*

Yunpeng Wang. Genetic and Epigenetic Foundations of Childhood Internalizing and Externalizing Problems and their Co-occurrence. *October 17.*

Joachim Coleman Ebeltoft. Parent wealth and offspring mental health. *October 24.*

Eli Balterzen. The Politics of Assisted Reproduction: Exploring Global Inequality, the Role of the State, and Individual Attitudes. *October 31.*

Ralph Porneso. Non-additive and time-varying genetic effects reveal variants in complex traits plasticity. *October 31.*

Yunsung Lee. Inherited Genetic Burden of Infertility in ART-conceived Girls. *November 7.*

Kenneth Wiik. Co-parenting quality among separated couples: Differences by residential arrangements, stepfamilies, and gender. *November 14.*

Robert Lyle. Genetics Friday. *November 14.*

Henrik-Alexander Schubert. How the residential context shapes fertility in Norway. *November 21.*

Philipp Dierker. Spillover effects of sisters' MAR experiences on timing of own fertility. *November 28.*

Pol Solé Navais. Maternal and fetal effects on pregnancy loss. *November 28.*

Helga Ask. The PsychGen Centre for Genetic Epidemiology and Mental Health. *December 12.*

Visiting address:
Myrens verksted 3L
2nd floor
0473 Oslo
Norway

Postal address:
Norwegian Institute of Public Health
Centre for Fertility and Health
P.O. box 222 Skøyen
0213 Oslo
Norway

www.cefh.no

CENTRE FOR
FERTILITY AND HEALTH