

INVO Fertility Announces Five Poster Presentations Highlighting Platelet-Rich Plasma Research at the 2026 Midwest Reproductive Symposium International

Research from Wisconsin Fertility Institute evaluates ovarian and subendometrial PRP in patients with prior poor IVF response and endometrial-development challenges

SARASOTA, Fla., Aug. 20, 2026 (GLOBE NEWSWIRE) — INVO Fertility, Inc. (Nasdaq: IVF) (“INVO Fertility” or the “Company”), a healthcare fertility company focused on the establishment, acquisition, and operation of fertility clinics and related businesses and technologies, today announced that Gretchen Collins, M.D., of the Company’s Wisconsin-based clinic, Wisconsin Fertility Institute, presented five poster abstracts at the 2026 Midwest Reproductive Symposium international (“MRSi”), held on July 26-29, 2026, at The Drake Hotel in Chicago, Illinois. This year’s meeting theme was “In Full Bloom – The Future of IVF.”

Dr. Collins is a double board-certified obstetrician-gynecologist and reproductive endocrinology and infertility specialist. The five retrospective studies evaluated ovarian and subendometrial platelet-rich plasma (“PRP”) in patients with prior poor IVF outcomes, diminished ovarian response, thin endometrial lining, or other factors that had limited treatment progression.

“On behalf of the entire INVO Fertility team, we congratulate Dr. Collins and appreciate the work of the clinical team in developing and sharing these findings. It is extremely rewarding to see five poster abstracts from Wisconsin Fertility Institute presented at this year’s MRSi, which follows our decision to introduce PRP therapy as an additional patient option in Wisconsin last year,” said Steve Shum, Chief Executive Officer of INVO Fertility. “The selection of this work for presentation reflects the clinical expertise and commitment to patient-centered innovation within our expanding clinic platform.”

“As we continue to build INVO Fertility and our clinic operations, we believe supporting physician-led research and knowledge-sharing can contribute to better patient care, strengthen our clinics, and advance our mission of expanding access to assisted reproductive technology,” stated April McGhee, Chief Operating Officer of INVO Fertility.

All five posters were presented by Dr. Collins on behalf of Wisconsin Fertility Institute. Each abstract describes a retrospective cohort study, and the findings warrant confirmation in larger, prospective investigations.

AGE AND OVARIAN RESERVE INFLUENCE RESPONSE TO OVARIAN PLATELET-RICH PLASMA IN IVF CYCLES

KEY FINDINGS AND CONCLUSIONS: Among 19 patients, those younger than 35 years (n = 3) demonstrated the most robust improvements in ovarian response, including higher oocyte

yield and improved embryo development. Patients ages 35-39 (n = 9) showed moderate but generally consistent improvements, while patients age 40 and older (n = 7) experienced more limited responses and continued to demonstrate high rates of aneuploidy. The abstract concludes that response to ovarian PRP appears to be influenced by age and underlying ovarian reserve; while ovarian responsiveness may improve across age groups, embryo competence remains largely age-dependent, highlighting the importance of patient selection.

OVARIAN PLATELET-RICH PLASMA IS ASSOCIATED WITH DE NOVO EUPLOID EMBRYO DEVELOPMENT AND SPONTANEOUS CONCEPTION IN PATIENTS WITH PRIOR POOR IVF OUTCOMES

KEY FINDINGS AND CONCLUSIONS: In a 19-patient analysis in which each patient served as her own control, the study reported an overall increase in high-quality blastocyst development following PRP. Two patients moved from producing no euploid embryos to producing multiple euploid embryos in subsequent cycles, and two patients conceived spontaneously while preparing for additional IVF treatment. Patients of advanced maternal age continued to demonstrate high aneuploidy rates. The abstract concludes that ovarian PRP may be associated with improved embryo competence and euploid embryo development in select patients with prior poor IVF outcomes and that the observations warrant further prospective investigation.

OVARIAN PLATELET-RICH PLASMA CONVERTS PREVIOUSLY NONPRODUCTIVE OR CANCELLED IVF CYCLES INTO VIABLE RETRIEVALS IN POOR RESPONDERS

KEY FINDINGS AND CONCLUSIONS: Among 17 evaluable patients, baseline antral follicle count increased in 9, oocyte yield increased in 11, and mature oocyte counts increased in 10 following PRP. Three patients with prior cycle cancellation or extremely poor response were able to proceed to oocyte retrieval, and 3 of 5 patients who had previously produced no embryos demonstrated embryo development in subsequent cycles. The abstract concludes that ovarian PRP may enhance ovarian responsiveness and facilitate retrieval in patients with prior poor response or cancelled cycles, potentially offering an adjunctive option for a population with otherwise limited treatment success.

SUBENDOMETRIAL PLATELET-RICH PLASMA IMPROVES EMBRYO TRANSFER FEASIBILITY AND PREGNANCY OUTCOMES IN PATIENTS WITH POOR ENDOMETRIAL DEVELOPMENT

KEY FINDINGS AND CONCLUSIONS: Prior to PRP, 2 of 9 patients (22%) proceeded to embryo transfer; following subendometrial PRP administered at hysteroscopy, 7 of 9 patients (78%) underwent transfer. Among the seven post-PRP transfers, three patients (43%) achieved a positive pregnancy test, resulting in two ongoing pregnancies and one miscarriage. The abstract concludes that subendometrial PRP may improve the likelihood of proceeding to embryo transfer and may be associated with favorable pregnancy outcomes in

patients with poor endometrial receptivity, supporting further evaluation in larger, prospective studies.

SUBENDOMETRIAL PLATELET-RICH PLASMA AT TIME OF HYSTEROSCOPY IMPROVES ENDOMETRIAL THICKNESS AND CAVITY CHARACTERISTICS IN PATIENTS WITH THIN LINING

KEY FINDINGS AND CONCLUSIONS: Endometrial thickness improved in 8 of 9 patients (89%), with mean thickness increasing from 6.1 mm before PRP to 8.1 mm after PRP. All patients demonstrated a trilaminar endometrial pattern following treatment, compared with 4 of 9 beforehand, and intrauterine fluid present in two patients resolved in both cases. The abstract concludes that subendometrial PRP administered during hysteroscopy is associated with improved endometrial thickness, restoration of a trilaminar pattern, and resolution of intrauterine fluid, and may be a useful adjunct for patients with thin lining or intrauterine pathology.

About INVO Fertility

We are a healthcare services fertility company dedicated to expanding access to assisted reproductive technology (“ART”) care to patients in need. Our principal commercial strategy is focused on building, acquiring, and operating fertility clinics, including “INVO Centers” dedicated primarily to offering the intravaginal culture (“IVC”) procedure enabled by our INVOcell® medical device (“INVOcell”) and U.S.-based, profitable in vitro fertilization (“IVF”) clinics.

We have four operational fertility clinics in the United States. We also continue to engage in the sale and distribution of INVOcell to third-party owned and operated fertility clinics. INVOcell is a proprietary and revolutionary medical device, and the first to allow fertilization and early embryo development to take place in vivo within the woman’s body. The IVC procedure provides patients with a more connected, intimate, and affordable experience in comparison to other ART treatments.

We believe the IVC procedure can deliver comparable results at a fraction of the cost of traditional IVF and is a significantly more effective treatment than intrauterine insemination. For more information, please visit invo fertility.com.

Safe Harbor Statement

This release includes forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. The Company invokes the protections of the Private Securities Litigation Reform Act of 1995.

All statements regarding our expected future financial position, results of operations, cash

flows, financing plans, business strategies, products and services, competitive positions, growth opportunities, plans and objectives of management for future operations, including statements regarding organic growth initiatives, acquisition opportunities, integration of acquired clinics, balance sheet improvements, liquidity, the growth of our clinic platform and our ability to achieve cash flow break even or profitability, as well as statements that include words such as “anticipate,” “if,” “believe,” “plan,” “estimate,” “expect,” “intend,” “may,” “could,” “should,” “will,” and other similar expressions are forward-looking statements.

All forward-looking statements involve risks, uncertainties, and contingencies, many of which are beyond our control, which may cause actual results, performance, or achievements to differ materially from anticipated results, performance, or achievements. Factors that may cause actual results to differ materially from those in the forward-looking statements include those set forth in our filings at www.sec.gov.

We are under no obligation to (and expressly disclaim any such obligation to) update or alter our forward-looking statements, whether as a result of new information, future events, or otherwise.

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