

ASSISTING YOUR PATIENT WITH FERTILITY PLANNING



STARTING THE FERTILITY CONVERSATION

Conversations about fertility are usually initiated only when age becomes worrisome for a patient or after a couple has been trying to conceive for an extended period of time without success.

1 in 11 women have trouble getting
or sustaining pregnancy

1 in 9 men experience infertility

Infertility is not an uncommon problem; therefore, it is important for health care providers across specialties to be aware of fertility basics and how infertility might impact their patients.

The Centers for Disease Control and Prevention (CDC) recommends using a [Reproductive Life Plan](#) to help facilitate conversations and encourage both men and women to set short and long-term family planning goals.

A life-course approach to family planning emphasizes fertility education at multiple touchpoints before and

during the childbearing years to increase patient awareness and understanding of fertility and their reproductive health. This core education should encourage patients to consider a timeline for family building, highlight the impact of age on reproduction, and offer information about **fertility preservation**.

Appropriate times for fertility education should be assessed on an individual basis; however, some optimal touchpoints **before** a patient is actively trying to conceive may include:

- Sex education courses (e.g., classroom curricula or clinical encounters)
- Annual wellness exams
- During consultations to begin or discontinue the use of contraception
- During consultations concerning the diagnosis or treatment of cancer (i.e., gonadotoxic implications)
- Appointments to treat conditions that may directly or indirectly affect fertility (e.g., uterine fibroids, endometriosis, or ovarian surgery)
- Pre-pregnancy checkups for pregnancy planning when patients are trying to conceive

It is never too late to educate a patient about their fertility, even if they have already started trying to conceive or have children. Utilize these opportunities to answer questions and prepare patients for next steps along their fertility journey.

PATIENT-CENTERED CARE

The Institute of Medicine (IOM) defines patient-centered care as care that is respectful of and responsive to individual patient preferences, needs, and values, guiding all clinical decisions. Consider how the following factors may affect your patient:

- Relationship status (i.e., who will be involved in the desired pregnancy)
- Cultural preferences, influences, and religious beliefs
- Language and health literacy
- Family network and/or social support
- Costs and access to care
- Gender identity and/or sexual orientation
- Social determinants of health (e.g., education, financial stability, etc.)



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Stress, depression, and anxiety are associated with infertility and its treatment. Patients that are struggling to cope with the challenges of infertility require empathy and respect from their health care team. Some patients might also benefit from referrals to mental health services.

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Unconscious and implicit bias are common in all people; however, it is important that health care providers are self-aware of how their own biases may impact patient care and take steps to minimize these effects.

Just Ask!

Multiple factors influence a patient's decisions related to their fertility care. Avoid making assumptions about their preferences (e.g., willingness to pay out-of-pocket for expensive treatments). Educate them about all their options and allow them to tell you what aligns best with their needs and situation.

See the **SWHR Quick Reference for Treating Female Infertility** fact sheet for additional information and materials on patient-centered care and implicit bias.

References

Key Statistics from the National Survey of Family Growth – I Listing. National Center for Health Statistics. https://www.cdc.gov/nchs/nsfg/key_statistics/i-keystat.htm#infertility. Accessed 1 Dec 2021.

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