FERTILITY TREATMENT OPTIONS FOR WOMEN

Fertility drugs can help regulate or stimulate reproductive hormone levels, particularly for women with ovulation disorders.

Surgery is less common due to the high success rates of other treatments, but can be used to correct abnormalities with the uterine anatomy or fallopian tubes that can hinder fertility.

Intrauterine insemination (IUI) is typically recommended for 3-6 attempts before pursuing assisted reproductive technology (ART) approaches.

In vitro fertilization (IVF) has advanced to demonstrate high success rates. Sometimes, IVF can be paired with pre-implantation genetic testing for chromosomal abnormalities.

Third-party ART involves the use of donor eggs, sperm, or embryos from a third-party individual that, in special cases, may involve a gestational carrier to carry through pregnancy.

Infertility care is a highly individualized process, with treatment recommendations based on each patient’s unique infertility factors and reproductive health needs. While advancements in IVF have transformed it into a highly effective treatment for infertility, it is not always appropriate as a first line of treatment.

Factors to discuss when deciding on a treatment plan include:

- Cause(s) and duration of patient’s infertility
- Family planning goals (long and short-term)
- Age of the patient and their partner
- Risks and side effects of each treatment option
- Medical history
- Patient’s personal values and beliefs
Additional considerations to provide ethical care, many of which should be discussed with your patients, include:

- Risks of fertility treatments (e.g., multiple pregnancy, fetal reduction, age, underlying health conditions)
- Embryo storage, selection, and transfer/implantation (including compassionate transfer)
- Donor eggs/sperm and surrogacy (e.g., anonymity compensation, informed consent, legalities)
- Disparities in access to reproductive technologies (e.g., economic, racial/ethnic, cultural barriers, sexual orientation)
- Informed consent (Individuals seeking fertility services may be emotionally vulnerable and overly stressed.)

INFERTILITY AND MENTAL HEALTH

The psychological impact of infertility cannot be underestimated. For individuals who desire to become parents, the inability to conceive can have far-reaching psychosocial sequelae, including anger, depression, anxiety, sexual dysfunction, marital discord, and social isolation. Couples experiencing infertility also experience stigma, sense of loss, and diminished self-esteem.

As a provider, how can you help?

- Engage in conversations about mental health early
- Discuss potential adverse psychological side effects associated with fertility drugs
- Encourage/refer patients to seek out informal and professional support
- Connect patients to support groups and mental health programs

ADDITIONAL RESOURCES

- AHRQ: SHARE Approach
- ASRM Ethics Education Webinars
- CDC IVF Success Estimator
- How to Identify, Understand, and Unlearn Implicit Bias in Patient Care
- Patient Counseling and Support

References