CLINICIAN RESOURCE GUIDE TO FERTILITY HEALTH CARE

Society for Women's Health Research

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About SWHR

The Society for Women's Health Research (SWHR) is a national nonprofit and thought leader dedicated to promoting research on biological sex differences in disease and improving women's health through science, policy, and education. Founded in 1990 by a group of physicians, medical researchers, and health advocates, SWHR is making women's health mainstream by addressing unmet needs and research gaps in women's health. Thanks to SWHR's efforts, women are now routinely included in most major medical research studies and more scientists are considering sex as a biological variable in their research. Visit **www.swhr.org** for more information.

About SWHR's Fertility Program

SWHR Science Programs identify research gaps and address unmet needs in diseases and conditions that exclusively affect women or that disproportionately or differently affect women. The Fertility Program was established in 2021 to address barriers to access and reduce health disparities related to treatments for infertility in women. The Program engages patients and patient advocates, clinicians and fertility specialists, researchers, and health care decision-makers around the burden of female infertility and promotes science-based health care policies and education to improve patient outcomes.

Acknowledgements

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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.)

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.

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.

Six Domains of Health Care Quality. Agency for Healthcare Research and Quality. https://www.ahrq.gov/talkingquality/measures/six-domains.html#_ftn1. Accessed 12 Dec 2021.

Tydén T, Verbiest S, Van Achterberg T, Larsson M, Stern J. Using the Reproductive Life Plan in Contraceptive Counselling. *Ups J Med Sci.* 2016;121(4):299-303.

QUICK REFERENCE FOR EVALUATING INFERTILITY

After a couple experiences 12 months of regular, unprotected sex without conceiving, it is time to evaluate the cause of their infertility and discuss treatment options. **Individuals with certain risk factors or health conditions, such as age 35 or older, pelvic inflammatory disease, endometriosis, or erectile dysfunction should be evaluated sooner (around 6 months).** Counseling should also be offered to couples who are not physically able to conceive (e.g., same-sex couples or persons lacking reproductive organs).

Fertility protocols and conversations are often framed for heterosexual couples. As a health care provider, it is important to be responsive to the needs of patients who are single, LGBTQ+, or nonconforming, and open to discuss their fertility concerns and family planning goals.

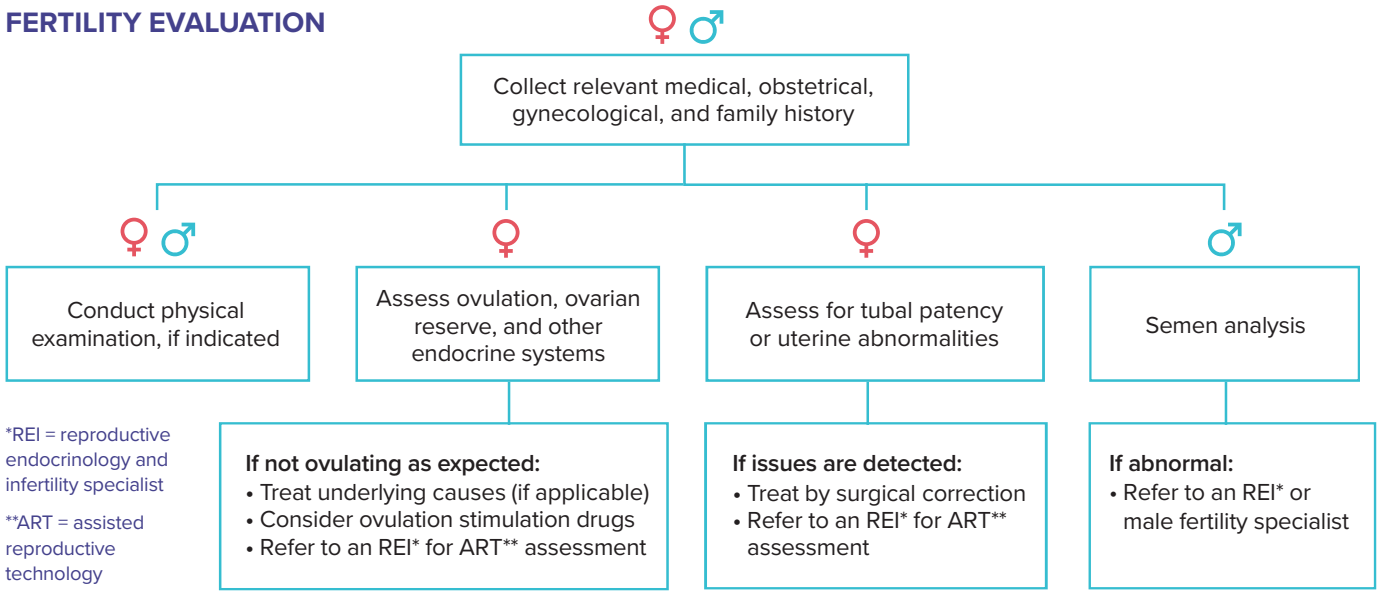
Knowing the overarching process for diagnosing infertility can help you educate your patients during initial encounters and prepare them for the steps ahead, especially if that includes referring them to a fertility specialist. Moving patients from diagnosis to treatment quickly and efficiently is crucial for successful outcomes.

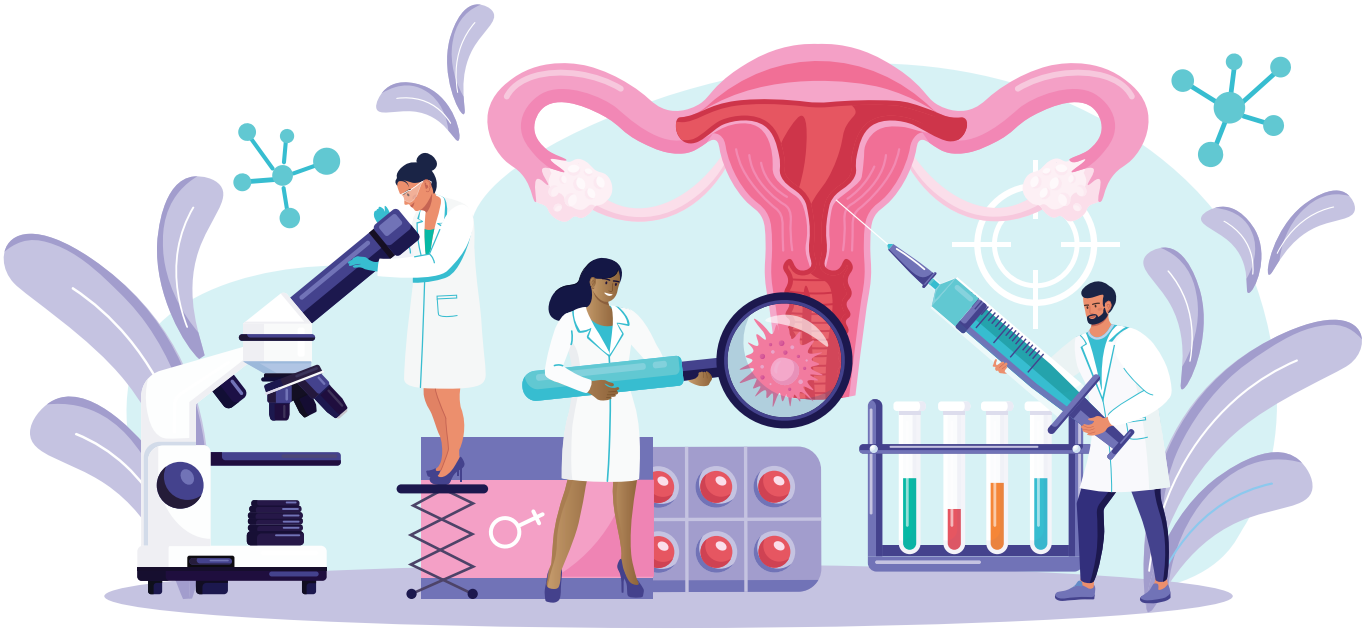
1/3 of infertility cases are caused by female factors
1/3 of infertility cases are caused by male factors
1/3 of infertility cases can be attributed to both male and female factors

Because infertility can be caused by any number of female and male-related factors, it is important to evaluate BOTH partners when looking to diagnose the cause(s) of infertility.

A thorough fertility evaluation may not indicate any significant anomalies: up to 30% of couples experiencing infertility are diagnosed with unexplained infertility.

FERTILITY EVALUATION





CONNECTING TO OTHER FERTILITY PROVIDERS

Do not hesitate to make a referral to a provider who can assist with quickly and effectively supporting your patient's fertility care plan.

Infertility care often requires consultation with a **reproductive endocrinology and infertility (REI)** specialist. These OB/GYNs are board-certified to provide advanced fertility care, such as diagnosing and treating complex fertility issues in both men and women.

Patients may also benefit from additional expertise on their health care team, for example, **interventional radiology** for certain minimally invasive procedures (e.g., hysterosalpingography) to diagnose and treat reproductive tract blockages that can impact fertility, or **reproductive urology** or **andrology** for male-factor infertility issues.

The contrast dye used during the hysterosalpingography (HSG) procedure to evaluate tubal patency can have a "tubal flushing" effect with indirect fertility benefits. Some studies using an oil vs. water-based contrast dye showed women conceiving within the first 6 months after undergoing the procedure.

ADDITIONAL RESOURCES

- ACOG/ASRM Infertility Workup for the Women's Health Specialist
- ASRM Practice Committee Documents
- Reproductive Life Plans: Initiating the Dialogue with Women
- Society for Reproductive Endocrinology and Infertility

References

Lindsay T and Vitrikas R. Evaluation and Treatment of Infertility. *Am Fam Physician.* 2015;91(5):308-314.

Practice Committee of the American Society for Reproductive Medicine. Fertility Evaluation of Infertile Women: A Committee Opinion. *Fertil Steril.* 2021;116(5):1255-1265.

QUICK REFERENCE FOR TREATING FEMALE INFERTILITY

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.

SHARED DECISION-MAKING

The goal of fertility treatments is not just to conceive, but also to ensure a healthy pregnancy, labor, and delivery for both mom and baby. Providers should conduct a thorough value assessment with their patients before administering any treatments, so that their care plan aligns with their needs and short and long-term goals. Providers should also encourage their patients to ask as many questions as needed to gain confidence in the chosen treatment and fertility care plan.

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

Insurance coverage and out-of-pocket costs associated with diagnosing and treating fertility can vary greatly. It helps to have a few resources on-hand to share with patients seeking assistance funding their care. For example:

- RESOLVE: Insurance Coverage by State
- Fertility Within Reach: Grant and Discount Programs

Women diagnosed with infertility have rates of anxiety and depression comparable to patients diagnosed with cancer, hypertension, and HIV.

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

Fertility and Mental Health. MGH Center for Women's Mental Health. https://womensmentalhealth.org/specialty-clinics/infertility-and-mental-health/. Accessed 1 Dec 2021