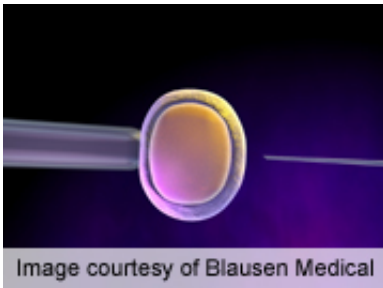


Public funding spurs couples to seek fertility treatment

May 16 2013, by Kathleen Doheny, Healthday Reporter



After Quebec mandated IVF coverage, study found change in patient demographics.

(HealthDay)—Public funding of assisted reproductive technology, including in vitro fertilization (IVF) treatments, broadens the range of couples who seek treatment for infertility by attracting a more diverse population, according to new research from Canada.

When the [province of Quebec](#) began to fund up to three cycles of IVF in August 2010, researchers compared patients who sought that [treatment](#) before and after the mandate.

Afterward, "we found larger numbers of lower income, less well-educated, unemployed people seeking [fertility treatment](#)," said Phyllis Zelkowitz, director of research in the department of psychiatry and senior investigator at the Lady Davis Institute of the Jewish General

Hospital, in Montreal.

The study is published in the May 16 *New England Journal of Medicine*.

For the study, Zelkowitz and her colleagues compared data on nearly 3,600 [couples](#). Of those, 436 sought treatment before the policy change, 821 immediately after and 2,316 eight months after the policy change.

The investigators found the proportion of treated couples with college degrees declined from 68 percent to 63 percent eight months later. Unemployed couples seeking treatment rose from 3.6 percent to 11.6 percent. And the proportion of patients with household incomes of \$65,000 a year or less increased from about 37 percent to more than 47 percent.

For white couples, the proportion dropped from about 67 percent to 63 percent in the eight-month period, after rising immediately after the policy change.

Zelkowitz also found the rate of couples seeking treatment for secondary infertility doubled from 14 percent to 29 percent. Secondary infertility means being unable to get pregnant or carry a pregnancy to term after having one or more biological children.

The mandated [policy change](#) came with stipulations, Zelkowitz said. It approved coverage for up to three treatment cycles of IVF. It mandated the transfer of only one embryo per treatment cycle, with a goal of reducing preterm births, she noted.

Preterm births are more common with multiple pregnancies and are riskier to the babies, experts agree.

"One of the goals of the funding was to reduce preterm births, and they

have already done that," Zelkowitz said.

The study findings are in conflict with earlier U.S. studies, which have shown that even when patients have access to public funding for [assisted reproductive technology](#), barriers continue to exist, including social, economic and ethnic obstacles. As a result, these earlier studies suggested, the typical patients remain older, wealthier, more-educated white couples.

In the United States, infertility affects about one of eight women of reproductive age and their partners, according to the American Society for Reproductive Medicine.

Currently, 15 states have passed laws that mandate insurers to cover or offer coverage for [infertility](#) diagnosis and treatment, but some states exclude coverage for IVF.

Assisted reproductive technology is typically defined as fertility treatments in which both eggs and sperm are handled, such as IVF, but not procedures such as taking medicine to stimulate egg production, according to the U.S. Centers for Disease Control and Prevention.

Only about 5 percent of infertile couples need assisted [reproductive technology](#), the society estimates.

For others, egg stimulation or lifestyle changes such as losing weight or stopping smoking can help them achieve a pregnancy.

However, for those who do need IVF, the cost can be prohibitive. A cycle of IVF costs about \$12,400, the society estimates.

The study findings about patient demographics changing after [public funding](#) became available do not surprise Dr. Wendy Schillings, a

fertility specialist in Allentown, Pa. When she meets patients who have only diagnosis covered, she said, they often delay treatment if they need IVF, hoping to save up the money needed.

Couples who don't have IVF coverage often ask for more embryos to be transferred, she said, and she then counsels them on the risks of multiple births.

"Absolutely lower-income couples can do it [seek treatment] and will do it," Schillings said. However, for those with higher incomes, the decision may involve fewer sacrifices, she added.

More information: To learn more about infertility coverage, state by state, visit the [National Conference of State Legislatures](#).

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