# Qualitative insights into infertility patient discontinuation of care: Results of a nationwide survey

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**RESULTS** 

**(Table 1)** 

Characteristics

Age, n (%)

20-25

26-30

31-35

36-40

41-45

46-50

Not available

Sex, female, n (%)

Hispanic/Latino

Other/not available

**Highest educational** 

achievement, n (%)

Some high school

Bachelor's degree

Master's degree

Doctoral degree

Not available

<\$50,000

>\$100,000

Not available

Some graduate school

Household income, n (%)

\$50,000 to \$100,000

High school

Some college

Race/ethnicity,\* n (%)

Black or African American

Patient characteristics

Table 1. Patient demographics

The survey included 330 respondents from 43 US states

Respondents (N=330)

8 (2.4)

52 (15.8)

127 (38.5)

98 (29.7)

30 (9.1)

12 (3.6)

1 (0.3)

2 (0.6)

325 (98.5)

305 (92.4)

11 (3.3)

10 (3.0)

11 (3.3)

5 (1.5)

1 (0.3)

10 (3.0)

48 (14.5)

111 (33.6)

21 (6.4)

106 (32.1)

29 (8.8)

4 (1.2)

23 (7.0)

135 (40.9)

168 (50.9)

4 (1.2)

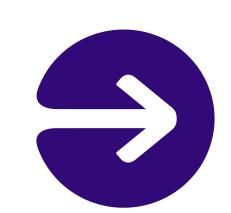
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# CONCLUSION

- Infertility treatment discontinuation remains high despite increasing access to care and good overall success rates among treated patients
- Patients undergoing infertility treatment report psychological burden, treatment fatigue, time in fertility treatment, and cost as reasons for discontinuation
- Awareness, acknowledgment, and validation of patient feelings throughout the patient journey by employing expectation management, prognostic transparency, and continuous communication may mitigate treatment discontinuation



- In the US, infertility affects 12–13% of women<sup>1</sup>
- Although there is a high likelihood of achieving pregnancy through infertility treatment, many patients decide to abandon treatment prior to becoming pregnant<sup>2,3</sup>
- Discontinuation can occur at any time, from diagnostic workup through any stage of the treatment journey<sup>2</sup>
- Reasons for discontinuation are not well understood, and there is limited evidence on the factors associated with continuing/abandoning infertility treatment in the US - Treatment fatigue and poor prognosis have been reported as potential drivers of discontinuation<sup>4</sup>
- A systematic review reported postponement of treatment, physical and psychological burdens, relational and personal problems, treatment rejection, and organizational and clinic problems as reasons for treatment discontinuation<sup>2</sup> One US single-center survey study explored reasons for terminating in vitro fertilization (IVF) treatment<sup>5</sup>
- More research is needed into this aspect of fertility treatment. The current survey explored the motivations of the broader US population for starting, discontinuing, or restarting infertility treatment



- This was an online cross-sectional survey evaluating the number of patients who initiate, discontinue, or consider discontinuing infertility treatment
- The survey was administered via SurveyMonkey® in a weblink provided to patients in an invitation email in March-April 2019
- Patients were recruited from an infertility patient community (RESOLVE) email list
- The survey was developed by a team that included a survey designer, the RESOLVE leadership team, EMD Serono fertility team, and a statistician; it was validated by two external fertility experts
- The survey consisted of 44 multiple-choice and short-answer questions, plus 4 questions requesting a qualitative free-text response
- Patients included adult (aged ≥18 years) female and male patients with a history of infertility treatment (ovulation induction [OI] with or without intrauterine insemination, or IVF)
- Descriptive statistics and qualitative data analysis were employed for all free-text survey items to determine themes on treatment discontinuation

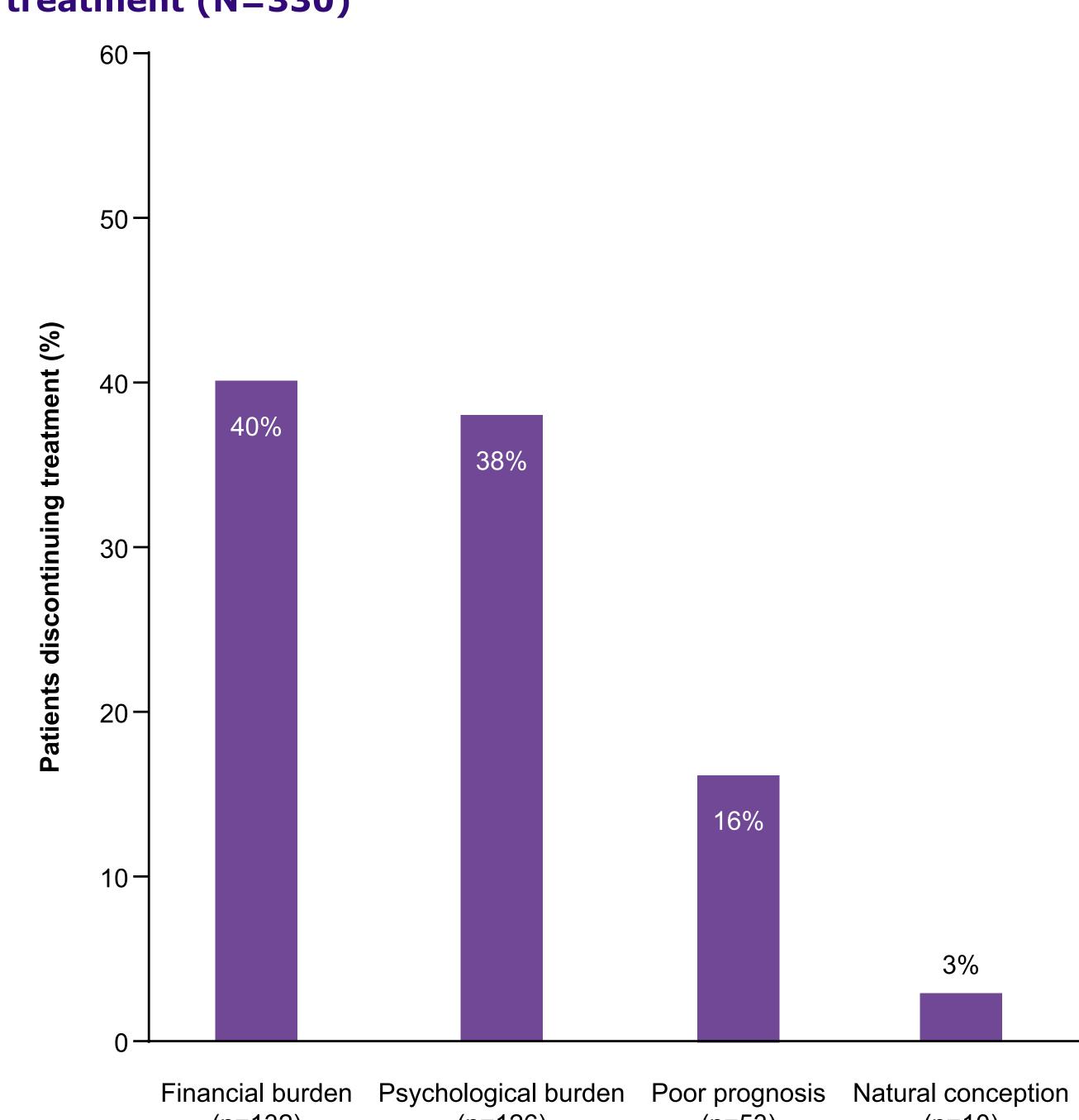


 To gain insight into patient perspectives on the infertility treatment journey and the reasons for treatment discontinuation



## Figure 1. Reported reasons for discontinuation of infertility treatment (N=330)

\*Respondents were given the option to select more than one response



- Of respondents, 69% reported completing >2 OI and/or IVF cycles
- When patients were asked whether they ever had the desire to stop treatment, 47% answered "yes," 39% replied "no," and 15% answered "not sure" or "maybe"

# Reasons for treatment discontinuation or consideration of discontinuation prior to achieving pregnancy

- Patients were able to choose multiple reasons for treatment discontinuation, which included financial burden (40%), psychological burden (38%), poor prognosis (16%), and natural conception (3%) (Figure 1)
- In the 53/330 (16%) patients who provided free-text responses, reasons for stopping treatment fell into the following categories: financial (36%), psychological (13%), biological (19%), needing to accept the truth (practical; 9%), and other people (6%), while 17% reported having a child (Figure 2)
- Financial and psychological/treatment burden was cited more often among patients who had completed more unsuccessful OI and IVF cycles
- Financial burden focused on two themes: lack of insurance (21%) and lack of successful outcome with respect to money spent (11%)
- Of patients who reported financial burden, 63% had an income of  $\geq$ \$100,000
- Psychological burden focused on the themes of taking an emotional toll ("too much to handle"), being "done", and the need for a support network (friends, family, and support groups)
- Patients reported "being your own advocate" as important to mental health
- Time in treatment or length/type of treatment was considered to be burdensome, draining, and fatiguing
- Specifically, 42% reported the discrepancy between expected (<1 year) vs actual time to pregnancy (>2 years) as burdensome

### Figure 2. Reasons for discontinuation of infertility treatment in patients who provided free-text responses (n=53)

