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Infertility Patients' Motivations for and Experiences of Cross-Border Reproductive Services (CBRS): An Asynchronous Online Investigation.

Background

IVF enables individuals experiencing infertility the opportunity to achieve conception. ICMART estimated that over 3.5 million babies have been born as a result of IVF between 1978 and 2008 (Adamson, 2009).

In the last decade, there has been a steady rise in use of CBRS (Pennings et al., 2009). The ESHRE Task Force on Ethics and Law (Pennings et al., 2008) estimated in just 6 EU countries approximately 25,000 patients travelled to another country for IVF cycles.

Although some individual cases of CBRS have attracted considerable media attention and there is growing professional interest, there is limited evidence on patient perceptions of CBRS (Hudson et al. 2011).

The aim of this poster is to present an overview of patients' motivations for, and experiences of, their cross border reproductive treatments.

Objectives

To explore the decision making processes of patients who have undertaken CBRS. 1. To investigate the experiences of patients who have undertaken CBRS. 2. To provide a more systematic understanding, that is currently available, of the dynamics of CBRS. 3. To use the findings to make recommendations on the improvement of CBRS to stakeholders and regulatory bodies.

Methods

Asynchronous online email interviews were used to elicit participants' views. These enabled the researcher to access otherwise inaccessible patients and allow participants to answer questions at a convenient time within their daily routine.

Ethical approval was given by the University of Huddersfield. Participant recruitment was facilitated by the Infertility Network and iCSi., commencing on 1 April 2010 for a seven month period.

Participants were required to have:

- 1. Undertaken IVF abroad
- 2. Access to the internet
- 3. The ability to communicate in English.

References

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Pennings, G., de Wert, G., Shenfield, F., Cohen, J., Tarlatzis, B., & Devroey, P. (2008). ESHRE task force on ethics and law 15: Cross-border reproductive care. Hum Reprod, 23(10), 2182-2184. Hudson, N., Culley, L., Blyth, E., Norton, W., Rapport, F., & Pacey, A. (2011). Cross-border reproductive care: a review of the literature. Reproductive Biomedicine Online, 22(7), 673-685.

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Results

Participants' demographic information:

- 59 enquires were received, of which 26 participants (22 female and 4 male) completed the 8 online interview questions.
- 15 participants from the UK, 4 from the USA, 3 from the Republic of Ireland, 2 from Canada, 1 from France and 1 from Tanzania.
- The mean age = 40.6. 24 participants were White, 1 African and 1 mixed Asian and White.
- 61.5% has postgraduate qualifications and 76.9% were in employment.
- 17 were in a heterosexual relationship, 8 were single heterosexual and 1 was single bisexual.
- 61.5% (n=16) achieved a pregnancy using CBRS.

Motivations for seeking CBRS:

Cost of treatment in home country, cheap international flights, clinics' success rate, legal restrictions in accessing treatment, lack of resources (i.e. long waiting list for egg donors), dissatisfaction regarding treatment in home country, last resort to achieve pregnancy, personal preference.

Participants' positive experiences of CBRS: Achieved pregnancy, received good clinical care, good patient information provision by CBRS clinics, smooth transition from CBRS treatment to home obstetric

care, enjoyed the CBRS country (e.g. short break).

Alternatives to CBRS:

Some CBRS participants had contemplated adoption as an option however the adoption process was perceived as problematic. Most participants have had treatment at home first before CBRS.

Conclusion

CBRS poses an increasing challenge for patients to make well-informed decisions about their treatment. This study found patients' motivation for CBRS was impacted by personal and financial factors. Patients had mainly positive experiences of CBRS, although some negative experiences were reported.

Conflict of interest

None

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Participants' negative experiences of **CBRS**:

Some language and cross cultural difficulties, treatment expectations sometimes not met, concerns regarding clinical risks, legal issues in home country especially in CBRS surrogacy, heavy emotional investment, concealed treatment from family and friends, un-answered questions.