CAUSES OF DISCONTINUATION OF FERTILITY TREATMENTS IN UTAH
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Purpose: In response to the Utah States Legislature’s desire to better understand the impact of infertility on Utahans, data from survey-based Utah Fertility Experiences Study (UFES) was analyzed to characterize the attitudes of those affected by such circumstances. The goal of this research is to describe the burdens reported by women receiving fertility treatments and the discontinuation of these treatments by the couple prior to achieving successful conception.

Background: Previous works on this topic have shown discontinuation rates for fertility treatments of approximately 33.1%. The most common causes of discontinuation including psychological/emotional distress, lack of faith in procedure, and received medical advice to discontinue treatment.

Methods: This study utilized the UFES data to describe the frequency of discontinuation of fertility treatments and most frequently reported reasons for discontinuation. The UFES utilized surveys with questions about fertility treatments sent to Utah women aged 20-35 either beginning treatment at a specialized fertility clinic or being married but having no recorded live birth or fetal death records. Descriptive statistics were calculated using Microsoft Excel to describe the frequency of treatment discontinuation, reasons for discontinuation, and emotional consequences of fertility treatment.

Results: Among 960 total study participants, 782 reported using at least one fertility treatment (including fertility-enhancing medications, artificial insemination, in-vitro fertilization, and/or alternative treatments such as diets, acupuncture, etc.). These 782 women in total underwent 1375 treatments, as many women reported utilizing more than one of the treatments types. Amongst participants, there were 144 (10.4%) reported times that treatment(s) were discontinued before successful conception was achieved. Many participants reported that multiple reasons contributed to their treatment discontinuation. The most prevalent reasons for discontinuation included feeling like the treatment was not working (56%), monetary cost (50%), and physical burden (49%). Reported emotional consequences of fertility treatment included increased stress levels and other emotional crisis, these were reported by a majority of participants, with the most impacted area being the participant’s relationship with their partner.

Implications: The results of this study provide information about the challenges faced by women undergoing fertility treatments. This understanding may inform the creation of policies and legislation regarding the clinical management of infertility to ensure that the fertility treatments can be accessed and utilized in the most effective and patient-centered manner to assist couples in achieving their reproductive goals.