

A summary of publicly-funded services for fertility preservation for medical reasons in selected countries

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Introduction

- Fertility preservation is the cryopreservation of eggs, sperm, embryos or reproductive tissue so a person can use them in the future to have their own biological children.
- In some countries fertility preservation services for medical reasons are publicly funded.
- Medical reasons include the presence of a medical condition, or the receipt of treatments, which may impact fertility.
- A scoping review to understand what services are publicly funded, who is eligible for these services, and further service considerations, was requested by the Department of Health to inform the development of a national fertility preservation policy in Ireland.

Methods

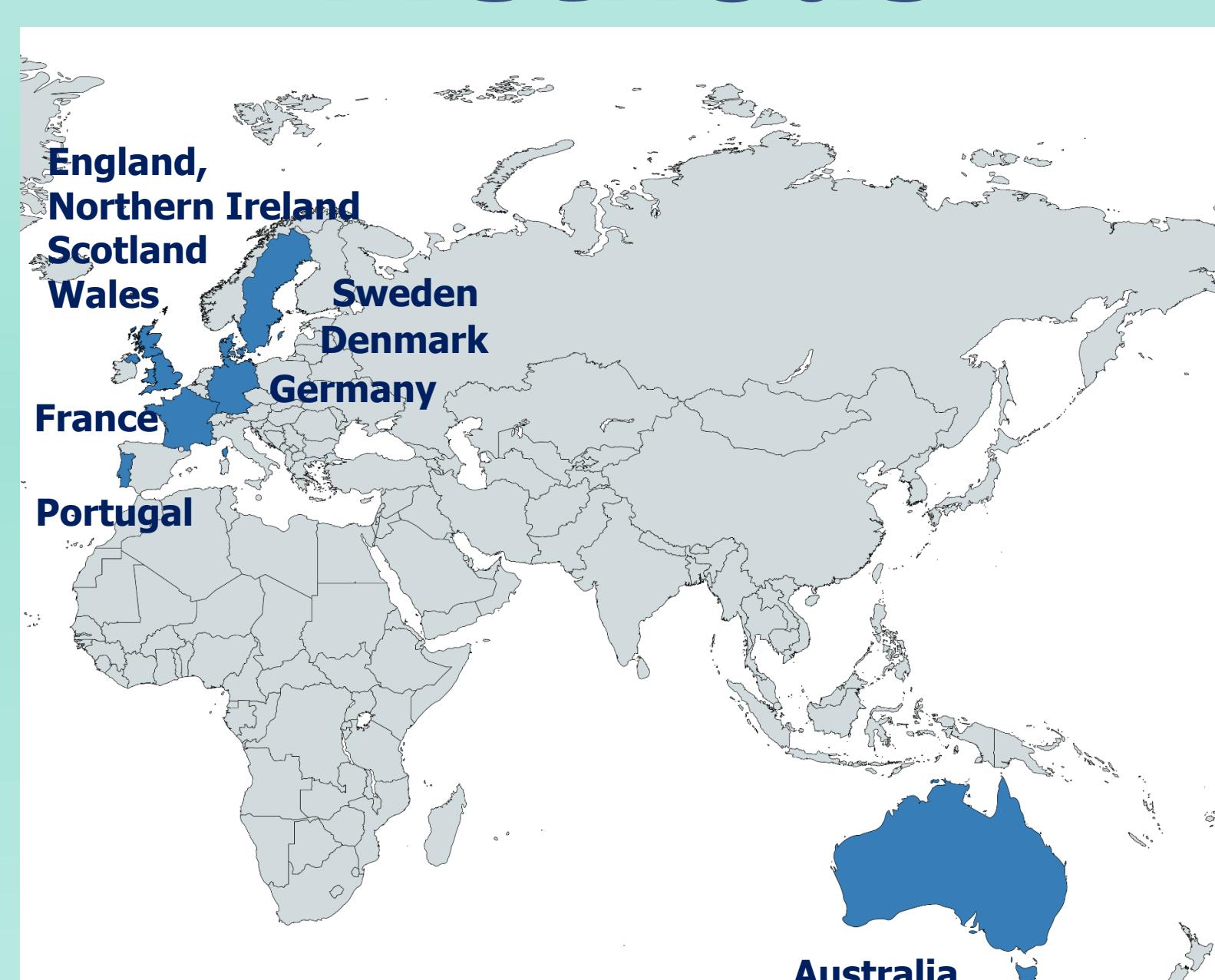


Figure 1. Countries selected for scoping review inclusion (highlighted).

- 10 countries were selected for inclusion (Figure 1).
- Information was included from peer-reviewed publications and grey literature sources.
- Inclusion and exclusion criteria were applied to identified documents (Figure 2) and descriptive analysis of strategy contents was undertaken.

INCLUSION

- Peer-reviewed published literature
- 'Grey' literature
- Focused on fertility preservation for medical reasons.

EXCLUSION

- Services not publicly-funded
- Solely focused on fertility preservation for non-medical reasons
- Solely focused on fertility treatments
- For Australia, information specific to an individual state or territory only.

Figure 2. Inclusion and exclusion criteria applied in the review.

Currently in Ireland

Cryopreservation of eggs, embryos or sperm is available, and HSE funded, for adults with cancer. Fertility preservation services are also available to postpubertal adolescents (under 18 years) through the Childhood Cancer Fertility Project.

Results



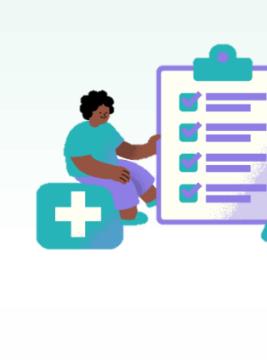
Cryopreservation of sperm and eggs is publicly funded in all **10** countries. Cryopreservation of embryos is publicly funded in **7** countries.



Cryopreservation of ovarian tissue and testicular tissue is less often publicly funded, and may be offered to particular groups.



People undergoing cancer treatment are offered fertility preservation in all **10** countries.



GP or consultant referral is required for access to publicly-funded fertility preservation services in **8** countries.

Discussion and conclusion



Public funding for fertility preservation services removes or limits the associated financial burden placed on those wishing to access these services.



The nature and extent of publicly-funded fertility preservation services varies internationally, based on factors including resource availability and funding.



These factors should be considered when developing a national fertility preservation policy in Ireland.

