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ENGLISH AS A SECOND LANGUAGE WITHIN ASSISTED REPRODUCTIVE TECHNOLOGY (ART) TREATMENT

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OBJECTIVE:

Patients with English as a second language (ESL) may face communication barriers with predominantly English-speaking infertility care providers. With nearly half of New York City's (NYC) metropolitan population speaking languages other than English at home, providing equitable care for ESL individuals is a pressing concern (1). Previously, the limited research on ESL patients has exhibited lower engagement in infertility services and decreased rates of success with intrauterine insemination (IUI) (2,3). This study examines whether a difference in a patient's primary language correlates with ART treatment outcomes.

MATERIALS AND METHODS:

This IRB-approved retrospective cohort study included patients ≥18years old who underwent their first autologous embryo transfer (ET) between 2012 and 2022 at an NYC academic fertility center. The investigational group included ESL patients who required translation services, which were offered to these patients per protocol. The primary outcome was live birth rate (LBR). Secondary outcomes included implantation rate, clinical pregnancy rate, type, and number of previous cycles, and duration of infertility. Duration of infertility was defined as the amount of time a couple reported they had attempted to conceive naturally without success at first consultation with a fertility specialist. We compared sociodemographic characteristics, clinical data, and reproductive outcomes between English-speaking and ESL patients using means (SDs), medians (IQRs), or N (%) as appropriate. Chi squared, T, and Wilcoxon rank sum tests were used to analyze group differences in primary and secondary outcomes, as appropriate, with a p-value <0.05 considered significant.

RESULTS:

Of 10,870 total included patients, 185 (1.7%) did not speak English as a primary language. Most spoke Spanish (n=131, 70.8%). LBR following the first autologous ET was not significantly different among ESL patients compared to English-speaking patients (40.5% vs. 46.8%, p=0.11). However, ESL patients had a lower implantation rate (59.1% vs. 71.0%, p=0.001) and clinical pregnancy rate (43.8% vs. 54.9%, p=0.003). No difference was found in duration of infertility based on primary language (2.2 years, IQR 1-3.3 vs. 1.7 years, IQR 1.2-2.6, p=0.41). Prior to first autologous ET, most ESL patients did not undergo IUI cycles (median 0, IQR 0-2, p<0.001) and had fewer ART treatment cycles (median 1, IQR 1-2, p<0.001).

CONCLUSIONS:

Compared to patients who primarily speak English, ESL patients appear to have equivalent LBR following first autologous ET. Although these results are encouraging, the small volume of ESL patients seen amongst a linguistically diverse metropolitan population and their lower utilization of fertility treatments underscores how language barriers may hinder access to fertility care. In turn, providers are encouraged to develop inclusive environments by honoring verbal and non-verbal cultural differences.

IMPACT STATEMENT:

Despite potential communication barriers for ESL patients, best practices for fertility centers may include inclusive support by providing proficient translators and educational options to serve all patients on their pathway to family-building.

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