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CURRENT ACCESS TO FERTILITY CARE FOR TRANS AND GENDER DIVERSE PATIENTS ACROSS UNITED STATES HOSPITALS

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OBJECTIVE:

There are nearly two million trans and gender diverse (TGD) people in the United States (U.S.). Most research about TGD patients has been focused on the initiation and completion of gender-affirming care. Because some aspects of gender-affirming care might affect future fertility, it is important to assess whether fertility preservation is an established part of hospital services and comprehensive care models. While websites may not accurately represent all care offered by a facility, they serve as an initial gateway for TGD patients to access care. We surveyed publicly available websites of U.S. hospitals and evaluated access to fertility care for TGD patients.

MATERIALS AND METHODS:

The study included U.S. adult and children's hospitals sourced from the American Hospital Directory, the Children's Hospital Association, and U.S. medical school websites. A minimum of five hospitals were included from each state and the District of Columbia. Specialty hospitals (e.g., orthopedics, psychiatric, or oncology) and military/veteran care centers were excluded. Two researchers independently surveyed each hospital website and collected the following data: location; medical school affiliation; adult or pediatric care; religious affiliation; presence or absence of a reproductive endocrinology and infertility (REI) division or affiliate providing fertility care; availability of TGD care and, if provided, whether TGD care was through a clinic/program or solo practitioners; the field(s) of medicine in which TGD care was provided, including surgery, endocrinology, primary care, gynecology, urology, psychiatry, otolaryngology, infectious disease, dermatology, speech therapy, physical therapy, social work, and legal aid; and presence or absence of TGD fertility care.

RESULTS:



Of the 654 hospital websites surveyed, 335 (51.22%) offered some form of TGD care. The most common specialties included primary care (37.00%), endocrinology (36.85%), psychiatry (33.03%), and surgery (22.05%). Of the 335 U.S. hospitals that did provide TGD care, 22.99% (n=77) offered TGD-specific fertility care (including counseling, cryopreservation, and in vitro fertilization). Referrals to fertility care were offered at five (0.76%) hospitals. Medical school affiliations were found at 501 hospitals (76.61%), and 165 hospitals (25.23%) had religious affiliations.

CONCLUSIONS:

Our findings highlight a significant gap in access to information for TGD-specific fertility care in the U.S. hospital websites that serve as the means by which TGD patients can assess if TGD care is readily available. Of the 654 U.S. hospitals surveyed, 48.78% (n=319) did not provide any form of TGD care for the patients within their communities. TGD fertility care was offered at only 11.77% (n=77) of hospitals surveyed. Having readily available information about, and access to, multidisciplinary care is of tantamount importance to TGD patients.

IMPACT STATEMENT:

TGD patients must have accessible physicians who can provide comprehensive fertility care and family building before engaging in treatments that could have a permanent impact on fertility.

REFERENCES:

N/A