Reproductive Health Care Delivery

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KEYWORDS

• Reproductive health • Health care • Insurance • Delivery

KEY POINTS

- Most patients in the United States with reproductive health disorders are not covered by their health insurance for these problems.
- Health insurance plans consider reproductive care as a lifestyle choice, not as a disease.
- If coverage is provided it is, most often, directed to female factor infertility and advanced reproductive techniques, ignoring male factor reproductive disorders.
- This article reviews the history of reproductive health care delivery and its present state, and considers its possible future direction.

INTRODUCTION

With the passage of the Affordable Care Act (ACA) and the affirmative ruling on it by the Supreme Court, the United States is undergoing a major change in health care delivery.[1] This process is likely to evolve over several years and will lead to substantive changes in reimbursement models for health care providers and patients. The ACA includes a variety of concepts and buzzwords such as global payments and accountable care organizations, and suggests the end of fee-for-service medicine. What the final product will look like is not clear, but as health care costs continue to escalate at unsustainable rates it is inevitable that significant changes lie ahead.

Over the past 35 years important scientific advances have occurred in the understanding and treatment of reproductive disorders. The delivery of, and access to, reproductive health care has remained largely outside the models for most other diseases, in large measure because of the failure of federal and third-party health insurers to recognize infertility as a disease, instead characterizing reproduction as a lifestyle choice. In 2008, the American Society of Reproductive Medicine (ASRM) Practice Committee published its definition of infertility as a disease in its journal *Fertility and Sterility*.[2]

This article reviews the present state of the extant models for reproductive health care delivery, the expanding recognition of infertility as a product of common global health concerns, and the disparities in access to and reimbursement for reproductive health care.

WHAT CONSTITUTES REPRODUCTIVE HEALTH CARE?

The traditional concept of reproductive health focused on the female and included diagnosis of pregnancy, checkups throughout pregnancy, and a safe delivery for both mother and baby. Female reproductive health extends back to antiquity with professional midwives assisting deliveries in ancient Greece and Egypt.[3] In modern times, many women seek medical care before becoming pregnant, either for concerns related to fertility or

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simply to optimize their health before the stresses of pregnancy. This optimization could include addressing a variety of diseases, not only those that directly affect the reproductive tract but also diseases that indirectly affect a woman's ability to either become pregnant or to have a safe pregnancy. All of these aspects of health care are included in the concept of reproductive health.

In addition, sexual health for women of reproductive age, which includes sexual dysfunction, sexually transmitted diseases (STDs), and prevention of pregnancy, are an integral part of reproductive health. Obstetrician-gynecologists (Ob/Gyns) in the United States diagnose and treat such a broad spectrum of illnesses outside the reproductive tract that traditional primary-care concerns have become a part of Ob/Gyn training and board exams. More than one-third of a private Ob/Gyn's nonpregnant, reproductive-aged patients use their Ob/Gyn as their primary care physician.[4] Not all health concerns of these patients are included under the title of reproductive health, but the concept of reproductive health in women, which dates back to ancient times, has broadened through the years.

In men, reproductive health care is a more modern concept. The mature sperm cell was first discovered in 1677 by Leeuwenhoek in Holland, and, for centuries, the only science available in male reproductive health was the microscopic analysis of semen. Through time, semen analysis progressed from the simple identification of the presence of sperm to numerous quantifiable parameters (discussed elsewhere in this issue).

The absence of sperm in the ejaculate is sometimes the desired result because sterilization is another aspect of male reproductive health. Vasectomy is a safe and effective form of contraception and the most commonly performed urologic surgical procedure in the United States.[5,6] The first vasectomy was performed by Cooper in the United Kingdom in the 1820s on a dog. Although human vasectomies were performed shortly thereafter, it was not until the 1940s that the vasectomy gained widespread acceptance as a form of contraception.[7] Of the approximately 500,000 vasectomies performed annually in the United States in modern times, up to 7% to 10% of these vasectomized men eventually seek reversal.[6,8] Reconstruction of the male reproductive tract for obstructive azoospermia remains an important aspect of male reproductive health. Male reproductive health includes the other aspects of sexual health, namely STDs and sexual/erectile dysfunction (ED). Modern male reproductive health has expanded greatly as understanding of the many risk factors and concomitant disease states that can affect a man's ability to reproduce has grown through time.

CHANGES IN REPRODUCTIVE HEALTH CARE THROUGH TIME

The first oral contraceptive pill (OCP) was approved by the US Food and Drug Administration for contraception in 1960, but had already been available since 1957 for menstrual disorders and an estimated half a million American women had already used it.[9] Although more than a million women had used the pill by the following year, OCPs were not legally available in all states to married women until 1965, and to unmarried women in 1972 after those rights were decided on in the United States Supreme Court.[10,11] The availability of OCPs allowed women to control their own fertility in a reliable manner and prevent or delay pregnancy as they saw fit.

The ability of women to control their fertility was especially useful during a time when women were increasingly entering the professional world. Delay of childbirth became a more common practice that continues today as women choose to better establish their careers or increase their financial position before starting a family. The US Centers for Disease Control and Prevention report that the average age of first childbirth among women born in 1930 was 20.8 years, in 1960 it was 22.7 years, and today it is 25.4 years. The rate at which women are having their first child at more than the age of 30 years has increased from 9.7% in 1995 to 13.6% in 2006 to 2010, and the first child at more than the age of 35 years from 1.7% to 2.8%.[12] This trend increases the need for reproductive health care as female fecundity decreases with age, particularly after 35 years of age.[13]

Another important change in reproductive health care has been the introduction of advanced reproductive technologies (ART) including in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI). The first human birth via IVF occurred in 1978, for which Robert G. Edwards was awarded the Nobel Prize in Physiology or Medicine in 2010.[14] IVF has allowed many couples with female and/or male factor infertility to successfully achieve pregnancy and birth, with more than 4 million babies to date worldwide.[15] ICSI, first successfully performed in 1992,[16] has further increased the ability for couples to achieve pregnancy despite the availability of few sperm obtained from retrieval techniques. Clinical pregnancy rates of more than 40% have been reported with ICSI, which has seen widespread use through the years.[17]

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