Provision of fertility services for women at increased risk of complications during fertility treatment or pregnancy: an Ethics Committee opinion

Ethics Committee of the American Society for Reproductive Medicine

American Society for Reproductive Medicine, Birmingham, Alabama

This opinion addresses the ethics of providing fertility treatment to women at elevated risk from fertility treatment or pregnancy. Providers ethically may treat women at elevated risk provided that they are carefully assessed; that specialists in their medical condition are consulted as appropriate; and that patients are fully informed about risks, benefits, and alternatives, including oocyte and embryo donation, use of a gestational surrogate, not undergoing fertility care, and adoption. Providers also may conclude that the risks are too high for them to treat particular patients ethically; such determinations must be made in a medically objective and unbiased manner and patients must be fully informed of the decision. Counseling of women who wish to initiate fertility treatment with underlying medical conditions that confer increased risk during treatment or pregnancy should incorporate the most current knowledge available, being cognizant of the woman's personal determinants in relation to her reproductive desires. In such a way, both physician and patient will optimize decision making in an ethically sound, patient-supportive context. (Fertil Steril® 2016;■:■–■. ©2016 by American Society for Reproductive Medicine.)

Key Words: Fertility treatment, assisted reproductive technology, ethics, complications, high risk pregnancy

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KEY POINTS

- All patients presenting for fertility services should be assessed for their risk of complications during treatment and pregnancy.
- Clinicians should thoroughly counsel women at increased risk of complications during fertility treatment or pregnancy regarding these risks. Such counseling will often involve subspecialists in maternal-fetal medicine and physicians with expertise in the woman's medical condition in order to optimally convey the risks to her, her pregnancy, and the resulting child. Such counseling should occur in advance of a decision to initiate or decline to initiate treatment.
- Reproductive liberty is a core value in the provision of fertility care and includes the right of individuals to make informed choices about whether and how to reproduce. Reproductive liberty also means the right to receive fertility care in a non-discriminatory manner. Clinicians may ethically treat a woman at elevated risk if the patient is fully informed of her risks, benefits, and alternatives. Clinicians also may decline to provide care based on evidence-based, reasoned judgments that the risks of mortality or morbidity from fertility treatment or pregnancy are too high for treatment to be provided ethically and with professional integrity. In situations where a physician either provides or declines to provide reproductive assistance to a high-risk woman, it is appropriate to recommend that the patient obtain a second opinion from experts both within and outside the field of reproductive medicine.
- Whenever possible, physicians should encourage patients to reduce their modifiable risk factors. In cases where the patient is unable or unwilling to modify her risk, physicians may differ regarding whether or not to treat the patient. Treatment decisions must be based on medical considerations and applied without bias. It is acceptable for physicians to decline to provide fertility treatment.
- Clinicians may differ ethically about what constitutes a reasonable level

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Reprint requests: Ethics Committee, American Society for Reproductive Medicine, 1209 Montgomery Hwy, Birmingham, Alabama 35216 (E-mail: ASRM@asrm.org).

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of risk to the pregnant woman. Clinicians must make these judgments in a non-discriminatory fashion and without bias. It is ethically acceptable for clinicians, based on their unbiased assessments of risk, to decline fertility treatment to women at high risk of complications to themselves or their resulting children. Counseling a woman at high risk of complications to her, her pregnancy, or the resulting child should include a discussion of alternatives to her carrying a pregnancy, such as the pregnancy being carried by a gestational carrier, adoption, or foregoing fertility treatment. The impact of cost and how it may limit available options should be included as part of this discussion.

- Clinicians should encourage high-risk women to involve their parenting partner, if present, in deciding whether to undergo fertility treatment. In doing so, care should be taken to support the autonomy of the woman, as she is the one who ultimately bears the greatest burden from treatment and pregnancy. To protect patient autonomy, reasonable efforts should be made to ensure that women at increased risk of complications have chosen to initiate fertility treatment independently and without undue influence from others.
- When clinicians determine that a fertility treatment or the resulting pregnancy may pose increased risk, consideration should be given to providing care in a setting that can best meet the patient's needs. Often, the involvement of a center with expertise in treating her particular medical condition during part or all of her care will be helpful in achieving this goal.

INTRODUCTION

Generally, when women become pregnant they anticipate that at the end of their pregnancy both they and their newborns will be healthy. In most cases, this is the outcome. Indeed, maternal mortality in the U.S. is approximately 17.8 per 100,000 women (1). There is some controversy as to whether maternal mortality is overall increased or decreased in women using in vitro fertilization (IVF) (2, 3). Regardless of the baseline risk to women conceiving with IVF, it is clear that some women are at higher risk of having complications during either fertility treatment or the ensuing pregnancy due to underlying and pre-existing conditions. Women who do not need help conceiving usually decide whether to try to become pregnant or continue their pregnancy in the privacy of their own homes and within their individual social structures. For those women who will require medical assistance to conceive, a discussion of the risks and benefits of pregnancy can occur prior to conception between the woman, her partner (if she has one), and the reproductive medicine professional(s). When prospective patients are at increased treatment- or pregnancy-related risks, the provider's approach to counseling should take these risks into account. Women at higher risk of complications resulting from fertility treatment or pregnancy include those with disorders such as Turner syndrome, end-stage renal disease or a history of cardiomyopathy. In addition to routine counseling in advance of initiating fertility treatment, which includes a discussion regarding risks such as ovarian hyperstimulation syndrome (OHSS) and multiple gestation, reproductive endocrinologists should take particular care to counsel women with specific treatment- or pregnancy-related risks so that they are able to make informed decisions regarding their reproductive care. Recently, a preconception risk stratification tool has been developed to help physicians assess and counsel women who are at increased risk for complications during treatment or pregnancy (4).

RISKS INHERENT TO FERTILITY TREATMENT

Women who undergo fertility treatment may face increased risks both during the process of conceiving and during pregnancy. These risks can be divided into those resulting from the treatment and those relating to the pregnancy itself. Stimulation-related risks include OHSS and an increased incidence of thromboembolic events such as deep venous thrombosis and pulmonary embolism. Pregnancy-related risks include an increased incidence of ectopic gestation and its associated morbidity and mortality. Another risk is that of multiple gestation, which includes a higher incidence of prematurity, gestational diabetes, and preeclampsia. This risk can be minimized by avoiding controlled ovarian hyperstimulation cycles with intrauterine insemination (IUI) in favor of IVF, and by adhering to protocols that strictly limit the number of embryos transferred during IVF (5). While these risks apply to some extent to all women undergoing fertility treatment, certain populations of women are at higher risk of complications during this process. These include women with medical conditions such as underlying thrombophilias who are at increased risk of clotting disorders, obese women, and women with polycystic ovary syndrome. These also include women with psychiatric disorders that may be exacerbated by the hormonal changes of ovarian stimulation, by the increased stress that fertility treatments can induce, and by the decision to discontinue their psychotropic medication (6).

RELATIVE VERSUS ABSOLUTE CONTRAINDICATIONS TO PREGNANCY

For most women, even those with significant comorbidities, pregnancy remains a reasonable option. Women with underlying medical conditions may require increased monitoring by subspecialists in maternal-fetal medicine during pregnancy, as well as consultation with specialists outside the field of obstetrics. They may also benefit from receiving some or all of their care at a medical center with expertise in treating their particular medical condition during part or all of their care. Reproductive endocrinologists play a vital role in identifying which women are at increased risk of treatment- and pregnancy-related complications, and of delineating the magnitude of this increase as part of the fertility evaluation. This may include obtaining background studies and seeking out consultation from experts to assist in counseling the patient such that she is fully informed of her risks when entering a pregnancy, and ensuring that she start fertility treatment and become pregnant in as healthy a state as possible. This also includes having a plan of care which includes the provision of a safe and seamless transfer of care to a provider or center that can best meet her needs once the patient becomes pregnant.