

What are Infertility Treatment Center Websites Telling Couples about Male Factor Infertility?

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Abstract

Introduction: We evaluated patient directed information provided on the websites of infertility treatment centers.

Methods: We identified 428 infertility treatment centers based on the 2011 CDC (Centers for Disease Control and Prevention) Fertility Clinic Success Rates Report. The website of each center was evaluated for the presence and/or description of terms related to the etiology, workup and treatment of male factor infertility using a standardized data abstraction form. Differences in the variables were examined with respect to United States Census Bureau geographic regions, academic center status and affiliation with urologists. The Flesch-Kincaid readability score was assessed.

Results: Only 78% of websites acknowledged a male factor etiology for infertility, 85% mentioned any evaluation of the male partner, 63% mentioned any treatment options for male factor infertility and 23% discussed referral to a urologist. When stratified by geographic region, academic status and urologist affiliation, differences in the variables of interest were most likely when stratified by urologist affiliation. The median website reading level was twelfth grade.

Conclusions: Patient directed information pertaining to the etiology, workup and treatment of male factor infertility on the websites of infertility treatment centers is variable at best. Etiology is completely lacking on more than 20% of websites. It is likely that couples relying on Internet based information regarding infertility evaluation and treatment are not well informed about the importance or the benefit of a male factor evaluation.

Key Words: testis; infertility, male; reproductive techniques, assisted; Internet; consumer health information

Abbreviations and Acronyms

ART = assisted reproductive technology

ASRM = American Society for Reproductive Medicine

IVF = in vitro fertilization

SART = Society for ART

U.S. = United States

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Infertility is present in 8% to 10% of all couples and it is partly or completely attributable to a male factor in approximately 50% of cases.¹ Urological evaluation of the male partner is necessary to identify treatable causes of infertility, rule out potentially life-threatening conditions underlying infertility, investigate genetic conditions that may affect patient or offspring and stratify the severity of male factor infertility to counsel couples about eligibility for assisted reproduction, donor insemination or adoption.^{2,3}

Nangia et al previously found a disparity of access to care for infertility services in the U.S. in terms of the number and distribution of infertility treatment centers⁴ and male infertility specialists.⁵ Therefore, the availability of Internet based information assumes even greater importance for couples seeking infertility related information. The tremendous value of the Internet as a tool for patients seeking health care information is well established. An estimated 80% of Americans report routinely using the Internet to search for information relating to medical diagnoses and treatments.⁶ Similar trends have certainly been noted among infertile couples.⁷

Previous studies have explored patient perceptions of fertility related information and support available on the Internet,⁸ in addition to compliance of infertility center websites with AMA (American Medical Association) or ASRM/SART health information guidelines.^{9–11} However, few studies have systematically assessed the quality of information pertaining to male factor infertility.¹² The latter is likely to shape patient understanding of the contribution, workup and treatment of male factor infertility.

The aim of this study was to evaluate the patient directed website content of infertility treatment centers to identify the quantity and quality of information pertaining to male factor infertility available on these websites.

Materials and Methods

We identified 428 infertility treatment centers in the U.S. based on the 2011 CDC Fertility Clinic Success Rates Report¹³ and compiled them into an electronic database. The website of each treatment center was reviewed and systematically assessed for content between January 2014 and March 2014. Centers that did not have a functional website or were not in English were excluded from analysis. Only primary content was included in the study. Links to external websites, documents, videos and blogs were excluded. If multiple centers shared a website, the website was only recorded and analyzed once.

We documented specific characteristics of each treatment center, such as the number of affiliated physicians, academic or nonacademic setting, operation of an andrology laboratory, year of the most recent ART result reported and

geographic location based on the 4 U.S. Census Bureau regions. In the event that a center had branches in multiple states, the main location was recorded. A standardized data abstraction form was then used to evaluate each website for the presence and/or description of terms related to the etiology, workup and treatment of male factor infertility. Specific variables included semen analysis, azoospermia, oligospermia, karyotype evaluation, Y-chromosome microdeletion, hypogonadism, varicocele, medical therapy (including hormone or hormonal modulator), surgical sperm extraction and referral to a urologist.

The readability of each website was assessed using the Flesch-Kincaid Grade Level test available on Word®. A 500-word sample describing technical procedures related to ART was selected from each website for this purpose. If fewer than 500 words with technical writing were available, samples greater than 250 words were included for analysis and the rest was excluded from analysis.

The chi-square or Fisher exact test was used on 10 major variables of interest to explore whether website content varied based on geographic region, academic or nonacademic (private) practice and urologist affiliation. These variables included information pertaining to infertility etiology, workup, treatment and practice type.

Statistical analysis was done with SAS®, version 9.3. This study was considered exempt from institutional review board review.

Results

Urologist Affiliation

Differences in the distribution of 9 variables pertaining to male infertility etiology, workup, treatment and practice type were examined and stratified by affiliation with a urologist. These variables included the presence of male factor infertility etiology, workup, semen analysis, genetic testing, treatment and type (medical or surgical), referral to or consultation with a urologist, IVF success rates and practice type.

Centers that reported affiliation with a urologist differed from centers that reported no affiliation with respect to 7 variables, including academic designation (28 of 47 or 59.6% vs 68 of 370 or 18.4%), mention of male factor infertility etiology (45 of 47 or 95.7% vs 286 of 370 or 77.3%), mention of genetic testing (24 of 47 or 51.1% vs 100 of 370 or 27.0%), mention of treatment (43 of 47 or 91.5% vs 223 of 370 or 60.3%), type of treatment or no treatment mentioned, mention of urological referral or consultation (5 of 47 or 10.6% vs 93 of 370 or 25.1%) and mention of the IVF success rate (35 of 47 or 74.5% vs 184

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