

Infertility and how employers can provide support

White Paper

According to the Centre for Disease Control and Prevention more than 1 in 8 couples will experience difficulty in conceiving and / or carrying a pregnancy to term, equating to approximately 3.5 million people in the UK.

Infertility can affect a wide range of people; men, women, mixed and same sex couples as well as individuals seeking treatment alone.

The tests and treatment involved can have a major impact on an individual's life, with as many as 90% of those affected reporting feelings of depression. This impact on an employee's mental health can have a detrimental effect on both their work satisfaction and their productivity in the work place.

Whilst many employers now have mental health policies in place, few have any focussed specifically on the challenges faced during fertility struggles.

So what is infertility, what treatment and support is available to those affected and how can the employer help?

The World Health Organisation (WHO) defines infertility as 'a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse'.

For any other organ disease or organ failure in the body, treatment is considered to be critical to maintain life and wellbeing. As the reproductive system is one of the main bodily systems it would only seem right that a failure in its ability to perform adequately should warrant investigation and appropriate treatment.

So why is treatment so difficult to come by on the NHS? And why do a reported 54% of patients have to pay for part and sometimes all of their treatment?

NHS provision

The good news is that the NHS is normally able to offer assistance in the initial stages for review of symptoms, diagnostic tests in an attempt to identify a cause for the infertility, and in some cases, surgical intervention to correct any abnormalities that may be found.

There are many potential causes of infertility ranging from lack of regular ovulation (the release of an egg), damaged fallopian tubes, endometriosis and / or poor quality semen.

The NHS is able to carry out blood tests and scans to check for abnormalities as well as perform basic semen analysis to identify any male factors that may be contributing to the failure to conceive.

If a cause is found that can be surgically or medically corrected, the NHS is able to offer support to correct these conditions in the hope that this may improve the outlook for some couples.

Unfortunately, it has been found that approximately 5% of infertile couples will go on to require additional invasive treatments, such as In Vitro fertilisation (IVF), that are not routinely funded by the NHS.

NICE (The National Institute for Health and Care Excellence) recommend that women under the age of 40 who have not conceived after 2 years of regular unprotected intercourse should be offered 3 cycles of IVF, and women aged 40-42 offered 1 full cycle of IVF.

With the average cost of fertility treatment sitting at £5,000 per cycle and the average number of IVF cycles being performed to achieve a pregnancy standing at approximately 2.7, the financial implications to the NHS are vast.

The Human Fertilisation and Embryology Authority (HFEA) acknowledge that success rates of IVF can range from 7-30% depending on the woman's age at the time of treatment. This can result in multiple attempts at treatment with often unsuccessful outcomes.

Of course, the ultimate funding decision is made by the local CCG (Clinical Commissioning Groups). In 2017, it was found that only 12% of CCG's followed NICE guidance, with many choosing to add in further stipulations in order to restrict treatment availability as a direct result of insufficient funds to meet the demand. These stipulations can place restrictions on people accessing treatment depending on their age, body mass index (BMI) readings and / or already having children in the family (whether or not biological).

Private provision

In 2017 there were 119 licensed fertility clinics in the UK offering treatment to patients. The NHS-only services make up just 22% of this number.

Prices at private clinics can vary substantially depending on location and the services required. In addition, clinics can often recommend treatment 'add-ons' that can further increase the costs involved. The 'add-ons' offered can vary depending on the clinic, however, these are often offered with varying degrees of evidence as to their effectiveness. Common examples are the use of embryo glue, an endometrial scratch and elective freezing of all embryos for use at a later time. The HFEA have assessed all add-ons currently being offered and none of them have been shown to hold sufficient evidence for them to be used in routine practice. These can be added on to treatment packages following discussion with the treating consultant at an additional cost where these are felt that they may offer some benefit.

Private clinics are able to offer complete services ranging from initial diagnostics, to full treatment packages often without the need for a GP referral.

So what are the consequences of infertility?

The diagnosis of infertility has been found to have a tremendous impact on the emotional and psychological wellbeing of an individual.

Infertility has been linked with episodes of depression and anxiety resulting from the perceived lack of control and the unknown outcomes of any potential treatment.

Private fertility treatment clinics regulated by the HFEA are required to provide the opportunity of counselling to all patients should they wish to talk through these anxieties and identify coping mechanisms to use during treatment.

In addition, the financial burden of funding private treatment can place added stress on an individual / couple at an already difficult time. The desire for a family can become the primary focus to the detriment of the financial situation.

This aside, the treatment process itself can be demanding with multiple appointments at often short notice. IVF is not one single procedure, rather a series of appointments, tests and procedures. The HFEA confirm that one cycle of IVF can take between 4-6 weeks. Taking time out of work for this level of commitment can result in added stress particularly where the employer is unaware of the treatment taking place.

All of the above can result in reduced productivity at work and increased absences in the workplace unless support is provided from the employer.

How can the employer help?

Most employers have no formal policies in place for pre-conception care to offer support to individuals receiving treatment. Unlike time off work for pre and post-natal appointments, employees have no statutory rights to request time off for fertility treatment.

Having an open, supportive environment in the workplace can go a long way to fostering openness from employees. Many individuals feel apprehensive about discussing fertility issues with colleagues for fear of this negatively impacting their role at work. Commonly reported concerns range from fear of confidentially being breached to a concern that career prospects will be negatively affected.

When treatment is undertaken, the main key is flexibility. During treatment, appointments are often required at short notice and of varying length. Being able to support the individual with flexible working hours where possible can help to offload stress from the situation. Those individuals seeking fertility treatment should be afforded the same rules as those employees seeking time off for medical treatment.

For those employers that offer a private health insurance package, the inclusion of a fertility benefit can also help to relieve some of the stress of the financial burden of investigations and / or treatment. Fertility benefits can range anywhere from cover for investigations of infertility to cover for fertility treatments (with or without benefit limits in place).

Offering assistance and flexibility in these extraordinary situations not only benefits the individual but can also improve the productivity of the employee and enhance employee relations in general, thus creating a positive and productive work environment.

References

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