



**2017 Annual Clinical & Scientific Meeting of
The American Congress of Obstetricians and Gynecologist
May 6-9, 2017 • San Diego, CA**

Title:

Voicing Needs: The Experience of Fertility Care in the United States

Authors:

R. Kudesia, MD^{1,2}, D. Bhasin,^{1,2} J. A. Lee,¹ M. Daneyko,¹ B. Collura,³ A. B. Copperman^{1,2}

Affiliations:

1. Reproductive Medicine Associates of New York, 635 Madison Ave 10th Floor New York, New York, United States, 10022
2. Obstetrics, Gynecology and Reproductive Science, Icahn School of Medicine at Mount Sinai, 1176 Fifth Avenue, 9th Floor, New York, New York, United States, 10029
3. Resolve: The National Infertility Association. 7918 Jones Branch Drive, Suite 300. McLean, VA 22102

Introduction:

To learn what reproductive medicine practices in the United States can do to improve patient care.

Methods:

A 52-item survey with six domains that included structured and open-ended questions. Open-ended responses were evaluated by the grounded theory method.

Results:

Three broad themes were identified. First, the desire for personalized care, including concepts such as being treated “like a person” and not “feeling like a number”. Many participants described feeling “herded” and that morning monitoring was “like a cattle call”. At times, they felt they might be receiving “one-size-fits-all” treatment, and specifically that diagnostic testing had been insufficient with a push toward invasive treatment. Respondents voiced their trust in physicians and stated repeatedly that not regularly seeing one’s own doctor negatively affected the outcome and experience. The second theme was compassion and education. Twenty-eight respondents mentioned sensitivity as deeply-appreciated attribute. When respondents felt they lacked sensitive treatment, both provider burnout and the concept that “they know you don’t really have a choice” were perceived as causes. Other recurring concepts included: patience and taking time to educate and explain in appropriate terms, as well as a desire for in-house ancillary care services and frustration that “all that I’ve built up around me I’ve sought out on my



own”. The third theme revolved around triggers viewed as unnecessary provocations during an already-stressful time. These concepts varied as to what degree medical practices could actually modify them, and included the presence of children in the waiting room, visibly pregnant patients or staff, particularly when there was a perception that someone “showed off her pregnant belly”, high cost of care, minimal insurance coverage, inconvenient calls and a preference for email, and concern over lack of regulation and the for-profit nature of some clinics, as compared to practices perceived to be academic.

Conclusions:

The results indicate that while satisfied with overall care, some issues, such as lack of uniform insurance coverage, are out of our direct center control. Moreover, vigilance in office workflow, staff education, and forming partnerships with financial, emotional and complementary medical support services could improve the patient experience.

Support:

None