



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE
2023 SCIENTIFIC CONGRESS & EXPO

SUPPORTING OUR TROOPS: 20 YEARS OF FERTILITY TRENDS AMONG ACTIVE DUTY AND VETERAN SERVICEMEMBERS SEEKING FERTILITY CARE AT A MAJOR URBAN FERTILITY CENTER

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OBJECTIVE:

There are 18.6 million active duty, reserve, and veteran servicemembers in the United States (U.S.). Access to high-quality fertility care can be challenging for millions of servicemembers, especially with only six military facilities providing fertility services. This study aims to explore trends in military servicemembers seeking fertility care by examining service history, medical history, and access to care.

MATERIALS AND METHODS:

This retrospective case series was performed at an academic, private urban fertility center between 2003 and 2022. Servicemembers were identified using natural language processing to isolate keywords indicating past or present military service or utilization of a military affiliated insurance. Servicemembers were classified as utilizing military insurance if they presented VA health coverage or TRICARE insurance when undergoing treatment. If neither of these insurances were presented, servicemembers were classified as using private insurance. The primary outcome was access to fertility care for servicemembers. Secondary outcomes were progression to treatment, insurance status, and time from consult to the first cycle. Patient demographics, deployment-related information, and pre-, intra-, and post-treatment outcomes were collected. Descriptive statistics were performed to determine specific trends.

RESULTS:

The study evaluated 112 military servicemembers who sought fertility care. Of the qualifying patients, 23.21% (n=26) were female servicemembers and 76.79% (n=86) were male servicemembers. 41.96% (n=47) were active duty, 10.71% (n=12) reserve duty, and 46.43% (n=52) veterans. Servicemembers and partners were racially diverse and predominantly married (91.96%). The average ages of female and male servicemembers during consultation



were 35.03 ± 4.96 and 36.85 ± 7.11 years, respectively. Military insurance was utilized by a minority of servicemembers (32.14%, n=36).

The majority of servicemembers (69.64%, n=78) presented for consultation between 2015 and 2022. 102 servicemembers (91.07%) progressed to treatment completing at least one treatment cycle. Of those who did not pursue treatment, 70% (n=7) used military insurance. Of the servicemembers utilizing military insurance, the average time from consult to first cycle was half as long (0.42 ± 0.58 years) compared to those utilizing private insurance (0.90 ± 2.67 years). 55.36% (n=62) of servicemembers achieved at least one pregnancy and 46.43% (n=52) achieved at least one live birth.

CONCLUSIONS:

U.S. military servicemembers pursuing fertility treatment are an often-overlooked demographic. Of nine million enrolled veterans, less than 50% of the veteran population use VA health services. Our study found an increasing trend in the number of fertility care consults by servicemembers over time, but more research is needed. Our data demonstrates many servicemembers use alternate means outside of the military and VA health systems to build their families.

IMPACT STATEMENT:

Fertility care for U.S. military servicemembers requires further review of current policies to improve coverage with the goal of supporting our troops' ability to build their families.

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