

MEN AND FERTILITY





Men & Fertility

Millions of Americans are unable to form their families in the way they want because of fertility issues. In most cases, this conversation is framed as a “women’s issue” – but according to the American Society for Reproductive Medicine and the American Urological Association, “failure to conceive within 12 months of attempted conception is due in whole or in part to the male in approximately one-half of all infertile couples.” So, while focusing on issues affecting women is vitally important, the topic of male infertility also needs to be discussed.

Unfortunately, it’s a conversation that many men are reluctant to have because these circumstances are still stigmatized as sources of shame to be kept quiet and suffered through –and are viewed as an embarrassment

for the man and his family. As a result, men often go uninformed of fertility treatment options that could broaden their health, happiness, and family growth.

This has profound ramifications for employers, ranging from how they structure their benefits programs to handling issues related to depression and anxiety that are caused by fertility issues.

MEN DON’T HAVE TO SUFFER.

ARC Fertility invites you to learn more about this topic and find ways to incorporate awareness of and add responses to, male infertility into the DNA of your organization.

At a Glance

What Does the End of Roe v. Wade Mean For Fertility Medicine?



The recent overturning of federal protections for reproductive rights has created uncertainty as Americans figure out what lies ahead. One of the biggest unknowns is access to medical treatments for fertility issues, which will now be decided state-by-state with varying levels of restrictions. Reproductive endocrinologist Dr. David Adamson, CEO of ARC Fertility, breaks down what effect the decision is likely to have on different kinds of medical services that people use to form their families.



A full national ban on fertility medicine is extremely unlikely, although certain state governments are expected to pass sweeping restrictions on reproductive rights that may encroach on access to reproductive medical services. One of the issues of greatest concern regards embryos and especially the freezing of embryos during IVF cycles. Fertility treatments create several embryos to increase the chance of a successful birth. As state laws change, there may be restrictions on treatment options because discarding an embryo, even if it does not have the potential to result in a baby, may be seen as tantamount to terminating a pregnancy.

This is an especially challenging medical situation for patients and doctors because not all embryos are normal and many that are created have very little or no chance of resulting in a pregnancy or a healthy baby. This is just the same as occurs in reproduction inside a woman's body when many embryos that are created do not implant in the uterus to start a pregnancy or result in miscarriage, ectopic pregnancy or other outcome in which a baby is not born.



There may also be restrictions on people traveling to other states to access medical care and on fertility care physicians and providers who inform or assist patients with out-of-state options. While definite conclusions are not at all yet possible, some clinical scenarios that impact patient care seem more likely:



IVF. A ban is unlikely.



ICSI. Not likely to be affected because sperm injection is dealing with sperm and egg, not an embryo.



Egg Freezing. Not likely to be affected, although there may be attempts to restrict it in some states.



Freezing of embryos. Likely to remain possible in all states.



Thawing of embryos. This is still possible, although all the embryos thawed might have to be transferred to the uterus or frozen again, regardless of their ability to make a baby. Embryos that are frozen and thawed twice have a lower chance of resulting in a pregnancy. There may well be restrictions on discarding embryos, even if they are of poor quality not able or very unlikely to result in a baby.



Preimplantation Genetic Testing for Aneuploidy (PGT-A). May be banned in some states because embryos have to be frozen for the testing and then abnormal embryos are discarded later.



Preimplantation Genetic Testing (PGT). Could be prohibited on the basis that biopsy of the embryo is "battery" on the embryo as a person and therefore not allowed.



It is very possible that single women and men, and gay or lesbian couples, may face restrictions in some states and may have to go out of state to get care. Once clinics see the effect of regulations, they may respond by closing some locations and opening others where they can provide needed services. We can expect that patients, consumer organizations, legal organizations and medical professionals who believe in reproductive rights, social

justice, gender equity and access to care will work together to identify ways to provide care that is needed by many while following new regulations. It is important to remember that this will play out over the course of years or even decades because there are expected to be numerous lawsuits regarding the constitutionality of various state laws that are expected to be enacted relating to reproductive rights.

The Silent Conversation: Why Men Don't Talk About Fertility

Dr. Paul J. Turek is a world-renowned urologist who specializes in male fertility issues. He sat down with ARC Fertility CEO Dr. David Adamson, a reproductive endocrinologist, and fertility specialist, to discuss why there isn't greater awareness of this problem.

"Men don't see a doctor unless something is bleeding or broken" is a common saying and sadly describes a lot of male patients. When this attitude meets stigma and shame about infertility, many men avoid the diagnosis and its treatment. We caught up with Dr. Paul J. Turek to discuss the reasons men don't confront their fertility issues and how we can change this longstanding situation. Dr. Turek is a surgeon and reproductive health specialist who has received a National Institutes of Health grant for his research on using stem cells to help infertile men become fathers.

Why do many men who are having trouble starting a family avoid reproductive care?

The primary reason is stigma and stress about infertility. Men are under intense pressure to be "normal" and conform to traditional ideals of masculinity that includes continuing their family line. The idea of fatherhood is, well, sacred in many cultures. Few men have ever imagined or want to hear that they cannot impregnate their partner or otherwise conceive a child by "normal" means

Can you describe some of the struggles men face after an infertility diagnosis?

It's one of the loneliest experiences a man can have. Men diagnosed with male infertility suffer sexual, social, and personal stress comparable to those diagnosed with cancer. The diagnosis is as taboo as with AIDS or syphilis and a terrible blow to one's sense of manhood, self-confidence, and sexual function. Most men grow up expecting and expected to have children, which makes infertility a "shameful" secret they keep from the rest of the world.

What is the most important thing men should know about infertility?

Two things are most important. Firstly, it's not your fault. So many men deal with guilt as well as shame over difficulties in starting a family. Most likely the problem was caused by a genetic or unrelated medical issue. Even patients dealing with fertility issues due to an STD (sexually transmitted disease) gain nothing by beating themselves up — and indeed only increase the stress of the treatment process. Treatments exist for most forms of



male infertility, and I've had years of success helping men diagnosed with infertility become fathers.

And that's the second and more important thing: there's hope. Treatments exist for most forms of male infertility and I've had years of success helping men diagnosed with infertility become fathers.

How can men best overcome this reluctance to seek help for fertility issues?

To some degree, I think we should reevaluate our priorities as men. Men — indeed, all adults — should have the courage to confront their problems and seek help. That courage is more important and much healthier than living in shame and secrecy.

But men need the loving support of their partners to overcome the stigma and seek help. A man dealing with infertility is unlikely to have leaned on his friends, so a partner may be the only person who knows, and thus their only source of support.

Finally, men should remember that infertility neither defines nor condemns them and should keep doing the things that make them happy as they find the strength to seek professional help in overcoming their fertility issues.



Male Fertility and Corporate Benefits

Even companies that offer family-forming benefits often use services that leave men underserved. But offering male fertility treatment is a great way to boost recruitment and retention, provide a more equitable workplace, and anticipate the needs of today's hybrid workforce.

For employers, embracing a comprehensive and progressive approach to male fertility is a great way to spur recruitment and retention of the best available staff. Workers of all backgrounds and genders are looking for the best benefits available and, for many, these requirements include making comprehensive fertility coverage available if and when those employees decide to start a family. Companies that provide their staff with the best and most accessible benefits will attract the strongest candidates. These companies also make better use of their staff's expertise long-term, as higher retention rates mean greater ROI on training and developing employees.

Taking care of male employees' fertility needs is a great way to score top marks in diversity, equity, and inclusion (DEI).

Traditional healthcare plans tend to focus primarily on women's fertility issues, thus excluding male employees and female employees' male partners. Moreover, this traditional approach also ignores the needs of prospective single fathers, men in same-sex relationships, and trans and gender-fluid individuals. And the next superstar hire who takes a company to new heights could come from any of these backgrounds. Like all equitable benefits, access to fertility care and treatments should be available equally to workers of all backgrounds.

In our post-COVID world of the hybrid workforce, equal opportunity family support becomes an especially useful benefit to offer. Many workers who were holding off on having children due to busy commuting schedules are now pushing up their schedules as a work-from-home or hybrid model makes working while raising children more tenable. Many male employees are reevaluating their priorities and using a more flexible work schedule to focus more on their families. Companies that prioritize benefits along with their staff will show a stronger understanding of the needs of male employees and the changing face of work and family.

Learn more

Companies need to expand their fertility treatment benefits to include services for male employees. Many existing programs focus primarily or even exclusively on female patients, leaving out male employees or employees' male spouses. Addressing this disparity will help attract and retain the best talent. It is also the right thing to do for diversity and inclusion, as single dads, same-sex male couples, and trans and genderfluid individuals will all benefit. Moving into a hybrid workforce, employers should be especially cognizant of how attitudes around work and family are changing and be ready to serve new needs.



MEN AND FERTILITY

THE UNTOLD STORY

August 2022

WHY DON'T
MEN TALK
ABOUT
FERTILITY?

MALE
FERTILITY
AND
CORPORATE
BENEFITS

FERTILITY
MEDICINE
AFTER COVID

OFFERING AN
EMPLOYEE
FERTILITY
BENEFIT

www.arcfertility.com

arc
FERTILITY

For more information, please contact Chuck Henderson directly at
408-647-9823 or chenderson@arcfertility.