

## Engagement results

# Your views on assisted conception treatment in Worcestershire

**Ruth Cooper-Jones**

Patient and Public Engagement Manager

## Executive Summary

Between Wednesday 8th March 2017 and Wednesday 12th April 2017 the three Worcestershire Clinical Commissioning Group (CCG's); NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG; ran an engagement exercise to ask Worcestershire patients and members of the public for their views on reducing the number of assisted conception treatment cycles from two to one.

More than 420 people responded to the survey and the CCGs received 18 other items of correspondence. There was a diverse age range of respondents from (20 to 80 years old) and over 60% of respondents were either currently waiting to use or be referred for assisted conception treatments, or had previously used assisted conception treatments.

The majority of respondents understood why the CCGs were making the proposal. However, the majority of respondents disagreed with the proposal to reduce the number of assisted conception cycles from two to one.

The key themes that have emerged from the comments received are listed below:

- Reducing fertility treatments will have long term mental health implications for couples (trauma, depression, anxiety)
- Reducing fertility treatments will increase spending on mental health interventions
- Infertility is not a choice
- Couples do not have a right to have a child paid for by the NHS
- The first cycle of assisted conception is often used to find out how the body reacts to the treatment and therefore couples should be given more than one cycle
- The NHS should spend funding on patients with the highest health needs
- Changes would affect couples who are more economically deprived, as they would not be able to afford to pay for private treatment
- NICE recommends three cycles of assisted conception treatment - the CCG's proposal is one third of this recommendation
- Couples may be tempted to go abroad for treatment where multiple birth guidelines are different. This may then have a cost implication for couples who have treatment abroad and end up with a multiple birth
- Postcode lottery for eligibility
- NHS funding should be reduced for those with illness caused by/contributed to lifestyle factors, instead of cutting assisted conception
- The CCG should consider a means-tested approach
- Impact on single sex couples.

## Background

NHS Redditch and Bromsgrove, NHS South Worcestershire and NHS Wyre Forest Clinical Commissioning Groups have a big financial challenge to meet. This has arisen because the demand for services that we commission – as a result of a growing population and growth in medicines costs and Continuing Healthcare (CHC) costs – is rising faster than our combined NHS budget, despite an increase each year. With a rising demand for services it is becoming increasingly difficult for the CCGs to balance this need with the money available

A number of planned savings have been identified and will come from the transformation of services to reduce possible waste and inefficiency, but in order to meet challenging financial targets we have also had to consider restricting some services to protect others.

## Assisted Conception Treatment

Assisted Conception is a term used for the medical interventions available to help a person get pregnant (conceive). People who have trouble getting pregnant may have clinical investigations to see if they would benefit from medical intervention to help them to conceive. These most commonly include:

- Intra-Uterine Insemination (IUI)
- In Vitro Fertilisation (IVF)
- Intra-Cytoplasmic Sperm Injection (ICSI)

At present, to be eligible to access the assisted conception treatments, individuals are required to meet the eligibility criteria set out in the “Tertiary treatment for assisted conception services” policy (2014). A copy of the current policy can be found here:

<http://www.redditchandbromsgroveccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=39306>.

The policy defines the full eligibility criteria for accessing treatment/s. The policy requirements are determined by how effective/ineffective treatment can be based on a variety of measures; including age, weight, lifestyle factors (e.g. alcohol, smoking) and prior fertility treatment, amongst other things.

People who have demonstrated infertility and meet the policy requirements, may access a range of treatments including IUI, IVF and ICSI, if clinically appropriate. This may include up to two full cycles of IVF or ICSI but will depend on prior interventions received, clinical investigations and the response to treatment received.

## Proposed change

In Worcestershire, we currently fund up to two full cycles of IVF or ICSI. The three Worcestershire CCGs have proposed to reduce the number of cycles we fund from two to one, for patients who meet appropriate clinical and lifestyle requirements.

This proposal will affect people with fertility problems who are trying to have a baby and who would meet the current policy for assisted conception. To put this in perspective, in 2013/14, there were 194 cycles of assisted conception funded by Worcestershire CCGs. This equates to around 130 couples. Based on these figures, we estimate the number of couples who could be affected by this proposal is 61 per year.

## Previous Engagement

To develop our understanding and to help shape future commissioning decisions last year we commissioned a market research project through Worcestershire County Council’s Research Team. This research project consisted of one questionnaire asking residents’ views on number of areas which we could consider restricting access to in the future.

There were more than 4,400 responses in total to the survey, of which 1,805 responses came through a structured face to face survey that was designed to be representative of the Worcestershire population. The Worcestershire CCGs are now proposing reducing or stopping some of the areas included in this research.

## Engagement Summary

<b>Engagement Period:</b>	Tuesday 8 <sup>th</sup> March 2017 – Wednesday 12 <sup>th</sup> April 2017 (in tandem with the CCG's prescribing engagement exercise).
<b>Public email contact:</b>	<a href="mailto:william.overfield@nhs.net">william.overfield@nhs.net</a>
<b>Public telephone contact:</b>	01527 482952
<b>Web pages:</b>	<a href="http://www.redditchandbromsgroveccg.nhs.uk/get-involved/">http://www.redditchandbromsgroveccg.nhs.uk/get-involved/</a> <a href="http://www.southworcscg.nhs.uk/get-involved/">http://www.southworcscg.nhs.uk/get-involved/</a> <a href="http://www.wyreforestccg.nhs.uk/getting-involved/">http://www.wyreforestccg.nhs.uk/getting-involved/</a>
<b>Freepost:</b>	RTBR- SRGU-CXAL, Locality Office, Wyre Forest Clinical Commissioning Group, Kidderminster Health Centre, Bromsgrove Street, Kidderminster, DY10 1PG
<b>Public Meeting:</b>	Wednesday 29 <sup>th</sup> April 2017, 18:00-20:00, St Richard's Hospice, Wildwood Drive, Worcester, WR5 2QT (Front Half Seminar Room)
<b>Survey:</b>	Live from Tuesday 8 <sup>th</sup> March 2017 – Wednesday 12 <sup>th</sup> April 2017

## Engagement Process

The engagement document (available in **Appendix 2**) was made available / publicised through:

- CCG websites
- CCG Social media channels (Twitter, Facebook)
- Print and broadcast media
- CCG stakeholder newsletter (Commissioning For You)
- PPI meetings
- CCG patient volunteers
- Voluntary and community sector networks.

The documentation was also shared with wide variety of individuals, patient groups and organisations including Healthwatch Worcestershire and groups who had been identified through the Equality Impact Assessment, such as those with fertility problems (through the British Fertility Society), people living in deprived communities and parents. Hard copies were also printed and circulated to community venues including libraries.

The engagement exercise was highlighted at a variety of patient and voluntary sector meetings:

- South Worcestershire PPG Network 14th March (11 attendees)
- Wyre Forest Advisory Group 15th March (16 attendees)
- Wyre Forest Patients Group 28th March (12 attendees)
- Redditch and Bromsgrove PPF

## Survey results

We received 429 responses to the survey. Not all respondents answered every question.

**Do you understand why the Worcestershire CCGs wish to make the changes proposed in the engagement document?**

Answer	Responses (% and number)	
Yes	77.9%	334
No	9.8%	42
Partially	12.4%	53

**Do you agree that we should reduce the number of cycles we fund from two to one?**

Answer	Responses (% and number)	
Yes	40.8%	175
No	55.9%	240
Don't Know	3.3%	14

The key themes were:

- Reducing fertility treatments will have long term mental health implications for couples (trauma, depression, anxiety)
- Reducing fertility treatments will increase spending on mental health interventions
- Infertility is not a choice
- Couples do not have a right to have a child paid for by the NHS
- The first cycle of assisted conception is often used to find out how the body reacts to the treatment and therefore couples should be given more than one cycle
- The NHS should spend funding on patients with the highest health needs
- Changes would affect couples who are more economically deprived, as they would not be able to afford to pay for private treatment
- NICE recommends three cycles of assisted conception treatment - the CCGs' proposal is one third of this recommendation
- Couples may be tempted to go abroad for treatment where multiple birth guidelines are different. This may then have a cost implication for couples who have treatment abroad and end up with a multiple birth
- This is a postcode lottery for eligibility
- NHS funding should be reduced for those with illness caused by/contributed to lifestyle factors, instead of cutting assisted conception
- The CCG should consider a means-tested approach
- Impact on single sex couples needs to be considered.

Example quotes:

- *“Impact of infertility upon mental health is huge. Consider the financial implications of supporting a woman requiring mental health treatment or costs because a couple are in financial difficulties due to overspending on fertility treatment. You should offer three rounds as per guidelines. Cutting to one is outrageous!”*
- *“The emotional trauma of infertility and stress of being aware you only have one chance at IVF would cost the NHS in mental health and wellbeing services. Also the NICE guidelines recommend three cycles”*

- *“Everyone has the right to have a child. Infertility is not a choice. For a woman to have a failed cycle of IVF is devastating enough, without being able to have another cycle if she chooses”*
- *“I find this a very difficult choice to make but whilst it is a distressing situation to be in, having children is not a right. I am extremely sympathetic towards those who are unable to have children and have some personal experience of the situation. However, the NHS is struggling and unless people wish to pay more for it via taxation, decisions have to be made about what may or may not be funded. I believe that acute and life-saving health care should be prioritised”*
- *“If we had only had one funded IVF cycle, we would not have had any children. The clinic said the first cycle can often be unsuccessful as the team work out how your body responds to the medication.”*
- *“I understand that some hard decisions have to be made. The increasingly complex technologies and cost of treatments mean that something has to give. Treating injuries, diseases and providing care for those that need it have to be the highest priorities”*
- *“Over the next decade more than 600 couples will have a greatly diminished opportunity of starting a family if this goes through. The suggestion that these couples they can of course go to the private sector at a cost of at least £4,000 to £8,000 is wholly unrealistic for lower paid workers and impossible for those who are unemployed”*
- *“The NICE guideline, issued in 2004 and updated in 2013, recommends that all eligible couples should receive up to three full cycles of IVF or ICSI where the women is aged under 40. This figure was arrived at on the basis of what was deemed to be a reasonable cost and clinical effective use of NHS resources. Redditch & Bromsgrove CCG, South Worcestershire CCG and Wyre Forest CCG should not be moving further away from NICE’s recommendations in reducing the number of cycles available. It was not a figure plucked out of thin air”*
- *“If you cut cycles then people will go abroad for treatment. Then there will be the risk of multiple births and all the complications that go with this”*
- *“NICE guidelines state 3 assisted conception cycles are needed for a good outcome. Infertility is a disease and deserves treatment. It has a massive effect on people’s lives and especially their mental health. The postcode lottery for IVF treatment is a disgrace and needs to be put right”*
- *“Why penalise young healthy childless couples while treating lifestyle-induced illnesses, and cancer and heart problems in very elderly people? Being childless carries an immense psychosocial burden. The decision to reduce access to treatment demonstrates callous ignorant disregard to those in need”*
- *“The knock on effects of not being able to have children will take its toll on the NHS in other ways. Very shortsighted decision. How about the treatment were to be means tested?”*
- *“Stop discriminating against same sex couples”.*

**Have you, a friend, family member or someone you care for:**

<b>Answer</b>	<b>Responses (% and number)</b>	
Used assisted conception treatments?	44.4%	189
Currently waiting to use or be referred for assisted conception treatments?	16.2%	69
None of the above	44.6%	190

**Are you...?**

<b>Answer</b>	<b>Responses (% and answer)</b>	
Responding as a clinician or health professional	6.6%	28

Responding on behalf of an organisation or group	1.9%	8
Responding as a political figure (elective representative or member of a political group)	0.5%	2
None of the above	91%	384

**Age**

Age Category	Number of respondents
20-29	39
30-39	124
40-49	62
50-59	59
60-69	80
70-79	33
80-89	2
Not stated	6
Total	405

**Sex**

Option	%	Response Count
Male	28.7%	123
Female	69.4%	297
Transgender	0.2%	1
Prefer not to say	1.6%	7

## **Other feedback**

### **Public meeting summary**

**Venue:** St Richard's Hospice, Wildwood Drive, Worcester

**Date/Time:** Tuesday 29<sup>th</sup> March 2017, 18:00 - 20:00

**Attendees:** Three (Worcestershire Trades Union Representative, Healthwatch Worcestershire representative and Worcester News Representative).

#### **Clinical Commissioning Group Representatives:**

- Mari Gay – Chief Operating Officer, South Worcestershire CCG
- Fiona Bates – Project Pharmacist, Worcestershire CCGs
- Helen Bryant – Senior Account Manager, Worcestershire CCGs
- William Overfield – Locality Business Manager, Redditch and Bromsgrove CCG
- Ruth Cooper-Jones – Patient and Public Engagement Manager, Wyre Forest CCG.

#### **Method**

Attendees were given a summarised presentation version of the assisted conception engagement document. Attendees were then invited to ask questions about the proposal or provide feedback. The Patient and Public Engagement Manager subjectively sorted the comments into similar themes.

#### **Key themes identified**

The key themes identified at the public meeting were:

- Potential for private companies to profit
- Fears over privatisation of the health service
- Potential that changes could affect the most economically deprived within the Worcestershire population
- Disappointment that general public members had not attended the meeting
- Communication of engagement activities.

#### **Comments and correspondence received**

Several email comments, letters and phone calls regarding the prescribing engagement:

- one response letter (Annex 2)
- four emails
- seven phone calls (general queries)
- six Tweets

## Themes and responses

Key Theme	Comment
<p>Mental health implications to patient and costs to NHS</p>	<p>The proposal is to fund one cycle for those patients who are clinically eligible for NHS funded treatment, this is a reduction from the current provision of two treatment cycles.</p> <p>The existing treatment pathway that the CCG commissions includes up to three counselling sessions with a Specialist Fertility Counsellor in line with the HFEA Code of Practice; this provides an opportunity to address concerns in relation to the number of cycles and likelihood of successful outcome. This will not change following a reduction in the number of funded cycles for either patients within the pathway or those embarking on the pathway.</p> <p>It is not envisaged that the number of patients accessing NHS funded assisted conception treatment will change; what will change is the amount of treatment received by patients accessing services. The existing counselling provision should accommodate any issues arising from this and therefore there should be no additional mental health cost implications to the NHS.</p> <p>It is hoped that the recent improvement in NHS availability of pre-treatment tests/investigations will help determine the best course of treatment for a patient/couple e.g. IVF/ISCI and the type and level of drug used within that treatment pathway. This should improve the success of treatment and reduce the number of patients/couples who may need a second cycle of treatment. This should also, to an extent, help minimise the mental health implications to patients.</p>
<p>Unaffordability of assisted conception treatments</p>	<p>The cost of assisted conception as a private patient is not something that the NHS can mitigate. There is an existing cohort of patients who fail to meet the current policy and who access assisted conception treatments privately.</p> <p>Eligibility for both the current and proposed policy is determined by clinical circumstances as opposed to affordability (see next question also). The proposal is for eligible patients to have one cycle of treatment, and the improvement in NHS availability of pre-treatment tests/investigations to optimise intervention, should improve success rates and reduce the number of patients/couples who may need a second treatment cycle.</p>
<p>Request for means testing</p>	<p>The NHS Constitution is based on seven key principles. The first two, which are important in response to this question are:</p> <ul style="list-style-type: none"> <li>• The NHS provides a comprehensive service, available to all</li> <li>• Access to NHS services is based on clinical need, not an individual's ability to pay.</li> </ul> <p>The additional pressure on NHS organisations is the Department of Health requirement on them to provide services within the annual budget that is allocated to them.</p> <p>Means testing is not something that will resolve the issue arising from a reduction in</p>

	<p>the number of cycles funded. All patients will continue to be assessed on the basis of their clinical need; this clinical assessment is based on evidence based recommendations by the National Institute of Clinical Excellence in their Clinical Guideline 156, Fertility problems: assessment and treatment.</p>
<p>NICE guidelines recommend three cycles</p>	<p>NHS Commissioners are not required to commission services in accordance with NICE Clinical Guidelines; they represent the “best practice” or “gold standard” service that NHS organisations should aspire to commission. It is therefore routine practice to take account of these guidelines when considering options for service redesign and commissioning policy development.</p> <p>However, the overriding responsibility of CCGs is to provide a wide a range of services to cater for the healthcare needs of their population whilst remaining within financial balance and therefore CCGs need to be judicious in their funding considerations for services and interventions.</p> <p>Fertility Fairness <a href="http://www.fertilityfairness.co.uk/">http://www.fertilityfairness.co.uk/</a> (March 2017) suggests that of the CCGs in England offering assisted conception to patients, as follows:</p> <ul style="list-style-type: none"> <li>• 125 CCGs fund one cycle of treatment (60%)</li> <li>• 46 CCGs fund two cycles of treatment (22%)</li> <li>• 34 CCGs fund three cycles (16%)</li> <li>• four CCGs do not fund any treatment whatsoever (2%)</li> </ul> <p>There are currently five CCGs consulting on reducing the number of cycles provided (from either three cycles to two or from two cycles to one cycle) and four CCGs consulting on decommissioning assisted conception (i.e. no assisted conception cycles).</p>
<p>The cost savings for assisted conception seem relatively small, why choose this service and not something else that would save more money</p>	<p>A public consultation exercise was undertaken with residents of Worcestershire during 2016; the results of this suggested that funding of assisted conception is considered a low priority in relation to other treatments for people who are unwell. For more information, please see: <a href="http://bit.ly/2jdJO00">http://bit.ly/2jdJO00</a></p> <p>The CCGs across Worcestershire are looking at a number of areas to “save money”; this is being considered within this patient engagement phase but we will be communicating with our clinical colleagues and engaging with the public on a range of options. The CCGs have introduced the ‘Commissioning For You’ Newsletter to help facilitate this dialogue.</p>
<p>Impact on single sex couples needs to be considered.</p>	<p>The policy requires a fundamental diagnosis of infertility for eligibility; this requirement is the same for heterosexual and same sex couples. The policy defines the circumstances that might indicate infertility based on the period of unsuccessful conception; this includes a definition for same sex couples which is based on NICE guidance.</p> <p>The proposed reduction in the number of cycles available will not differentially affect same sex couples and one cycle will continue to be available for all those meeting the eligibility criteria outlined in the policy.</p>

<p>The first cycle of assisted conception is often used to establish the body's response to treatment and therefore couples should be given more than one cycle</p>	<p>The recent improvements in NHS availability of pre-treatment tests/investigations will help to determine the best course of treatment for a patient/couple e.g. IVF/ISCI and the type and level of drug used within that treatment pathway. This means that it is easier to predict how the body will respond to the first cycle and this has improved the success of this cycle.</p>
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## Annex 1 – distribution list

Who	Channel
Health and Overview Scrutiny Committee	Briefing note + document
Healthwatch	Briefing note + document
GPs	Email document
CCG staff	Website in weekly bulletin
Pharmacies	Email LPC
General public	Press release, website, Social Media
Patient groups	PSAG CCG groups/membership Worcestershire Health and Care NHS Trust and Worcestershire Acute Hospitals NHS Trust groups
Provider and partner staff and patients	Worcestershire Health and Care NHS Trust Worcestershire Acute Hospitals NHS Trust Worcestershire County Council Health Improvement Coordinators (public health and district council)
British Fertility Society	Email document
VCS Organisations	Community First Worcestershire Voices Various networks Young Solutions
Parents	Email National Childbirth Trust branch's Email Worcester Mums network Email Parents Voice Email Children Centres Email Worcestershire County Council children & families team
LGBT contacts	LGBT Fostering group
Young People	Tudor Grange students Worcestershire Health and Care NHS Trust Youth Board – Mandi Bishop
Socio-economic deprived groups	Documents to Worcester Community Trust Housing Associations (Wyre Forest Community Trust, Redditch and Bromsgrove Council, Sanctuary, Fortis, Rooftop) Vestia (housing provider) Rural Communities Project Other VCS specifically working in areas of deprivation

## Annex 2 – response from Fertility Network UK



**fertilitynetworkuk**  
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43 St Leonards Road  
Bexhill on Sea  
East Sussex TN40 1JA  
T: 01424 732361  
F: 01424 731858  
E: [info@fertilitynetworkuk.org](mailto:info@fertilitynetworkuk.org)  
[www.fertilitynetworkuk.org](http://www.fertilitynetworkuk.org)

April 2017

Dear Sirs

As Chief Executive of the national patient organisation I am writing to you on behalf of patients to respond to your consultation to reduce your provision of IVF services.

On behalf of patients in the Worcester area, Fertility Network UK would like to make the following points and urge you to retain your current provision for NHS fertility services. That current provision already falls short of that recommended by NICE; you currently offer two embryo transfers which is less than one full cycle for many patients. Cutting that to one embryo transfer in our opinion makes no clinical or financial sense.

Infertility is a disease as recognised by the World Health Organisation and, as with any other medical condition, it is deserving of treatment. In the recent parliamentary debate on the decommissioning of IVF services, the Secretary of State for Public Health Nicola Blackwood's commented that 'The Government have made it clear that blanket restrictions on any healthcare treatment—including fertility services—are unacceptable.' The Minister went on to say 'On the implementation of NICE guidelines, I commend CCGs, such as Camden, Oldham and others that have been mentioned, that have implemented the NICE fertility guidelines in full and continue to offer three IVF cycles to qualifying couples. That shows it is entirely possible for CCGs to implement NICE's IVF provision recommendations.'<sup>1</sup>

Simon Stevens, Chief Executive of NHS England, has recently in effect publicly argued against the rationing of NHS treatment, stating that ultimately the basis on which people get care on the NHS should be their ability to benefit from treatment.<sup>2</sup> The NICE guideline on fertility has been updated and re-validated and clearly states that three full cycles of IVF or ICSI should be provided to those in need. This recommendation was made on the basis of what was deemed both cost and clinically effective.

Restricting access to IVF treatment and offering only one embryo transfer would mark a drastic departure from the NICE guidelines, and exacerbate the postcode lottery of fertility services. This is particularly concerning following the recent announcement in Scotland that patients there will access three full cycles, with no 'postcode lottery' or varying social criteria limiting access to those eligible.

Finally, the new Health Minister, Nicola Blackwood, responding to proposals to cut services by another CCG stated in a letter to a patient that 'Although the provision of local services is a matter for CCGs, we expect them to commission services, including fertility services, in line with NICE guidelines'.

<sup>1</sup> <https://hansard.parliament.uk/commons/2017-01-19/debates/17011961000001/NHSFertilityServices>  
<sup>2</sup> [http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/31\\_05\\_15\\_simon\\_stevens.pdf](http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/31_05_15_simon_stevens.pdf)

Fertility Network UK is a trading name of The Infertility Network (UK)  
Company registration No. 4822073 Charity Registration No. 1099960  
Charity Registered in Scotland No. SC039511



**INFOLINE**  
01424 732361



Fertility Network UK would like to ask why Worcestershire CCGs have classified fertility treatment as less deserving of funding compared to any other non-life threatening condition. Infertility is often caused by disease, is classified as a disease and results in disease. Its patient group warrants NHS treatment. People struggling with its consequences, through depression anxiety and other associated conditions, are more likely to present to their GPs many more times a year than other patients and thus are more expensive to the system. Patients often struggle to hold down jobs whilst dealing with infertility, and face an increased rate of relationship breakdown. All of this is exacerbated when patients are unable to access NHS treatment.<sup>3</sup>

In recent years, fertility treatment abroad has become an increasingly affordable option for UK patients unable to access IVF on the NHS, and evidence suggests that the demand is increasing. The response submitted to you by Fertility Fairness details the potential impact on costs to the NHS if patients seek treatment abroad. We would like to add that the best possible outcome for all concerned from fertility treatment is having one single healthy baby, and this is best achieved where couples can access treatment which replaces one embryo at a time. In UK. The Human Fertilisation & Embryology Authority (HFEA) has always strictly regulated the number of embryo that can be transferred during IVF treatment to reduce the chance of multiple pregnancies. Offering regulated treatment, with restrictions on the number of embryos transferred, is in our view the best possible use of NHS resources.

On behalf of patients, we urge you to consider what other commissioning options exist that may allow you to make financial savings. Both NICE and the former All Party Parliamentary Group on Infertility have highlighted common inefficiencies and opportunities for savings within fertility pathways. Recently, Ipswich & East Suffolk CCG took account of local support for retaining fertility services and found ways to 'work smarter' to make cost savings rather than cut treatment services.

I would be very happy to discuss any of these issues further with you.

Yours faithfully,

Susan Seenan  
Chief Executive Fertility Network UK

<sup>3</sup> Fertility Network UK study with Middlesex University <http://fertilitynetworkuk.org/wp-content/uploads/2016/10/SURVEY-RESULTS-Impact-of-Fertility-Problems.pdf>