

# International Federation of Fertility Societies

## Global Standards of Infertility Care

### Standard 13

#### Cross International Border Treatment consistency in standards

Name	Cross Border Treatment
Version number	13.0/IFFS/Standards
Author	Standards and Practice Committee
Date of first release	July 2011
Date approved by IFFS	July 2011
Date of review	July 2015

#### Introduction

The goal of IFFS Practice Standards is to provide policy and decision-makers and the clinical and scientific community with a set of recommendations that can be used as a basis for developing or revising institutional or national guidelines on selected practice recommendations for infertility practice.

The document addresses minimal standards of practice but does not provide rigid guidelines but rather gives recommendations that provide the basis for rationalizing the provision of infertility services in view of the most up-to-date information available.

Because country situations and programme environments vary so greatly, it is inappropriate to set firm international guidelines on infertility practice. However, it is expected that institutional and national programmes will use these guidance documents for updating or developing their own infertility guidelines in the light of their national health policies, needs, priorities and resources. The intent is to help improve access to, quality of, and safety of infertility and assisted conception services. These improvements must be made within the context of users' informed choice and medical safety. Adaptation is not always an easy task and is best done by those well-acquainted with prevailing health conditions, behaviours, and cultures.

#### Definition

For the purposes of this IFFS Standard, Cross border treatment is defined as the circumstance in which a patient or patients crosses an international boundary to receive treatment.

## **Rationale**

Increasingly patients are travelling outside their own national boundaries for a variety of medical treatments. This is due to several factors including inability to access treatment in the patient's own country, perception of better outcomes elsewhere, lower cost of treatment elsewhere and ease of international travel. Infertility treatment is no exception to this trend and ultimately patients must be able to exercise their right to seek medical care wherever they are able. Fundamental to this process is the need to safeguard the patient from false expectation and ensure their safety. Whilst many countries have regulation and professional standards applied to medical care these apply inconsistent standards across national boundaries. Furthermore pre and post procedure care may well be undertaken posing challenges to local health teams and risks to the patient. This policy has been developed to provide guidance for treatments provided across national boundaries.

## **Treatments covered by this guidance**

This guidance covers all forms of assisted conception including IVF and related treatments, including the use of donor gametes, surrogacy and pre-implantation genetic diagnosis.

## **Recommendations for Practice**

### **Information provided to the patient prior to treatment**

All patients should be given written information about the treatment which they are seeking across their national borders. Specifically the information should:

1. Be provided in a language that can be understood by the patient.
2. Include a detailed description of the treatment.
3. Describe how much of the treatment will be carried out in the overseas facility, how many visits that will entail and how long the patient will be expected to stay in the host country.
4. Describe the necessity of preliminary diagnostic tests and advise whether these can be carried out in the home country.
5. Report the likelihood of the proposed treatment being successful in the circumstances presented by the couple and given the pregnancy rates of the host clinic.
6. Include the risks and complications of the treatment.
7. Include details of all the costs of the treatment.
8. The legal status of the child in the country of birth and the country of the child's residence. This is particularly important when the conception has included the use of donor gametes or surrogacy. Discussion with the patient / couple should highlight the possible legal ramifications that may pertain for a child conceived through certain assisted conception techniques and born in the patient's home country.

## **Conduct of treatment**

Treatment should be conducted in line with current available evidence and international standards of practice if available.

1. Treatment for which there is insufficient evidence to support its use and which may be considered experimental should only be conducted in the context of an ethically approved research supported by approved information and consent.
2. Treatment should be shared with the patient's home unit if at all possible.
3. Prescription of medication and the adverse reactions that may result are the responsibility of the host unit. Information should be provided to the patient and arrangements put in place for her to receive urgent medical advice 24/7 should such a reaction occur.
4. Patients undergoing surgical procedures in the host unit should be advised of the possibility of complications arising. Information should be provided to the patient and arrangements put in place for her to receive urgent medical advice 24/7 should such a complication occur.

## **Communications with home / referring unit**

1. The host unit should make every effort to obtain medical information including the results of relevant investigations from the patient's home clinic. In the pre-visit information the patient should be asked to obtain all relevant information and bring this with them for the first consultation.
2. Ideally the host unit should establish a reliable means of communication with a designated medical practitioner known to the patient in her own country subject to the provisions of patient confidentiality. This practitioner should ideally have knowledge of the treatment that is being undertaken to the extent of understanding the complications that can occur, how to recognise and manage them. The patient should be given a summary of the treatment she has had together with any particular areas of concern and list of prescribed medication as the patient travels back to her own country.
3. A reliable means of contacting the clinical team at the host centre should be established in advance of treatment in the event of complications occurring on return to the patient's home country which may be due to the treatment e.g. OHSS, so that timely advice can be obtained.

## **Reducing incidence of multiple pregnancy**

1. The host unit should comply with best international practice and make every effort to reduce the likelihood of multiple pregnancy arising from treatment.
2. In the event that more than one embryo is replaced the patient should be advised of the possibility of a multiple pregnancy and of the increased risks to mother and baby that poses.
3. Practitioners should adopt strategies that maintain pregnancy rates whilst reducing multiple pregnancy following IVF and related treatments. Single embryo transfer should be

considered in good prognostic patients for example women less than 38 and those who have good quality embryos or those patients in whom the obstetric risk of twin pregnancy is high.

### **Outcome of treatment**

1. It is essential that the host unit maintains accurate records of the outcome of the treatment. This should include details of the outcome of a pregnancy, both mother and baby and whether any fetal anomalies were present in so far as this is possible.
2. To ensure details of the outcome of the pregnancy are known the host unit should ensure reliable long term contact details are known and that the patient is aware of the importance of reporting the outcome of the pregnancy.

### **Donors and gestational carriers (surrogates)**

1. Female gamete donors and surrogates often feature in cross border treatment because of lack of domestic availability and a more liberal policies to this treatment modality cross border.
2. Because they expose themselves voluntarily to the risks of treatment and pregnancy, it is particularly important the safety of those offering to undertake these roles is safeguarded. It is essential prospective donors and surrogates are provided with accurate information specifying all the possible risks and outcomes.
3. Financial *compensation* for the donor / surrogate is generally accepted when such arrangements are established. This should be proportionate and as a minimum reflect the genuine expenses that the donor has had to bear. However every effort should be made to ensure this is not an incentive to an unwilling party.
4. The host unit should give consideration to the laws governing the identity/anonymity of donors in the patient's home country and advise the patient accordingly. It should also provide advice and guidance to the patient and her partner on the potential legal issues of donor conception or surrogate parenthood for the child that might result from treatment.
5. The treating centre should consider the number of conceptions which have resulted in children from a single donor, particularly if the recipient patients are from a geographically confined area so to as to minimise the risk of consanguinity.

### **Ethics of service**

1. As has been described above the fundamental requirement is for the safety of the patient / donor / surrogate. However, in centers which receive frequent overseas patients, it is important to ensure this does not impair the ability to provide adequate access for the host country's own population.
2. The standards of care applied by the host centre should apply equally to all patients whether they are from its own country or from overseas.
3. Charges levied to patients should not vary between overseas and domestic patients except to cover exceptional costs such as interpreters.
4. Treatments of no proven worth and of an experimental nature should only be undertaken in the context of a research protocol and with informed consent.

## **Cryopreservation and storage of gametes and embryos**

1. Cryopreservation of gametes for fertility preservation or as part of treatment and spare embryos resulting from treatment is common place practice in assisted conception. Indeed it is positively recommended in certain circumstances. Cross border treatment poses particular issues in this context.
2. Host centers should ensure visiting patients are made aware of the implications of cryopreservation of gametes and embryos, in particular the difficulties in international transportation of gametes and embryos and the difficulties that different regulatory frameworks between nations may pose.
3. If patients are deterred from cryopreservation because of the aforementioned problems they should also be made aware of the potential disadvantage to successful outcome this decision result in.

## **References**

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