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A summary of publicly-funded services for fertility preservation for medical reasons in selected countries: plain language summary

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Plain language summary

Some medical treatments, such as chemotherapy (for example, cancer medicine), may affect someone's ability to have a child later in their life. Also, if someone is very ill it may be dangerous for their health, or the health of their baby, to become pregnant at that time. In these cases (that is, for medical reasons), 'fertility preservation' can be used to help a person to be able to have their own biological children at a later point. Fertility preservation involves freezing a person's reproductive cells. In this summary, female reproductive cells are called eggs, male reproductive cells are called sperm, and an egg fertilised with sperm is called an embryo.

In some countries, if you need fertility preservation for medical reasons, this is provided free of charge by the government (publicly funded). This report describes publicly-funded fertility preservation services in 10 countries: Australia, Denmark, England, France, Germany, Northern Ireland, Portugal, Scotland, Sweden and Wales. These countries have a similar population size as Ireland, and or provide healthcare in a similar way as Ireland.

This report found that freezing of sperm and eggs is often publicly funded in the selected countries, with freezing of embryos less frequently funded. Freezing of ovarian tissue (groups of cells in the ovary which produce eggs) and testicular tissue (groups of cells in the testicle which produce sperm) is also possible. However, freezing of these tissues is a newer approach that is less often publicly funded, and may be offered to limited groups of people. The groups of people who are offered fertility preservation services, and how long frozen cells (such as eggs and sperm) and tissues are stored, are different across countries.

People undergoing cancer treatment are offered fertility preservation in all of the selected countries. Some countries offer services more broadly to people undergoing any medical treatment that is likely to affect their ability to have children. Services may also be offered to people with an illness that might affect their ability to have children in the future. In terms of age, adults (aged 18 years and older), and young people who have started going through the physical changes of puberty, are typically offered publicly-funded freezing of sperm and eggs in the selected countries.

Public funding to store frozen cells or tissues can last for a different amount of time in different countries. In some countries, storage costs might be covered for a limited amount of time at first, but can be covered for longer if needed. In a number of countries, people who want to use their stored sperm or eggs later to help them

have children will need to meet separate criteria to access publicly-funded treatment. Different countries have different ways of managing stored cells or tissues that are not used. The options include disposing of them, donating them for use in research or training, or donating to other people who might need cells to help them have children.

In eight of the 10 countries, access to fertility preservation services is through the person's family doctor or consultant. A number of the countries note that fertility preservation should not be done if it would make someone more unwell, or set back their medical treatment. In most of the countries, the national government's department of health has overall responsibility for fertility preservation services. In some countries, laws state the ages up to which people can be offered fertility preservation and the medical reasons why they are offered fertility preservation. In some cases, the law also states that people working in healthcare need to provide clear information about fertility preservation.

Many countries considered the principles that guide decision-making and behaviour around fertility preservation for medical reasons. These include making sure the person has enough information to understand and agree to the procedure, particularly children and young adults, and explaining that fertilisation preservation does not guarantee the ability to get pregnant or have children in the future.

This report describes publicly-funded fertility preservation services for medical reasons in 10 selected countries. The findings of this report will help the Department of Health to develop a national fertility preservation policy in Ireland.

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For further information please contact:

Health Information and Quality Authority

George's Court

George's Lane

Smithfield

Dublin 7

D07 E98Y

+353 (0)1 8147400

info@hiqa.ie

www.hiqa.ie

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