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Addressing the fertility education gap with digital health

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PURPOSE & OBJECTIVES

For patients with infertility, education on options for conceiving without assisted reproductive technology (ART) may be overlooked. Digital health platforms may be suitable for providing evidence-based information on methods to optimize chances of conception.

We aim to assess how use of a digital health platform for fertility support is associated with learning ways to improve chances of conceiving without ART in a cohort with infertility.

MATERIAL & METHODS

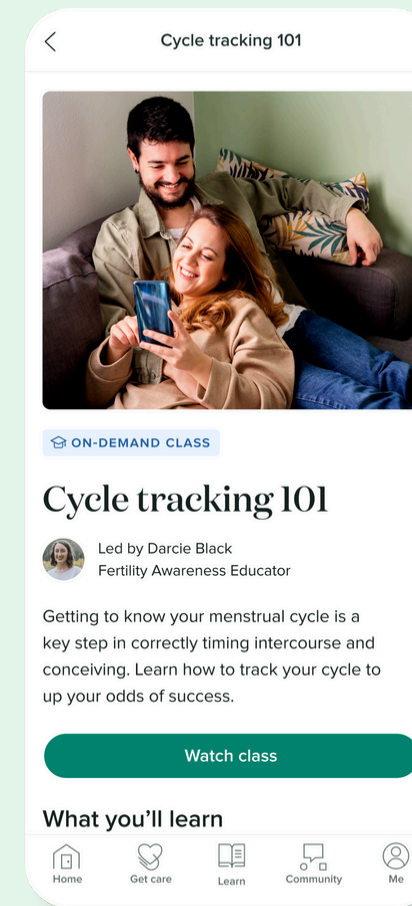
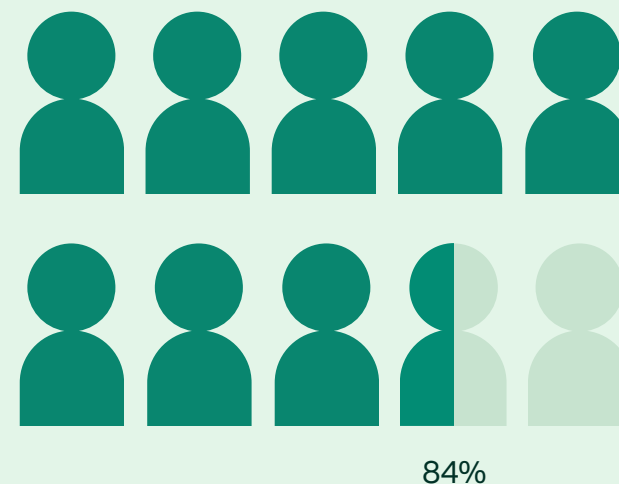
Study design: Retrospective cohort study (N = 507)

Cohort: The cohort was derived from a group of users of Maven, a digital health platform for fertility support, who met the criteria for infertility.¹ Maven is a comprehensive digital platform for reproductive, women's and family health that offers continuous access to virtual health care providers, allied health professionals, and care coordinators as well as educational materials.

Statistical methods:

- Descriptive statistics
- Logistic regression assessed the association between use of the digital platform and self-report that the platform helped users learn ways to improve chances of conceiving without treatment. Models were adjusted for users' gravidity.

Among people with infertility,
84% learned strategies to improve their chances of conceiving without treatment from a digital health platform.



RESULTS

Figure 1. Adjusted odds of reporting that the digital health platform helped the user learn strategies to improve their chances of conceiving without treatment, by provider type

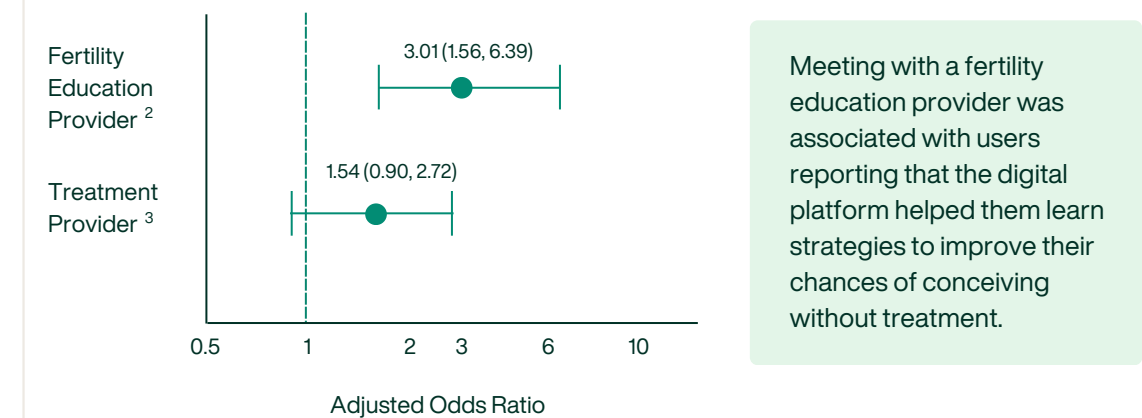
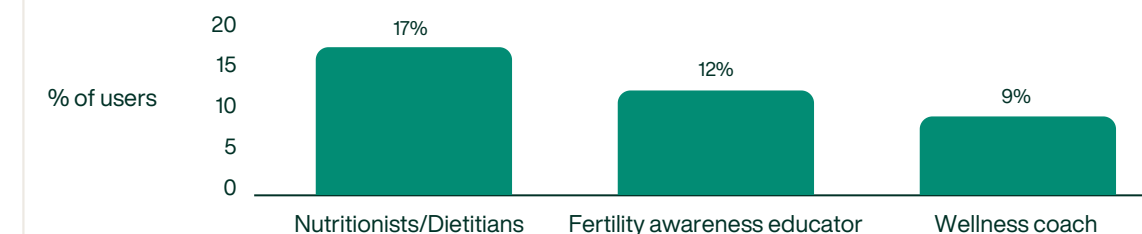


Figure 2. Top fertility education providers by users who reported that the digital platform helped them learn strategies to improve their chances of conceiving without treatment



RESULTS

In a cohort of users with infertility, 84% reported that the digital platform helped them learn strategies to improve their chances of conceiving without treatment.

Users who met with a fertility education provider² had 3x the odds of reporting that they learned strategies to improve their chances of conceiving without treatment (Figure 1).

The most used fertility education providers (Figure 2) seen by people reporting that they learned strategies to improve their chances of conceiving without treatment were Nutritionists/Dietitians, Fertility awareness educators, and Wellness coaches.

CONCLUSIONS

Digital health provides an opportunity for people to learn evidence-based strategies to conceive without treatment.

Access to fertility education providers (e.g., nutritionists and dietitians, fertility awareness educators, wellness coaches, physical therapists, and sex coaches), who are often not included in traditional fertility care, can be effective drivers of this education.

FOOTNOTES AND REFERENCES

Footnotes:

1. Infertility was defined as meeting any of the following criteria outlined previously (Carson et al. 2021): < 35 years old and trying to conceive for ≥12 months; ≥ 35 years old and trying to conceive for ≥ 6 months; ≥ 40 years old; suspected male infertility defined as an abnormal sperm test. Users who reported having used fertility treatment for this pregnancy attempt were also included.
2. Fertility education providers include fertility awareness educator, nutritionist/dietician, physical therapists, wellness coach, sex coach.
3. Treatment providers include OB/GYN, reproductive endocrinologist, reproductive nurse.

Reference:

Carson SA, Kallen AN. Diagnosis and Management of Infertility. JAMA2021;326(1):65–76.