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INTRODUCTION

There is a varying degree of knowledge of fertility and assisted reproduction amongst doctors working in both Obstetrics and Gynaecology¹ and General Practice.

The aims of this study were to identify and compare knowledge, attitudes, and approaches to fertility care, fertility decline and Assisted Reproductive Technologies (ART) including Elective Oocyte Cryopreservation (EOC) amongst trainees working in Obstetrics and Gynaecology and General Practice in Ireland.

METHODS

This was a cross-sectional study of Irish Obstetrics and Gynaecology (O&G) and General Practice (GP) trainees.

An online self-report survey, was disseminated by email. Background demographics, questions regarding knowledge of, and attitudes towards, age-related fertility decline and opinions regarding the initiation of conversations with patients about age-related fertility decline and attitudes to EOC were included.

Analysis: All data was collected and compiled into a Microsoft Excel spreadsheet for analysis

RESULTS

Ninety participants responded, 42 from O&G and 48 from GP.

Eighty one percent of O&G respondents (n=34) were registered on the Royal College of Physicians of Ireland (RCPI) Training Scheme. At the time of data collection, 149 trainees were registered for Basic and Higher Specialist Training in O&G giving a response rate of 22.8%.

All GP respondents were registered on the ICGP scheme. There were approximately 900 GP trainees registered: a response rate of 5.3%.

For both groups, forty-five percent of respondents were aged between 31 and 35. Ninety percent (n=38) of O&G respondents and 72.9% (n=35) of GP trainees were female.

Eighty-eight percent of O&G trainees (n=37) and 97% of GP trainees (n=47) identified as White/ Caucasian.

RESULTS

Experience of trainees

Sixty-nine percent of O&G respondents (n=29) were currently working in a tertiary maternity unit. Eleven percent of trainees (n=5) reported having an interest in Reproductive Medicine/ Surgery.

There was representation from all GP training years.. Fifty-two percent (n=25) had completed a rotation in O&G during their training. Sixty-two percent (n=30) reported an interest in women's health and fertility with 9 respondents (18.7%) reporting they have further qualifications in women's health. .

Twelve respondents (25%) reported they received formal training in fertility during their GP scheme. Ninety-two percent (n=44) of GP trainees felt GPs could benefit from more fertility education.

Attitudes

Ninety-three percent (n=39) of O&G respondents and 85% of GP trainees (n=41) reported that they think GPs and Obstetricians/ Gynaecologists should initiate discussions with their patients regarding potential childbearing intentions.

Knowledge

Table 1. Trainee awareness of fertility issues

Fertility issue	O&G N 42	GP N 48
At what age is there a slight decrease in a woman's ability to become pregnant? 15-24 25-29 30-34 35-39	0% 16.8% 61.9% 21.4%	0% 12.5% 62.5% 25%
At what age is there a marked decrease in a woman's ability to become pregnant? 30-34 35-39 40-44 45-49	2.38% 45.2% 45.2% 7.1%	0% 70.8% 27% 2%
What is the overall chance, on average that a couple who undergoes treatment with in vitro fertilization will have a child after one treatment? 0-19% 20-29% 30-39% 40-100%	16.6% 47.6% 28.5% 7.1%	37.5% 43.7% 14.5% 4.16%

Attitudes towards clinical practice

Seventy-six percent of O&G trainees (n=32) and 66% of GP trainees (n=32) stated they did not feel that women should be encouraged to freeze their eggs for social reasons.

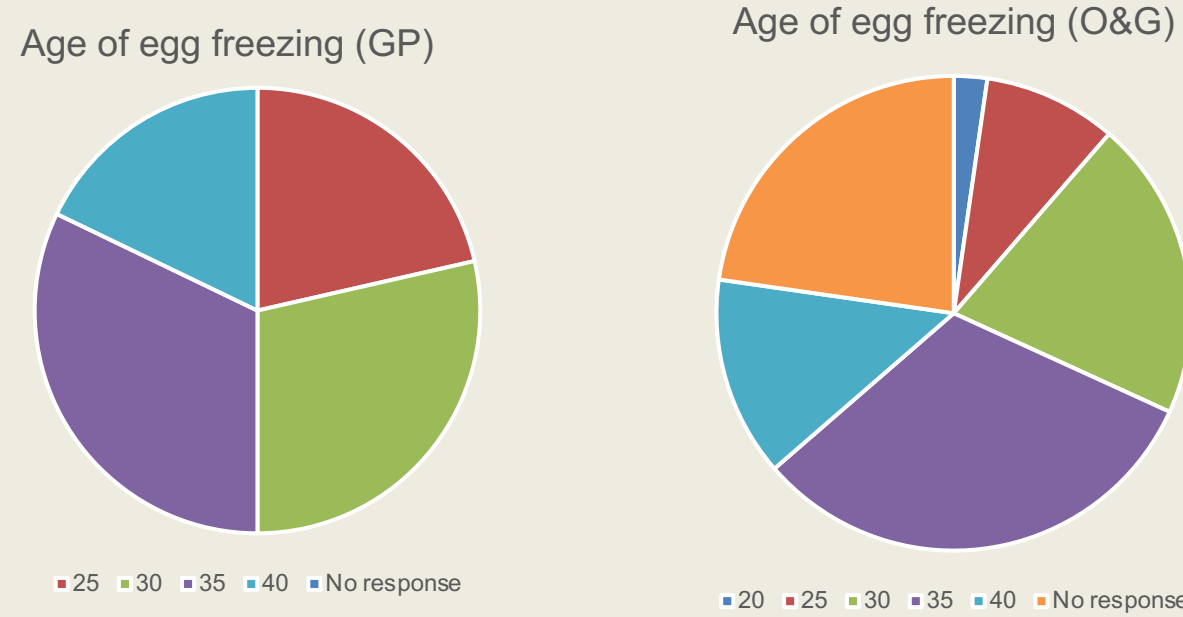


Figure 1. Age at which trainees feel women should freeze their eggs

RESULTS

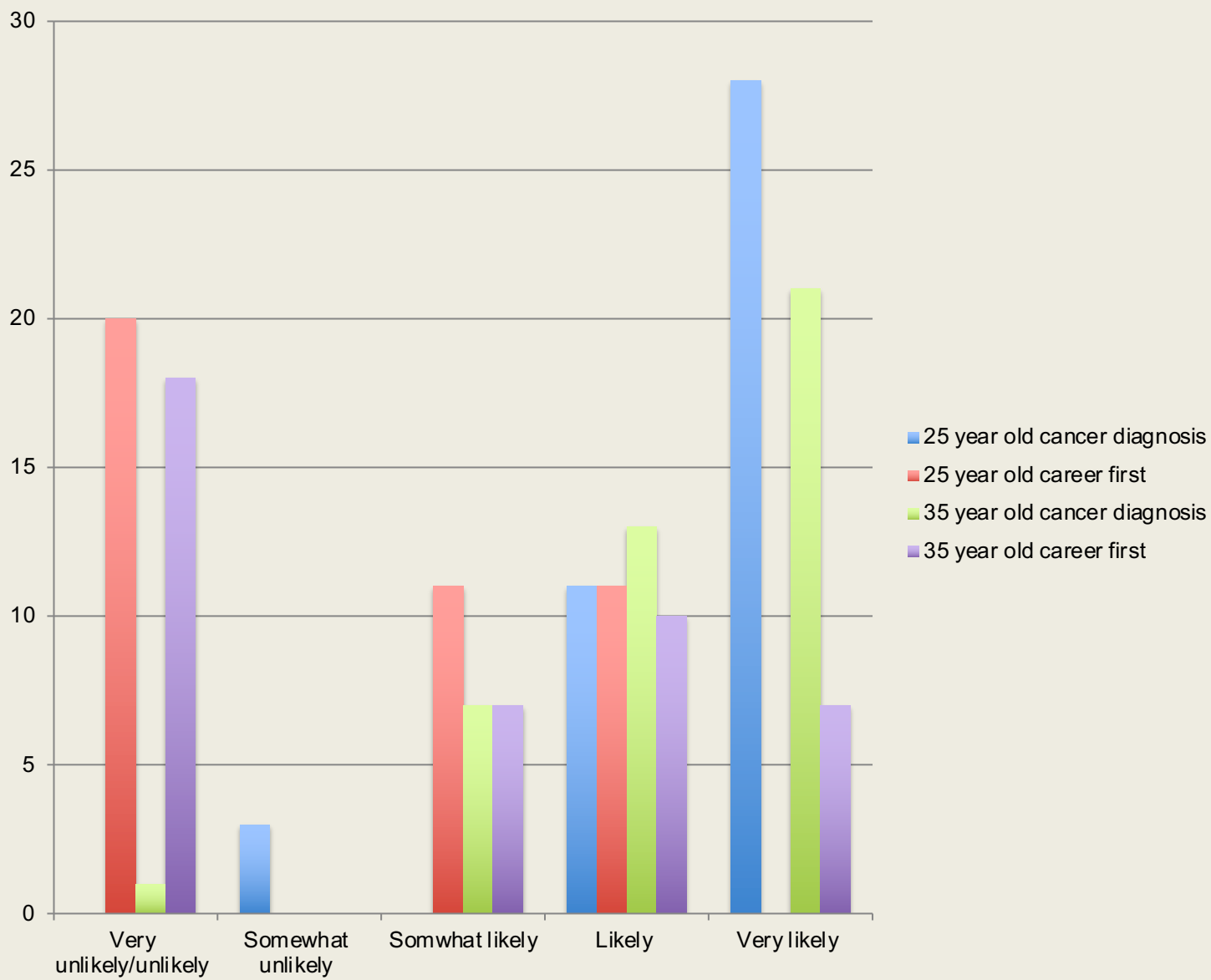


Figure 2. Likelihood of discussing oocyte cryopreservation amongst O&G trainees

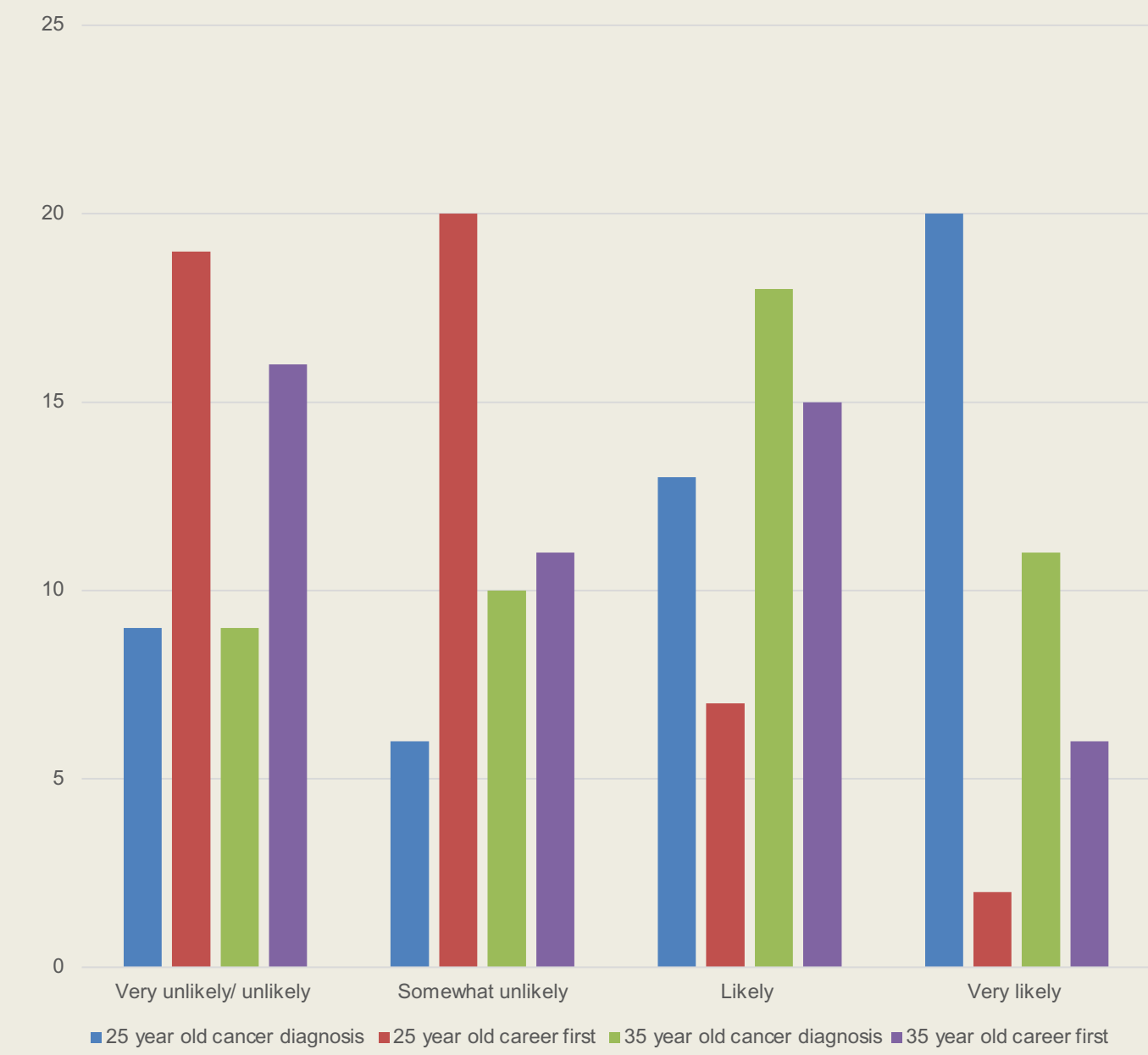


Figure 3. Likelihood of discussing oocyte cryopreservation amongst GP trainees

DISCUSSION & CONCLUSION

This study has replicated previous findings of poor knowledge amongst trainees. Over 85% of respondents felt doctors should initiate conversations about childbearing intentions. High numbers also felt discussions about age-related fertility decline should be initiated.

DISCUSSION & CONCLUSION

This is a novel area of study amongst trainee doctors in Ireland. We assessed current knowledge and awareness amongst trainees and highlight areas warranting improvement to ensure dissemination of accurate information. It forms the basis of future research including exploration into why EOC counselling is not supported by up to 70% of clinicians.

The number of respondents was low. Various avenues were explored to increase recruitment. Although Yu et al. had larger numbers, their response rate was only 5% of all US Obstetrics and Gynaecology trainees. From registered O&G trainees alone the response rate for this survey was 22%. In line with other research, there was a gender bias.¹ Female trainees made up 90% of O&G trainees and 72.9% of GP trainees.

Participants displayed inaccurate knowledge regarding fertility decline. Over 60% of both groups correctly reported a slight decrease in ability to conceive between ages 30-34; a more reassuring figure than 33% of US trainees in a similar study by Yu et al.¹ However consistent with previous findings, nearly half of O&G trainees reported a marked decrease in a woman's ability to conceive between 40 and 44 years when in reality this occurs earlier, at approximately 37 years. ^{1, 2, 3} Interestingly, 70% of GP respondents were correct in their estimation of age at which fertility sharply declines

More than 70% of O&G trainees and 77% of GP respondents were correct in their assessment that when a woman is under 35 years investigations should start after 1 year trying to conceive (TTC). Irish doctors displayed better understanding of ART success than American trainees.¹ More pessimistic rates of livebirth from IVF were suggested; almost half of O&G trainees cited a 20-29% percent chance of live birth after one treatment.

Professionals involved in reproductive health have a duty to ensure accurate dissemination of information. It has been proven that patient knowledge, intentions and decision-making processes around childbearing are impacted by the information they receive.^{1, 4} Our key message is that more training in fertility is needed.

- References
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