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Will Science Alone Save Your Fertility?

Meeting Report on the Fertility Awareness Conference held in Malta on the 16th February and the Fertility Awareness Round-table meeting held in Gozo on the 17th February 2024

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Abstract

This paper highlights the pressing need for increased awareness and education regarding reproductive health and fertility issues in the Maltese Islands. Despite living in the age of information, misconceptions and misinformation persist, particularly surrounding basic reproductive health knowledge. To address this gap, two conferences on fertility awareness were organized in Malta and Gozo as part of 'The 3 Missions' Project, in collaboration with the Malta Council for the Voluntary Sector and Dar Guzeppa Debono Association. The conferences brought together various stakeholders including healthcare professionals, policymakers, and educators to discuss topics such as normal reproductive cycles, infertility treatments, and the legal framework surrounding assisted reproductive technologies (ART). International perspectives were also provided, shedding light on perceptions and practices in other European countries. Key recommendations emerged from these discussions, emphasizing the importance of standardized terminology, user-friendly information dissemination, and the destigmatization of infertility. Furthermore, the paper underscores the need for preconception parenthood preparation and highlights the psychological and social implications of infertility and parenthood. Overall, the conferences served as a platform to raise awareness and initiate collaborative efforts to address fertility-related challenges in the Maltese community.

Keywords

Fertility awareness, reproductive health, assisted reproductive technologies, infertility, parenthood preparation, Maltese Islands.

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The Maltese Islands are among the lowest ranking in terms of fertility, with 1.13 live births per woman, according to a recent EUROSTAT report ⁽¹⁾. Despite the advances in access to information in this internet era, there is still a lack of knowledge and misinformation on basic reproductive health in the general population. In view of this, two back-to-back conferences on fertility awareness have been held in Malta and Gozo, in collaboration with the Malta Council for the Voluntary Sector and Dar Guzeppa Debono Association as part of 'The 3 Missions' Project. Dar Guzeppa Debono was founded in 1985, and is a non-governmental organisation which caters and provides help for mothers and fathers and promoting the value of life and the importance of healthy relationships.

The first conference was held on Friday 16 February 2024 at Mater Dei Hospital, which is the national hospital in Malta. This conference was attended by medical students, student midwives, academics, medical lab scientists, embryologists, bioethicists, obstetricians and gynaecologists, health care professionals from the Department of Obstetrics and Gynaecology and the Assisted Reproductive Technologies (ART) Clinic, as well as policy makers, legislators and administrative staff.



Following the welcome address, Prof Jean Calleja Agius outlined the normal reproductive cycle and gave an overview of the different treatment options offered in case of infertility. One of the options is in vitro fertilization (IVF). However, medical assisted reproductive technology does not always work. Despite leaps in science technology and understanding since the very first 'test tube baby' Louise Brown's birth in 1978, and millions of children conceived this way since then, statistically, the average take-home baby rate is less than 30%, irrespective of the clinic, the country, and its legislation.

The local scenario, especially with respect to the law regarding ART and the role of the Embryo Protection Authority (EPA) were detailed by Mrs Simone Attard, Chief Executive Officer of EPA. This Authority is the sole regulator of all the ART procedures performed at both the public and private licensed clinics/hospitals in Malta. In January 2013, The Embryo Protection Act (commonly known as IVF Act) came into force and the Embryo Protection Authority was established with its main functions being to ensure that high standards of ethics are maintained by all professionals in the field and to ensure that the standards of best practice are being respected and implemented with respect to the use and storage of sperm, oocytes, and embryos for human application.

Prof. Francisco Güell Pelayo, Coordinator of the Mind-Brain Group of the Institute for Culture and Society, University of Navarra, Spain was the international guest speaker who was specifically

invited to share his expertise. For over a decade, his focus has been on the study of medical assisted reproduction, culminating in his involvement in a successful European Union's Horizon 2020 research and innovation programme (Grant Agreement No 872706): 'Be Better Informed About Fertility' (<https://b2-inf.eu/>). This project examined young people's perceptions across 8 European countries (Spain, Belgium, Italy, Switzerland, Kosovo, Albania, Macedonia, Slovenia) regarding assisted reproduction and the information provided by clinics to the public. According to this study ⁽³⁾, young people's perceptions on ART techniques were positive and most would use it in case of need, but the knowledge related to ART was limited. Most participants suggested that trustworthy national information campaigns led by governments should be implemented to raise awareness of ART. Young people are concerned that infertility, especially male infertility, remains taboo, partly due to lack of knowledge about prevalence and causes of infertility in society at large. Women are unfairly burdened by unequal responsibility and blame for infertility; meanwhile information on clinic websites tends to be heavily skewed toward women. In addition, young people seek information about psychological services related to medical assisted reproduction. While many clinics present their services as directed primarily toward white and heterosexual couples, young people tend to support equal access to assisted reproduction. Young people are concerned not only for improved access to fertility treatment but also for universal access to basic services of primary and reproductive healthcare. Overall, there is universal expectation for transparency about costs of medical assisted reproduction technology, but in fact many clinics do not provide adequate information about prices of treatments and add-ons. Finally, surrogacy is often part of a heavily polarized debate in the media, while clinics do not offer information on surrogacy (often due to legal restrictions.)

Regarding clinics, information on websites addressed risk factors and prevalence of infertility. It included description of ART techniques with unclear data about success rates, economic information and clinics human resources and facilities. Gaps were identified between citizens' expectations and needs, and the online information provided by ART clinics. This work led to the establishment of international guidelines regarding fertility treatment. Here is an outline of these guidelines ⁽²⁾.

Health professionals should use a common language to describe techniques; they should use the same terms and definitions, the same figures for prevalence of infertility (including by sex), the same success rate unit (live-birth rate is recommended) by technique and according to age (both men and women). The websites of clinics should be more user-friendly, making information accessible but not excessively detailed, to support good understanding and informed choice. Clinics should de-stigmatize infertility, specifying that many individuals and couples face infertility issues, specifying however that medically assisted procedures can be long and difficult, and can present psychological challenges. Clinic websites should provide information about psychological services, facilitate access to these services (where available), and address this information to all prospective parents (e.g. regardless of gender) and those contributing to reproduction (e.g. donors). Clinics should provide systematic, clear and comprehensive information on all the medical and lab procedures, techniques, costs, and on relevant legal framework. In addition, clinics should be less market-oriented (less use of superlatives to describe their services, experience and performance) and more grounded in social and human reality. Finally, fertility clinics should avoid presenting themselves as "dream sellers" to avoid false hopes and should not represent medical assisted reproduction technologies as a condition for happiness in life. They should mention other

alternatives for becoming parents. Public information should be available and disseminated in local languages (and not only in English).

The debate on surrogacy as a response to social and medical infertility was tackled by Prof JosAnn Cutajar, Faculty of Social Wellbeing, University of Malta. Prof Cutajar is a member of the Department of Gender Studies, and also lectures at the Department of Sociology. As a social expert specializing in gender issues, she was a member of the Commission for the Advancement of Women within the Ministry for Social Policy and Gender Issues Committee within the University of Malta. In her lecture, Prof Cutajar made a distinction between medical infertility, which is the diminished ability of a couple/individual to conceive a child, and social infertility. Some scholars in bioethics and some medical practitioners argue for a broader, more inclusive definition of infertility, known as social infertility. People can be “socially” infertile if they want to conceive but are not able to engage in sexual intercourse for a variety of reasons, including lack of an opposite-sex partner or being part of a same-sex partnership. Social infertility is shaped by a person’s relationships and circumstances. It is possible to be both socially infertile and physiologically infertile. The social, physical and psychological aspects of surrogacy were then outlined using real-world examples. Stringent screening of gamete donors and surrogate mother, but not of intending parents has led to serious issues ⁽⁶⁾. Currently there is a lack of clear guidelines as to who has superior parental rights in gestational surrogacy.

Preconception parenthood preparation was the topic of the lecture delivered by Dr Georgette Spiteri, Department of Midwifery, University of Malta. Apart from lecturing, Dr Spiteri is a registered midwife and is currently in charge of the delivery of antenatal education at Gozo General Hospital. Her areas of interest include parenthood, midwifery research, women’s experiences of the postpartum, the psychosocial aspects of maternity and midwifery education. During her lecture, Dr Spiteri presented the qualitative results from a multi-phased study that she has carried out in Malta. Parenthood is a complex and multi-faceted life event. Its arrival brings about a distinctive blend of stresses and rewards and preparation for the first-time experience of parenthood can have an impact on generations. Lack of adequate preparation has been shown to have long-term effects on both the parents and their children ⁽⁴⁾. Being unprepared for such a life-changing event may result in parents being more stressed. Research has shown that parenting stress may cause sub-optimal parent-child interactions, insecure child attachments and child abuse or neglect. It has also been associated with aggression and hyperactivity amongst children ⁽⁵⁾. Increase in stress due to parenthood tends to negatively impact also on the dyadic relationship resulting in decreased relationship satisfaction and sexual activity which may change in terms of frequency and meaning. Being adequately prepared for parenthood helps to improve outcomes in both the parents and their offspring and this has implications for society at large. Throughout the years however many parents have reported feeling unprepared for the realities new parenthood brings with it. The pre-conception should be viewed as an opportunity to strengthen the family unit by encouraging prospective parents to talk about the changes they will face during the transition to first-time parenthood. Preconception care clinics or units within the community should be implemented to offer advice and support to prospective parents regarding diet and nutrition, healthy lifestyle behaviours and fostering healthy relationships. There is the potential for these preconception clinics to be run by midwives but may also engage others such as general practitioners, family therapists, psychologists, nutritionists and other new parents who could offer practical and realistic advice.

The vulnerability linked to the infertility phenomenon was explored in detail by Prof Francisco Guell, during the round-table on fertility awareness which was held at the Nadur Youth Centre in

Nadur, Gozo. This was attended by professionals who work with youth and the general public, as well as patients with infertility issues. The embryo and child as well as the prospective parents are all vulnerable individuals during the process of managing infertility.

Public information campaigns on infertility (causes, prevalence) and treatment options are very important to better inform general population, including young people who appear to have little knowledge of the subject. This fertility awareness conference followed by the round-table has been successful in raising awareness on this issue and will pave the way for more work and collaboration in this field.

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