Fertility Care Policy in Wartime: Setting Healthcare Priorities



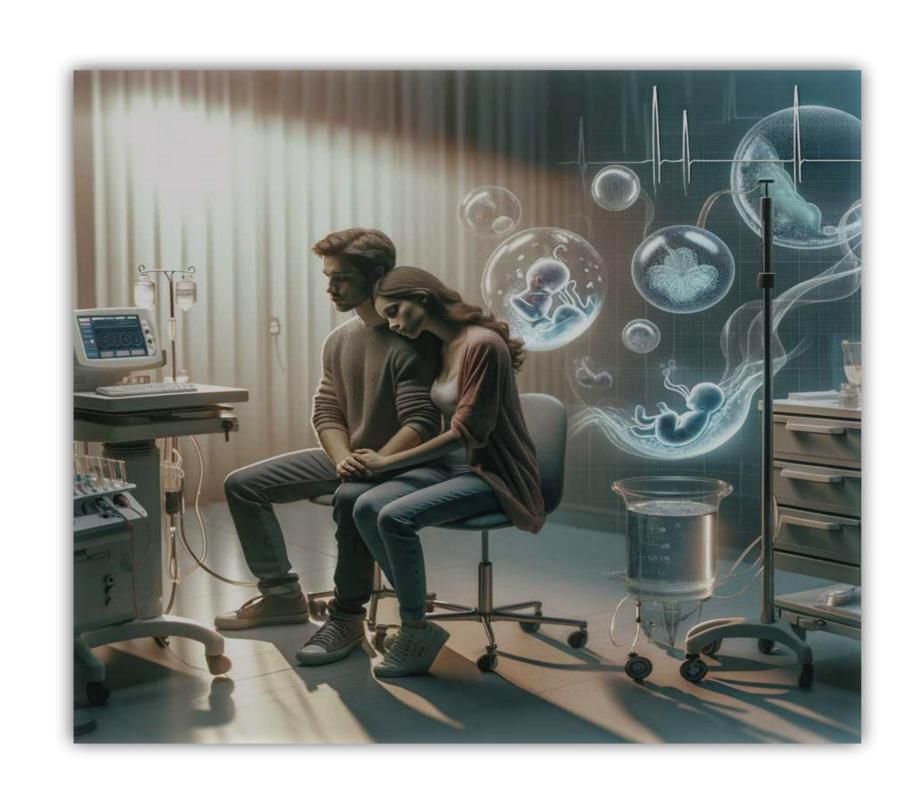
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Introduction

Emergencies and war lead to significant changes in public order, prompting unique ethical questions and necessitating rapid adjustments in health systems and policies. Such scenarios often demand a reshaping of healthcare priorities and resource allocation. Fertility care is particularly complex in this context, focusing not only on life preservation, but also on the creation of new life.

Wartime fertility care presents distinct challenges. Unlike most medical treatments aimed at saving lives, fertility treatments assist conception. This specialized care depends on available medical resources, healthcare expertise and access to appropriately equipped laboratories. For patients, particularly those nearing reproductive age limits or with specific medical conditions, these treatments may be their only chance to conceive.



Results

Challenges for IVF Patients During Wartime:

Clinical and Emotional challenges:

Stress and anxiety impact hormonal balance.

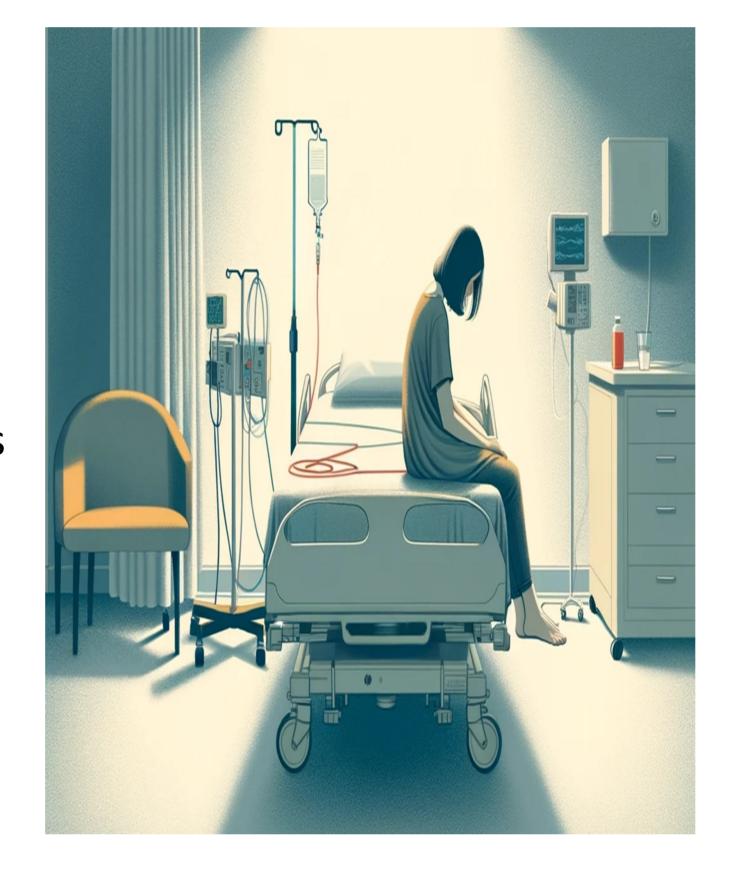
Absence of partner due to military mobilization affects treatment routines, such as sperm sample collection.

Logistical challenges:

Women left alone with children, unable to attend treatments or doctor's appointments.

Staying in shelters or hotels with children at night, limiting privacy.

Evacuation to distant locations (e.g., Eilat), while needing to attend treatments in central Israel. Decreased income due to the war, affecting ability to pay for surrogacy or fertility medication.



Security challenges:

Concerns about safety when traveling to the hospital during rocket alerts and attacks.

Continuing treatment in the hospital during alerts.

Healthcare system challenges:

Changes in medical teams due to military mobilization.

Cancellation of flights to Israel, leaving couples unable to import egg donations from abroad.

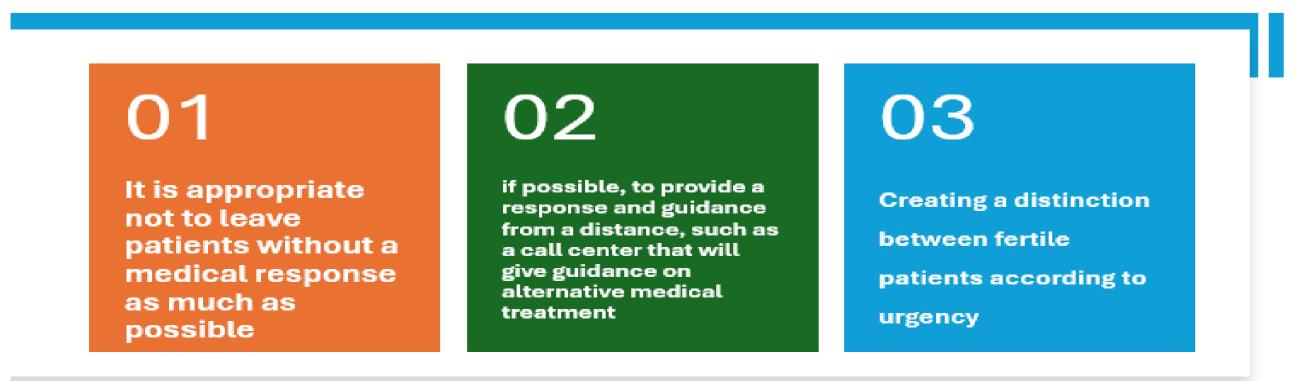
Closure of fertility units in certain locations.

Difficult access to clinics in the South and North.

Conclusions:

- **1. Multidisciplinary Care**: Effective fertility care in war zones requires a holistic, multidisciplinary approach, involving not only medical professionals but also psychologists and social workers. This team composition is essential to address the complex needs of patients under the unique stresses of war.
- **2. Future Implications and Anxiety**: It's crucial to consider not only the immediate challenges posed by wartime conditions, but also the future implications for patients' well-being, including the potential impact of anxiety on fertility outcomes. This underscores the need for ongoing support and long-term planning in patient care strategies.
- **3. Resource Allocation**: Triage protocols based on age and medical urgency should be implemented to optimize the allocation of limited resources during wartime, ensuring that those in most critical need of fertility treatments receive timely care.
- **4. Psychological Support**: There is critical need for targeted psychological interventions to address reproductive trauma, grief, moral injury and survivor's guilt among fertility patients. Providing safe spaces for patients to process these emotions is vital for their mental health and overall treatment success.
- **5. Research and Policy Advocacy**: Enhancing fertility care in crisis situations necessitates a commitment to community building, advocating for necessary resources, and conducting research into the long-term impacts of war on reproductive health. This will help develop resilient and compassionate care strategies, and inform evidence-based guidelines for supporting fertility patients during crises.

Appropriate response in an emergency times



References

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