FERTILITY NEEDS OF GRADUATE-LEVEL TRAINEES: AN INSTITUTIONAL SURVEY

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Background
Female physicians face higher rates of infertility than the general population, with established estimates reaching 25% [1]. Physicians, as well as non-medical, graduate-level trainees, are more likely to delay pregnancy due to professional pursuits, leading to increased age at first birth and higher rate of use of assisted reproductive technology [2]. Despite this, fewer than half of top-ranked Graduate Medical Education (GME) programs offer public information on fertility coverage [3]. There is a need to further quantify the fertility goals and needs of graduate-level trainees.

Objective
The aim of this study was to describe the need and desire for infertility care and fertility preservation treatment, as well as barriers encountered to accessing such treatment, among graduate-level students and medical trainees at a US institution.

Materials and Methods
A 30-question survey evaluating the reproductive histories, reproductive plans, and barriers to accessing infertility care and fertility preservation treatment was developed by our research group and approved by the University of Washington GME Office. The survey was constructed via REDCap (Research Electronic Data Capture) and electronically distributed to graduate and health profession students, post-graduate physicians in training, and postdoctoral fellows between September and November 2023. Descriptive statistics including frequencies, mean, and standard deviation were obtained.

Results
A total of 430 respondents completed this survey including 229 (53%) graduate students or postdoctoral fellows and 201 (47%) post-graduate physician trainees. 70% (n=301) of respondents were female, 16% (n=69) were male and the majority (67%) were between 26 and 35 years old. Regarding their reproductive histories, 12% (n=50) reported having at least one child, 53% (n=226) reported desiring children in the future, 11% (n=49) reported no plans for future children, while the remainder were undecided or did not provide a response. While 84% (n=364) of respondents had 4 years or less of training to complete, 65% (n=280) of the total sample reported they had delayed their plans to have children by 4-9 years due to training obligations. Of those who delayed their childbearing, the most cited reasons for the delay were pursuit of education and/or training (81%), seeking financial security (72%), and lack of social support (55%). Of note, 12% (n=50) of respondents reported infertility for a mean duration of 2.0±1.5 years. Survey respondents cited financial burden (91%), lack of insurance benefit (79%), and lack of training support (45%) as barriers to accessing treatment for infertility or fertility preservation methods. Finally, respondents indicated that having a fertility benefit was important when choosing a training program (average rating 4.3 out of 5 on a 5-point Likert scale).

Conclusion
Individuals pursuing higher education and professional training such as graduate students, post-graduate physician trainees, and postdoctoral fellows commonly delay childbearing for a significant portion of their reproductive lifespan, making them vulnerable to age-related decline

in fertility. The most frequently cited barrier to accessing infertility care and fertility preservation treatment was financial burden, underscoring the importance of institutional fertility benefits.

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