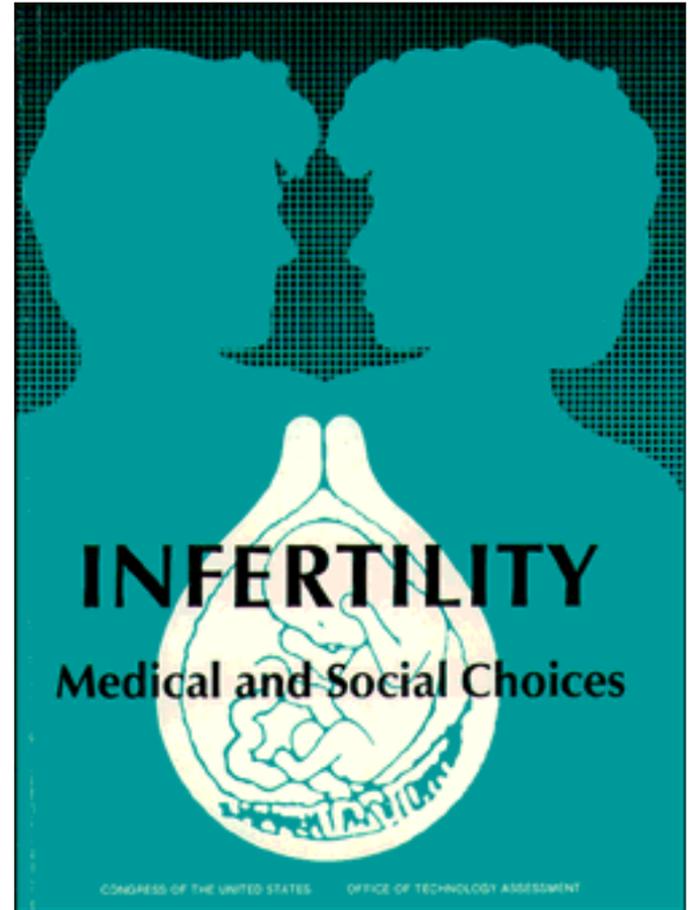


Infertility: Medical and Social Choices

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Foreword

From the 1978 birth of Louise Brown, conceived through in vitro fertilization, through last year's Baby M case on surrogate motherhood, much attention has focused on new options available to help infertile couples form a family. Still, most infertile couples who seek help are treated with conventional drug therapy or surgery. In this assessment, OTA analyzes the scientific, economic, legal, and ethical considerations involved in both conventional and novel reproductive technologies.

The report was requested by the Senate Committee on Veterans' Affairs and the Subcommittee on Human Resources and Intergovernmental Relations of the House Committee on Government Operations. It illustrates a range of options for congressional action in nine principal areas of public policy related to infertility:

- collecting data on reproductive health;
- preventing infertility;
- information to inform and protect consumers;
- providing access to infertility services;
- reproductive health of veterans;
- transfer of human eggs, sperm, and embryos;
- recordkeeping;
- surrogate motherhood; and
- reproductive research.

In gathering information for this study, OTA staff made site visits to 10 in vitro fertilization clinics, three sperm banks, two Veterans' Administration hospitals, and one large private medical practice that provides infertility treatment not involving novel reproductive technologies. The site visits were made in California, Louisiana, Maryland, New York, Texas, Virginia, Washington, and Australia.

OTA was assisted in preparing this study by a panel of advisors and reviewers selected for their expertise and diverse points of view on the issues covered in the assessment. Advisory panelists and reviewers were drawn from medicine, academia, the pharmaceutical industry, professional societies, religious groups, family planning groups, Federal agencies, and infertile couples. Written comments were received from 72 reviewers on the penultimate draft of the assessment. Comments on an appendix describing events in 43 foreign nations were received from an additional 60 reviewers.

OTA gratefully acknowledges the contribution of each of these individuals. As with all OTA reports, responsibility for the content is OTA'S alone.


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NOTE: OTA appreciates and is grateful for the valuable assistance and thoughtful critiques provided by the advisory panel members. The panel does not, however, necessarily approve, disapprove, or endorse this report. OTA assumes full responsibility for the report and the accuracy of its contents.

Infertility: Medical and Social Choices

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