

WE WANT A CHILD ...

WHY AREN'T WE SUCCESSFUL?
WHAT CAN WE DO?
WHERE CAN WE GET HELP?



Funded by



Federal Ministry for
Family Affairs, Senior Citizens,
Women and Youth



THERE IS NOTHING I WANT MORE THAN A CHILD!



Mike, 31 years old

My wife and I are both from large families with numerous siblings. For us children are part of a relationship and we never imagined that we would have difficulties to conceive. When I found out that I had the issues, I was really shocked. But I don't want to give up this easily. A lot can be accomplished through medical science today.



Stefan, 29 years old, and Eva, 25 years old

We definitely want children, but not just yet. First we want to see the world and enjoy our freedom.



Sabine, 29 years old

For me there is nothing greater in the world than starting a family and having my own children. I truly desire that. Unfortunately, I haven't found the right partner yet. But what will happen if I am still single in a few years?

Miriam, 33 years old

Children were out of the question for my ex-partner; the job and his hobby were more important to him. Then I met my current boyfriend. Faris wants children, but unfortunately we haven't been successful yet. My gynecologist said that there is nothing wrong with me. Now I have to convince my boyfriend to have an examination. He is insisting that it will happen on its own time but after two years without birth control I am not so sure anymore.



Matthias, 35 years old

My wife and I have been trying to conceive our second child for more than a year. My wife conceived immediately with our son. We can't fathom why it's not happening right away this time. We would love to have a big family.



Peter, 48 years old, and Sarah, 34 years old

We have been trying for quite some time without success. Initially we assumed that something was wrong with my wife. After all, the woman is decisive in this matter. However, after her examination didn't find anything wrong with her, I am quite unsure. Am I too old? I always thought age wasn't an issue for men.



Philipp, 42 years old and Nora, 38 years old

Somehow there was always a reason to postpone: finishing the degree studies, excelling at work, establishing a career and a secure lifestyle. Everything is perfect; we were able to purchase our own home, now the only thing missing is children. We should have started trying to have children ten years ago!



Selma, 35 years old and Jean, 35 years old

My husband was ready to have his own children fifteen years ago. But I wasn't ready back then. When I became pregnant unexpectedly, we accepted it gratefully, but unfortunately I had a miscarriage. We no longer used birth control after this, but nothing happened. That alarmed us and increased our desire to have a child.



Simon, 38 years old and Monika, 34 years old

As a result of a previous Fallopian tube infection Monika's ovaries are blocked. So we can probably only conceive through artificial insemination. However, we always thought it would be too expensive and we wouldn't be able to afford it. We now know that diverse subsidies are available, even for unmarried couples like us so we will gather detailed information and seek consulting services.



Tina, 34 years old and Leila, 32 years old

After our wedding, the desire to hold our own child in our arms has become increasingly stronger. We know several lesbian couples whose wish has come true. Options are available and we will try everything necessary.

CHILDLESSNESS IN GERMANY: DATA AND FACTS

- More than seven million people in Germany (29%) within the age range of 30 to 50 years old are currently childless.
- Of the women and men with a migrant background in the age group between 20 and 50 years old, 37% of the women and 48% of the men do not have children. Approx. one fourth of childless women and men between the ages of 20 and 50 years old would like to have a child; in some cases have wanted this for years.
- Because many couples postpone their basic desire to have children until they are older due to personal or career-related reasons, an initial deliberate childlessness often turns into involuntary childlessness.
- Most women and men do not question their infertility for a long time. In the age-group between 30 and 39 years old, 45% of women and 66% of men have never considered that their desire to have children might not be fulfilled without seeking treatment to conceive.
- Every sixth to seventh couple in Germany has difficulty in conceiving without medical intervention.
- Only approx. 10% of the men and women who are unable to have children have taken advantage of the offers for medical intervention for reproduction, even if the desire for a child is strong and there is great suffering due to their own inability to have children.
- 49% of the men and women would consider artificial insemination if they are unable to conceive in the traditional way.

Sources:

Prof. Dr. Carsten Wippermann: Childless women and men. Intentional and unintentional childlessness during the course of life and utilizing the support programs, Berlin 2014.

Miriam Smidt, Prof. Dr. Carsten Wippermann: Childless women and men. Surveyed individuals with migrant background, Berlin 2014.

Study: Desire to have children, children's health and child care, IKK classic, Düsseldorf 2016.

WHAT COULD BE THE REASON AND WHAT CAN BE DONE?



In discussion with Prof. Dr. Heribert Kentenich, MD Fertility Specialist, Berlin and Dr. Ulrich Hilland, MD, Bocholt, Federal Association of Reproductive Medicine Centers, Germany e.V. (BRZ)

What are the causes of involuntary childlessness?

The reasons for involuntary childlessness are almost equally divided between men and women. In women, potential causes are primarily hormonal disorders. Changes or blockages in the Fallopian tubes or uterus changes due to benign myomas. In men, the cause is frequently a low sperm count, slow-moving sperm or low quality sperm cells. Causes can also include infrequent vaginal intercourse (coitus) or perhaps even a sexual disorder.

What role does age play?

The natural fertility of a woman declines as early as 30 years of age; after the age of 35, it diminishes continuously and from the age of 40, it is drastically reduced. The quality of the sperm and sperm count in men decreases from the age of 40. It is a myth that the age of the male does not play a role.

How does the lifestyle in general impact fertility?

Smoking is an important factor. Smoking alone decreases natural fertility by approx. 20%. Alcohol is a factor as well, but is less significant. The third factor is weight: overweight or underweight decreases fertility significantly.

When should you consider an examination?

If a woman does not conceive after a year of having regular, unprotected intercourse – ideally twice a week – the couple should schedule an examination. That is, unless they are aware of pre-existing conditions: for example, if the man is aware of his infertility or the woman knows that her Fallopian tubes are blocked.

How is impaired fertility determined?

The first step is testing the woman's hormone levels and the man's sperm count. After this an ultrasound examination of the woman's uterus is recommended in order to determine whether there are myomas or any other changes. Subsequently it should

be considered whether and how to examine the Fallopian tubes. This can be done by means of an ultrasound examination, and an abdominal laparoscopy produces even more accurate results. However, an abdominal laparoscopy is a surgical intervention, which like all surgical procedures, is accompanied by certain risks.

When is external in vitro insemination recommended and how does it work?

External insemination (so-called in vitro insemination) is a frequently performed procedure in the event that the man or the woman has been diagnosed with a fertility disorder. This treatment form has the highest success rate per treatment cycle. The woman will undergo hormone therapy for approx. ten days in order to produce more than one or two egg cells. After this the eggs are extracted from the ovary via a surgical procedure under full anesthesia. The eggs are then fertilized with the man's sperm in a Petri dish and upon successful fertilization, implanted in the woman's uterus after two to five days.

What are the risks involved in artificial insemination?

The risks of artificial insemination are the hormone therapy, which stimulates the maturing of multiple eggs. In addition to the psychological stress factor for the patient, in rare cases it may result in an overstimulation of the ovaries (overstimulation syndrome). The ovaries then become severely enlarged and abdominal fluid accumulation is possible.

The eggs are extracted via surgical procedure under anesthesia, which bears surgical risks, which incidentally also applies to the man if his sperm is surgically harvested from the testicles or epididymis. Multifetal pregnancies, which are a frequent occurrence in vitro fertilization, are an additional risk factor for mother and child/children. In addition to the health-related aspects, the emotional, social and financial stress factors resulting from in vitro fertilization should not be underestimated.

NUMEROUS TREATMENT OPTIONS ARE AVAILABLE: WHAT OPTIONS ARE PERMITTED IN GERMANY?

- **Cycle monitoring**

For cycle monitoring, the natural menstrual cycle of the woman is monitored via ultrasound and blood tests. This method enables the accurate calculation of the optimal time for conception.

- **Hormone therapy**

Fertility disorders are frequently the result of hormonal issues in one partner. The hormone levels can be stabilized by the administration of hormonal drugs in form of pills and/or injections. Hormonal therapy, such as hormonal stimulation of the ovaries in the woman ensures that several eggs cells mature simultaneously.

- **Sperm transfer (intrauterine insemination (IUI))**

In sperm transfer, the man's prepared sperm is injected directly into the woman's uterus with a special catheter. This method is applied for example if the partner has a low sperm count or an insufficient amount of mobile sperm.

- **In vitro fertilization (IVF)**

After hormone therapy, the eggs are extracted from the woman's ovaries in an outpatient procedure under full anesthesia and combined in a Petri dish with the prepared sperm. If fertilization is successful, one or two embryos are implanted in the uterus. The birth rate with IVF is essentially dependent on the woman's age with an average of approx. 20%.

- **Intracytoplasmic sperm injection (ICSI)**

The ICSI method provides an opportunity for men with severe fertility disorders to father a child as well. After hormone therapy, the eggs are extracted from the woman's ovaries in an outpatient procedure. After this a single sperm cell is injected into each mature egg. If fertilization is successful, one or two embryos are implanted in the uterus. The birth rate with ICSI is essentially dependent on the woman's age with an average of approx. 20%.

- **In vitro fertilization during the natural cycle (natural cycle IVF)**

An IVF or ICSI treatment may also be implemented with or without gentle hormonal stimulation, whereby only one or very few follicles produce an egg. This method is suitable for women with a stable cycle and particularly for women subject to high risks from classic IVF (e.g. overstimulation syndrome). The conception rate with natural cycle IVF is less than with the classic IVF- or ICSI-method because the eggs are often not extracted.

- **TESE and MESA**

If no sperm cells are present in the man's ejaculation fluid, the sperm cells can be harvested directly from the testicle (TESE) or the epididymus (MESA). The subsequent artificial insemination is then performed using the ICSI-method.

- **Third party sperm donation**

Fertilization using a third party donor is permitted in Germany. However, this is only possible after a medical consultation (and preferably legal consultation as well) and under certain conditions. With effectiveness of the Sperm Donor Act (SaRegG) on July 1, 2018, children fathered by a sperm donor will have the statutory documented right to find out certain data about the sperm donor (www.buzer.de/SaRegG_Samenspender_registergesetz.htm).

- **Cryopreservation**

The freezing of eggs, sperm and tissue for subsequent use, for example of the eggs not used within the framework of a therapy cycle, for cancer or for later utilization without medical indication ("social freezing") is also possible in Germany.

- **Preimplantation diagnostics (PID)**

Preimplantation diagnostic (PID) may also be performed in Germany under very strict and limited conditions since 2014. PID is permitted in exceptional cases: for example, if there is a high risk of severe hereditary disease or the risk that the embryo is so severely damaged that a miscarriage or still-birth is probable.

Additional information regarding the diverse treatment options is available at:

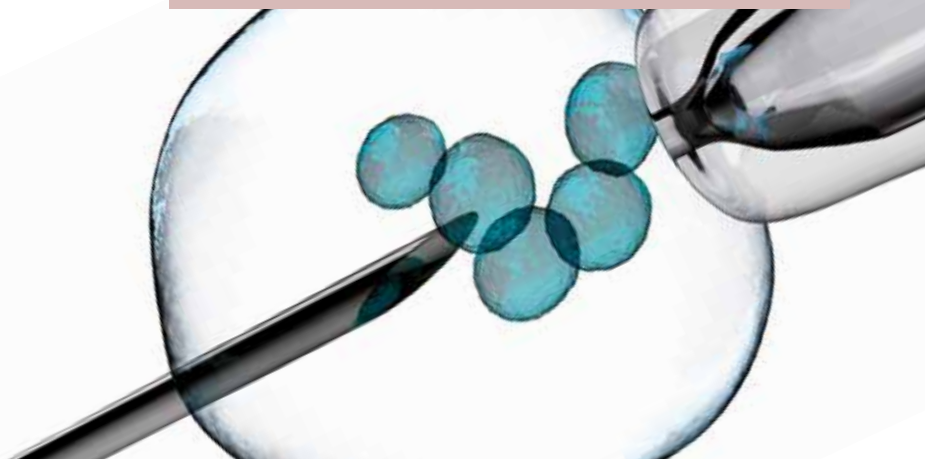
www.informationsportal-kinderwunsch.de
www.familienplanung.de/kinderwunsch
www.repromed.de
www.deutsches-ivf-register.de

In Germany the Embryo Protection Act regulates the implementation of reproductive methods as well as the handling of embryos.

The following methods are prohibited by law in Germany:

- Use of third party eggs
- Surrogate mothers
- Experiments on embryos (including cloning)
- Gender selection in sperm for non-medical reasons
- The use of sperm from a deceased person

The requirements for in vitro insemination and subsidies for this through statutory health insurance pursuant to § 27a of the Social Law Code (SGB), fifth book (V) are outlined on page 8 of this magazine.



ARTIFICIAL INSEMINATION: COUPLES REPORT

“IT WAS A DIFFICULT TIME,
BUT NOW WE ARE OVERJOYED!”

Mira, 40 years old, Robert, 40 years old, Anna and Ben (almost 1 year old)

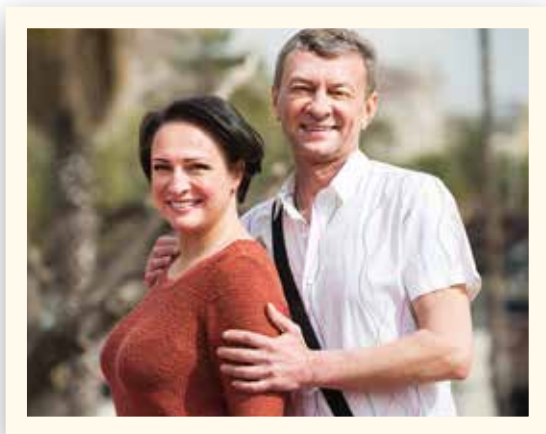
Due to my endometriosis (uterus membrane accumulation in the abdominal cavity) it was clear that it would be hard for me to conceive children in the traditional way. When my husband was also diagnosed with limited fertility we then made the decision to consider artificial insemination. After a discussion with my gynecologist we consulted a fertility center. The physician on site explained everything to us step-by-step, and we also gained information from internet forums, professional literature and brochures. After the third attempt I became pregnant but unfortunately lost the child in the eighth week of pregnancy. It was a difficult time and we were ready to give up. This whole ordeal had taken years and I was now 38 years old. But we decided to try again for the fourth time and the statutory health insurance even approved it. And then it finally worked. If friends ask me today if it was stressful, I can only say that the time with our twins now after having given birth is significantly more stressful than the prior treatment. But we are overjoyed!



“WE WERE VERY AFRAID
OF BEING INFERTILE”

Vincent, 34 years old, and Gabriela, 37 years old

We tried to conceive a child in the traditional way for two years. We realized that it wasn't as easy as we thought it would be. For a long time we were apprehensive of having an examination, because we were afraid one of us could be infertile. Everything was normal with my partner, but my spermogram showed an insufficient amount of mobile sperm. For me that was a slap in the face. I felt guilty, less of a man and like a loser, because I was unable to give my wife the child she has desired for a so long. Like a typical man, I frequently deal with my grief on my own. However, we will be making a decision for, or against artificial insemination as a couple. But the idea of the physically stressful interventions my wife has to endure during artificial insemination weighs more heavily on my mind than hers.



“WE GRASPED AT EVERY
STRAW ...”

Heike, 44 years old and Alex, 49 years old

After seven unsuccessful ICSI-attempts I am now 44 years old and my husband is almost 50. Essentially we set this age as our limit for trying artificial insemination. For a very long time we didn't want to abandon the thought of having own child of our and grasped at every straw the medical field had to offer. But we also realized that we were both physically and mentally exhausted. During psychosocial counseling sessions with our counselor we discussed our expectations of life, which we now had to abandon. It was very painful, but it was good to talk about it. Through counseling we have learned a lot about each other and contemplated together as a couple what alternatives are now open to us. We know now that our life will be good even without a child and we are consciously enjoying the time we have now.



PSYCHOSOCIAL COUNSELING: HIGHLY RECOMMENDED!

If the desire to have a child cannot be fulfilled, this is a very stressful situation for the couple. Artificial insemination is an additional physical stress factor and may also significantly increase the psychological pressure. The professional staff of the fertility counseling services can be a great help in this case.

“NOT BEING ABLE TO HAVE CHILDREN IS AN EXISTENTIAL LIFE CRISIS FOR MANY COUPLES”

Dr. Annette Tretzel, Psychologist

Seeking psychosocial counseling for the unfulfilled desire to have children is a sensible supplemental decision before, during and after medical reproduction measures, even in the absence of medical treatment. Counseling is independent of medical intervention, neutral and open to results. The goal is not to encourage, or discourage couples to seek treatment for the unfulfilled desire to have children; we also help in coping with the challenges and stress of the unfulfilled desire to have children. Many counseling sessions are conducted with both partners present because the desire to have children involves both partners.

Prior to artificial insemination we discuss the potential risks involved and the emotional, physical, social and economic stress factors, as well as how the couple can address these issues and how a plan B could be addressed – after all, it is possible that the treatment is unsuccessful. The psychological stress during fertility treatments is frequently underestimated. Couples often experience difficulties in handling the changing emotions of hope and despair. We also discuss potential relationship issues and how to handle these for example, with friends or at work. Of course psychosocial counseling cannot contribute to a successful conception/pregnancy, but we can explore together what the couple can change in order to reduce psychological stress.

“WE DO NOT WANT TO ABANDON THE HOPE OF HAVING A CHILD”



Andreas, 36 years old, and Kerstin, 35 years old

Due to Kerstin's previous Fallopian tube blockage it will be hard for us to have a child in the traditional way. We therefore started with in vitro insemination therapy three years ago. Kerstin became pregnant at the first attempt. The shock came during the tenth week: we lost the child. It was devastating, but at least we knew that my girlfriend could conceive. We tried again relatively soon. But Kerstin miscarried during the next two attempts as well. She cried for days, she was not able to go to work and didn't want to talk to me either. It was almost unbearable for me to see her like this. This rollercoaster of emotions was stressful for me as well; the hopes, constant waiting and then the bitter disappointment. We scheduled an appointment for psychosocial counseling, talked about what causes us stress and together determined that we will take a break from treatment for now in order to revive our relationship as a couple. Then we will try again. To be mom and dad is our greatest wish.

PSYCHOSOCIAL FERTILITY COUNSELING AT A GLANCE:

How can counseling help?

Counseling can:

- Improve communication with each other and with physicians, as well as the social environment
- accompany and support the in vitro treatments
- decrease the emotional stress of in vitro treatments
- provide options and an alternative life plan

What type of counseling is available?

- based on requirements couple or individual counseling or in a group

Who offers counseling?

- independent counselors
- professional counselors at medical reproduction centers
- professional counselors of pregnancy counseling centers within the framework of family planning

What is the cost of counseling?

- licensed counselors charge approx. Euro 80.00 per 50 min.
- at pregnancy and planned parenthood counseling centers*, generally free of charge, sometimes a co-pay or donation is requested

How can we find psychosocial counseling options close by?

www.informationsportal-kinderwunsch.de/unterstuetzung

www.bkid.de/beraterinnen-in-ihre-naehe

www.familienplanung.de/beratung/beratungsstellensuche

*Since not all pregnancy counseling centers offer psychosocial fertility counseling, we recommend you contact the selected counseling centers in advance.

FERTILITY TREATMENT: WHO COVERS THE COST?

The costs of in vitro treatments are partially covered by the statutory health insurance companies, provided certain conditions are met. In addition, couples can apply for government assistance and reduce their co-pay for treatment costs.

Due to diverse regulations, it is recommended that parties insured by statutory and/or private health insurance companies contact the insurance companies as well as the responsible state ministry early on and prior to treatment begin, to obtain information regarding available options, application requirements and details of cost coverage.

COST-SHARING RATE FOR HEALTH INSURANCE COMPANIES

Statutory Health Insurance (GKV) (pursuant to § 27a SGB V):

What are the conditions?

- Medically diagnosed infertility
- Confirmed success prospects of fertility treatment
- The couple is married and only the eggs and sperm of the spouses are used
- Prior medical and psychosocial counseling
- Age of the woman between 25 and 40, age of the man between 25 and 50 years

What is generally subsidized?

- 8 cycles of insemination without prior hormonal stimulation plus
- 3 cycles of insemination with prior hormonal stimulation plus
- 3 cycles of IVF or ICSI-therapy

How much is the cost-sharing amount?

- 50 percent of the treatment costs (pursuant to § 27a SGB V)
- Voluntary additional subsidies by certain statutory insurance within the framework of their rate range, which can be changed at any time

Private Health Insurance (PKV):

The regulations of private health insurances and their tariffs differ significantly. Generally the cost is exclusively subsidized by the insurance of the spouse who suffers from fertility issues. If one of the partners with dual insurance plans is insured by a private insurance company (PKV) this insurance provider must cover the entire cost. See www.pkv-contre-kinderwunsch.de.

FEDERAL AND STATE FINANCIAL SUBSTITUTION

Artificial fertilization therapy is subsidized within the framework of the Federal Initiative **"Assistance and Support for Involuntary Childlessness"** in cooperation with the participating Federal States.

The state substitution for married couples may be compensated **up to 50%** of the amount remaining after coverage by (statutory or private) insurance companies. The Federal/State substitution **also applies to unmarried couples** in a permanent, heterosexual life partnership. In most cases they do not receive cost coverage from statutory health insurance companies for a fertility treatment. The amount of the secondary Federal substitution and how many treatments are subsidized is dependent on the criteria of the respective Federal State.

In an effort to provide non-bureaucratic information to couples, a **substitution checklist** is available on the **fertility informational portal**. By answering ten simple questions you can quickly find out whether options for financial substitution are available in your residential state and whether filing an application is worthwhile.

Substitution checklist and additional information at:
www.informationsportal-kinderwunsch.de/unterstuetzung-foerder-check

LINK TIPPS

www.informationsportal-kinderwunsch.de

Internet platform of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth on the subject of fertility, with detailed information regarding causes, treatments, counseling and support, incl. search engine

www.repromed.de

Internet platform of the Federal Association for Reproductive Medicine Centers in Germany e.V. (BRZ), incl. counseling offers (online) for couples, specifically for questions regarding financing and effects of current legal decisions on the treatment method options in Germany

www.bkid.de

Internet presence of the consulting network for fertility in Germany (BKID) incl. offers for arranging independent psychosocial fertility counseling, counselor contact information as well as additional information for individuals seeking advice and professional staff

www.familienplanung.de/kinderwunsch

Website of the Federal Central Office of Health Education with information, advisories and progress reports concerning on everything to do with fertility

www.wunschkindernet.net

Informational portal for the subject of infertility therapy incl. a forum for affected parties