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**OBJECTIVE:** In the online world of today, savvy patients seek reproductive health information primarily from the websites of fertility clinics. On its websites, the presence of a digital identity of the team has the power to influence patients in choosing a practice. Typically, the team of fertility clinics is made up of physicians, nurses, embryologists, and administrative staff. In particular, embryologists might seem in a unique position because, unlike the bedside and the counter staff, they spend less time developing a relationship with the patient. In this framework, the objective of this study was to conduct profiles textual analysis on fertility clinic websites, measuring the degree to which embryologists are e-visible.

**MATERIALS AND METHODS:** The Society for Assisted Reproductive Technology (SART) and the Human Fertilisation and Embryology Authority (HFEA) registries publicly available websites were used to identify fertility clinics in the United States and the United Kingdom. The "Our team" page within each website was accessed during the month of March 2022. Information on all clinic providers was collected and analyzed including specialty, professional headshot, and biography.

**RESULTS:** The search scanned 447 fertility clinic websites. Embryologists have the least commonly professional identification by their names (29.79%) compared to physicians (95.97%,  $p < 0.0001$ ), nurses (55.70%,  $p < 0.0001$ ), embryology laboratory directors (46.63%,  $p < 0.00001$ ), and administrative staff (39.64%,  $p = 0.000058$ ). This finding also consistently applies across other professional identifiers such as professional headshots and biographies. Professional headshots of embryologists (26.94%) were less prominent than those of physicians (92.75%,  $p < 0.00001$ ), nurses (50%,  $p < 0.00001$ ), and embryology laboratory directors (43.52%,  $p < 0.00001$ ). Similarly, biographies of embryologists were underrepresented (19.43%) as opposed to physicians (94.30%,  $p < 0.00001$ ), nurses (42.23%,  $p < 0.00001$ ) and embryology laboratory directors (42.23%,  $p < 0.00001$ ). Further, embryology laboratory directors also lack name recognition on websites (46.63%) compared to physicians (95.97%,  $p < 0.00001$ ) and nurses (55.70%,  $p = 0.01$ ).

**CONCLUSIONS:** The present study showed that embryologists and embryology laboratory directors have low professional visibility on fertility clinic websites. Fertility clinics may consider bolstering embryology laboratory team professional internet presence. This will seemingly help to increase the transparency of care and to fuel the competitive advantage of the clinic through its human capital.

**IMPACT STATEMENT:** Working behind closed doors, embryologists remain overlooked on fertility clinic websites.

## ORAL ABSTRACT SESSION: PEDIATRIC OR ADOLESCENT

O-163 10:45 AM Tuesday, October 25, 2022

### LEAVING A LEGACY: ALLIED HEALTH PROFESSIONALS' PERCEPTIONS OF FERTILITY PRESERVATION AND POSTHUMOUS REPRODUCTION FOR ADOLESCENT AND YOUNG ADULTS WITH A POOR CANCER PROGNOSIS.

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**OBJECTIVE:** To explore allied health professions (AHPs) experiences with and perceptions of posthumous assisted reproduction (PAR) among adolescent and young adults (AYA, ages 15-39) with a poor cancer prognosis.

**MATERIALS AND METHODS:** We conducted a qualitative analysis of video-based 90 minute focus groups (FGs) of AHPs who participated in the Enriching Communication Skills for Health Professionals in Oncofertil-

ity (ECHO) training program from May to August 2021. Moderator-facilitated discussions were guided by topics related to experiences around discussions and utilization of PAR amongst AYA with a poor cancer prognosis. Thematic analysis was conducted using the constant comparison method.

**RESULTS:** 43 AHPs participated in one of seven FGs (mean = six/group). Three themes emerged: 1) PAR as palliative care: preserving patient's legacy for their partner, siblings, and parents; 2) ethical and legal considerations for balancing patient's time-sensitive needs; and 3) barriers AHPs encounter navigating complex dynamics of care in this population.

Most shared perspectives on PAR and legacy. Some viewed parental use of PAR material as a palliative measure for the family, "the ultimate memorial and legacy...for their [child], fiancé and brother." Others felt uncomfortable with the creation of a grandchild from PAR, as a "misguided attempt to cope with the loss of a child... [and] to preserve a family legacy." Many documented competing views between the patient, parents, and partner in PAR. Some noted a lack of directed conversations surrounding legacy: "none of those conversations around legacy building are what the deceased wanted" Subthemes included an emphasis on patient autonomy, a multidisciplinary approach to counseling, early initiation of fertility discussions continuing over time, documenting reproductive desires, and concerns for family and offspring after patient death.

Many participants decried insufficient policies and guidance within their institutions, with few noting that ethics committees were involved with complicated PAR cases. Several discussed desire for early implementation of advanced directives to clarify AYAs explicit reproductive wishes. However, several acknowledged these conversations rarely happened in this population.

**CONCLUSIONS:** AHPs desired timely conversations on reproductive legacy and family planning. In the absence of institutional policies, training, and resources, AHPs emphasized feeling ill-equipped to navigate the complex dynamics between patients, families, and colleagues. Infertility specialists may be well positioned as leaders in creating and evaluating institutional policies and ensuring early counseling surrounding reproductive desires and legacy.

**IMPACT STATEMENT:** The development of transparent institutional policies, implementation of multidisciplinary care teams, and oversight with ethics committees may improve the provision of reproductive health care and/or end-of-life care for AYAs with a poor cancer prognosis and their families.

O-164 11:00 AM Tuesday, October 25, 2022

### MENTAL HEALTH AND BEHAVIOR IN ADOLESCENTS CONCEIVED AFTER ASSISTED REPRODUCTIVE TECHNOLOGIES (ART).

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**OBJECTIVE:** To compare mental health and behavior in ART vs. non-ART adolescents.

**MATERIALS AND METHODS:** The Growing Up Healthy Study (GUHS) is a prospective cohort study, investigating the long-term health of offspring conceived after ART (aged 14, 17 and 20 years), in the two operational fertility clinics in Western Australia 1991-2001. Their long-term health outcomes were compared to those of offspring conceived without ART from the Raine Study Generation 2 (Gen2). Both cohorts are representative of the local adolescent population.

Mental health parameters and behavior were assessed at ages 14 and 17, through the parent completed 'Child Behavior Checklist' (CBCL) (ART vs. non-ART: age 14: N=150 vs. N=1781, age 17: N=160 vs. N=1351), and the adolescent completed equivalent 'Youth Self-report' (YSR) (age 14: by N=151 vs. N=1557, age 17: N=161 and N=1232). Both tools generate a T-score (standardized for age and sex) for internalizing (withdrawn, somatic complaints, anxious/depressed), externalizing (delinquent/aggressive behavior), and total behaviour. Adolescents also completed the