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Cross-border reproductive care among French patients eligible for ART funding in France

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Study question. The study aimed to explore social characteristics, medical histories and experiences of cross-border reproductive care (CBRC) among French patients who were eligible for full funding for ART treatment in France.

Summary answer. Of the French CBRC patients, 49% fulfilled criteria for full funding for ART treatment in France. The majority (85%) went abroad to obtain oocyte donation due to inadequate availability of medical care and to oocyte shortage in France.

What is known already. CBRC is often described as a phenomenon reflecting law evasion. However, the reality is much more complex and other motivations could explain CBRC, in particular better access to ART treatment. Access may, for example, be restricted by treatment cost and shortage of gamete donation. Very little information is available on CBRC motivated by restricted access to ART in the home country.

Study design, size, duration. Between 2010 and 2012, a self-administered questionnaire was completed by 140 French CBRC patients in four fertility centres in Belgium, Denmark, Greece and

Spain. Of the 140 patients, 68 were selected because they were eligible for full funding of ART treatment in France.

Participants/materials, setting, methods. Participants were selected as fulfilling criteria for full funding of ART treatment in France: heterosexual couple, woman aged, 43 years and treatment used abroad legally available in France. The self-administered questionnaire was anonymous and was returned directly to the research team.

Main results and the role of chance. The French CBRC patients who participated were mainly from the Paris region (49%), did not have a child (74%), belonged to the middle and upper class (42% of women and 61% of men), were aged 38 years, had previously used ART in France (82%) and had been trying to have a child for 5 years. They crossed borders mainly to obtain oocyte donation (85%). The majority (75%) used CBRC because of difficulties in accessing ART in France, particularly the long waiting list for gamete donation. Surprisingly, 25% of patients wrongly believed that oocyte donation was not legal in France or that it was not legal when the woman was aged over 38 or 40 years.

Limitations, reason for caution. Larger, wider-ranging studies are needed as our series of 68 patients may not be typical of all French CBRC patients, especially because the study was carried out in only four ART centres and so cannot be considered as representative.

Wider implications of the findings. These findings provide new information on the complex and increasing phenomenon of CBRC in Europe. By focusing on patients who fulfilled criteria for full funding of ART treatment in their home country, this study highlighted an aspect of CBRC that has previously been neglected. It should be better taken into account in further research in this field.

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