

Reproductive Facts

Patient fact sheet developed by the American Society for Reproductive Medicine



Cross-border reproductive care

What is cross-border reproductive care (CBRC)?

CBRC is traveling from where you live to another country to obtain reproductive services and treatment. It could also be defined as traveling from where you live to another state.

Another definition is: “CBRC is the movement of persons from one location to another in order to access or provide fertility treatments.”

CBRC is becoming increasingly common, but the absence of any kind of global registry and the minimal international monitoring of CBRC make the collection of accurate statistics challenging. It is estimated that tens of thousands of patients cross borders to obtain care each year. The incidence of US patients traveling abroad is estimated to be lower than the rate of patients coming to the US.

Why do patients choose CBRC?

There are several reasons that patients choose to travel outside their region for care. Some of the main reasons are:

- Access to more resources and more extensive higher quality of care.
- Lower cost of treatment/reduced costs overall.
- Avoidance of legal, religious, and ethical restrictions and regulations from the country or state where they reside.
- Privacy or cultural comfort in a destination country.

What are the potential benefits of CBRC?

- Reduced costs
- High overall costs for treatment and services where they reside.

- Lower third-party service costs (e.g., gamete/embryo donation and gestational carriers) in destination countries.

Improved Access

- There may be long wait times in their country or state that could delay the time it takes to receive treatment.
- There may be few available donors and/or gestational carriers in their country or state. This can be due to restrictive regulations, low compensation, and/or the requirement to reveal the donor's identity.
- Their country may restrict access to care based on patient age, marital status, and sexual orientation.
- Their country may restrict treatment options such as preimplantation genetic testing (PGT), sex selection, payment for gamete donation, and embryo freezing.

Comfort

- Destination clinics may have more highly trained staff, use more up-to-date equipment, and have more specialized services.
- Patients may choose a destination country where they have family support or cultural comfort. They may also wish to have access to donor gametes that are the same ethnicity or race as they are.

What are the concerns about CBRC?

Health and Safety

The most serious concern for CRBC is for patient health and safety, including preventing the transmission of infectious diseases to patients or genetic disorders to their children. There are no international policies or laws about quality control measures and standard of care for CBRC patients.

It is difficult to measure the quality and expertise of the physicians and embryology staff, the surgical and laboratory technology, or cleanliness to avoid contamination of eggs, sperm, and embryos. It is also difficult to determine if a gamete donor or gestational carrier is suitable.

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Information

Language and access to information may be obstacles for the patient. Receiving understandable information, adequate translation, a valid informed consent, and clear education and instruction may take a lot of work. For children born from donor eggs or sperm, information about their genetic history can be scarce. Follow-up care can be affected due to inadequate medical records about the care received abroad.

Legal

In the event of patient harm abroad, it may be difficult to obtain legal advice and remedies. There can be problems with obtaining immigration paperwork for donor and gestational carrier-conceived offspring.

Emotional

There has been concern about the exploitation of gamete donors and gestational carriers in some destination countries. This may lead to physical, social, and psychological harm to the donors/carriers.

Economic

Local patients may suffer if service prices in their community are raised. This can make access more difficult for reproductive and other health care.

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