Yale University Institutional Review Boards Guidance

330 GD. 1 Reproductive Risks and Contraception

Overview

This guidance addresses the importance of informing research participants about known, possible, or unknown reproductive risks that may affect their decision to participate in the research. Specific issues to discuss with participants are provided below.

Reproductive Risks: Considerations

Women of childbearing potential who are prospective study participants should be warned about possible and/or unknown reproductive or lactation risks from study treatments. Investigators must discuss these risks and the steps taken to minimize them in both the consent form and in the protocol application.

The general discussion that follows is adapted from a more specific discussion in the **NIH Guidance on Informed Consent for Gene Transfer Research: Reproductive Considerations** (http://oba.od.nih.gov/oba/rac/ic/appendix_m_iii_b_2_a.html). In particular, investigators should consider:

1. ***Study Specific Harms and Mitigation***

Discussions of reproductive harm, and measures taken to minimize harm, should be study-specific. Factors to be considered include:

- Direct teratogenic effects
- Possible germline effects
- Effects on a woman's ability to continue the current pregnancy
- Effects on fertility and future pregnancies

2. ***Gender Effects***

Known and unknown reproductive harms and the steps to be taken to avoid or minimize them may be unique to one gender or may be different for men and women. Consent forms and the protocol should be written to address concerns appropriate to each subject population involved in the study.

3. ***Exclusion and Testing***

While some risks legitimately justify exclusion of particular populations, in many studies prospective subjects have the right to make their own choices about the level of risk they will tolerate—after they have been fully informed of the risks and possible benefits of study participation. If exclusion of pregnant women, nursing women, or people who wish to start a pregnancy is justified for a particular study, the application and consent form must explain the reasons for the exclusion and the steps to be taken to avoid problems (such as pregnancy testing) prior to treatment and periodically (including frequency) during the study and the use of contraceptives.

4. Unintended Pregnancy During the Research

The application and consent documents must discuss what will happen if a study participant or the partner of a participant becomes pregnant. Typically, the participant must contact the investigator, who can then discuss risks and provide counseling about additional steps to be taken. If the researchers will want to monitor any offspring long term, this should be stated in the consent documents. Some studies find it useful to provide special consent forms for participants who become pregnant and wish to continue in the study; the special consent form should discuss risks and any special additional precautions or follow-up.

5. Banking Sperm and Ova

Where appropriate, researchers should address the advisability of banking sperm and ova, including the likely additional costs for participants.

Contraception

Abstinence and Methods of Contraception

Methods required by the protocol and described in (or appended to) the consent form should be adequate to address the specific risks of the study.

The time period when contraceptive steps should be taken—before, during, or after the research intervention—should be made clear in the application and consent forms.

Choices of methods should be as broad as possible and must be consistent with subject safety. Subjects should be told the short- and long-term advantages and disadvantages of the allowable methods.

Barrier methods should be used where body fluids may transfer infectious agents, vectors, or medications.

Sample Consent Form Wording

The sample consent form wording that follows is adapted from the **NIH Gene Transfer guidelines** (http://bioethics.od.nih.gov/genengineering.html) cited above. The NIH guidelines include a number of additional examples that will be useful in many different kinds of studies and for both women and men. The wording in any example will need to be adapted to the particular study and subject population.

> **Example 1:** You should not be in this study if you are a pregnant or nursing mother or if you are planning a pregnancy soon. The [*study treatments—Name the relevant treatments*.] may cause harm to the mother and to unborn or breast-feeding children. You should not become pregnant during the study. If you can give birth or father a child, you must use an adequate form of birth control. If you are able to become pregnant, you must have a negative pregnancy test within [*time*] before you get the first [*treatment*], and you will be tested for pregnancy every [*interval*] during the study. If you become pregnant while in this study, you should tell the study doctor immediately. The study doctor will counsel you about your choices, and, if you decide to stay in the study, will ask you to sign a new consent form so that information about your pregnancy and delivery can be recorded.

> **Example 2:** You should not exchange body fluids with another person after you start the [treatment] and for [time period] after the [treatment] stops. The best way to avoid exchanging fluids is to abstain from sexual activity for the [time period] you are in active treatment. Other less effective ways to avoid exchanging fluids include barrier contraceptive methods such as [specify].

References

NIH Guidance on Informed Consent for Gene Transfer Research: Reproductive Considerations (http://oba.od.nih.gov/oba/rac/ic/appendix_m_iii_b_2_a.html)

Revision History:

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