

Application of Bioengineering to Reproductive Medicine: A Contemporary Review

Panayiotis Michael Zavos^{1*}, Ed.S., Ph.D., MBA, HCLD², Carmen Teresa Navarro Arrieta, MD, Ph.D.³
Pedro Torrecillas Cabrera, MD, Ph.D.⁴ and Cesare Aragona, MD, Ph.D.⁵

¹Professor, University of Kentucky & Director of Andrology, Kentucky, USA.

²Andrology Institute of America, Lexington, Kentucky, USA.

³Women Care Center, Centro Comercial Terras Plaza, Caracas, Venezuela.

⁴Chief of Urology, Andrology, Urology Clinic in Malaga, Spain.

⁵Chief Gynecology, Sapienza University of Rome, Italy.

ABSTRACT

Advances in bioengineering have significantly transformed reproductive medicine, offering novel diagnostic, therapeutic, and regenerative solutions for infertility and reproductive disorders. The integration of biomaterials, microfluidics, tissue engineering, artificial intelligence, and nanotechnology has enhanced assisted reproductive technologies (ART), improved gamete and embryo selection, and opened new avenues in fertility preservation and reproductive organ regeneration. Foundational studies in sperm physiology and ART methodology by investigators such as Panayiotis Zavos have provided critical insights into sperm function, oxidative stress, and fertilization dynamics, which underpin many modern bioengineering applications [3-6]. This review provides a comprehensive overview of the current applications of bioengineering in reproductive medicine, highlighting emerging technologies such as organ-on-chip systems, three-dimensional (3D) bioprinting of reproductive tissues, and bioengineered gametes.

KEYWORDS

Reproductive medicine, Assisted reproductive technology, Bioengineering, Tissue engineering, Microfluidics, Organ-on-chip, Bioprinting, Fertility preservation, Artificial intelligence, gametes.

Corresponding Author Information

Panayiotis Michael Zavos

Professor, University of Kentucky & Director of Andrology, Kentucky, USA.

Received: July 12, 2026; **Accepted:** August 18, 2026; **Published:** August 29, 2026

Copyright: © 2026 ASRJS. This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International license.

Citation: Panayiotis Michael Zavos, Carmen Teresa Navarro Arrieta, Pedro Torrecillas Cabrera, Cesare Aragona. Application of Bioengineering to Reproductive Medicine: A Contemporary Review. Int J Nurs Health Care. 2026; 2(4):1-5.

Introduction

Infertility affects approximately 10–15% of couples worldwide and represents a major global health burden [1]. Despite significant advances in assisted reproductive technologies such as in vitro fertilization and intrauterine insemination, persistent challenges remain in optimizing gamete selection, embryo viability, implantation efficiency, and live birth outcomes [2].

Early and continuing work by Zavos and colleagues has emphasized the central role of sperm functional integrity, particularly highlighting the impact of oxidative stress, sperm DNA damage, and preparation techniques on fertilization outcomes [3-6]. These findings have significantly influenced clinical andrology and ART laboratory practices.

Bioengineering applies engineering methodologies to biological systems, enabling the development of sophisticated tools that replicate physiological environments and improve biological outcomes [7]. Within reproductive medicine, this interdisciplinary approach has facilitated innovations ranging from microfluidic sperm selection systems to bioengineered reproductive tissues.

Microfluidics and Lab-on-a-Chip Technologies

Microfluidic technologies have introduced unprecedented control over the manipulation of gametes and embryos at the microscale level [8]. These systems replicate aspects of the *in vivo* reproductive environment, including fluid dynamics and biochemical gradients, thereby improving cellular function and viability.

Traditional sperm preparation techniques, particularly centrifugation-based methods, are associated with increased oxidative stress and potential DNA damage [9]. Zavos and colleagues demonstrated that sperm preparation and handling techniques directly influence sperm functional competence and fertilization success, underscoring the importance of minimizing mechanical stress during processing [3,4].

In contrast, microfluidic sperm sorting devices utilize laminar flow and chemotaxis to isolate highly motile and genetically intact sperm populations without centrifugation [10]. These approaches align with earlier recommendations for preserving sperm integrity and reducing oxidative damage in ART settings [5].

The application of microfluidics extends beyond sperm selection

to embryo culture systems. Dynamic microfluidic platforms allow continuous nutrient exchange and waste removal, mimicking the natural conditions of the fallopian tube [11]. Studies have demonstrated improved blastocyst development and embryo quality using such systems compared to static culture methods [12].

Furthermore, organ-on-chip technologies have enabled the modeling of complex reproductive structures, including the endometrium and fallopian tubes, providing new insights into implantation and early embryonic development [13].

Biomaterials and Tissue Engineering

Biomaterials have become integral to reproductive bioengineering, providing scaffolds that mimic the extracellular matrix and support cellular growth, differentiation, and function [14].

In ovarian tissue engineering, biomaterial scaffolds have been successfully used to encapsulate and support follicular development. Alginate hydrogels provide a three-dimensional environment that preserves follicular architecture and promotes maturation [15]. Experimental models have demonstrated restoration of endocrine function and fertility using engineered ovarian constructs [16].

These advances are grounded in fundamental reproductive biology, including ultrastructural and functional studies of gametes conducted by Zavos and colleagues, which clarified key determinants of fertilization competence [6].

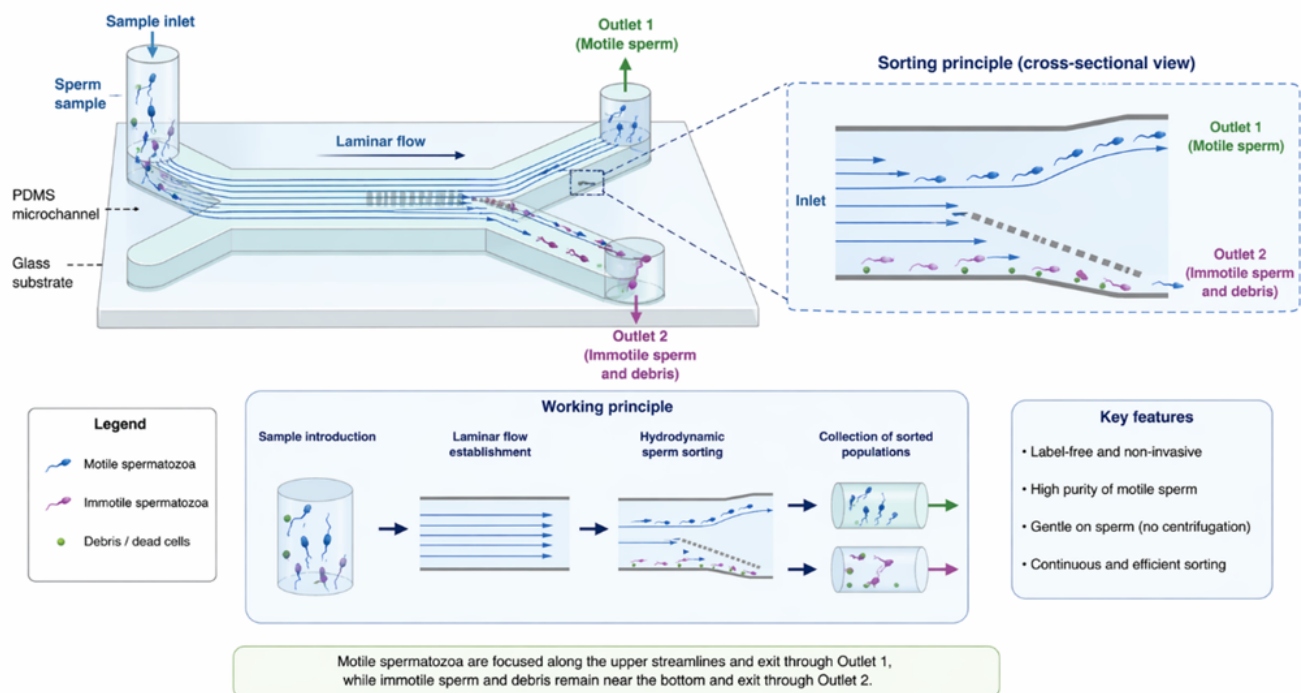


Figure 1: Schematic representation of a microfluidic sperm sorting device demonstrating laminar flow separation of motile spermatozoa from debris and immotile cells.

Endometrial regeneration represents another promising application. Decellularized uterine matrices retain native structural proteins and signaling molecules, offering a biologically relevant scaffold for tissue reconstruction [17].

The emergence of 3D bioprinting has further expanded tissue engineering capabilities, enabling fabrication of functional reproductive constructs [18].

Table 1: Applications of Biomaterials in Reproductive Medicine.

Application	Biomaterial Type	Clinical/Experimental Outcome
Ovarian follicle culture	Alginate hydrogels	Follicle maturation and hormone secretion
Endometrial repair	Decellularized uterine matrix	Tissue regeneration and implantation support
Embryo culture	Synthetic ECM scaffolds	Improved embryo viability
3D bioprinting	Composite bioinks	Functional ovarian constructs

Artificial Intelligence and Machine Learning

Artificial intelligence has emerged as a transformative tool in reproductive medicine by enabling data-driven decision-making and improving predictive accuracy [19]. Machine learning algorithms analyze large datasets derived from embryo imaging, genetic screening, and clinical parameters.

Time-lapse imaging combined with AI-based analysis has significantly enhanced embryo selection by identifying

morphokinetic patterns associated with implantation potential [20]. This approach complements earlier clinical findings by Zavos demonstrating the predictive value of sperm quality parameters in fertilization success [4,6].

In andrology, AI-powered systems evaluate sperm motility, morphology, and concentration with high precision [21]. These technologies represent a natural evolution of classical sperm function testing methodologies developed in earlier andrology research [3].

Predictive modeling is increasingly utilized to individualize ovarian stimulation protocols, improving clinical outcomes while reducing complications [22].

Nanotechnology in Reproductive Medicine

Nanotechnology has introduced novel approaches for both diagnostic and therapeutic applications in reproductive medicine. Engineered nanoparticles enable targeted drug delivery, improving efficacy while minimizing systemic toxicity [23].

Oxidative stress is a major contributor to male infertility, and nanoparticle-based antioxidant delivery systems have shown promise in mitigating sperm damage [24]. The significance of oxidative stress in sperm dysfunction has been extensively characterized by Zavos and colleagues, linking ROS to impaired motility, membrane damage, and reduced fertilization potential [3,5].

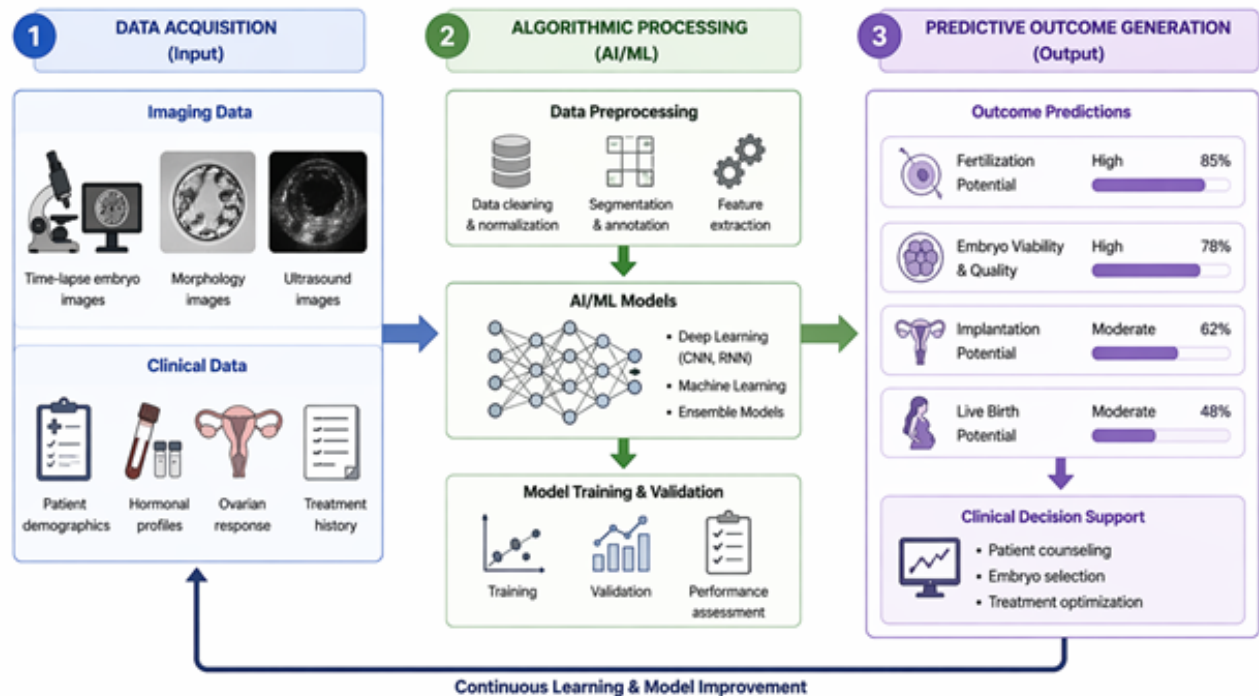


Figure 2: Workflow of artificial intelligence integration in ART, illustrating data input (imaging and clinical data), algorithm processing, and outcome prediction.

Nanotechnology has also enhanced cryopreservation techniques. Nano warming using magnetic nanoparticles improves post-thaw survival of gametes and embryos by reducing ice crystal formation [25].

Regenerative Medicine and Stem Cell Technologies

Regenerative medicine represents a promising frontier in reproductive bioengineering. Stem cell-based approaches aim to restore fertility by regenerating damaged reproductive tissues. Pluripotent stem cells have been differentiated into germ cell-like cells [26].

Spermatogonial stem cell transplantation offers potential restoration of spermatogenesis following gonadotoxic treatments [27]. These approaches build upon foundational knowledge of sperm biology and function, including contributions by Zavos that clarified determinants of sperm viability [6].

Uterine transplantation has demonstrated clinical success, with reported live births [28].

Table 2: Stem Cell Applications in Reproductive Medicine.

Application	Stem Cell Type	Outcome
Gametogenesis	Pluripotent stem cells	Germ cell-like differentiation
Male infertility	Spermatogonial stem cells	Restoration of spermatogenesis
Ovarian insufficiency	Mesenchymal stem cells	Improved ovarian function
Uterine reconstruction	Tissue-engineered scaffolds + cells	Functional uterine tissue

Ethical and Regulatory Considerations

The rapid advancement of bioengineering technologies in reproductive medicine raises complex ethical and regulatory issues [29]. The potential for germline modification and artificial gametogenesis requires careful oversight.

Future Perspectives

The integration of bioengineering with reproductive medicine is expected to enable fully automated IVF laboratories, personalized fertility treatments, and bioengineered reproductive organs. These innovations build upon decades of foundational research in reproductive biology and ART.

Conclusions

Bioengineering has fundamentally reshaped reproductive medicine by introducing innovative tools that address longstanding challenges in infertility treatment. From microfluidic platforms and biomaterials to artificial intelligence and stem cell therapies, these advancements have improved ART outcomes.

Importantly, foundational contributions by Panayiotis Zavos in sperm physiology, oxidative stress, and ART methodology have played a significant role in shaping modern approaches to fertility

treatment and continue to inform emerging bioengineering solutions.

References

1. Mascarenhas MN, Flaxman SR, Boerma T, Vanderpoel S, Stevens GA. National, regional, and global trends in infertility prevalence since 1990: a systematic analysis of 277 health surveys. *PLoS Med.* 2012; 9: e1001356.
2. Zegers-Hochschild F, Adamson GD, Dyer S, Catherine Racowsky, Jacques de Mouzon, et al. The international glossary on infertility and fertility care, 2017. *Fertil Steril.* 2017; 108: 393-406.
3. Zavos PM. Preparation of human spermatozoa for assisted reproductive techniques: past, present, and future. *Andrologia.* 1999; 31: 189-195.
4. Zavos PM. Sperm function tests and their clinical application in assisted reproductive technologies. *Middle East Fertil Soc J.* 2004; 9: 1-10.
5. Zavos PM, Correa JR, Zarmakoupis-Zavos PN. The role of spermatozoal oxidative stress in male infertility and assisted reproduction. *J Assist Reprod Genet.* 2003; 20: 395-404.
6. Zavos PM, Correa JR. Clinical implications of sperm DNA damage in assisted reproduction. *Andrologia.* 2001; 33: 125-134.
7. Khademhosseini A, Langer R. A decade of progress in tissue engineering. *Nat Protoc.* 2016; 11: 1775-1781.
8. Whitesides GM. The origins and the future of microfluidics. *Nature.* 2006; 442: 368-373.
9. Aitken RJ, Clarkson JS. Cellular basis of defective sperm function and its association with the genesis of reactive oxygen species by human spermatozoa. *J Reprod Fertil.* 1987; 8: 459-469.
10. Cho BS, Schuster TG, Zhu X, Chang D, Smith GD, et al. Passively driven integrated microfluidic system for separation of motile sperm. *Anal Chem.* 2003; 75: 1671-1675.
11. Swain JE. Optimizing the culture environment in the IVF laboratory: impact of pH and buffer capacity on gamete and embryo quality. *Reprod Biomed Online.* 2010; 21: 6-16.
12. Heo YS, Cabrera LM, Bormann CL, Smith GD, Takayama S, et al. Dynamic microfunnel culture enhances mouse embryo development and pregnancy rates. *Hum Reprod.* 2010; 25: 613-622.
13. Huh D, Matthews BD, Mammoto A, Montoya-Zavala M, Hsin HY, et al. Reconstituting organ-level lung functions on a chip. *Science.* 2010; 328: 1662-1668.
14. Place ES, Evans ND, Stevens MM. Complexity in biomaterials for tissue engineering. *Nat Mater.* 2009; 8: 457-470.
15. Xu M, Kreeger PK, Shea LD, Woodruff TK. Tissue-engineered follicles produce live, fertile offspring. *Tissue Eng.* 2006; 12: 2739-2746.
16. Laronda MM, Jakus AE, Whelan KA, Wertheim JA, Ramille

-
- NS. et al. Initiation of puberty in mice following decellularized ovary transplant. *Biomaterials*. 2017; 8: 15261.
17. Santoso EG, Yoshida K, Hirota Y, Arai Y. Uterine tissue engineering and regenerative medicine: current status and future perspectives. *Reprod Med Biol*. 2014; 13: 77-87.
18. Laronda MM. Engineering female reproductive tissues to preserve fertility and restore reproductive function. *Nat Rev Endocrinol*. 2021; 17: 229-240.
19. Esteva A, Kuprel B, Novoa RA, Justin Ko, Susan MS, et al. Dermatologist-level classification of skin cancer with deep neural networks. *Nature*. 2017; 542: 115-118.
20. Khosravi P, Kazemi E, Zhan Q, Malmsten JE, Marco Toschi, et al. Deep learning enables robust assessment and selection of human blastocysts after in vitro fertilization. *NPJ Digit Med*. 2019; 2: 21.
21. Goodson SG, Zhang Z, Tsuruta JK, Wang W, O'Brien DA. Classification of mouse sperm motility patterns using an automated multiclass support vector machine model. *Biol Reprod*. 2011; 84: 1207-1215.
22. Blank C, Wildeboer RR, DeCruo I. Prediction models in in vitro fertilization: where are we and where should we go? *Hum Reprod Update*. 2019; 25: 2-19.
23. Patra JK, Das G, Fraceto LF, Estefania VRC, Maria Del PRT, et al. Nano based drug delivery systems: recent developments and future prospects. *J Nanobiotechnology*. 2018; 16: 71.
24. Tremellen K. Oxidative stress and male infertility-a clinical perspective. *Hum Reprod Update*. 2008; 14: 243-258.
25. McNeil SE. Nanotechnology for the biologist. *J Leukoc Biol*. 2005; 78: 585-594.
26. Manuchehrabadi N, Gao Z, Zhang J, Hattie LR, Qi Shao, et al. Improved tissue cryopreservation using inductive heating of magnetic nanoparticles. *Sci Transl Med*. 2017; 9: eaah4586.
27. Hayashi K, Saitou M. Generation of eggs from mouse embryonic stem cells and induced pluripotent stem cells. *Nat Rev Mol Cell Biol*. 2013; 14: 386-398.
28. Brinster RL. Germline stem cell transplantation and transgenesis. *Science*. 2002; 296: 2174-2176.
29. Kawamura K, Cheng Y, Suzuki N, Masashi Deguchi, Yorino Sato, et al. Hippo signaling disruption and Akt stimulation of ovarian follicles for infertility treatment. *Proc Natl Acad Sci U S A*. 2013; 110: 17474-17479.