

ESHRE 2021 Virtual (26 June-1 July 2021)

Questions for the speakers

Session 16: Psychology and counselling poster discussions

Recurrent pregnancy loss acts as a posttraumatic stress event in both women and men - Emily Kuhlmann (Germany)

Q: What kind of support could help prevent PTSD in this group?

A: Currently, there are no intervention studies on the prevention of PTSD in couples experiencing RPL. Clinical experience has shown that information regarding typical PTSD symptoms may help. A normalization of grief and psychological distress combined with an exchange of feelings with other couples who are affected by RPL may ease the burden. Our study suggests that the man's open communication about his own grief can lower the psychological distress of his partner.

Q: Does the psychological burden affect live birth rates?

A: There is no clear answer to this question. Due to the lack of data on this topic, the AWMF guideline for Recurrent pregnancy loss does not include stress as a risk factor for miscarriage and therefore the live birth rates. The ESHRE Guideline on Recurrent Pregnancy loss assumes an association between RPL and stress. Still, it remains unclear whether stress results from RPL or whether stress is a causing factor for the next pregnancy loss.

Q: And the duration of subfertility? Had this an impact? I mean how long after the miscarriage

A: Recalculation: For women, the duration of the wish for a child correlated with the degree of posttraumatic stress ($p=0.03$) as well as the avoidance subscale ($p=0.02$). The time passed since the last miscarriage correlated with higher scores on the avoidance subscale of the IES-R ($p=0.02$), but with lower scores for the Beck Depression Inventory ($p=0.046$). There was no correlation with any of the psychological risks for men.