

ESHRE 2021 Virtual (26 June-1 July 2021)

Questions for the speakers

Session 18: Patient empowerment during MAR procedures

Hypnofertility for reducing stress and increasing fertility preparedness - Merlinda Aluř Tokat (Turkey)

Q: How can patients balance positive imagining with self-protection by not getting their hopes up for fear of failure?

A: In the hypnofertility application, we first confront the patients' own fears and thoughts. Then we convey the hormonal and physiological effects of this fear process. Then, we convey concretely the reactions that positive perception creates in our body. We convey the importance of self-relaxation in order to make the most efficient use of the treatment process. Of course, negative results can also be obtained, this issue is also discussed with the patients, but the important thing is for the patient to know that he/she is relieved in this process and to understand that he/she benefits from the positive effect of his/her psychology in order for the process to be productive. Because human is a whole, maximum benefit can be obtained from physiology by positively affecting psychology.

Q: I assume this does not work for every patient, only for those who are open to it. how do you identify those patients?

A: We talk to patients, explain the method. Although women in Turkish culture adapt to this issue more quickly, it can be more difficult for men to believe in and participate in the process. However, the man adapts more easily when he sees that his wife is relieved with the application. There are patients who are very ready, who read about similar subjects and try different methods (yoga, bioenergy, reiki, etc.), but some patients are not ready for this technique. For those who are not ready, we recommend more hypnofertility sessions that last longer before starting treatment. We also offer online services to those who say they don't have time. As I stated, women in general are open to trying anything to have children, we have more difficulties with male patients. There aren't many couples who totally don't want to, but of course we treat them with respect.

Q: Developing a scale that avoids negative language is very interesting, can you give us an example?

A: Yes me any colleagues developed a Fertility Preparedness Scale that is developed according to Hypnofertility philosophy

The Cronbach's alpha was .84 for the total scale and .76–.79 for the subscales. Factor analysis extracted three subscales that explained 52.93% of the total variance. The confirmatory factor analysis found a goodness of fit index of .80, a comparative fit index of .95, and a nonnormed fit index of .94.

The scale item are presented below and I the scale article that was published in SCI journal "Journal of Nursing Research" is also attached. You can get more detailed knowledge from article

TABLE 1.
Reliability and Validity Analysis of Fertility Preparedness Scale (N = 230)

Subscale	Percentage Variance	Cronbach's Alpha		
Subscale 1: hope and awareness	20.91	.77		
Subscale 2: positive feelings and thoughts	15.83	.79		
Subscale 3: prepared body and brain	16.19	.76		
Fertility Preparedness Scale	52.93	.84		
Item	Factor Loading	Mean	SD	Item-Total Correlation
Subscale 1: hope and awareness				
8. Treatment will be beneficial to help me conceive.	.72	4.42	0.79	.67
9. I think positively about new medical options.	.76	4.39	0.77	.62
6. I think positively about traditional practices.	.47	3.76	1.14	.45
7. I am aware that balanced and regular nutrition increases my chance of pregnancy.	.78	4.33	0.83	.65
1. I am aware that regular exercise increases my chance of pregnancy.	.68	4.13	0.93	.60
2. Positive thoughts can be beneficial to my reproductive organs.	.71	4.22	0.86	.70
3. I look forward to future with the hope.	.62	4.33	0.89	.65
4. When I relaxed, more oxygen and blood go to my reproductive organs.	.58	4.00	0.96	.65
5. When I relaxed, hormones are regularly released.	.55	4.00	0.97	.65
Subscale 2: positive feelings and thoughts				
22. I can positively control my feelings.	.59	3.89	0.94	.65
23. I'm just focusing on positive thinking about becoming pregnant.	.81	4.04	0.95	.64
21. I try to increase my positive thoughts about pregnancy.	.82	3.98	1.01	.71
20. I only use positive words about pregnancy.	.58	4.02	0.93	.65
19. I just get positive messages about becoming pregnant.	.39	3.96	1.12	.56
Subscale 3: prepared body and brain				
12. My reproductive hormones are healthy and balanced.	.59	3.93	0.94	.68
13. I can feel comfortable while waiting for my test results.	.64	3.33	1.23	.59
15. My body works perfectly for becoming pregnant.	.73	3.71	1.03	.53
16. My uterus is now ready for pregnancy.	.63	3.95	0.92	.55
11. Listening to relaxing music will make it easier to conceive.	.56	3.51	1.10	.60
14. I do everything I can to feel relaxed during treatments.	.53	4.16	0.93	.54
10. I can feel comfortable while waiting control day.	.52	3.67	1.18	.66
18. I trust my body and mind.	.24	3.85	1.00	.67
17. I can positively impact my hormones.	.41	3.84	0.98	.62

Q: If patient had high cortisol and bad preparedness scale, how long did you make them wait? did this waiting make the stress worse?

A: If patient had high cortisol and bad preparedness scale the waiting process is decided all together with treatment team (doctors, nurse, embryologist) and couple. There are so many factors that affect this processes. Problems of advanced age in couples, living in a remote city, leaving work for treatment. For that reasons, a plan is being made with joint decision. Usually a cycle is expected. We also had patients who waited for six months, but they were willing for this and were very young. It's about the couple's decision and the team's approval of this situation.

Q: Do you think it's very important to visualize eggs ou uterus or don't you think we can let them to imagine

I think imagination is a very important part of hypnofertility. In hypnofertility, we apply different relaxation texts that we use in our imagination at different stages of treatment. For example, we do the "my eggs are growing" relaxation during the induction process. After embryo transfer, we imagine the embryo implanted in the uterus. Although there are women who can adapt and relax very quickly, some women may need more than one session. They can't get into that dreaming process right away. But they usually feel happy about daydreaming afterwards.

They can choose to imagine with relaxation texts, couples can perform their own texts or they can only imagine with music without using words. We show all the imagination techniques and the patient prefers the technique that relaxes him/herself more and increases his/her imagination.

Q: Do you think we can obtain the same result with virtual headset session? Do you use music in your session?

A:

We use wordless music. We prefer that the music is usually chosen by the couples. We offer several suggestions, but the couple chooses. In our first practice, we were choosing the music and during the relaxation session, the woman from the couple started to cry. When we talked about the reason, She said that she watched the documentary of the Bosnian war with that music and reenacted those images when she heard the direct music. Because of this experience, we prefer couples to choose the music. MERLINDA ALUŞ TOKAT

Appeased embryo transfer with hypnosis - Daniele Lelaidier (France)
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Q: Your stats on pregnancy suggest a statistical significance, have you analyzed this and controlled for homogeneity among groups?

A: No this is impossible to assess, it is an observational study although results seem good in no case you can say it is statistically significant.

Q: Do you think we can obtain the same result with virtual headset session? Do you use music in your session?

A: Both answers are no, virtual images are offered to patients. In ericksonnian hypnosis I prefer patients to use their own ressources and therefore images

Q: Do partners participate to this hypnosis preparation?

A: Yes they are invited to participate and regularly come in the session called “before transfer”

Q: Do you think it's very important to visualize eggs ou uterus or don't you think we can let them to imagine

A: No on the contrary It seems to me counterproductive Thoughts and feelings should be miles away from anatomical images