Poor Ovarian Response
-
What is the Role of Counselling?

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Overview

- Psychological repercussions of infertility and poor ovarian response – when to offer/recommend counselling
- Family building alternatives
  - oocyte donation
  - adoption
- Living without children
- Conclusions from psychological perspective

Psychological repercussions

- Typical reactions to infertility:
  Depressive reactions, hopelessness, despair, failure and reduced self-esteem
- Levels of anxiety and depressive reactions are higher than in control groups and higher in women than in men
- For approx. 50% of women, infertility is the most upsetting life event
- Women may experience stronger depressive reactions in cultures where motherhood is strongly valued or the only role option for women

Psychological repercussions

- Drop-out rate between 20% and 50% after initial consultation or during treatment
- Seldom for medical or physical reasons
- Often as a result of psychological distress and/or financial reasons
- Psychosocial counselling helps to reduce infertility-related stress , helps to increase emotional stability and thus may help to decrease drop-out rate

Psychological repercussions

- Access to psychosocial counselling at every stage of treatment
- Routine offer of counselling
- Collaboration with qualified counsellors
  within clinic – collaborative approach (gratuitous for patients?)
  independent from clinic (fee?)

Psychological repercussions

Individuals / couples severely distressed should be **recommended to see a counsellor**:

1. Ongoing depressive reactions
2. Psychiatrically at risk (previous psych. condition)
3. Marital/partner distress
4. Multiple pregnancy
5. Pregnancy loss
6. Third party reproduction

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Psychological repercussions

Depressive Reactions:

1. Ongoing social withdrawal
2. Impaired functioning at work
3. Sleeping disorders
4. Weight gain/loss (cave: medication may impact on weight)

Psychological repercussions

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Psychological repercussions

Psychiatric risk patients

1. Current medication
2. Psychiatric history
3. Substance abuse/dependence

Psychological repercussions

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Psychological repercussions

Marital/partner distress

1. Difficult communication
2. Partner coercion
3. Indecisive couples
4. Severe marital discord (child may be hoped to be a cohesive factor for partnership)

Psychological repercussions

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Psychological repercussions

- Women diagnosed with POR may experience stronger self-blame:
  "It is my body which is not functioning properly"
  "I did not attempt to have a child earlier/seek treatment earlier"
- Being able to understand the medical background of POR may alleviate some of this self-blame
- Being aware of all family building options increases decision autonomy:
  medical treatment, oocyte donation, adoption, living without children

Family building alternatives – **recipient counselling**

Oocyte donation

is not a "quick fix"

1. Mourning a child biologically related to both partners
2. Exploring couple dynamics: negotiating meanings of social and biological motherhood, managing asymmetrical parenthood
3. Information sharing with family members and friends?

Family building alternatives – **recipient counselling**

Oocyte donation

1. Raising the option of oocyte donation in countries where it is prohibited?
   Legal ramifications for professionals?
2. Starting the process (in which country?)
   Cross Border Reproductive Care?
3. Managing the taboo surrounding gamete donation in most countries
4. Finding reliable information

Family building alternatives – **recipient counselling**

Oocyte donation

1. Understanding the legal implications

2. Raising ethical issues:
   potential exploitations of donors
   financial and/or medical

Family building alternatives – **recipient counselling**

Oocyte donation

1. Managing the long-term implications
2. Age-appropriate information sharing
3. Fear of stigmatization of the child
4. Child's needs re the identification of the biological mother/genitor

Lack of representative research, esp. in Europe!

Family building alternatives – **donor counselling**

Oocyte donation

1. Negotiating meanings of motherhood
2. Assessing emotional stability
3. Managing long-term implications

Lack of research!

Family building alternatives – **Adoption**

1. In most Western countries more couples willing to adopt than adoptive children – lack of children that can be adopted!
   (Germany: 15 couples per 1 child)

2. Cross-country adoption?

Living without children

1. When is enough enough?

2. Mourning process
   A mourning phase of up to 1,5 or 2 years with mild depressive reactions is within the norm

3. Depressive reactions are common but should diminish with time

4. Positive factors for coping:
   - ability to accept life without children,
   - avoiding social isolation and
   - developing alternative aims for life

Conclusions

- Psychosocial counselling is vital throughout the entire medical treatment, it reduces infertility-related stress and may help to reduce drop-out rate
- Differentiation:
  offer or strong recommendation of counselling
- Oocyte donation is complex and requires counselling to manage long-term implications and couple and family dynamics. Adoption is equally complex
- Living without children: counselling can support development of alternative plans, promote positive coping factors

Questions and Discussion