



## Preparing couples for emotional implications of ART

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(No commercial relationships or conflicts of interest)



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## Learning objectives

- To confirm basic knowledge on ART treatments and the related psychosocial issues
- To acquire a framework categorising the sources of emotional implications
- To comprehend how personal issues can affect emotional reactions – for both patients and professionals
- To practice some basic but delicate interactions between patients and professionals

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## Outline

1. Psychosocial issues for hypofertile couples
2. Psychosocial issues in Assisted Reproduction Technologies (ART)
  - Legal framework
  - Medical framework
  - Personal framework
3. Psychological support in ART
  - By the team members
  - Specialised counselling
4. Conclusions

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## 1. Psychosocial issues for hypofertile couples

The time line: wishing for a child is different from planning a pregnancy

Normofertile: 20-25% chance of pregnancy per cycle

Hypofertility implies

- a feeling of loss of control on the future
- psychosocial issues with self (image), within the couple (identity, sexuality), with family and friends (sharing, or not)



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## 1. Psychosocial issues for hypofertile couples



irritability



solitude



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## 2. Psychosocial issues in Assisted Reproduction Technologies (ART)

Frameworks: legal, medical, personal

Legal and medical frameworks are related to professional training, they depend on the country, the clinical practice

Personal frameworks relate to the being of the patient and of the professional, defined by social, relational, somatic and emotional contexts



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## Legal framework

Every country has laws posing limits to ART  
Professionals should be comfortable with this framework in order to prepare the patient and to understand emotional reactions

Examples:

- in Switzerland, single women have no access to ART, couples must be married for donor insemination, only identity-release donors
- In the Netherlands, no ART for women over 41
- In Italy, no ART with donor gametes



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## Medical framework

Each clinic has its own practice of ART.  
The more knowledgeable and prudent the team members are, the smoother the information circulates and the more reassured the couples feel.



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## Medical framework: knowledge

What is essential to know?

- Which treatments are available
- What are the implications for the patients
- What is expected of a professional in your position
- Who to approach with your questions



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## Medical framework: knowledge



spermatozoa



ovarian follicle



Hysterosalpingography (HSG)



ICSI



Zygote (pre-embryo)



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## Medical framework: knowledge

ART treatments (depending on laws and clinics):

- Intra-uterine insemination (partner or donor)
- In vitro fertilisation (IVF)
- Intra cytoplasmic sperm injection (ICSI)
- IVF or ICSI with sperm and/or egg donation
- Embryo donation
- Assisted hatching
- Preimplantation genetic diagnosis



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## Intra-uterine insemination (IUI)

- During the woman's cycle, hormonal stimulation to enhance follicle growth and oocyte maturation
- Detection of ovulation by ultrasound and blood hormone levels or by urinary LH (luteinizing hormone) tests
- 1 to 2 hours before IUI, the man gives his sperm to the lab for preparation (or donor sperm is thawed)
- IUI is performed with a thin catheter passing the cervix into the uterus
- 2 weeks waiting period before pregnancy test



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## Intra-uterine insemination



- With partner's sperm
- With donor sperm (DI)



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## In vitro fertilisation (IVF)

Basic steps in IVF:

- Ovarian stimulation (subcutaneous inj)
- Tracking follicle growth (ultrasound)
- Oocyte pick-up (transvaginal)
- Fertilisation (often ICSI)
- Identification of zygotes or embryos
- Culture and supernumerary freezing
- Embryo transfer
- 14 days waiting period



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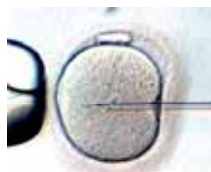
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## In vitro fertilisation (IVF) - ICSI



Day of OPU: Intra cytoplasmic spermatozoa injection (ICSI) performed under a microscope



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## In vitro fertilisation (IVF)



20 hours after OPU: 2 zygotes in culture;  
surplus zygotes may be cryopreserved  
for future transfers



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## In vitro fertilisation (IVF): embryo transfer



48h after oocyte pick-up:  
- Catheter for intra-uterine transfer  
- Two 4-cell embryos



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## In vitro fertilisation (IVF): results

Basic statistics formulated in your clinic:

- Percent pregnancies per transfer (20- 30%)
- Cumulated pregnancy rate per stimulation cycle (about 60%)
- Percent of twin pregnancies (18%)
- Where to find more information ([www.cpma.ch](http://www.cpma.ch))



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## Medical framework

Specificities of treatment:

- Other techniques employed, like assisted hatching, preimplantatory genetic diagnosis (PGD)
- Donor gametes or embryos
- Underlying medical condition



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## Medical framework: prudence

Example: a woman comes in with vaginal bleeding after a positive pregnancy test.

Nurse S says: « Oh that can be normal especially if you're taking progesterone. »

Nurse T say « Please wait while I check your file »... and discovers that this patient had 4 miscarriages in the past year... and asks the doctor for advice.

Other examples... group participation



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## Patient's personal issues

Example: Mr B is 37 yrs old, professional dancer, travels and teaches, Ms A is 30, organises events, busy life. Couple trying for pregnancy for 2 years. Diagnosis of severe OTA after 1 year of coaxing for sperm test. Ms A angry (at Mr B), pushes the secretaries on the phone, seeks information ahead of appointments. As professionals avoid her, she gains in agressivity.



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## Professional's personal issues

Nurse Y just organised a dilatation and curettage for a very distressed woman with a miscarriage after 3 IVF attempts.

When Ms A calls, pressing for time:

« You're not the only patient, some have more urgent problems, you're lucky to have an appointment in 2 weeks, some wait 2 months »

*Message: both are dissatisfied, avoid escalation or same-type answers*



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## Professional's personal issues

Nurse X on the phone (3rd call with complaints):  
Hears the aggressivity of Ms A, thinks: here we go again, she could benefit from counselling to express her anger, I'll write that in the file but not tell her now or she will explode!

Says: « I'm sorry not to have more time for you now, but we are doing all we can and you will see the doctor in two weeks to clarify your situation »

*Message: benefit from a private (or shared) personal reaction*



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## 3. Psychological support in ART

Patients confronted with ART phases:

- Investigations (some intrusive)
- Diagnosis and preparation for treatment
- Treatment
- Pregnancy or non successful treatment
- Possible birth, possible miscarriage
- Integration of the hypofertility/ART history



Basic information (leaflet, specified website)



Team support and specialised support



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### 3. Psychological support in ART by the team members

- Knowledge and prudence
- Stay within professional limits, feel comfortable to formulate them
- Listen to the patients' worries or sadness or disappointment
- Avoid inadequate comforting (like: «don't worry, it's sure to work next time »)
- Avoid projection of one's own issues on the patient

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### 3. Psychological support in ART by the team members

Exercises in small groups:

1. Professional limits (patient wants lab results)
2. Listen to the patients (complaints about waiting, worries about hormone dosage)
3. Adequate comforting (negative result)
4. Avoid projection (personal stance on ART, personal situation)

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### 3. Psychological support in ART: specialised counselling

Each ART center has a network of counsellors or psychologists to:

- Help couples to cope with the emotional implications of treatment
- Enhance the partnership with the medical team
- Discuss the possible difficulties of future parenthood
- Mobilise personal and relational resources

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## Conclusions

ART exposes patients and professionals to delicate psychosocial issues and situations

Giving basic information concerning individual treatment and the emotional implications helps patients to integrate the process

Understanding one's own professional and personal issues helps to feel comfortable in emotional situations and to react in a suitable way

This enhances quality patient care, personal and team satisfaction



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## References

Covington SH & Burns LH. Infertility Counselling: a comprehensive handbook for clinicians, 2<sup>nd</sup> edition. Cambridge University Press, 2006.

Van den Broeck, U, Wischmann, T & Emery, M. Counselling in infertility: individual, couple and group counselling. Campus Workshop, Special interest group Psychology and Counselling of the European Society for Human Reproduction and Embryology (ESHRE), Basel, 2009. <http://www.eshre.com>

For medical information and films of treatment phases:  
<http://www.cpmg.ch>

For understanding patients, in different translations: J. Uytterlinde:  
« Eisprung » or « Je t'attendais » or « The baby void » or  
« Eisprung »



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