ADRESSING SEXUAL DIFFICULTIES IN FERTILITY COUNSELING

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CONTENT OF WORKSHOP

- Introduction
- Good sex
- Relationship between sexuality and fertility
- What to do as a fertility counsellor ?
- Discussion groups: two statements
- Take home message(s)

HISTORY OF SEXOLOGY

From Master & Johnson (1968) over H. Kaplan (1980) to D. Schnarch (2004)

- Sexual behaviour is not natural
- Having sexual problems is normal

MEANING OF SEXLIFE

Physical Emotional Social
expression of bringing people together

Influenced by social values, religious beliefs, law, emotions, relationships and a many physical factors

Influenced by health and well-being

SEXUAL HEALTH

- Capacity to enjoy and control sexual and reproductive behaviour according to personal values
- Freedom of all negative feelings that inhibit sexual expression
- Freedom of any physical disorders

SEXUAL BEHAVIOUR AND PROCREATION

DISCONNECTION

- Anti conception
- A.R.T.

GOOD SEX
(Gianotten, 2006)

85% of couples chances to conceive are determined by quality and quantity of sexual life

Fertile window

EVALUATING OUR KNOWLEDGE ABOUT GOOD SEX

QUESTIONNAIRE: What kind of sexual behaviour is good for procreation ?

FREQUENCY OF INTERCOURSE

Chance to conceive
- 4 or more times a week: 80%
- 1 or 2 times a week: 32%
- less than 1 time a week: 17%

Chance to conceive per menstrual cycle
- daily intercourse: 37%
- every 2 days: 33%
- weekly intercourse: 15%

FREQUENCY OF EJACULATION

Once every one or two days

More: chance of conception decrease

Less: saving

Oligo or asthenozoospermia: more frequent ejaculation increase quality

LEVEL OF AROUSAL OF MEN

Influence on sperm quality

- High level of arousal
- Longer foreplay

LEVEL OF AROUSAL OF WOMEN

Higher arousal of the woman leads to
increase of O^2
decrease of pH
Ideal environment for metabolism, motility and survival of sperm cells

No lubricants necessary

ORGASM OF THE WOMAN

Only 'capacitated' sperm is able to fertilise the egg cell.

'Capacitated' means contact between sperm and cervical mucus, where it stays five hours to ripen

Oxytocine: strengthening uterine wall contractions

Responsible for passive sperm transport to the tubal corner on the side of the ovulation

RELATIONSHIP BETWEEN SEXUALITY AND INFERTILIT

- SEXUAL DISORDERS CAUSING INFERTILITY
- SEXUAL DISORDERS AS A CONSEQUENCE OF THE UNFULLFILLED CHILDWISH
- SEXUAL DISORDERS AS A RESULT OF A.R.T.
- SEXUALITY DURING PREGNANCY

SEXUAL DISORDERS

Impairment or disturbance in one of more phases of the sexual response cycle

- Desire
- Arousal
- Orgasm
- Satisfaction

Primary versus Secondary
Generalized versus Situational

SEXUAL DISORDERS CAUSING INFERTILITY

1. Sexually Transmitted Diseases
   - Pregnancy loss
   - Neonatal deaths
   - Obstruction of reproductive ducts (f/m)
   - Impaired semen parameters
   - Risk of transmission

PSYCHOLOGICAL CONSEQUENCES OF STD

Distress of infertility leads to feelings of anger, depression, guilt, isolation and diminishes self esteem

Intensified while infertility is caused by own sexual behaviour or of the partner

SEXUAL DISORDERS CAUSING INFERTILITY

2. Male sexuality is associated with virility

- Erectile dysfunctions:
  - total versus partial
  - primary versus secondary or acquired
- Ejaculatory dysfunctions:
  - retrograde ejaculation
  - premature ejaculation
  - inhibited ejaculation

ERECTILE DYSFUNCTIONS

- Primary: never having the ability to achieve and/or maintain an erection sufficiently to have intercourse
- Secondary
  - Partial or weak
  - Inability to sustain long enough to reach intravaginal ejaculation
  - Total absence of an erection

CAUSES OF ERECTILE DYSFUNCTIONS

- Organic factors: neurological problems, alcohol, tobacco, drugs
- Hormonal factors: low testosterone
- Physical factors: vascular, cancer
- Psychological factors: blocking sexual arousal
- Relational difficulties: conflict and anger

TREATMENT of ERECTILE DYSFUNCTIONS

Medical Sildenafil (Viagra)

Psychotherapeutic

- Decreasing performance anxiety
- Eliminating the 'spectator' role
- Increasing awareness of erotic sensations
- Challenging irrational beliefs and myths

EJACULATORY DYSFUNCTIONS

- PREMATURE EJACULATION: inability to exert voluntary control over the ejaculatory reflex
  - Organic causes: congenital, neurological, side effects of medication
  - Psychological factors: learned response, infertility focused on procreation

EJACULATORY DYSFUNCTIONS

- RETROGRADE EJACULATION: at the moment of orgasm, the sperm is ejaculated into the bladder due to a failing sphincter muscle of the bladder.
- Causes:
  - damage of nerves
  - side effect of AD or AP

EJACULATORY DYSFUNCTIONS

- INHIBITED EJACULATION: difficulty or inability to ejaculate during sexual intercourse and/or masturbation
- Causes:
  - Side effect of AD
  - Psychological factors: performance anxiety, depression, anger, guilt regarding sex with partners, traumatic sexual history

SEXUAL DISORDERS CAUSING INFERTILITY

3.Female side

Vaginismus

VAGINISMUS

- A reaction in which the pelvic floor muscles around the vagina contract involuntary.
- Localized or generalized
- Primary or secondary
- Causes:
  - seldom physically
  - emotional trauma
  - psychosocial stressors

VAGINISMUS

Dynamics of the couple:

- Goes frequently together with the 'hidden' erectile dysfunctions in male partner, particularly if man becomes impatient, angry or guilty and feeling responsible
- Many couples have learned to live well with the implications for their sexual life

4.REDUCED DESIRE or LIBIDO

- Increasing complaint
- Diagnostic criteria:
  - Absence of sexual fantasies
  - Absence of masturbation
  - Absence of non coital sexual behaviour
  - Any non partner related sexual activity
- Primary: total absence of sexual desire, feelings, thoughts, fantasies and interest
- Secondary: after a period of normal sexual desire

SEXUALITY and CHILDWISH

- Pregnancy fails to appear = loss of control
- Sex looses its meaning of contact and lust = reduction to procreation

SEXLIFE AND UNFULLFILED CHILDWISH

Changes in sexual life:

- From unique to methodical
- From intimate to predictable
- From rewarding to unexciting

SD AS A CONSEQUENCE OF UNFULLFILLED CHILDWISH

Negative influence on sexuality

- Women
  - Decrease of sexual desire
  - Lower levels of sexual satisfaction
  - Severe marital strain
- Men
  - Less ability to control ejaculation
  - Less sexual satisfaction
  - Lower self-esteem
  - Higher anxiety and psychosomatic symptoms

SD AS A CONSEQUENCE OF UNFULLFILLED CHILDWISH

For men and women

- Loss of confidence in their own body
- Sense of failure

SD AND UNFULLFILLED CHILDWISH

Sexual dysfunctions are far more the CONSEQUENCE
than the cause of the diagnosis of reduced fertility within couples

REALITY

Positive reinterpretation and active coping style have a positive influence on sex life

Planning and self-restraint coping have an adverse affect on sexual functioning

WHAT DOES A.R.T. WITH SEX LIFE?

Direct and disruptive influence

- Intercourse on demand
- Ejaculation on demand

Women report lower scores on coitus frequency, sexual interest and spontaneity

Men do not report differences unless male factor is cause of infertility

SEX and PREGNANCY

Myths

- Sexual problems disappear after A.R.T.
- Fantasy of damage

PLISSIT MODEL
(Annon & Robinson, 1981)

- P permission to talk about sexual issues: empathy
- LI limited information, including sexual education, clarification and addressing sexual myths
- SS specific suggestions
- IT intensive therapy: marital and or sex therapy

FROM FERTILITY PERSPECTIVE

- Vaginismus: bedside insemination
- Erectile dysfunctions: bedside insemination or medication
- Retrograde ejaculation: medication or urologist
- Orgasmic disorders: Ferticare

FROM COUPLE'S PERSPECTIVE

- Which are the dynamics in this relationship?
- Which is the place of the child wish?
- How does the couple cope with these (temporary?) problems?
- Quality of life together?

STATEMENT ONE

COUPLES WHO HAVE SEXUAL PROBLEMS WHICH CAUSES FERTILITY PROBLEMS **MAY NOT** RECEIVE A.R.T.

THEY HAVE TO RESOLVE THEIR SEXUAL PROBLEMS **FIRST**.

STATEMENT TWO
(Wischeman, 2010)

ONE THIRD TO ONE HALF OF UNEXPLAINED INFERTILITY IS CAUSED BY **HIDDEN** SEXUAL DYSFUNCTIONS

FINAL TAKE HOME MESSAGES

THANKS FOR YOUR ATTENTION

THANKS FOR YOUR PARTICIPATION

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