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## Medical treatment from a psychological perspective

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Campus Workshop

Developing skills for infertility  
Counselling

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## Introduction

Reproductive medical treatment is emotionally stressing and this stress increases with the number of unsuccessful treatment cycles (Boivin et al. 1995; Beutel et al., 1999)

For many women the emotional stress in the waiting time after embryo transfer is a greater burden than the medical treatment measures of IVF (Kertenich et al. 1987, van Balen et al. 1996)

For about 15 to 20 per cent of the patients, the emotional distress is so serious that they need psychological counselling (Boivin et al. 1999)



## Summary

- Psychosocial interventions in infertility are used mainly by infertile *patients*, predominantly by female patients
- Providing procedural information about ART (booklets or films) probably facilitates coping with infertility and ART
- The use of the Internet for information and support can be recommended for trustworthy websites only. Only few couples use Internet chatrooms
- Telephone counselling can be helpful in providing specific information about the infertility workup but cannot replace face-to-face counselling on psychosocial issues



## Summary (ctnd.)

- Attendance at support groups helps to strengthen coping abilities, especially for people using third party reproduction
- Psychological counselling is definitive effective in reducing negative affect within a short period of time
- Educational programs providing information and new skills are more effective than counselling interventions (with emotional expression and discussion of infertility-related thoughts and feelings)
- Most systematic studies showed no connection between psychosocial interventions and enhanced pregnancy rates