

European Society of Human Reproduction and Embryology

POCKET GUIDELINE

PSYCHOSOCIAL CARE IN INFERTILITY AND MAR:
HOW TO MEET PATIENTS' PREFERENCES



“PATIENTS HAVE CLEAR PREFERENCES ABOUT THE PSYCHOSOCIAL CARE THEY RECEIVE AT FERTILITY CLINICS. FERTILITY STAFF SHOULD BE AWARE OF THESE PREFERENCES AND CONSIDER ADDRESSING THEM.”



Communication skills, respect, competence, involvement, and information provision are associated with better patient well-being.

ADVICE FOR STAFF

- **Relate** to your patients
- Show **understanding**
- Pay attention to the **emotional impact** of infertility
- **Involve** patients in decision-making
- Pay attention to the **specific needs** of each patient
- Be **sensitive** and **trustworthy**



Information provision, competence of clinic and staff, and continuity of care are associated with better patient well-being.

ADVICE FOR CLINICS

- Provide **written treatment-relevant information**
- Aim for **minimal waiting times**
- **Do not hurry** patients in consultations
- Aim for **continuity of care**
- Offer **opportunities for contact** with other patients
- Offer the opportunity to receive **specialised psychosocial care before, during and after treatment**. Ensure that the uptake process is confidential and simple
- Provide the possibility of a **chaperone**
- Provide a room designated for producing sperm samples

This information is entirely based on the ESHRE guideline: Routine psychosocial care in infertility and medically assisted reproduction – A guide for fertility staff.

For full guideline visit www.eshre.eu/guidelines.

5 TIPS FOR PROVIDING YOUR PATIENTS WITH INFORMATION

Providing preparatory information before the start of treatment increases compliance, **reduces anticipatory anxiety and stress**, and **increases patient knowledge about treatment-related issues**. Information provision is highly valued by patients and they have clear preferences about how they want to receive it.



1. PROVIDE WRITTEN INFORMATION

Patients value written treatment-relevant information.



2. INCLUDE THE FOLLOWING TOPICS:

- Information about diagnostic procedures
- Explanations about treatment results
- Information about different treatment options



3. GIVE INFORMATION ABOUT PSYCHOSOCIAL CARE OPTIONS

Give information about the available psychosocial care services (for instance, counselling, psychotherapy, support groups or online support options). Make sure that the instructions to access these options are easy to follow and the process is confidential.



4. MAKE SURE THE INFORMATION IS UNDERSTANDABLE

Ask input from non-experts.



5. THE INFORMATION SHOULD BE CUSTOMISED

Make sure the information leaflet is *“personally relevant”* to your patient. If a broad brochure is produced, it may be helpful to show patients which information is relevant for them.

“The most effective way to start incorporating psychosocial care in routine fertility care is by improving information at clinics.”



WHAT YOU SHOULD KNOW ABOUT PATIENTS **STARTING** MAR TREATMENTS

1 in 10 patients referred for fertility treatment chooses not to start treatment.

Patients are emotionally healthy:

- They have good marital and sexual relationships
- They do not present higher prevalence rates of sexual dysfunctions
- They are not depressed
- They do not have more psychiatric disorders or general psychopathology

HOW TO KNOW IF A PATIENT IS AT RISK FOR EMOTIONAL PROBLEMS

Use the SCREENIVF* before the start of each treatment cycle to assess patients' risk factors for emotional problems after the cycle.

Look out for the following risk factors:

- Female gender
- Low occupational status
- Difficulty understanding the reality of infertility
- In couples:
 - α Male factor infertility
 - α Disagreements about the importance of being parents
 - α Different views on the social implications of infertility

WHAT TO DO NEXT?

Refer patients identified by the SCREENIVF as being at risk of emotional problems to specialised psychosocial care.

OTHER ADVICE

- Give information about **lifestyle behaviours that** may **negatively affect** patients general and reproductive health
- **Support** patients **in changing lifestyle behaviours** (e.g. weight-loss programmes)
- **Involve both partners** in the diagnosis and treatment process
- **Provide preparatory information** about medical procedures

* The SCREENIVF can be accessed through the ESHRE website

WHAT YOU SHOULD KNOW ABOUT PATIENTS **DURING** MAR TREATMENTS



1 in 5 patients do not comply with ART treatment.

Women miss on average 23h of work per IVF cycle.

Couple's satisfaction with their partnership remains stable over a treatment cycle.

Women experience lower social support between oocyte retrieval and embryo transfer than the equivalent period in a normal menstrual cycle.

The oocyte retrieval, embryo transfer and the waiting period before the pregnancy test are stressful periods for patients.

When patients receive a negative pregnancy test, they experience high emotional distress, and some show symptoms of depression or anxiety.



HOW TO KNOW IF A PATIENT IS AT RISK FOR EMOTIONAL PROBLEMS

Use the SCREENIVF* before the start of each treatment cycle to assess patients' risk factors for emotional problems after the cycle.

- Look out for the following risk factors:
- Low occupational status
 - Having treatment related physical or emotional complaints
 - Previous experience of mental-health disorders
 - Difficulty accepting infertility and childlessness
 - Feeling helpless regarding infertility and its treatment
 - Avoiding being around pregnant women



WHAT TO DO NEXT?

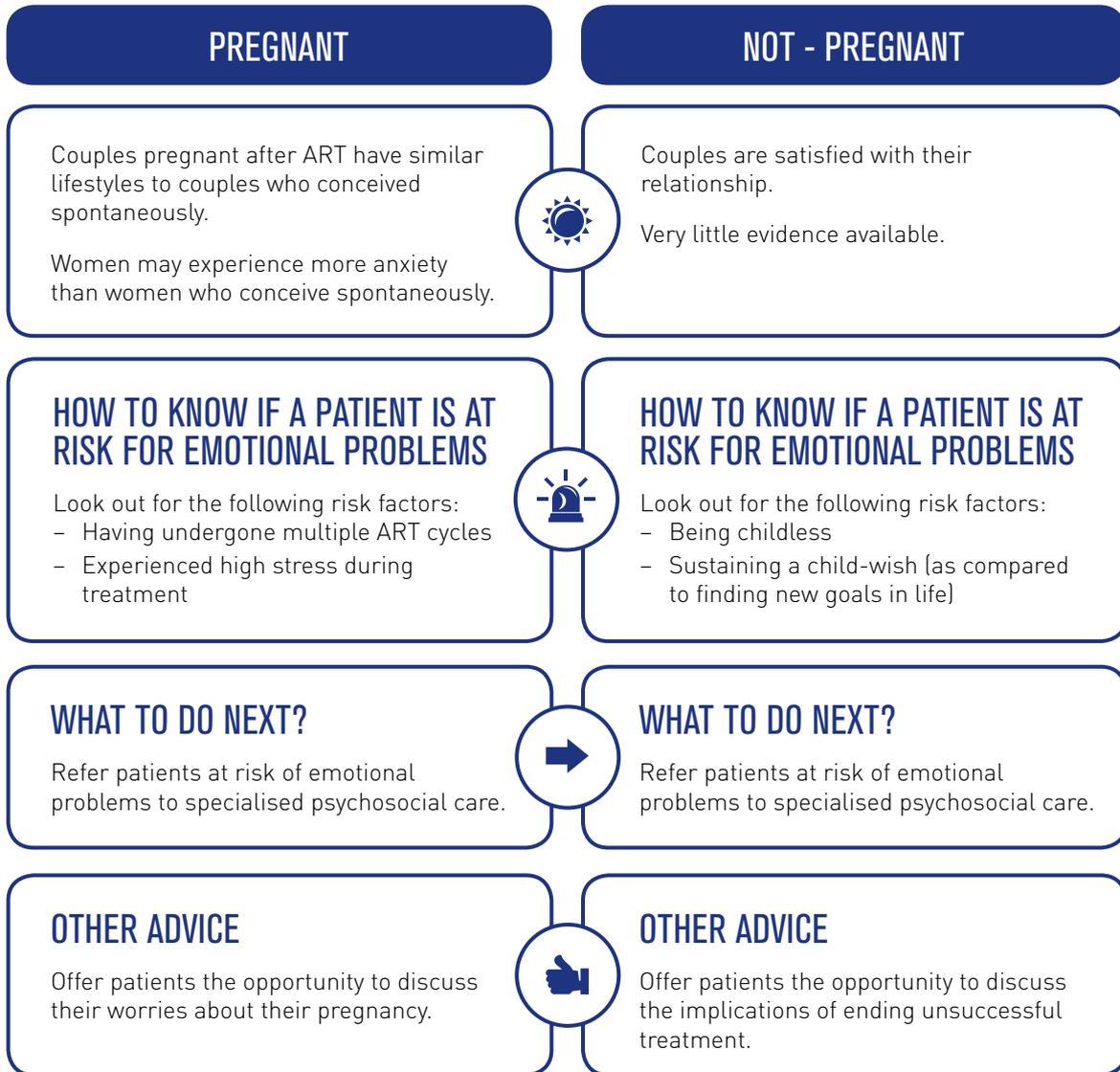
Refer patients at risk of emotional problems to specialised psychosocial care.

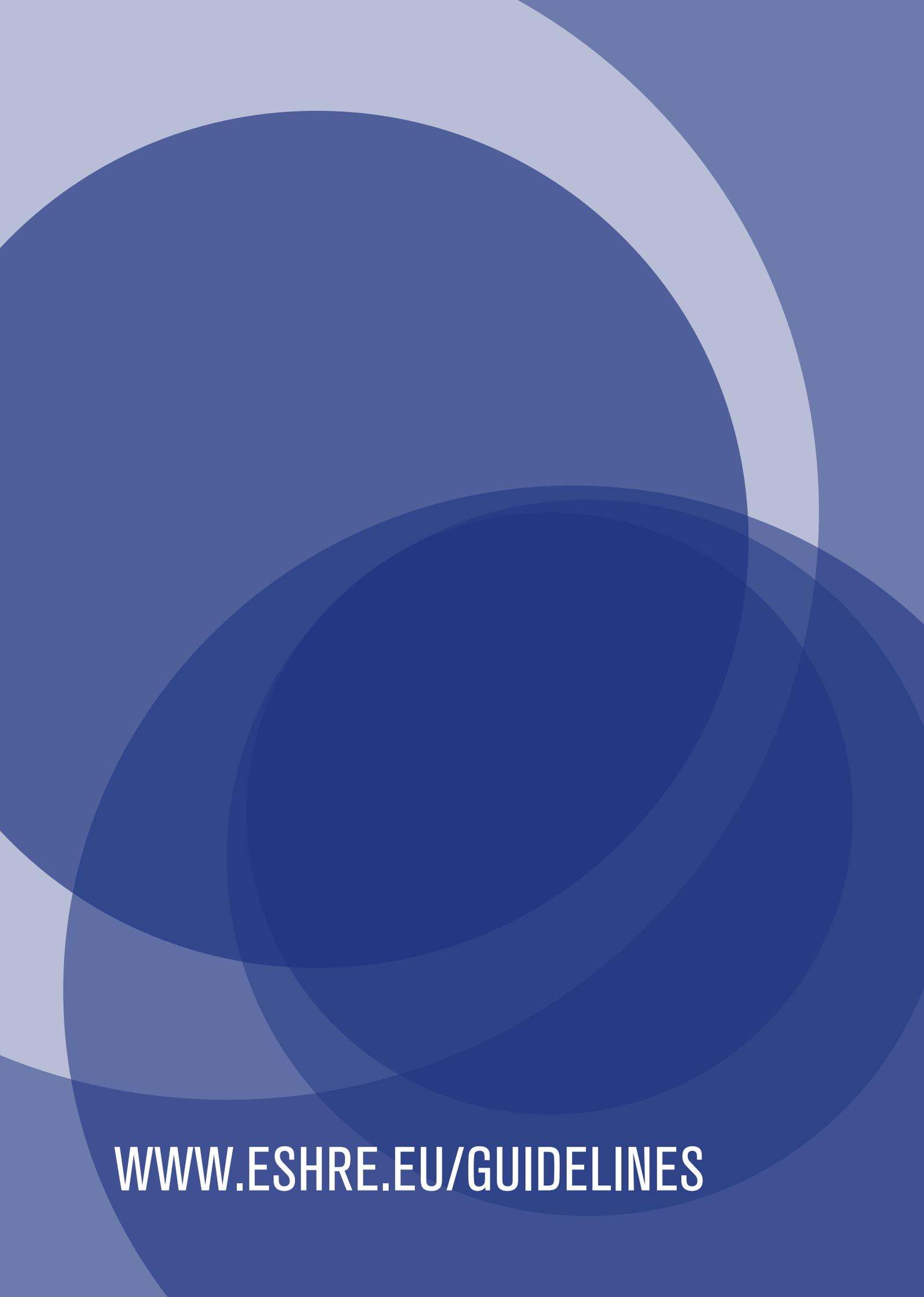


OTHER ADVICE

- Discuss the uptake or not of recommended treatment and provide support for decision-making.
- Involve both partners in the treatment process.
- Offer patients the opportunity to discuss and clarify their treatment related concerns.

WHAT YOU SHOULD KNOW ABOUT PATIENTS **AFTER** MAR TREATMENTS





WWW.ESHRE.EU/GUIDELINES