Support For Infertile Couples

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PICO Question and Significance

Learning how to ask the right question is one aspect of good evidence based research. PICO questions are an important part of beginning a research project or study. Forming a PICO question allows researchers to make an outline of the question that their project is aiming to answer, and brainstorm their thoughts about the topic. The PICO question for this research project is: In infertile couples, how effective is professional support in achieving positive coping and psychosocial wellbeing when childbearing is difficult versus couples who do not receive professional support when childbearing is difficult? For this project, professional support will include anything from visiting a therapist, to seeking advice and comfort from family members and friends.

PICO stands for population, intervention, comparison, and outcome. The population for this project includes couples that are dealing with infertility. The communal theme of the articles in the following grids are that emotional support can play an important role on how the patients cope with their infertility issues (Salakos et al., 2004). This issue is important in current nursing practice, because two major roles of a nurse include patient educator and patient manager. The educator role for couples dealing with infertility involves informing clients of what to expect. The manager role includes providing resources to patients that will help them develop and strengthen their coping skills and psychological wellbeing. These resources may include therapists, coping activities and support groups.

The interventions being assessed in this study include counseling services, activities to strengthen partner relationships and support from family and friends. The goal is to examine the effect that these interventions have on the coping skills and psychosocial wellbeing of infertile
couples. This is relevant to nursing, because nurses serve as the facilitator of positive coping skills between partners and family members. Low levels of social support may decrease psychosocial wellbeing of infertile couples (Martin et al., 2013). So, it is important for nurses to educate patients on the importance of using positive coping strategies and working to maintain a strong relationship between couples.

The “C” in PICO stands for comparison, and this study has an effective comparison that will draw correct conclusions and results. The comparison for this study is couples that do not receive professional support when childbearing is difficult. Some couples may be unaware of how to receive support even though they desire it, while others elect to not seek support (Salakos et al., 2004). By making this comparison we get an accurate assessment of the effect that professional support can have on the coping skills and psychosocial wellbeing of infertile couples.

The expected outcome of this study is that couples who seek professional support will have enhanced coping skills and psychosocial wellbeing; proposing that those couples that participate in therapy or support groups, have supportive families, and a positive relationship between the couple will have a more positive coping and psychosocial wellbeing when dealing with infertility. With this specific PICO question in mind, the most current, binding research and evidence will be gathered that will either support this expected outcome or have the opposite effect. Also, because this question is so specific and detailed it will help create a strategy that will further formulate the right combination of words when searching for existing evidence.
Reviewing the Evidence

When searching for any evidence regarding the importance of emotional support that comes with couples dealing with infertility, the following databases were utilized: CINAHL, Medline (EBSCO), and PUBMED. These databases were all from the Auburn University Library website. The PICO question for this research topic is: In infertile couples how affective is professional support in achieving positive coping in psychosocial well-being when childbearing is difficult versus couples who do not receive professional support when childbearing is difficult? In order to obtain articles related to the PICO question, the various combinations of words were used: “relationships AND couples AND treatment,” “infertility,” and “couples’ relationship AND failed assisted reproduction treatment AND infertility.” CINAHL, Medline (EBSCO), and PUBMED were also searched using: “social support AND infertility stress AND dyadic analysis” and “counseling OR emotional support OR psychosocial support OR family planning.” All of these searches were limited by selecting refined results such as “research article” and “peer reviewed” and by specifying a publication date of “2004-2014.”

In order to locate the systematic review, the database Medline (EBSCO) was searched using the same criteria. Although the search provided many articles, only one was pertinent to our specific topic—“A review of psychosocial interventions in infertility.” The systematic review was searched for by using: “counseling AND methods AND infertility OR psychology.” This article was used as evidence throughout the paper. Furthermore, to examine valid statistics the website www.cdc.gov was searched regarding the number of couples having infertility issues. The statistic was included in the synthesis of evidence portion of the paper and highly supports the PICO question.
<table>
<thead>
<tr>
<th>Authors of Article, (Yr)</th>
<th>Purpose of study/review</th>
<th>Outline: A) Design B)population C) sampling method and size D) description of methods/interventions (if any) E) instruments used and F) outcomes measured</th>
<th>Major findings/Findings relevant to your project</th>
<th>Give strengths and weaknesses of this article for your project related to validity, bias and applicability</th>
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<tr>
<td>Gibson, D. M. Myers, J. E. (2002) Sloane Lucero</td>
<td>The purpose of this study was to determine the relationship between the use of social coping resources, growth-fostering relationships, and the amount of infertility stress reported by infertile women. Research Questions: 1. Do social coping resources and growth-fostering relationships account for a significant variance in infertility stress? 2. What is the relationship between the use of social coping resources and growth-fostering relationships in infertile women? 3. What is the relationship between the use of social coping resources and the amount of infertility</td>
<td>A. Descriptive B. Women who had been diagnosed as infertile and were receiving treatment intended to help them conceive C. Eighty-three participants were recruited at two major assisted-reproduction and technology medical clinics in the Southeast. Nursing coordinators and staff nurses at these locations solicited the participation of these women who met the proper criteria. The sampling method was non-probability convenience sampling. D. Participants received envelopes that contained three questionnaires, a demographic form, and instructions for completing the packet. E. In addition to the</td>
<td>The findings indicate that both social coping resources and growth-fostering relationships contribute significantly to the variance in infertility stress, with infertility stress decreasing as social coping resources increase. This finding is consistent with the findings of earlier research on the positive effects of social coping on emotional</td>
<td>Strengths: 1. The procedures used for recruitment took into account the sensitive nature of infertility and reassured the women that providing information would help health care providers enhance the quality of services provided to women undergoing infertility treatment programs in the future.</td>
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stress reported by infertile women?

4. What is the relationship between the use of growth-fostering relationships and the amount of infertility stress reported by infertile women?

demographic questionnaire, three published assessment instruments were used. This included the Coping Resources Inventory, the Fertility Problem Questionnaire, and the Relational Health Indices.

F. Understanding the types of social coping resources will help counselors understand the needs of their infertile clients and how these resources can alleviate stress related to infertility.


The purpose of this study was to determine if the amount of social support a couple has effects the amount of stress related to infertility.

A. Cross-sectional
B. Couples actively attempting to have a child and seeking infertility treatment
C. 613 Portuguese patients and self-selection was the sampling method used
D. Participants were given surveys based on self-selection in two locations, the Portuguese Fertility Center and online at the Portuguese Fertility forum
E. Perceived social support was assessed through the Multidimensional Scale of Perceived Social

The findings indicated that partner support is important in preventing the burden of infertility. Infertility may be indirectly experienced due to stress.

Strengths:
1. Increased awareness of the need for social support
2. Discussed the many benefits of participating in counseling and relationship building

Weaknesses:
1. Results limited by self-selection
2. Infertility-specific supportive behaviors were not
Support and infertility relate stress was assessed with the fertility problem inventory

F. Perceived social support and infertility related stress were the outcomes assessed

**Significance:**
Counseling for infertile couples has shown to be beneficial in coping and giving support. Relieving stress with a good support system may help decrease the rates of infertility.

**Sydsjo, G. Skoog Svanberg, A. Lampic, C. Jablonowska, B.**

(2011)

LOE: VI

**Julianna Cook**

The aim of this study was to assess relationships in an unselected population of IVF treated men and women. Also wanted to learn about the family structure that had evolved during these 20 years.

A. Descriptive

B. Men and women undergoing IVF treatment

C. Data drawn from 788 individuals- 81% of the individuals treated. A total of 257 couples (514 individuals) answered the questionnaire about their relationship. In total, 412 men and women (206 couples) answered each ENRICH inventory. A total of 14 men and 137 women answered the ENRICH, without their spouse answering the inventory. Couples were given 3 or more publicly funded IVF treatments during the time period.

D. ENRICH was used to

The majority of IVF couples treated 20 years or more before follow-up had children who were either biological or adopted. The long term relationships were good for couples who continued their relation after treatment and who were still living without children or with biological/adopted children.

**Strengths:**
1. Strength of the study is the longitudinal approach and the low dropout rate and that both men and women answered all the questions.

**Weaknesses:**
1. One limitation with our study is that the information is self-reported on the quality of relationships. Therefore, a possibility
describe marital dynamics varying between 100 (being the lowest points available) to 500 (being the highest amount of points available).

E. The ENRICH Marital Inventory was used to describe marital dynamics. The couples were also given three or more publicly funded IVF treatments during this time period.

F. The couples ENRICH scores are measured to describe couples relationships during and after IVF treatment. This includes singles with or without a spouse, and couples and singles with or without children.

Majority of all couples show a stable relationship 20 years or more after the date of IVF treatment.

Majority of couples (90.8%) who had been treated ~20 years prior to follow-up had added at least one biological or adopted child to the family during that time. The relationships of couples who had continued to stay together during that period were generally described as being good, whether the couples had become parents or not.

exists of bias towards positive self-reporting. In this study, both men and women were advised to answer their questionnaires separately but there was no way to control this.

2. We have no relationship data or information on whether the couples or individuals that refrained from participating had or did not have children that would of course have added to our knowledge. Since the number of childless couples participating in this study is small, the results must be viewed with some caution.

<table>
<thead>
<tr>
<th>Sydsjo, G.</th>
<th>Since there are so few studies that have</th>
<th>A. Correlational</th>
<th>The couples displayed a</th>
<th>Strengths:</th>
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Elizabeth Tracy studied the relationship in an unselected sample of couples who have not succeeded in becoming the woman pregnant from IVF treatment, the aim of this study was to follow couples who were treated during the late 1990s and follow them using martial scales that are validated and that measure different dimensions of a relationship such as sexuality, communication, conflict resolutions etc. A second aim was to study the couple’s satisfaction with the IVF treatment and their plans for further treatment and adoption plans.

Research questions:

- Were the dimensions of a relationship negatively affected with IVF treatment?
- What percentage of the couples was satisfied with the IVF treatment?

B. Study included couples without previous children, from September 1997 – December 1998, who were asked to participate after their first failed IVF cycle.

C. Forty-five was the sample size and the sampling method was convenience sampling.

D. A cohort study with closed questions (questionnaire) to gain information about treatment and adoption plans.

E. Enrich martial inventory provides scores of the wives’ and husbands’ evaluation of their relationship in 10 categories comprising 10 items each.

F. Relationships in couples after failed IVF treatments were stable relationship from the start as well as 1 year after the last IVF cycle. The vast majority of the couples had decided to go through with an adoption. 73% of the women were interested in more IVF treatment compared to 35% of the men. The stresses associated with IVF treatment did not have a negative impact on the couples’ appreciation of their relationships during and after the treatment period. Both men and women stated that the IVF treatment was a positive experience but the majority of the women

1. This study had a longitudinal approach
2. This study had a low drop-out rate of only 12%
3. Both the men and women answered all the questions.
4. ENRICH is a valid and broad instrument that measures different aspects of a relationship.
5. Marital scales were validated

Weaknesses:

1. Bias because there were a small number of participants
2. The study incorporated only a few questions about treatment services and expectations.
3. The study
experience the infertility investigation as a negative experience. Infertile couples that have had a stable relationship 2 years prior the infertility treatment report that they had good and stable relationships during IVF treatment and after failed IVF treatment. did not interview the men and women separately about their experience of the treatments and fertility investigations and discussion of plans for the future.

4. Bias because this study only included participants from one hospital in one area

Significance: Captured relationship status in a correct and satisfactory way of couples going through IVF treatment that does not lead to pregnancy, and furthermore, revealing positive outcomes despite the failed treatment.

<table>
<thead>
<tr>
<th>Onat, G.</th>
<th>This study aims at identifying the effects of</th>
<th>A. Descriptive Findings Related to</th>
<th>Strengths:</th>
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| Beji, N. K. (2012) LOE: VI Samantha Bianchi | infertility on marital relation (MR) and quality of life (QoL). What effects do infertility and its treatment have on MR and QoL? | B. Individuals who received successful infertility treatment and had a child.  
C. Sixteen - 7 couples and 2 females participated in the study. Nonprobability purposive sampling. The selection criteria were having successful infertility treatment, living together with partners, living in Istanbul at the time of the interview, and being able to participate in the study. 25 couples could be reached by telephone, and only 7 volunteered. 2 females also volunteered but their husbands could not.  
D. There was no description of interventions or methods noted.  
E. A prepared interview guide with questions focusing on couples marital relations and general QoL experiences with infertility. Researcher made tape recordings and took field notes  
F. The effects of infertility on MR and QoL according to the responses to the | Marital Relation: Two of the couples stated that did not find their relationship compatible. While one partner defined themselves “almost compatible”, the other partner stated that they “have problems in their marital relationship, but without any personal conflicts.” Both partners reported that they had an arranged marriage. Also four themes emerged from the answers given in this category: Separation, divorce Treatment phase and husband’s reaction, support after unsuccessful treatment | 1. With this data it is easier to compare data obtained from couples having successful infertility treatment and those failing such treatment.  
2. To minimize recall-bias, the researcher prepared a report for every interview and the Interview data were transcribed at the end of the day it was conducted.  
3. Participants were informed that the researcher used a tape recorder to collect data and they were asked for permission.  
Weaknesses:  
1. Recall bias might have occurred because of |
questions of the participants. Marital relationship after delivery Significance of child in the marriage.

Findings Related to QoL:
Effects of infertility on QoL were examined in 7 sections consisting of emotional, physical, social, sexual domain, business life, family/relative relations, and environmental domains. Before having a child, the participants were found to have had feelings such as sadness, a sense of guilt, and envying people who can have children. Most common expressions describing this period were “sadness”, “lack of

| 2. This study is not community based and it only involved volunteer patients in only one infertility clinic. 
3. It does not represent the community or population as a whole because there were a low number of patient entries which decreases the validity of this study and significance for my project. 
4. I don’t know how applicable this information would be related to couples in the United States. |
motivation”, “anguish”, “stress”, “a meaningless or aimlessness life”, “anxiety”, “anger”, “crying”, “it was like I was detached from life”, to “I wasn’t able to do anything even if I wanted to.” As to the treatment process, the participants reported to have experienced feelings of anxiety, panic, and stress very intensely. Three participants pointed that they received psychiatric help during infertility treatment. The feelings that they experienced after having a child were described by the participants with the
The purpose of this study was to analyze the psychological/emotional needs of women who undergo treatment for in vitro fertilization and to emphasize the importance of the psychosocial support that family planning centers can provide to them.


Lauren Gardner

A. Descriptive

B. The subjects were infertile women undergoing IVF treatment in a private IVF center from April 1, 2003 to June 31, 2003

C. Two-hundred and thirty five infertile women. The sampling method was non-probability convenience sampling.

D. Each woman completed a questionnaire after their IVF procedure was completed.

E. No instruments were used

F. The outcomes measured were:

1. What the women expect to gain from an emotional support program

2. The distribution of the women's priorities for a psychological/emotional support program

The findings indicated that 59.3% of the women expected to receive medical information in an emotional support program, 32.5% of the women expected to receive emotional support in an emotional support program, and 8.2% of the women expected to receive both medical information and emotional support in an emotional support program.

Strengths:
1. The selection and formulation of these questions were conducted in such a way as to preserve the anonymity of the subjects.

Weaknesses:
1. The study relied on a questionnaires’ as the basis for information. Therefore, self-reporting can cause bias in the information acquired.

2. Bias can also occur due to the fact that the participants were from one single clinic.
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<td>The purpose of this review was to determine whether psychosocial interventions improved well-being and pregnancy rates, and to identify the kinds of interventions that were most effective. The aim of the review was to examine outcome studies that do exist with the intent of appraising this research and providing direction for future research on the evaluation of effective psychological interventions.</td>
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<td>A. Descriptive</td>
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<td>B. The final sample consisted of 35 studies, of which only 25 were independent evaluations on separate populations.</td>
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<td>C. Thirty-five studies</td>
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<td>D. Counseling interventions, focused educational interventions, and comprehensive educational programs were the interventions used in this review. Counseling interventions can be divided into three types. The first type evaluated the effects of both short and long-term psychoanalytic psychotherapy used to alleviate psychic conflicts, often originating in childhood, believed to be blocking pregnancy. The second type was infertility counseling and it focused directly on reactions to infertility and discussion about the impact of infertility on different domains. The overall, there was moderate support for beneficial effects of psychosocial interventions on the well-being of infertile men and women. Almost all interventions showed positive effects on at least one of the outcomes assessed and none of the studies reported a negative effect on well-being.</td>
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<tr>
<td>1. Overall, there was moderate support for beneficial effects of psychosocial interventions on the well-being of infertile men and women. Almost all interventions showed positive effects on at least one of the outcomes assessed and none of the studies reported a negative effect on well-being.</td>
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<tr>
<td>Strengths:</td>
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<tr>
<td>1. Majority of the studies used validated questionnaires.</td>
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<td>2. Almost all studies used at least one questionnaire designed for that particular study.</td>
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<td>3. 36% of the studies included random assignment to a control or intervention group.</td>
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<td>4. These studies are applicable in the sense that they will increase the quality of future evaluations.</td>
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<td>Weaknesses:</td>
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The third type aimed to identify and correct distorted cognitions and beliefs about infertility. The focused educational programs mainly incorporated one or two educational activities including coping training, stress reduction, sex therapy, and receiving information about medical tests or treatments. In contrast, the comprehensive educational programs assessed the comprehensive and structured educational psychosocial interventions.

E. Majority of the studies used validated questionnaire measures

F. The variables are well-being and pregnancy rates

pregnancy rates. More research needs to be devoted to the systematic evaluation of pregnancy effects before psychosocial interventions can be recommended.

3. Educational interventions were more effective than counseling interventions. Educational interventions produced more positive changes across a broad range of measures including negative affect, interpersonal functioning, and pregnancy.

4. Eleven studies carried out gender analyses and these generally showed that men and women benefitted equally from counseling.

5. Men benefitted as much from

1. Because this study is a review, we don’t necessarily know all the details of the actual studies that were conducted.

2. Randomization protocols were not used in several studies, and some attrition rates compromised randomization when it was used.

3. Although many studies used a comparison group, it was often comprised of people who refused to participate or dropped out of the treatment. There was bias because many of the groups that were used either did not want to participate or eventually dropped out. They already had negative feelings towards the study.
|   |   | counseling as women did, which was somewhat unexpected since women are generally more interested in counseling than men. | 4. Although these studies were applicable, there needs to be more high quality studies in order to address the effectiveness of psychological interventions |   |
Synthesis of Evidence

Infertility is a condition in which there is an inability to become pregnant after one year of recurrent sexual intercourse without the use of any type of contraception (Gibson, 2002). According to the Center for Disease Control and Prevention, 1.5 million married women between the ages of 15 and 44 are infertile (2012). This is a significant decrease from 2.1 million infertile married couples in 2002 (Gibson). This decrease is due to the technological advancements over the past few decades, which have made achieving pregnancy easier. However, the psychological effects of infertility still exist and have not been heavily explored. Whether an individual or couple undergo fertility treatment or not, emotional, physical, social, and psychological factors can occur (Gibson, 2002). Nevertheless, it is known that women do notably have a more difficult time coping than men with the issues of infertility (Martins et al., 2013).

While there is a vast amount of research pertaining to the medical treatment for infertility, studies are lacking on information about the importance of emotional support and counseling for infertile men, women, and couples; especially those individuals seeking fertility treatment options. The majority of the research found stressed that education on the importance of counseling and emotional support is crucial to the well-being of the infertile client. However, some studies indicated that medical treatment was the key aspect in allowing individual’s to gain positive outcomes when experiencing infertility.

As stated above, the physical aspects of infertility such as a medical treatment regimen are a very important aspect of the treatment process for individuals experiencing infertility. In a study conducted by Salakos et al., a questionnaire was given to 235 infertile women participating in an in vitro fertilization (IVF) program. The findings from this study indicated that 59.3% of
the women only expected medical information for an emotional support program, 32.5% of the women anticipated actual emotional support from an emotional support program, and only 8.2% of participants expected both medical information and emotional support from an emotional support program (2004). This study signifies that many individuals have a strong interest in the medical treatment facet as opposed to the emotional aspect of treatment.

Although discussing fertility treatments in depth are out of the scope of this paper, it is important to note that many individuals are solely interested in the medical treatment associated with infertility. One study found interpreted data from a study of couples receiving unsuccessful IVF treatment and the effects it had on the relationship of the couples involved (Sydsjö et al., 2005). This is similar to the research conducted by Martins et al. In comparison to the study by Salakos et al. explained above, this study also used a questionnaire. Forty-five participants completed the questionnaire after their first failed IVF treatment (Sydsjö et al., 2005). Although separately the men and women had differing emotions regarding the outcome of the treatment, the results indicated that the couples as a unit displayed a stable relationship throughout and after the treatment ended with no regards to additional emotional support. In the end, 73% percent of the women wanted to continue IVF treatment and 33% of the men wanted to continue with treatment.

As opposed to medical treatment, education on the psychological effects of infertility is an important aspect of treatment after being diagnosed with infertility. In order to prevent individuals from experiencing the negative effects of infertility, such as stress, depression, insomnia, a change in appetite from normal, the avoidance of places where children are present, loss of privacy of sexual life with partner, and planning intercourse for the sole purpose of conceiving versus intercourse for pleasure, it is important to utilize appropriate coping
mechanisms (Onat, 2011). Although there is very little research in relation to the impact of social support on couples, there have been studies indicating that low levels of social support are linked to reduced psychosocial adjustment and may even result in termination of treatment in men and women respectively (Martin et al., 2013). This study indicates that it is crucial to provide emotional support along with the fertility treatment program in order to have the most positive outcomes. Overall, Martins et al. focused specifically on the interactions between partners during this stressful time and how their attitudes and coping abilities affect the other partner and their adjustment (2013). In accordance with this study, another research area conducted by Sydsjö indicated that couples who evaluated their relationship before, during, and after treatment for infertility had more positive outcomes because they were aware of the effects that infertility can have on the other person and themselves (2011).

As previously discussed, a theme recurrent throughout the majority of the articles used in this paper is the insufficient emotional support provided for infertile women. In accordance with the study conducted by Sydsjö, Salakos et al. also emphasizes on the psychological and emotional factors related to IVF versus the actual medical treatment itself. The study largely focused on the emotional needs of the couple undergoing fertility treatment for a long period of time (2004). An aspect of treatment explored in this article, that is normally not addressed in other research, is that women who expect the IVF to work the first time treatment is done need specialized counseling after the event of treatment failure (Salakos et al., 2004). This is an issue due to the fact that health professionals such as doctors and nurses provide much of the education and information during this process currently. This study recommends that mental health professionals and other health care providers who specialize in counseling should be utilized for the education aspect of treatment regarding emotional support and counseling.
The main goal of the systematic review article encompasses the same priorities as the majority of articles used in this paper that focused on psychological support for the promotion of general well-being. The overarching goals of the systematic review were to determine whether psychosocial interventions improved well-being and pregnancy rates, and ultimately to identify types of interventions that would be most effective (Boivin, 2003). Many of the articles used in the synthesis of this research paper contained a variety of theoretical models related to effective social support. According to Martins, the stress buffering hypothesis is beneficial. This model states that after the incidence of a stressful experience, individuals with support will not undergo the same harmful effects as those without support and will adapt better. In addition, the duration of therapeutic treatment interventions need to be substantially long enough in order for the women to get the most benefit. Overall, a correlation has been found in emotional support and counseling as being beneficial in the treatment of infertile individuals but research needs to further explore mechanisms in which to achieve this in tandem with medical treatment.

**Appraisal of Evidence**

A. All the studies found were well designed. Each article provided an introduction of the study, a materials/method of how the study was conducted, analysis of the results/findings, discussion, and conclusion. The articles included charts and figures displaying the results of the study they had conducted. None of the articles collected were of a randomized controlled trial origin yet the data collected was valid so that the PICO question mentioned previously was answered. However, several descriptive articles were found on the topic at hand as well as a systematic review, correctional study, and cross-sectional. The majority of the articles were descriptive designed, consisting of questionnaires being filled out by the study participants or by an interviewer conducting
the questionnaires. The majority of the articles ranged from level III-VI with one article that has level I evidence included.

B. The findings of the studies used reported inconsistent results. Each study placed great importance on psychosocial support to the partners as a couple or to the men and women individually. Focus was also put on the relationship of the couple trying to conceive prior to the fertility treatment and post treatment. The relationship between the infertile couples and their families were also discussed in terms of the encouragement level the couple received. A couple of the studies discussed medical education being provided at emotional support groups and how some infertile families actually preferred or expected this type of enlightenment at emotional support groups versus actually receiving emotional counseling. One of the studies researched discussed infertility causes and the support level accompanied during such a stressful period depends on the quality of the relationship previous to the diagnosis of infertility. The stronger the relationship prior to infertility issues the more likely the couple is to proceed through the infertility process together as a team and have a more positive result after treatment, even if not resulting in pregnancy. Since educational interventions were more effective than counseling interventions in one select study, producing more positive changes across a broad range of measures including negative affect, interpersonal functioning, and pregnancy, further research should be conducted on how such educational interventions should be presented for a sensitive subject such as infertility (Boivin, 2003). On the basis of all of the evidence examined in the studies, one cannot confidently conclude that psychosocial interventions will increase pregnancy rates although they facilitate affirmative coping mechanisms in infertile couples. More research should be devoted to the systematic
evaluation of pregnancy effects before specific psychosocial interventions can be recommended to couples (Boivin, 2003). Despite the large quantity of studies that have been conducted on psychosocial therapy in infertile couples, further studies are still in need of being conducted in order to provide consistent results.

C. Considering the subject, most of the articles more readily identified benefits to the patient and their families rather than the health care provider. Although health care providers learn from patients daily, the infertility in couples affects their quality of life in seven domains: emotional, physical, social, sexual domain, business life, family/relative relations, and environmental. During infertility, participants were found to have feelings of sadness, guilt, and envy of people who could conceive, and reported a lack of motivation and meaningless of life as well. Participants often felt a high level of stress with their condition, which may have indirectly caused infertility. The findings in the studies indicated that partner support prevents the burden of infertility, such as experiencing the previously mentioned emotions. After receiving psychiatric help and emotional support for infertility, the feelings of the participants drastically changed to such expressions as: happiness, joy, relief, peace, clinging to life, and purpose for living whether they conceived, adopted, or found another emotional connection outlet.

D. In the articles found, no cost studies were directly conducted on the recommended action, intervention, or treatment. According to Boivin, numerous infertility studies claim to show that stress and other negative emotional factors can reduce fertility potential (Boivin, 2003). This stress can come from jobs, family crisis, and a number of other things. Once a couple finds out they are infertile they become overwhelmed with even more stress, including how to pay for infertility treatment, if this is an option for them,
and support counseling. The stress and negative self-reflection of the couples unable to conceive can negatively affect relationships in the home and work environment. Although emotional support costs vary in monetary value, they are beyond valuable to the families receiving them considering the detrimental effect infertility has on the quality of life for couples.

**Recommendations for Evidence-Based Practice**

- Married couples undergoing fertility treatments should assess and evaluate their relationship periodically in order to maintain marital satisfaction and well-being.
  - Grade: A

- Mental health professionals or health professionals who specialize in health education and counseling should assess the needs of infertile men and women in order to intervene and educate appropriately.
  - Grade: A

- In order to minimize stress on couples and their future plans, physicians and counselors should inform and educate the couples on success rates for different treatment options including the effect of the couple’s background.
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- Grade: B

- Counseling should emphasize support from partner, reinforce the involvement of the male throughout the treatment process, and overall use couple-based interventions to alleviate the burdens of infertility.
  - Grade: B

- Counselors should design interventions that will be effective coping resources along with developing growth-fostering relationships with their patients to alleviate the stress related to fertility.
  - Grade: B

- Future research should focus on developing well-controlled studies in order to evaluate the potential effectiveness of psychosocial interventions for infertility.
  - Grade: B
• Health care teams should provide services in line with a family-centered, holistic approach to help couples move forward in their life and promote well-being.
  
  o Grade: C
  
  
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References


