Support for Infertile Couples

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Synthesis of Evidence:

- Gibson and Myers (2002) found that social coping resources and growth-fostering relationships contribute to the variance in infertility stress, with infertility stress decreasing as social coping resources increase. LOE: VI
- According to Martins, Peterson, Almeida, Mesquita-Guimaraes, and Costa (2013), partner support is important in preventing the burden of infertility because, the amount of social support a couple has effects the amount of stress related to infertility. LOE: IV
- Sydsjo, Skoog Svanberg, Lampic, Jablonowska, (2011) found that the majority of couples who had received IVF treatments either had biological or adopted children and were still successfully happy in their relationships because of the outside support received. LOE: VI
- Sydsjo, Ekholm, Wadsby, Kjellberg, Sydsjo, (2005) looked at couples who had not succeeded in becoming pregnant from IVF treatment, and found stable relationships during and after the treatments even though the majority of couples had gone through adoption. LOE: III
- Onat, Beji, (2012) identified that the effects of infertility on marital relation and quality of life. The majority of the participants encountered stressful, saddening phases while going through IVF, yet sought out various forms of treatment and were able to successfully follow through with conception. LOE: VI
- The findings indicated 59.3% of women expected to receive medical information in an emotional support program, 32.5% of 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. Salakos, Roupa, Sotiropoulou, Grigoriou (2004). LOE: VI

Recommendations:

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

Discussion:

All the studies have inconsistent results showing a broad range of measures and interventions coinciding with infertility treatments. Further research could be conducted based on educational interventions and sensitivity to the subject of infertility and to the systematic evaluation of pregnancy effects before specific psychosocial interventions.

Search Strategy:

To find evidence supporting infertile couples, the Auburn University Library website was used. The following databases were searched: CINAH, Medline (EBSCO), and PUBMED. The various combinations of words were used: “relationships AND couples AND treatment,” “infertility,” and “couples’ relationship AND failed assisted reproduction treatment AND infertility.” to examine valid statistics the website www.cdc.gov was searched regarding the number of couples having infertility issues.

References:

