

Stress Management During IVF Treatment

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Stress and Coping

- ▶ Infertility is characterized by what individuals find stressful:
 - ▶ Unpredictability
 - ▶ Negativity
 - ▶ Uncontrollability
 - ▶ Ambiguity
- ▶ Infertility is seen as a paradox:
 - ▶ Patients don't want to "stress" during treatment, but the treatment itself is stressful
 - ▶ Couples perceive infertility as both potentially harmful (being out of control of the process) and as beneficial (strengthening of the marital relationship)
 - ▶ While treatment decisions are within their control, treatment success is not

Covington and Burns, 2006

Reactions to Stress

- ▶ Every individual will experience stress differently based on their own personality and life experiences.
- ▶ Stress associated with infertility affects patients in all aspects of their lives:
 - ▶ Marital
 - ▶ Social
 - ▶ Physical
 - ▶ Emotional
 - ▶ Financial
 - ▶ Religious
 - ▶ Time

Most Stressful Times During Treatment:

- ▶ First treatment cycle
 - ▶ Often a time of extreme bewilderment, confusion, and anxiety
- ▶ The egg retrieval and semen sample
- ▶ Waiting to hear if fertilization is successful
- ▶ Waiting to hear the outcome of the embryo transfer
- ▶ The 2 week waiting period

▶ ASRM: Preparing for IVF: Emotional Considerations

Relationship Impacts:

- ▶ Research indicates:
 - ▶ Majority of patients adjust well emotionally
 - ▶ No long-term impact on marital relationship or individual functioning
 - ▶ Some improvements noted in marital communication and emotional intimacy
 - ▶ Enhancement in coping skills and communication patterns for a life-long benefit

▶ ASRM: Preparing for IVF: Emotional Considerations

Relation of Stress to Outcomes

- ▶ Contradictory studies to date, due to unclear or uncontrolled factors
 - ▶ Stress may be related to prognosis
 - ▶ Stress not ruled out as the result, as opposed to the cause, of a failed cycle
- ▶ One recent study out of San Diego, CA, which controlled for age and FSH levels found a strong relationship between pre-cycle psychological state and birth rates.

▶ www.domarcenter.com

Initial Intervention Goals:

- ▶ Form a positive working relationship with the couple
- ▶ Define a treatment focus
- ▶ Negotiate criteria for a successful outcome
- ▶ Distinguish the clients from non-clients
- ▶ Identify patient motivational level and tailor interventions accordingly
- ▶ Advocate for your patients
- ▶ Do “something” that makes an immediate difference

▶ Covington and Burns, 2006

Specific Stress Management Techniques:

- ▶ Encourage patients to gather information and plan ahead
 - ▶ An antidote for anxiety is information and knowledge
 - ▶ Understand their bodies, reproduction, IVF process, personal treatment plan
- ▶ Prepare patients for decision-making
 - ▶ Anticipate decisions and discuss ahead of time
 - ▶ Consider moral or religious implications if important
 - ▶ How many embryos to transfer?
 - ▶ Extra eggs or embryos disposition?
 - ▶ Freeze, destroy, donate?
 - ▶ Disclosure or non-disclosure in 3rd party conception/adoption?

Stress Management Techniques: (con't)

- ▶ Encourage patients to tend to their psyches and to their relationships
 - ▶ Infertility can take a personal toll on self-esteem and the marital relationship, which can result in distress and isolation
 - ▶ Limit “infertility talk” to 20 minutes daily
 - ▶ Discuss hopes and expectation for each other ahead of time
 - ▶ Both present at all appointments?
 - ▶ Together for the pregnancy test?
 - ▶ Together for call from doctor with results?
 - ▶ Participate in Therapy or Support groups
 - ▶ Less isolating
 - ▶ Normalizes the experience
 - ▶ Enhances support
 - ▶ Eliminate blaming and/or guilty thought spirals

Stress Management Techniques: (con't)

- ▶ Facilitate building of support network
 - ▶ Help patients decide in advance who they will tell about the treatment and to what extent
 - ▶ Help them identify those who will give the support they need
 - ▶ Designate a family/friend “spokesperson” so patient has to make only 1 phone call
 - ▶ Encourage use of infertility self-help organizations:
 - ▶ RESOLVE: www.resolve.org
 - ▶ The American Fertility Association: www.theafa.org
 - ▶ The Polycystic Ovarian Syndrome Association: www.pcosupport.org
 - ▶ American Society for Reproductive Medicine: www.asrm.org
 - ▶ International Premature Ovarian Failure Association: www.pofsupport.org
 - ▶ The Endometriosis Association: www.endometriosisassn.org

Stress Management Techniques: (con't)

- ▶ Assist patients in identifying their stressors and coping techniques
 - ▶ Educate them that not everyone will be stressed by the same events, nor will they react in the same ways (not even within the couple)
 - ▶ Help patients to anticipate where the stress comes from, as that will help them develop successful coping strategies
 - ▶ Help patients to know their individual coping style, and that of their partner
 - ▶ Help them identify what has worked in the past, and to recognize what does not work
 - ▶ Help patients accept differences in coping styles as a way to reduce conflicts
 - ▶ Encourage MD approved daily exercise as able
 - ▶ Encourage Humor: even tough situations can contain funny moments

Stress Management Techniques: (con't)

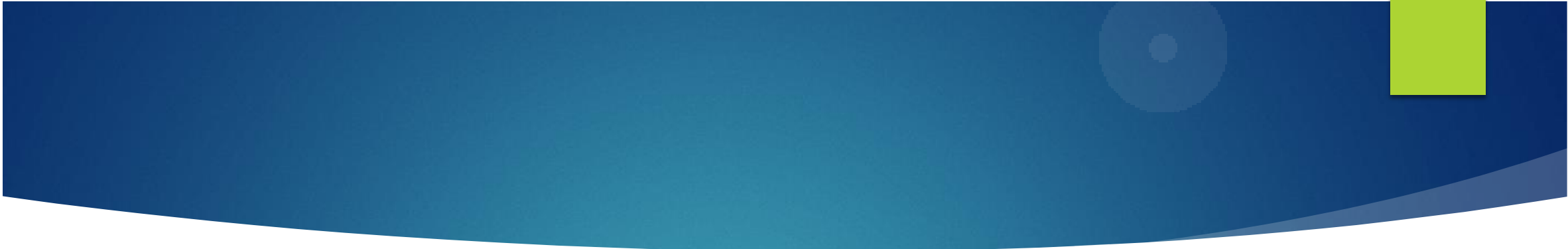
- ▶ Encourage use of mind/body relaxation techniques such as: meditation, guided imagery, aroma therapy, music therapy, acupuncture, and yoga
- ▶ Encourage your patients to exercise control where they have it:
 - ▶ Reduce or eliminate especially stressful work projects
 - ▶ Reduce or eliminate making important decisions or life-changes
 - ▶ Control daily decision-making
 - ▶ Control treatment decision making
 - ▶ Control negative-thought spirals
 - ▶ Give yourself transition time from appointments back to life routines, even 5 minutes

Stress Management Techniques: (con't)

- ▶ Exercise control (con't):
 - ▶ Give yourself permission to skip baby showers (send a gift, card instead)
 - ▶ Make alternative Holiday plans to avoid large gatherings with lots of children
 - ▶ Nurture and Indulge yourself: plan a spa day, enjoy comfort food, read, go to a play/movie, plan a date-night
- ▶ Make a list of planned comments to be ready to use when someone says something inadvertently hurtful
- ▶ Normalize the emotional roller-coaster of treatments
 - ▶ Optimism + Pessimism = Infertility Treatments
- ▶ Advocate for a “Plan B” which considers options for family-building

Stress Management Techniques: (con't)

- ▶ Help your patients to anticipate problem areas and to expect the unexpected, as changes and adjustments are frequently made in treatment plans
- ▶ Guide your patients in a discussion about how/when they will determine their end of treatment

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- ▶ Remember, as a counselor, you are in a unique position to assist your patients in realizing that regardless of the outcome, either pregnancy, adoption, third-party conception, or childlessness, infertility does not define them. How they choose to lead their lives is what defines them, and each and every one of us.

Thank you!

- ▶ Questions?
- ▶ Please feel free to contact in the future: Elizabeth R. Cohen, LICSW
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