

Infertility

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Infertility

Overview

Infertility

- Inability to conceive after 12 months of unprotected sex under age 35 (6 months if over age 35)
- Encompasses physical, hormonal, or reproductive circumstances.
 - o Mayer-Rokitansky-Küster-Hauser (MRKH) Syndrome: underdeveloped or absent uterus makes natural conception and childbirth impossible.
 - o Social infertility: obstacles due to societal or lifestyle factors rather than medical reasons
 - Elevating this to a treatable medical condition helps justify the use of assisted reproductive technology for these individuals.

Incidence/Prevalence: between 6% and 18% in the US (increases with age)

Mental Health Challenges Associated with Infertility

- Infertility has a profound impact on women's mental health, leading to higher distress levels compared to their male partners.
- People often experience anxiety, guilt, anger, hopelessness, disappointment, sexual dysfunction, social isolation, diminished self-esteem, and depression.
- Rates of depression are significantly higher (15%-54%) in infertile couples seeking treatment compared to fertile controls, while anxiety rates (8%-28%) surpass those in the general population.
- More invasive medical treatments are correlated with increased anxiety and depression. Fertility medications can impact mood.
- Infertility can strain relationships, causing conflict, communication difficulties, and sexual dysfunction. Physicians must acknowledge the impact on both individuals and couples.

Stress is prevalent among individuals facing infertility, especially during treatment.

- Hormonal fluctuation, cycles of hope and disappointment, feeling loss of control.
- Psychological burden and stress prevent 1 in 10 patients from starting infertility treatment.
- Monitor for high levels of stress during oocyte retrieval, embryo transfer, and the waiting period before the pregnancy test.

Infertility (Continued)

Grief in infertility is complex, involving various types of losses.

- **Pregnancy-related losses:** biochemical pregnancy, miscarriage/stillbirth, ectopic pregnancy, fetal anomaly.
- Assisted Reproductive Technology alters the experience of pregnancy loss.
 - o Early ultrasound with heartbeat at 6 weeks.
 - o Visual embryo identification fosters attachment.
- **Infertility-specific losses:** failed IUI/IVF, loss of frozen eggs/embryos, absence of normal embryos for transfer, reliance on donor gametes.
- Disenfranchised grief due to shame, stigma, lack of acknowledgment or support, absence of grieving rituals.
- Managing grief can be particularly challenging during holidays, family gatherings, or social events focused on children and family.

Providers should be aware of psychological symptoms that may arise **during pregnancy after infertility.**

- Heightened anxiety and vigilance
- Persistent fear of potential loss
- Reluctance to share pregnancy news
- Ambivalence and guilt
- Feelings of isolation, not fitting into the infertile or fertile world
- Fear of expressing negative thoughts or experiences
- Denial, avoiding emotional investment in the pregnancy
- Increased risk of depression

Role of Mental Illness in Causation of Infertility

- Causal role of psychological factors and infertility remains debated.
- Depression's potential direct impact on infertility: elevated prolactin, HPA axis disruption, thyroid dysfunction, regulation of luteinizing hormone.
- Stress and depression-related changes in immune function may impact reproduction.
- More research needed to separate depression's direct effects from associated behaviors like low libido, smoking, and alcohol use.
- Cumulative stress of recurrent depression and anxiety may play a causative role, given the similar physiological changes seen with stress.

It's crucial recognize that individuals with mental health issues conceive, emphasizing the importance of balancing mental health treatment during infertility treatment. This helps reduce self-blame and guilt, dispelling the misconception that infertility solely results from stress.

Infertility Treatment

Non-pharmacological strategies

- Individual and couples in counseling during fertility treatments reported significantly lower depression, anxiety, and distress
- Cognitive-behavioral therapy (CBT) stands out as one of the most effective
- Support groups
- Only 10-34% of patients utilize these resources, highlighting an area for improvement.

Consider referring patients to mental health professionals specialized in infertility distress.

Pharmacological strategies

- Little data regarding pharmacologic treatment of patients with infertility.
- Medications can be an important option for moderate to severe depression in the context of infertility and its treatment.
- No evidence to suggest that commonly used antidepressants have negative effects on fertility.
- Significant amount of data to support the safety and efficacy of using antidepressants during pregnancy (see other care guides for details)

Infertility Resources for Patients

Resolve, The National Infertility Association: City-specific support groups

Hope and Support: Seattle-based Facebook support group

Club Hope: Washington and Oregon support group with newsletter service

ORM Fertility: Bellevue and Portland fertility clinics offering multiple support groups

Livestrong Fertility: Infertility after cancer

The American Society for Reproductive Medicine (ASRM)

FertilityIQ: Patient reviews on fertility clinics, doctors, and treatments

The Bumpin Project: Infertility & assisted reproduction challenges

Creating a Family: Podcasts, articles, and an online community for infertility support

Fertility Within Reach: Insurance, legal, and financial aspects of infertility treatment

Infertility Out Loud (Podcast)

The Blossom Method: Emotional and psychological well-being during the fertility journey

Mental Health America: Non-profit organization, mental health support, including infertility-related issues

The Infertility Support Group: Facebook Group

Apps: Calm, Headspace, Mindful IVF, Insight Timer, Happify, Mindfulness Daily