

## Counseling Infertile Couple: Review Series 1

Alka Patil<sup>1</sup>, Bhagyashree Badade<sup>2</sup>, Sayli Thavare<sup>3</sup>

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<sup>1</sup>Professor and Head, <sup>2,3</sup>Junior Resident, Department of Obstetrics and Gynaecology, ACPM Medical College, Dhule, Maharashtra 424002, India.

**Corresponding Author: Alka Patil**, Professor and Head, Department of Obstetrics and Gynaecology, ACPM Medical College, Dhule, Maharashtra 424002, India.

**E-mail:** [alkapatil@rediffmail.com](mailto:alkapatil@rediffmail.com)

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### Abstract

Counseling refers to confidential interaction between health professional and a client, enabling her to cope with stressful situations and take personal decisions related to problems. Of all the rights of women, the greatest is to be a mother. Journey towards search for causative factor in infertility may be exhaustive for the couple. Gynecologist also must have patience for this difficult journey which may be rewarding at the end. Psychosocial interventions for the infertile couple have immense value. Confidentiality is vital for successful counseling. Gynecologist is communicator as well as a counselor and a professional who is committed for the best ethical, legal, social and human aspects.

**Keywords:** Counseling; Infertility; Communication; Psychology; Interventions.

### Introduction

Couples presenting with inability to conceive need special attention and care by gynecologist, reproductive endocrinologist and sometimes psychiatrist. The problem is complex and may involve one or both the partners. Infertility causes a lot of distress and emotional problems and must be handled with sensitivity and understanding. With

the availability of assisted reproductive techniques (ART), the prognosis has improved in recent years.<sup>1</sup>

The exact incidence of infertility and the distribution of different factors causing it vary among different population. In general, incidence is around 8 to 9%. The chance of finding a definite cause is higher with detailed investigation with lesser incidence of unexplained infertility. Therefore good counseling with emphasis on need for investigations is cornerstone of infertility management. Infertile couple may have undergone many investigations with emotional stress.

Infertility evaluation is a stressful experience. When a couple visit a gynecologist they have a lot of anxiety and a hope for a miracle to occur. It is essential that the gynecologist devotes enough time with the couple. Infertility treatment is often long-term and hence a good rapport between the couple and gynecologist is required. The help of an infertility counselor should be taken.

When a couple unsuccessful in having a desired child seeks medical advice, effective counseling will go a long way in achieving good reproductive outcome. Gynecologist should keep in mind the couples anxieties, expectations and finances.<sup>2</sup>

Infertility counseling is a specialty that combines the fields of reproductive health, psychology with reproductive medicine. Infertility tends to provoke many issues of an emotional, cultural, spiritual, moral and ethical nature for the patient.<sup>3</sup> There is danger that the emotional impact of infertility is neglected and the issue is reduced to biological or medical one.<sup>4</sup>

Parenthood is considered by couples and society as a desired social role. Desire to have child can be considered a universal phenomenon.<sup>5</sup> Women's reactions to childlessness are influenced mainly by gender specific cultural expectations and social reactions. Infertile women are often subjected to emotional, verbal and physical reactions, discrimination.<sup>6</sup>

- The psychological reactions seen in infertile couples include:
  1. Depression and anxiety
  2. Grief, guilt
  3. Suicidal attempts
  4. Feeling of inadequacy
  5. Low self esteem
  6. Social isolation
  7. Impaired quality of life

### **Counseling in Infertility**

Counseling refers to confidential interaction between health professional and a client aimed at enabling the client to cope with stressful situations and take personal decisions related to problems.

#### *Counseling Aims to*

1. Enable people to arrive at realistic solutions to their problems
2. Improve their ability to cope with stresses and develop a sense of control
3. Reduce distress associated with their situations.<sup>7</sup>

#### *Counseling is not*

- Giving advice or suggestions
- Being judgmental
- Expecting and encouraging a client to behave according to counselor's opinion
- Getting emotionally involved with the client

- Looking at client's problems from your own perspective<sup>8</sup>

Boivian et al. state that for about 15 to 20% of the infertile couples, the emotional stress is so serious that they need psychological counseling.<sup>9</sup>

- Infertility counseling deals primarily with psychosocial impact of infertility:
  - Intervention
  - Treatment
  - Aftermath of both successful and unsuccessful treatment.
- Infertility counseling deal with implications, helping patients to understand:
  - Their treatment options
  - Short- and long-term implications of treatment
  - Specially relevant in cases of donor gametes
- Infertility counseling also help patients cope with consequence of infertility and treatment.<sup>10</sup>

#### *Counseling Services Required in Infertility*

- Patient counseling
  - Counseling to assist with decision making regarding choice of treatment
  - Ending treatment or exit counseling
- Implications counseling
  - Donor counseling
  - Recipient counseling
  - Long-term follow-up counseling for donors, recipient, offspring
- Ethical counseling
- Counseling related to stress or anxiety
  - Relaxation training
  - Crisis intervention
  - Therapy related to depression
- Adoption and resources counseling
- Counseling for surrogates
- Genetic counseling
- Psychosocial counseling<sup>10</sup>

Counseling is a process in which clients learn how to make decisions and formulate new ways of behaving, feeling and thinking. Counseling focus on the goals their clients achieve.

*Thus counseling involves*

- Choice
- Change

*Distinct stages of counseling*

- Exploration
- Goal setting
- Action

*Reproductive medical treatment can involve additional stress:*

- Emotional turmoil
- Physical tests
- Investigations and treatment procedures
- Relationship challenges
- Financial issues
- Decision-making hormonal treatments.<sup>8</sup>

## **Discussion**

Gynecologist is not just a doctor but also a communicator as well as a counselor and a professional who is committed for the best ethical, legal, social, human aspect. Good communication skills play a vital role in counseling to infertile couples, improving patient satisfaction and benefits to physical and mental health.

### **Factors Influencing Communication**

- Situational factors – stress, fear, anxiety
- Inability of mind to listen or act
- Psychological factors
- Social factors
- Environmental factors<sup>11</sup>

### **Characteristic of Good Counselor**

- Understanding
- Sympathetic attitude
- Kindness
- Calmness
- Sincerity of efforts and plan of action
- Patience
- Tolerance
- Clarity of concept
- Social intelligence

Counseling has been recommended by numerous medical and community associations to help infertile people. Psychosocial interventions for infertile couple have immense value.

*Counseling is addressing psychological and psychosomatic problems and change including*

1. Prolonged human suffering
2. Situational dilemmas
3. Crisis and developmental needs.

Counselor and patient explore difficulties which may include stressful or emotional feelings of patient. Counselor aims to bring voluntary change in client. Confidentiality is vital for successful counseling.<sup>8</sup> Confidentiality in clinical practice plays a vital role. Medical confidentiality is extended principle of medical bioethics. Confidentiality comes as cornerstone of patient-doctor relationship.<sup>11</sup>

Causative factor for infertility may be minor or gynecologist may come across patient with unexplained infertility. Journey towards search for the causative factor may be exhaustive for the couple. Gynecologist also must have patience for this difficult journey which may be rewarding at the end. It is well-established fact that occasionally couple with infertility may not have any organic cause. Improved lifestyle, change in environment aided with good counseling will help the infertile couple to achieve goal.<sup>11</sup>

## **Conclusion**

Motherhood is considered as a supreme fulfillment of woman's life. It is physiological process which is sacred, divine. Infertility is associated with considerable distress, psychological trauma. Infertility counseling involves integration of medical and psychological aspects. Reproductive rights are basic human rights. Psychosocial services can be used to supplement counseling services in infertility. Recent advances in treatment of infertility have brought hope to millions of infertile couple. The treatment is complex and associated with psychological, social, financial, legal and medical challenges requiring psychosocial support. Infertility counseling involves psychological support to couple, informing them various treatment modalities and crisis counseling. Improving the quality of life of infertile couple should be the focus of infertility counseling.

**References**

1. Lakshmi Seshadri. Infertility. Lakshmi Seshadri. Essentials of gynecology. Lippincott Williams and Wilkins: New Delhi first edition.
2. Banker M, Pravin M Patel. Basic management of infertility. Pankaj Desai, Narendra Malhotra, Duru Shah. Principles and practice of obstetrics and gynecology for postgraduates, 3<sup>rd</sup> edition. JAYPEE New Delhi 2008.
3. Joy J, McCrystal P. The role of counseling in the management of patients with infertility. The obstetrician and gynecologist. 2015;17:83-90.
4. Aronson D. Resolving infertility: Understanding the options and choosing solutions when you want to have a baby. Harper Collins. New York (NY). 1999.
5. Greil A, Slauson-Blevinsk, Mc Quillan J. The experience of infertility: a review of recent literature. Social Health Illness. 2010;32(1):140-62
6. Mumtaz Z, Shahid U, Levay A. Understanding the impact of gendered roles on the experiences of infertility amongst men and women in Punjab. Reproductive Health. 2013;10:3.
7. Noorbala AA, Ramezanzadeh F, Abedinia N, et al. Study of psychiatric disorders among fertile and infertile women and some predisposing factors. J Fam reproductive health 2007;1(1): 6-11.
8. Baxi AA, Rohita SA. Counseling a subfertile couple. Atul Munshi, C.B. Nagori, Kiran Desai, Kanthi Bansal. Current concepts in Obstetrics, Gynecology and Infertility Update 2017, AICOG Ahmedabad.
9. Boivin J, Scanlan LC, Walkar SM. Why are infertile patients not using psychosocial counseling?, Human Reproduction. 1999 May;14(5):1384-91.
10. Malhotra J, Puri R, Malhotra N, et al. Step-by-step assisted reproductive technology (ART) Jaypee Brothers Medical Publishers; first edition (2010).
11. Motilal C Tayade. Medical Confidentiality. Motilal Tayade Medical Bioethics, Attitude and Communication for Medical Students. CBS publishers, New Delhi. 1 edition (2016).