Knowledge and satisfaction of couples regarding infertility services

Thesis

Submitted for Partial Fulfillment of the Requirement of

The Master in Nursing Science

(Maternal and Neonatal Health Nursing)

By

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Lamiaa Omar Mohamad

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LIST OF ABBREVIATION

Abbrev.	Full term
FSH	Follicle-Stimulating Hormone
LH	Luteinizing Hormone
PCOS	Polycystic Ovarian Syndrome
PID	Pelvic Inflammatory Disease
GnRH	Gonadotrophic-Releasing Hormone
MRI	Magnetic Resonance Imaging
CT	Computed Tomography
STDs	Sexually Transmitted Diseases
MAGI	Male Accessory Gland Infections
ICSI	Intra Cytoplasmic Sperm Injection
MESA	Microsurgical Epididymal Sperm Aspiration
HSG	Hysterosalpingography
ART	Assisted Reproductive Technology
IUI	Intrauterine Insemination
IVF	In Vitro Fertilization
TOR	Transvaginal Ovum Retrieval
AZH	Assisted Zona Hatching
ZIFT	Zygote Intrafallopian Transfer
PGD	Preimplantation Genetic Diagnosis
GP	General Practitioner

List Of Abbreviation Cont.

FISH	Fluorescent In Situ Hybridization
CGH	Comparative Genomic Hybridization
GIFT	Gamete Intrafallopian Transfer
AI	Artificial Insemination
WHO	World Health Organization
RCN	Royal College Of Nursing
HSG	Hysterosalpingography
RCOG	Royal College Of Obstetricians And Gynaecologists
ASRM	American Society For Reproductive Medicine
NICE	Nursing Institute For Care Excellence

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ABSTRACT

About 80 million people around the world suffer from infertility, the majority being residents of the developing countries. The present study **aimed to** assess knowledge and satisfaction of couples regarding infertility services. **It was a** descriptive study conducted at infertility clinic in Ain Shams maternity university hospital. 400 infertile couple attended Ain Shams infertility clinic in 2012 for diagnostics or treatment were included in the study. A Structured interviewing questionnaire including three parts was designed. 85.5% of husbands & 84.8 of wives were scaled to have satisfactory knowledge regarding infertility services.52% of couples were satisfied regarding infertility services. **It was concluded that,** the majority of couples had satisfactory knowledge regarding infertility services, knowledge of couples influenced by age, education and occupation. More than half of couples were satisfied regarding infertility services. Satisfaction of couples associated with age, education and knowledge of couples about infertility services. **It was recommended that**, educational programs are necessary to upgrade the level of knowledge of infertile couple. Counseling should be offered before, during and after investigation and treatment, giving patients more explanation and written information. Further research is needed on patient satisfaction regarding advanced technique related to infertility.

Key Words: infertility knowledge, patient experiences, quality of health care, patient-centeredness

INTRODUCTION

About 80 million people around the world suffer from infertility. Infertility rate differs from country to country being lower in developed countries and higher in developing countries due to limitations in diagnostic and treatment equipment, A survey sponsored by WHO estimated the prevalence of infertility among Egyptian couples to be 12% (4.3% for primary infertility and 7.7% for secondary infertility) ***(Ramezanzadeh, 2012).***

Infertility is diagnosed in couples when the wife does not get pregnant after one year of sexual intercourse without using contraceptive methods; this period is six months for women older than 35 years. Infertility is a bio-psycho-social phenomenon; it impacts intrapersonal and interpersonal aspects which interact with one another and can enhance or undermine a person's health ***(Costa, 2011).***

Knowledge about infertility is inadequate in many parts of the world. Many women have little awareness of the period of the month in which they are most fertile and when to seek treatment. It is imperative that people have adequate knowledge about infertility so couples can seek timely medical care and misconceptions can be rectified ***(Boivin, 2008).***

The infertility service specification involves three levels of care, Level I: initial investigation and management provided by the primary care team. It should be couple-based, cover basic history-taking and clinical examination and include laboratory investigations to evaluate the woman's general health status, to confirm ovulation and to assess the quality of the semen of the man. Level II: involves further management of couples referred following completion of basic assessment in Level I. The main investigation undertaken in Level II is tubal patency testing. This will usually be by hysterosalpingography (HSG). Level III involves the provision of assisted conception techniques ***(Collins, 2007)***.

The patient-centeredness aspect of the treatment is almost forgotten in the treatment programs. To provide high quality and patient-centered fertility cares, the treatment team need to know more about patients and their understanding of their needs during treatment of infertility. Patient satisfaction is difficult to assess and define. In general, studies reveal high levels of overall satisfaction with medical care, making it more difficult for practitioners and managers to prioritize areas of service development. More specific questions are needed to provide useful information about the service being provided ***(Dancet, 2011).***