Enhancement Program for Coping with Failed Assisted Reproductive Technology Trials

Thesis
Submitted For Partial Fulfillment of the Requirements of Ph.D. Degree in Maternity and Neonatal Nursing

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LIST OF CONTENTS

LIST OF ABBREVIATIONS

Abbreviation	Meaning
AI ----------	Artificial Insemination.
ART ----------	Assisted Reproductive Technology.
DNB ----------	Double Nut Bivalve.
ET ----------	Embryo Transfer.
FSH ----------	Follicle-Stimulating Hormone.
GIFT ----------	Gamete Intra-Fallopian Transfer.
GnRH ----------	Gonadotropin-Releasing Hormone.
ICI ----------	Intracervical Insemination.
ICSI ----------	Intracytoplasmic Sperm Injection.
ITI ----------	Intratubal Insemination.
IUI ----------	Intrauterine Insemination.
IUTPI ----------	Intrauterine Tuboperitoneal Insemination.
IVF ----------	In Vitro Fertilization.
MCQ ----------	Multiple Choices.
NICE ----------	National Institute For Clinical Excellence.
OHSS ----------	Ovarian Hyper stimulation Syndrome.
PCOS ---------	Polycystic Ovarian Syndrome.
PID ----------	Pelvic Inflammatory Disease.
PLISSIT -------	Permission, Limited Information, Specific Suggestion, Therapy.
PZD ----------	Partial Zona Dissection.
SPSS ----------	Statistical Package Of Social Science.
STDs ----------	Sexually Transmitted Diseases.
SUZI ----------	Subzonal Insertion Of Sperm.
TET ----------	Tubal Embryo Transfer.
WHO----------	World Health Organization.
WOC ----------	Ways Of Coping.
ZIFT ----------	Zygote Intrafallopian Transfer.

LIST OF TABLES

LIST OF FIGURES
Related TO Review OF Literatures

List OF Figures Related TO Results

LIST OF APPENDICES

Abstract

The present study **aimed to** develop an enhancement program for coping with Failed Assisted Reproductive Technology Trials. The study was an experimental one, it was **conducted** at IVF center of Ain Shams Maternity Hospital in Ain Shams University. The total **sample** represented all couples undergoing IVF trial collected in a period of six month (110 couple). Five **tools of data collection** were used included: Structured Interviewing Questionnaire, Coping Strategy Stress Scale, Ways of Coping (WOC) Questionnaire, Follow up Card and PLISSIT Model for Counseling. The main **results** of the study showed that wives have more (personal, social and marital) stressful experiences than husbands. While they both frequently use a combination of strategies to cope, study showed different coping behaviors to deal with their infertility (meaning-based coping & passive avoidance coping strategy), Husbands scores were significantly lower than before counseling with regard to passive avoidance strategy with t= 2.29, and wives scores were significantly higher than before with regard to meaning-based strategy with t= 4.28. So this study **recommended** investigating factors influencing the efficacious use of coping strategies as well as compare gender differences in reactions to infertility with other stressful health situations.

Key Words: Infertility, ART.

INTRODUCTION

Infertility is defined as the inability of a couple to achieve conception after 12 months of unprotected coitus of average frequency ***(Eskondari and Cadieux, 2003).*** When a couple is diagnosed with infertility, they commonly experience a variety of stressors. These stressors include, but are not limited to, disruptions in a couple's personal life and relationships with others, changes in the quality of a couple's emotional and sexual relationship, and alterations in a couple's relationships with co-workers, family and friends. Further, infertility challenges the infertile couples' life expectations ***(Peterson et al., 2007).***

Assisted Reproductive Technology (ART) is a general term referring to methods used to achieve pregnancy by artificial or partially artificial means. ARTs are different from other medical procedures because they do not extend or improve life, they create life. It is expensive, invasive, and involves some risk to women. These include risks of the medical and surgical procedures to retrieve oocytes, including ovarian hyper stimulation syndrome. There are also concerns about short- and long-term outcomes for the offspring, As a result, couples engage in a variety of coping strategies in an attempt to regain control over their lives and

rebalance the disruptions they have experienced in their personal, marital and social relationship ***(Schieve et al, 2002).***

In-Vitro Fertilization (IVF) is a demanding and stressful treatment for patients, requiring daily hormone injections, ultrasound scans, semen analysis and invasive procedures, such as oocyte retrieval ***(Macklon & Fauser, 2004)***. Furthermore, IVF is usually the final treatment option for infertile couples, and failure will probably mean their remaining childless. It is therefore not surprising that both women and men demonstrate elevated levels of anxiety during IVF treatment, especially at oocyte retrieval and pregnancy testing ***(De Klerk et al., 2008).*** In women who do not achieve pregnancy via IVF, an increased prevalence of subclinical anxiety and depression has been reported ***(Verhaak et al., 2005).***

Receiving a diagnosis of infertility or failed ART is a significant life crisis ***(Alesi, 2005).*** Feelings of grief and loss are very common as couples come to terms with the fact that they are not able to conceive. Infertility may result in a decrease in quality of life and an increase in marital discord and sexual dysfunction. The burden of infertility is physical, psychological, emotional and financial. Other coping

strategies to cope with the reality of prolonged childlessness are Denial coping strategies ***(Van den Akker, 2005).***

Coping, in its most traditional definition, is a way of controlling and regulating stress ***(Lazarus and Folkman, 1984)***. For men and women experiencing infertility, coping can play an important role in managing heightened demands unexpectedly placed upon them. For most men and women, infertility is a life-changing experience that often carries unexpected stressors and potential stigmatization ***(Nichols and Pace-Nichols, 2000).***

As men and women find themselves in an unfamiliar situation, they find many ways to cope with infertility., ***(Lazarus and Folkman, 1984)*** listed four types of coping strategies: active-avoidance strategies (e.g. avoiding pregnant women or children), active-confronting strategies (e.g. showing feelings, ask others for advice), passive-avoidance strategies (e.g. hoping for a miracle) and meaning-based strategies (e.g. growing as a person in a good way; finding other goals in life) (for a detailed list of all questions for each coping strategy ***(Verhaak and Hammer Burns, 2006).***

Nurse are often the first health care provider to encounter couples with treatment period, Fertility clinic nurse often need to advise and support couples in their coping with infertility- and treatment-related stress. It is therefore important to gain insight into the mechanisms which influence the patients' coping response ***(Schmidt, et al, 2004)***.

Significance of the Problem:

Infertility is a stressful life event and depressive symptoms are normal responses to the life crisis of the infertile couple. It has been estimated that 15% of the couples world wide experience infertility ***(Williams and Zappert, 2006).***

Assisted Reproductive Technology is a demanding and stressful situation; it's usually the final treatment for infertile couple and its failure mean to them that they will remain childless.

This process could be followed by depression As a result, couples engage in a variety of coping strategies in an attempt to regain control over their lives and rebalance the

disruptions they have experienced in their personal, marital and social relationships

Psychosocial support throughout the treatment plan especially for failed trial could have great benefit couple and ultimately greater success in achieving a pregnancy.