

Infertility Counselling and Ethical Issues

Jennifer Hunt

Wolfson Fertility Centre

Overview

1. Legal framework
2. Impact of failure to conceive and pregnancy loss
3. The treatment experience
4. Role of the counsellor
5. Ethical Issues

Human Fertilisation & Embryology Act 1990 (revised 2008)

- All patients and their partners must be offered counselling prior to consenting to treatment
- Counsellors should have specialist competence in infertility counselling (be accredited by the British Infertility Counselling Association or equivalent body)

The Impact of Failure to Conceive and Pregnancy Loss

1. Anticipated loss and grief

- The imagined child
- Hoped for relationships (a parent/grandparent)
- Personal life plans / goals
- An expected life-style
- A recognised status in society
- Emotional difficulties include disbelief, fear, sadness, anger, guilt and despair

2. Actual loss and grief

- Health / body image
 - Self-esteem / confidence, identity – who am I if not a mother / father?
 - Ectopic pregnancy
 - Miscarriage
- Impact on mental health and relationships

Factors that affect capacity to grieve

- Isolation / lack of support
- Social pressure to recover
- Previous unresolved losses (termination of pregnancy, past bereavements)
- Concurrent losses, life crises (relationship breakdown, job loss, recent bereavement)

“Who can describe the feel of a tiny hand that can never held?”

“Infertility is a cocktail of heartbreak at its purest”

“I feel less of a woman, like a failure of a person. I am literally living my worst nightmare every day.”

3. Relationship problems

- Burden on the couple's relationship
 - Partners with different coping strategies
 - Communication breakdown
 - Sexual difficulties
- Avoidance of friends and relatives
- Pregnancy in the workplace
 - Further risk to emotional health

“Perhaps the fairest thing would be for me to leave now so she can find a man who is fertile.”

“Is this what I’m reduced to? A bystander, while she has to undergo “treatment” that’s all my fault.”

“None of my friends or family are having problems at all. Facebook reminds me everyday that I’m just being left behind”

“I smile every time a pregnancy is announced but inside I’m breaking in pieces”

4. Depression and anxiety

- Increased levels of depression and anxiety after ART failure. Negative psychological outcomes on marital satisfaction and general well-being

Milazzo et al 2016

- 20% of couples show clinically relevant levels of anxiety and depression

Verkuijlen et al 2016

- Psychosocial interventions in treatment for infertility can be efficacious in reducing distress, marital stress and in improving clinical pregnancy rates

Frederiksen et al 2015; Chow et al 2016

“What the hell is the point of a barren woman”

*“I’m so afraid – the future looks bleak now
and my house is an empty shell”*

The Experience of Treatment

The treatment 'roller coaster'

- Assisted conception = renewed hope
- Pain and discomfort of injections
- Anxiety peaks and troughs
 - Scan results
 - Egg collection outcome
 - Fertilisation
 - Embryo number and quality
 - 'The two week wait'
- The pregnancy test

The Counsellor's Role

- **Support and therapy**
 - Working with loss and grief
 - Preparation for treatment
 - Identifying new coping strategies
 - Adjusting to alternative parenthood – donation, surrogacy, adoption
 - Moving on without children
- **Couple counselling**
- **Stress management**

Ethical Issues

‘No treatment services regulated by the HFEA (including intrauterine insemination - IUI) may be provided unless account has been taken of the welfare of any child that may be born as a result of the treatment (including the need of that child for supportive parenting), and of any other child who may be affected by the birth’

Welfare Risks: HFEA Code of Practice

- Any factors likely to cause risk of significant harm or neglect to the child that might be born and existing child(ren) or to lead to an inability to care for the child
 - Current/past history of child protection, relevant convictions or violence in the family
 - Mental or physical health
 - Substance abuse
 - Other circumstances that could cause harm
- Adults may also be at risk

Case examples

- A socially isolated single woman with a past history of mental health problems
- A woman wishing to use her 18 year old niece as an egg donor
- A couple wishing to use an egg donor, sperm donor and surrogate
- A woman with mild learning difficulties whose husband is severely autistic, both currently needing social support
- A woman aged 55 with a 61 year old husband

Our Counselling Service

- Counselling is available before, during and after treatment
- The counsellor offers support, therapy, couple counselling and stress management
- All parties to gamete donation or surrogacy are routinely referred for implications counselling
- NHS patients have 3 free sessions and private patients have 1. On-going counselling available.