

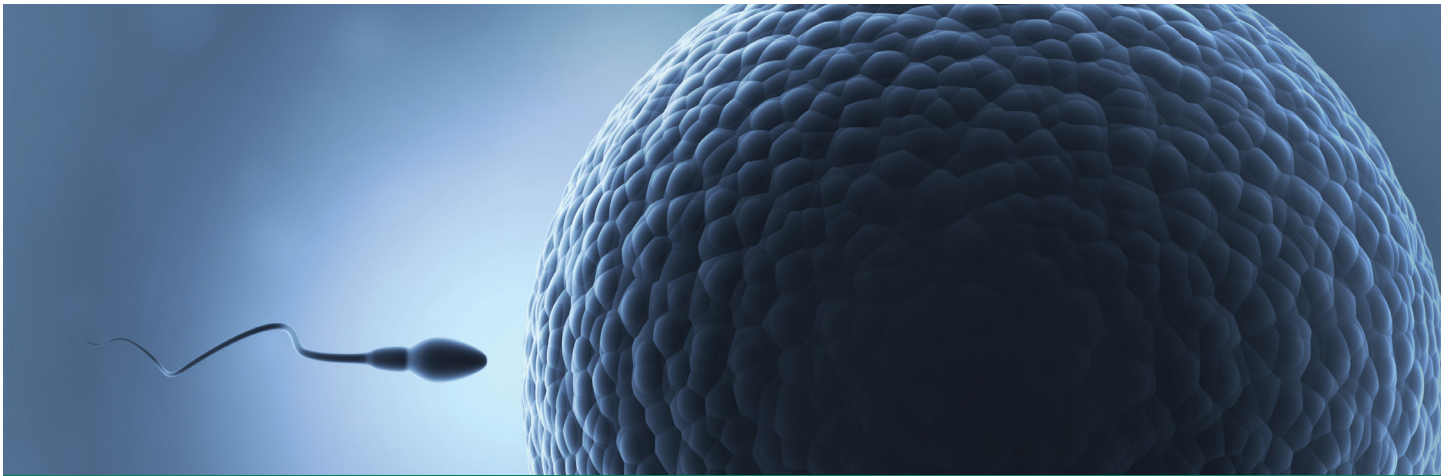


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The Renewed Relevance of Evidence-Based Guidelines for Patient-Centered Care

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The Omnia-Prova Education Collaborative

This resource is supported by an educational grant from Merck KGaA, Darmstadt, Germany.



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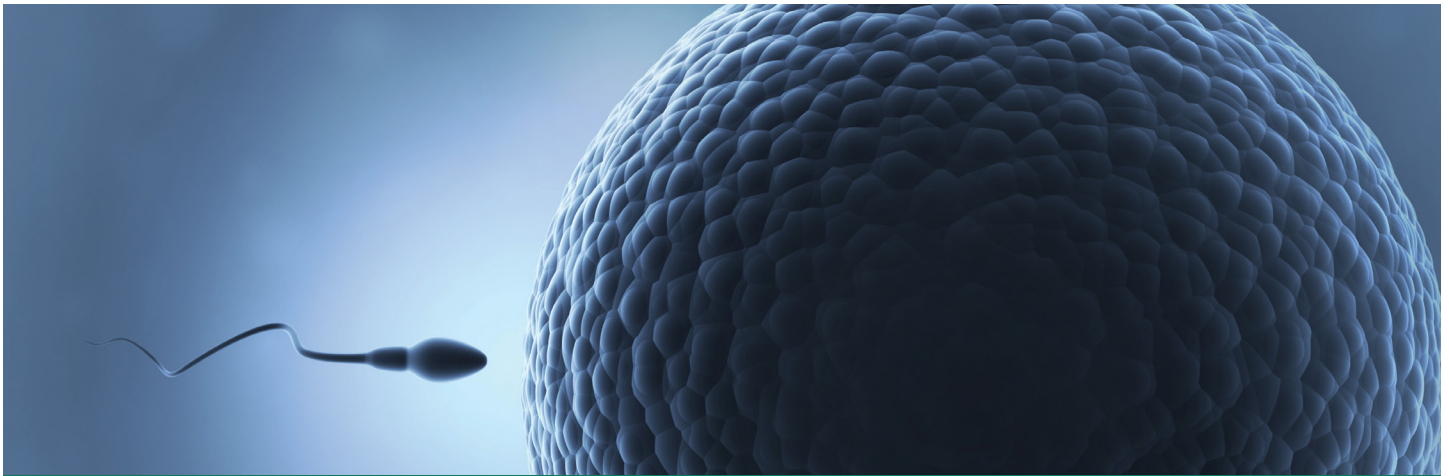
INFERTILITY COUNSELLING

Infertility is defined as the inability of a couple to conceive naturally after one year of regular unprotected sexual intercourse. Evaluation usually starts after 12 months. Some scientists consider two years without conception to be a better indicator of a couple's need for assistance when the woman is young and absent of risk factors. However, in some situations, such as advanced maternal age, premature ovulation failure or clinical conditions that impact fertility, an earlier intervention may be required.

Infertility is a major clinical and social problem, affecting about one couple in six and considered a biopsychosocial crisis. Given the prevalence of infertility and increasing numbers of individuals and couples seeking infertility counselling, it has become imperative for patients to have access to realistic and comprehensive information about their chances of having a single, healthy baby, as well as risks and costs of the planned management and possible alternatives.

The main goal of any type of infertility treatment is to have a healthy child. In order to achieve this objective, I believe all operators (medical doctors, embryologists, nurses) have particular fundamental characteristics:

- a)** Honesty, knowledge and an understanding of the science
- b)** Kindness and professionalism
- c)** Ability to explain simply, but exhaustively, the right program and the best medical approach for each individual couple
- d)** Sufficient time for a consultation (40-50 minutes)
- e)** Availability



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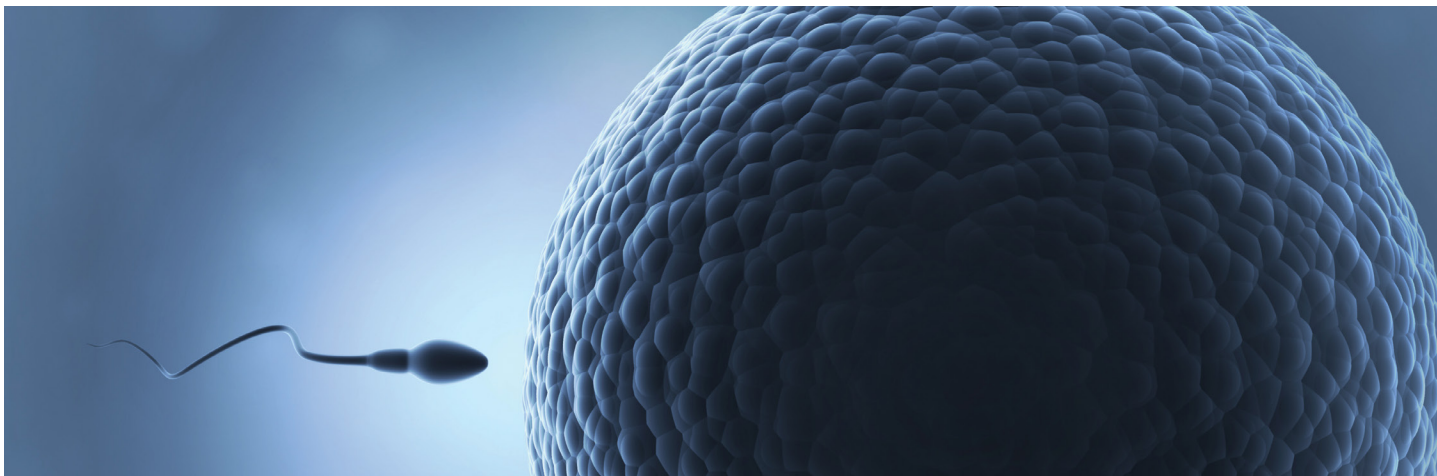
However, the diagnosis and treatment of infertile couples requires team work. Therefore, after the first consultation, all patients should be confident that a group of caring professionals are working to resolve their clinical condition in the best way and in the shortest period of time.

The current clinical approach to investigating and managing infertility is supported by the evidence-based guidelines issued by the Royal College of Obstetricians and Gynaecologists (RCOG), the American Society of Reproductive Medicine (ASRM) and the European Society of Human Reproduction and Embryology (ESHRE). All professionals should follow these guidelines.

Infertility counselling is recommended as an integral part of the multidisciplinary approach. It represents an important undertaking because it offers the opportunity to explore, discover, and clarify ways of enjoying a more satisfying life even when a couple has difficulty conceiving a child.

“ However, diagnosis and treatment of infertility couples requires team work. ”

There is evidence that infertility is correlated with depression, anxiety, sexual dysfunction, and identity difficulties in both males and females. For this reason, psychosocial counselling has become valued as a key element of assisted reproductive technology (ART) services. Stress during infertility is especially problematic because it interferes with seeking treatment. In fact, there is good evidence that people who experience fertility-related stress are less likely to not only seek treatment (Domar et al., 2012), but are more inclined to discontinue treatment than those who perceive less stress (Olivius et al., 2004; Rajkhowa et al., 2006; Brandes et al., 2009; Van den Broek et al., 2009). Thus, the management of infertility should take place in a dedicated infertility clinic staffed by an appropriately trained professional team with facilities capable of investigating, and managing problems of both partners.



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The importance of effective management of the psychosocial issues associated with reproductive care is now firmly recognized (Boivin et al 2012). The European Society of Human Reproduction and Embryology (ESHRE) Guideline “Routine psychosocial care in infertility and medically assisted reproduction – A guide for fertility staff” offers evidence-based best practice advice to all fertility clinic staff (doctors, nurses, midwives, counsellors, social workers, psychologists, embryologists and administrative staff) on how to incorporate psychosocial care in routine infertility care. Moreover, psychosocial care is important as it helps optimize infertility care and manage the psychological and social implications of infertility and its treatment. Infertility counsellors should also consider gender differences, the impact of infertility on a couple’s

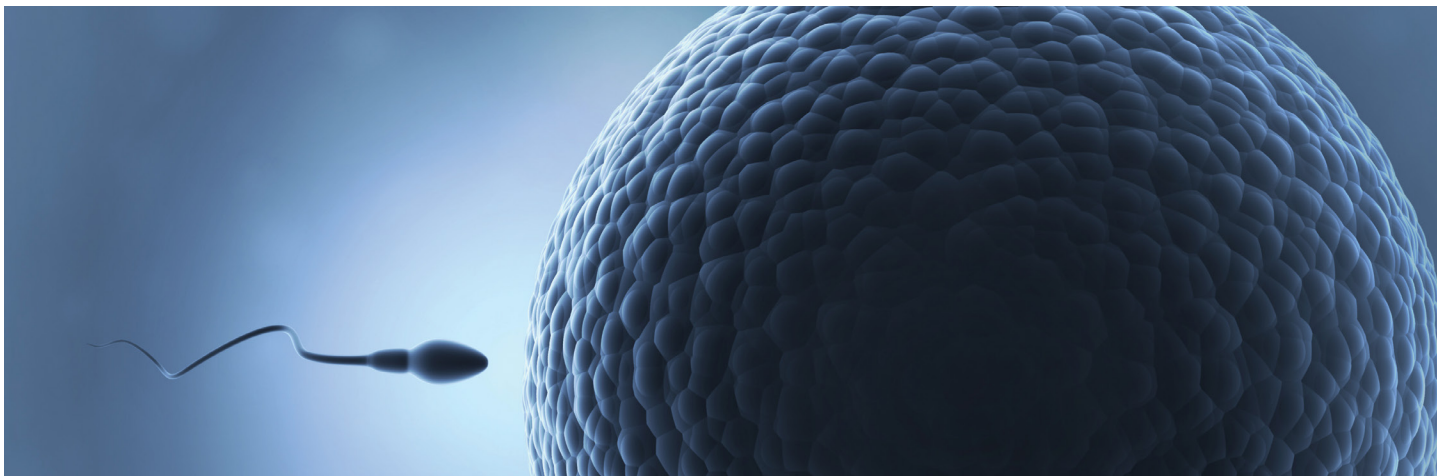
sexual relationship, and on society. For this reason, the type of counselling offered to patients must be individualized and patient-centered.

“ Infertility by itself is not life-threatening, but it has devastating psychosocial consequences in infertile couples. ”

PATIENT-CENTERED CARE

Most physician endeavour to create a culture of patient-centred care to reduce the burden related not only to the treatment, but mostly the expectations of couples. Infertility by itself is not life-threatening, but it has devastating psychosocial consequences in

infertile couples. All those working in the field of reproductive medicine understand that stress in the male and/or female partner can affect the couple’s relationship, leading to reduced libido and frequency of sexual intercourse, further aggravating the fertility problem (Bagshawe and Taylor, 2003). It remains a worldwide challenge.



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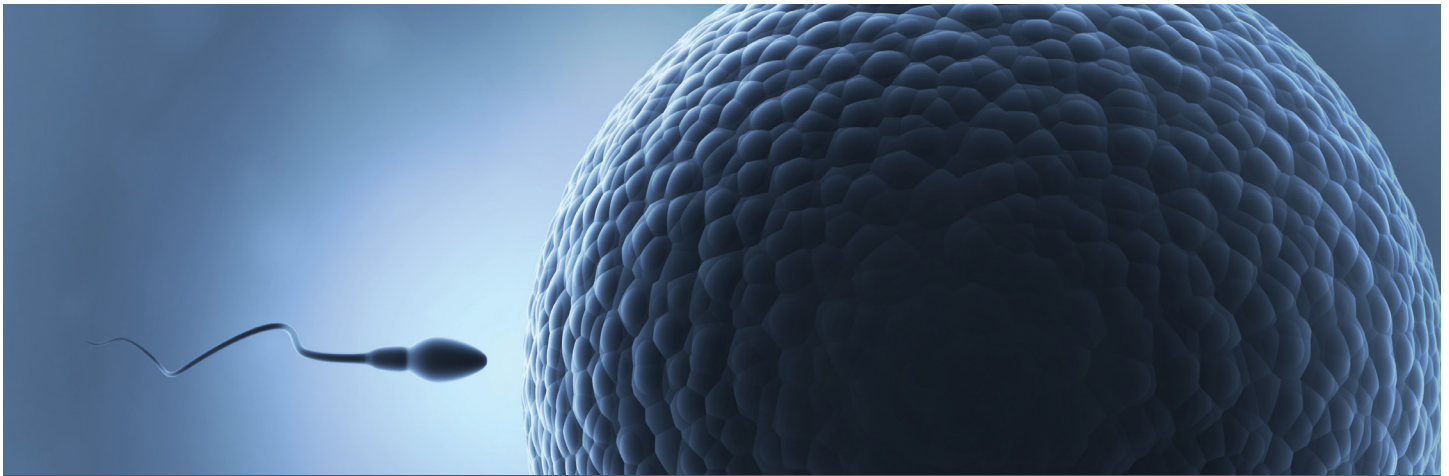
Management of infertility has been and still is a difficult medical task because:

- Many women know very little about the limits of their own reproductive systems
- Of the difficulty in the diagnosis and treatment of reproductive disorders in each partner
- Of the fact that success of treatment depends on many factors (laboratory results, the woman's age, ovarian reserve, quality of semen, etc.)
- Despite the growth of knowledge in the field of reproductive medicine and the improvement of technology in IVF laboratories, the ability to have a child in women with euploid blastocyst is at most 50% (Ubaldi et al., 2015)

The practice of infertility counselling has become more sophisticated and widespread over the past decade. The extended embryo culture and subsequent embryo transfer at blastocyst stage, the introduction of new cryopreservation methods (oocyte and embryo vitrification), and the cycle segmentation policy have led to significant changes in the management of infertility.

For this reason, counselling must offer patients an opportunity to explore their thoughts, feelings, beliefs and their relationships in order to reach a better understanding of the meaning and implications of any choice of action they may make; counselling may also offer support when they undergo treatment and may help to accommodate expectations about the outcome

“ ...all physicians should provide sufficient information about the pros and cons of medical treatments so that the patient knows enough about the range of implications to make informed decisions.”



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of any treatment. These counselling services should be available during all stages of infertility, and should be offered before, during, and after evaluations and treatments irrespective of the outcome of the procedures. Fertility clinic staff should provide adequate services to manage all patient needs, including the availability of psychosocial resources. More importantly, the use of supportive psychosocial interventions and treatments are recommended for many couples with previous oncological problems, in patients with irreversible loss of their reproductive potential, or when the duration of the treatment is prolonged. All physicians should provide sufficient information about the pros and cons of medical treatments so that the patient knows enough about the range of implications to make an informed decision.

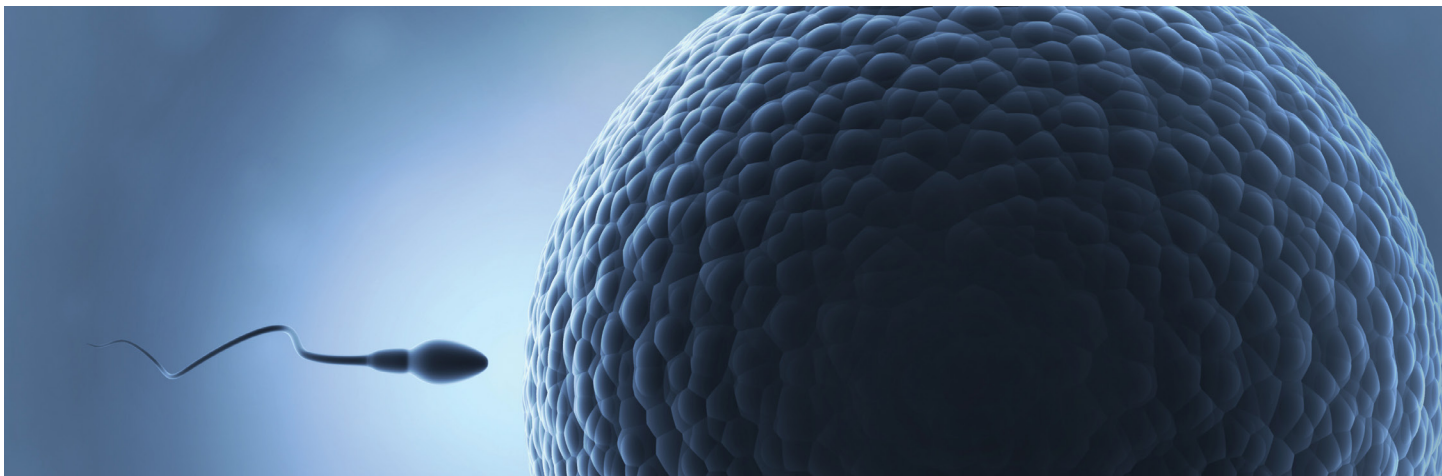
CLINICAL STRATEGY TO IMPROVE EFFICIENCY OF IVF

Although the final goal in IVF is to have a healthy baby while minimizing the risks for the patients, at the same time we must keep in mind two important principles:

- 1. Providing as little burden and complications during treatment as possible**
- 2. Attain a live birth as quickly as possible but in the most safe, effective, and efficient manner**

To achieve these objectives all physicians should:

- Individualise controlled ovarian stimulation prediction using biomarkers of ovarian reserve, along with appropriate drug selection and starting doses
- Reduce the risk of OHSS using the GnRH antagonist protocol, GnRH agonist trigger (freeze all or aggressive luteal support), and cycle segmentation
- Reduce the risk of a multiple pregnancy by single embryo transfer (possibly at the blastocyst stage)
- Reduce the risk of miscarriage by selection of the most viable blastocyst
- Optimise laboratory technologies (good cryopreservation technique, blastocyst culture, and selection the blastocyst with the highest implantation potential)

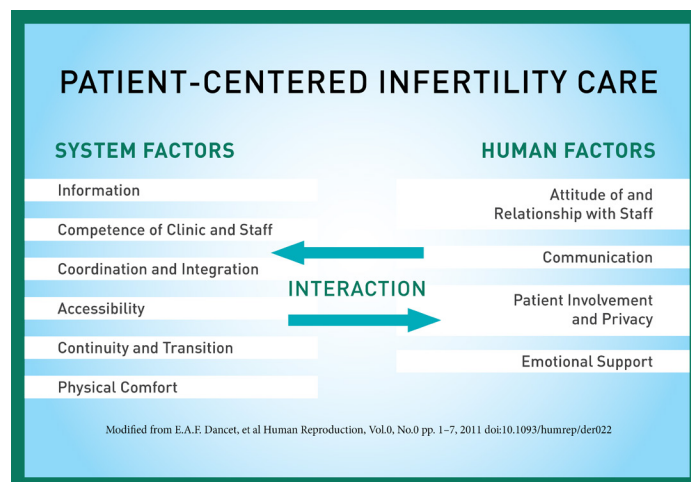


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Meeting all these objectives could reduce the **“time to pregnancy”** and which represents a very important aspect for infertility patients. Moreover, the **drop-out** rates reported among couples undergoing IVF treatment show large variation, from 23% up to 45% and 60% between different countries as well as IVF centres within the same country (Domar et al 2010; Van den Broeck U et al 2009; Bodri D et al 2014). Many factors can affect the drop-out: cost of treatment, reimbursement policies, and accessibility to infertility services, etc. (Brandes M 2009; Roest J 1998). For this reason, we should reduce the drop-out rate by avoiding unnecessary tests and treatments that are not in accordance with the scientific society guidelines. And again, all possible strategies should be discussed and shared with the couple as they relate to their medical background, in line with their expectations and their unique clinical condition.

CONCLUSIONS

Infertility counselling should be offered before, during and after evaluations and treatments, irrespective of the outcome of these procedures. Patient needs includes an honest, ethical, experienced, patient, available, kind, efficient and modern IVF team. *“Patient-centered care”* means having an effective and efficient approach in terms of birth of a healthy child, also offering an IVF treatment with the highest chance of success per started cycle while reducing the real patient burdens, including OHSS, multiple pregnancies, as well as poor laboratory techniques, equipment and conditions. All strategies during infertility treatment should provide a patient-centered approach.



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