



## Commentary

## Individualised care for women with assisted conception pregnancies and midwifery practice implications: An analysis of the existing research and current practice



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## ABSTRACT

**Objective:** the aim is to explore the psychosocial needs of women who are pregnant after assisted conception, specifically in vitro Fertilisation and whether their needs are being addressed within the current maternity care service.

**Design:** critical review of the literature using a narrative approach.

**Findings and key conclusions:** 15 papers were identified. These included both qualitative and quantitative studies, literature reviews and surveys. The findings of this limited narrative review imply that women who undergo assistive reproductive techniques to achieve pregnancy have higher levels of anxiety in pregnancy and may have some difficulties in the transition to parenthood leading to perinatal morbidity. It appears that for this group of women it is important that their history in achieving pregnancy is known to the care providers, to enable the alleviation of some of the anxieties they face. Various aspects of antenatal care have been identified as possible areas which if addressed may reduce these levels of anxiety leading to a reduction in perinatal morbidity.

**Implications for practice:** currently, there is insufficient evidence to suggest that providing specialist midwifery care reduces morbidity in these women. However, maternity service providers should consider offering additional antenatal and postnatal services to meet the needs of this group in advance of further research in this area.

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## Introduction

Women who are pregnant after assisted conception are believed to have specific psychological needs throughout the childbirth continuum which has implications for midwives and practice. Existing research has gone some way to identifying these needs yet the evidence remains insufficient especially from a midwifery perspective to pre-empt significant improvement to maternity staff knowledge and implementation in practice. Consequently, the aim of this paper was to undertake a narrative review to identify and summarise the relevant research observations about assisted conception upon the psychological well-being in pregnancy and early

parenting outcomes. Additionally, literature surrounding theoretical concepts relating to emotion and reproduction were included. The objective was to formulate knowledge to improve maternity care staff's understanding of the cumulative negative effect for this group of parents in a bid to provide patient centred care. It is hoped that this paper will broaden the midwife's understanding of the specific issues of pregnancy after assisted conception. This will in turn lead to individualised, woman-centred midwifery care provision and a reduction in perinatal morbidity.

## Method of review

The following inclusion criteria for literature were applied. Papers were required to be published in English or to have had direct author communication in English to verify the accuracy of the literature. These papers were authored in countries with

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broadly comparable systems in terms of obstetric care provision, following assisted conception. Papers from Holland, Australia, Scandinavia, UK were included and the years of publication were restricted to between 1989 and 2013. The time span applied was 24 years prior to writing this paper and was chosen because this period covers the rigorous research methods that have used valid and reliable measuring tools. Books and chapters within books were included as an initial source of providing an overview about the area under discussion. Participants under consideration were women who had undergone assisted conception, specifically in vitro Fertilisation to achieve pregnancy. Due to the dearth of current research, the author wished to include both quantitative and qualitative methods, therefore a strict hierarchy of evidence was not applied. The rationale underpinning this decision was to capture the widest variety of relevant literature available. The narrative review was undertaken consistent with the approach suggested by [Baumeister and Leary \(1997\)](#). This approach allows inclusion of a spectrum of research types which is both comprehensive and directly relevant to the review area ([Dixon-Woods et al., 2005](#)).

A narrative review of the literature was undertaken between February and June 2013. The following electronic databases were searched:

- Medline
- Cinahl
- Midirs
- Cochrane Database of Systematic Reviews
- Cochrane CENTRAL Register of Controlled Trials.

Given the narrative review approach implicit to the methodology, a general internet search using the standard search engine was performed. Retrieved reference lists were hand searched for additional papers including an appraisal of secondary references from retrieved papers. Lastly, a combined thesaurus and free-text approach was adopted to identify relevant papers for inclusion in the review. The following keywords and search terms were used:

- Assisted conception
- Anxiety
- Parenthood
- Psychological issues
- Pregnancy

## Findings

Grouping of the retrieved papers in order of relevance took place following the collection of the main body of papers and articles, summarising the main strengths and limitations of each. This provided background information about anxiety and psychological issues in pregnancy and early parenthood encountered by woman who achieved pregnancy via assisted conception. Taken as a whole, the overarching theme that began to emerge from these papers was that this group of women have specific issues which affect their psychological well-being throughout the childbirth continuum.

## The evidence

The [World Health Organization \(WHO\) \(2013, p. 7\)](#), defines infertility as 'a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse'. They suggest that

infertility is viewed globally by couples as 'a tragedy which carries social, economic and psychological consequences'. [Boivin et al. \(2007\)](#) suggest that a substantial proportion of couples experience involuntary childlessness with statistics reporting that infertility affects one in six couples, which translates into 3.5 million people in the UK ([Department of Health, 2013](#)).

To enable parenthood, this phenomenon has been overcome by assisted reproductive technologies which have been developed over the past 35 years and since the birth of Louise Brown in 1978, are being increasingly used in developed countries ([Adamson et al., 2006](#); [Paulson, 2007](#)). The most prominent and commonly used method is in vitro Fertilisation (IVF), a method in which the ovum is fertilised by sperm in vitro, outside the woman's body and the subsequent embryo is replaced into the woman's uterus. IVF is neither an easy option, nor a lifestyle choice and for most couples is the only route to achieve conception ([Leroi, 2006](#)). The process demands an intense and often painful regime of self administering medication orally, enterally, parenterally, mucosally and/or percutaneously. As a surgical procedure, the egg retrieval process carries its own risk ([Kennedy, 2005](#)). In addition to the above, constant monitoring of hormone levels and intrusive procedures which include the transfer of embryos after fertilisation into the uterus is mentally and physically taxing to both partners and the social 'stigma' of infertility makes it extremely burdensome ([Kaliarnta et al., 2011](#)). This social stigma is discussed by [Allan \(2007\)](#) and parallels may be drawn with [Bolton's \(2007\)](#) argument that much of gynaecological nursing and midwifery concerns caring for women who are 'other', in that their care involves 'dirty work'. This refers to the fact that it deals with the innately private, women's reproductive health domain. In addition to this, infertility she claims, is considered to be socially difficult and consequently receives minimal public recognition due to its association with the 'catastrophic disintegration' of women's sexual body. In this context this group of women exemplifies the hidden dimensions of midwifery due to their heightened emotional needs resulting from the above.

According to the UK's independent regulatory body for fertility treatment, the [Human Fertilisation & Embryology Authority \(HFEA\) \(2013\)](#), 2% of all UK births result from IVF and the number is rising year on year. In 2011, IVF resulted in 13,703 pregnancies in the UK alone. The social context for the increase in IVF is multifactorial. Lifestyle factors include weight issues, stress, smoking and importantly the increasing trend for many women who elect to start families after pursuing a career, thereby leading to an increase in women of advanced maternal age requiring assisted conception due to a reduction in fertility. Additionally the number of same-sex female couples receiving IVF treatment has increased by over a third in the last year. These figures are recorded in the HFEA's third report on fertility trends ([HFEA, 2014](#)). It appears somewhat surprising therefore, that little research into the experiences of these women, following successful treatment has been undertaken. [Allan and Finnerty \(2009\)](#) suggest that these are 'forgotten women' who upon achieving a successful pregnancy, their journey in their quest to conception is overlooked. Consequently, there is insubstantial evidence and practising midwives are unaware of this group of women's specific needs during pregnancy, birth and motherhood.

The recently updated [National Institute for Health and Clinical Excellence \(2013\)](#) guidelines for the treatment of infertility acknowledges new knowledge and developments in this field, making corresponding recommendations to meet these. The new guidelines received developmental input from a service user, who herself required IVF in order to conceive. She publicly acknowledges that the path from diagnosis to fertility treatments can be a long and emotional process, yet the needs of women who have achieved conception resulting in a live birth following IVF are not

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