



ORIGINAL RESEARCH – QUANTITATIVE

The experience of pregnancy resulting from Assisted Reproductive Technology (ART) treatment: A qualitative Brazilian study



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ABSTRACT

Background: Pregnancies achieved through medical treatments following a period of infertility may demand extra emotional and practical investment from women.

Aim: This paper aims at understanding the experience of pregnancy after Assisted Reproductive Technology, and exploring whether this experience is affected by previous failed infertility treatments.

Methods: This paper uses a qualitative approach. Participants were nineteen expectant first-time mothers from Brazil who conceived through Assisted Reproductive Technology treatment. During the third trimester of gestation, a semi-structured interview was administered to assess perceptions of and feelings about treatment and pregnancy. Interview transcripts were analysed using thematic analysis, and the sample was divided into two groups according to whether it was the participant's first treatment or not.

Findings: Themes identified include: tolerance of the demands of treatment and pregnancy, consideration of the mechanics of treatment and pregnancy, and emotionally painful aspects of treatment and pregnancy. Pregnancy itself was regarded as a reward or compensation for the difficulties undergone. Perspectives differed according to whether pregnancy followed the first Assisted Reproductive Technology treatment; those who had undergone previously unsuccessful treatments focused less on the mechanical aspects of the process but were more concerned about possible physical problems.

Conclusion: The similarities and differences found according to number of treatments attempted should be taken into consideration when providing psychological support for expectant Assisted Reproductive Technology mothers.

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1. Background

According to the World Health Organisation,¹ infertility affects up to 15% of reproductive-aged couples worldwide. Many of these will seek medical help to become parents. In high-income countries, fertility treatments have allowed women the freedom to reproduce without spontaneous conception.² Brazil is no exception to this trend, with over 56,000 babies born following Assisted Reproductive Technology (ART) treatment from 1990 to

2012.³ It is often noted that increased use of ART to conceive has led to a shift towards older maternal age at first birth, which research shows is actually associated with relatively lower levels of depression and anxiety.⁴ However, ART may lead more generally to a change in the meanings of conception, motherhood and pregnancy itself for women. This study aims to examine specifically the experience of pregnancy, and consider how it might be affected by ART.

Research suggests that post-infertility pregnancies, usually achieved after medical treatments, demand a sizeable investment of time, emotion, energy, and money. Furthermore, ART may increase the probability of pregnancy-related complications such as multiple gestations, multi-foetal reduction, high-risk-pregnancy and delivery, preterm labour or even the loss of the baby.² In line

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with this, women who conceive after ART report higher levels of context-specific fears than women who conceive spontaneously, such as fear of the baby's death during pregnancy and/or childbirth and/or after childbirth,^{5–8} fear concerning diseases, malformation, and fears concerning prematurity and the possibility of the baby having to stay in a neonatal intensive care unit. They also indicate more fears of labour,^{9,11} and more anxiety regarding their own efficacy as mothers. ART mothers-to-be seem particularly focused on maintaining the pregnancy, possibly indicating that the lingering effects of infertility may affect these some of these women's engagement with mothering.⁶

Anxiety levels during pregnancy in the context of ART have been measured in several studies but their findings are divergent. Higher levels of anxiety specifically focused on the pregnancy outcome were reported, especially during the third trimester, compared to spontaneous conception women, although state and trait anxiety were lower.⁵ In other studies, levels of anxiety in fact decreased during pregnancy in the *in vitro* fertilisation group (IVF),^{10,12} whilst another found that levels stayed the same for both groups; spontaneous conception and IVF.¹¹ Qualitative reports from a group of Taiwanese ART mothers-to-be¹³ showed that they emphasised the health and safety of their foetus but gradually formed maternal-foetal attachments and adapted to physical and physiological changes, suggesting positive adjustment to pregnancy is possible. However, a retrospective report following birth showed that Polish ART mothers were more emotionally vulnerable and more likely to present difficulties in adaptation to pregnancy than women who conceived spontaneously.¹⁴

For some women then, it does seem that the background of failure with negative feelings related to previous infertility can remain even after achieving pregnancy.^{15,16} Thus, there may be challenges and feelings of incompetency brought about by infertility treatment, allied to their own psychological characteristics, which make pregnancy following ART a special path to parenthood.⁶ Furthermore, these feelings may be heightened if previous treatments have not been successful. Despite the number of studies measuring quantitative aspects such as anxiety levels, qualitative research concerning women's perceptions of their experiences of infertility, successful ART treatment, and ensuing pregnancy is scarce (the study from Taiwan being one of few examples¹³), constituting an important gap in literature. Therefore, the first aim of this study is to understand the perceptions of the experience of pregnancy achieved after successful infertility treatment among a group of Brazilian women. The second aim is to explore whether this experience is qualitatively affected by previous failed treatment cycles.

2. Participants and methods

2.1. Design

The current study is part of a larger qualitative project "Transição para a parentalidade e relacionamento conjugal no contexto da reprodução assistida: da gestação ao primeiro ano do bebê" (Transition to parenting and marital relationship in the context of assisted reproduction: from pregnancy to the first year of the baby) developed in Brazil by Universidade Federal do Rio Grande do Sul, Instituto de Psicologia and Hospital de Clínicas de Porto Alegre (HCPA), a public hospital, and approved by the ethics committee of HCPA (number 07/153; July 6th, 2007).

2.2. Recruitment and participants

Inclusion criteria for the current study were that expectant mothers had conceived through ART after a treatment at HCPA or at a private clinic within the region, and lived in the state of Rio Grande

do Sul. Participants from HCPA had the cost of their treatment partly funded by the government, paying only for the medication, whereas those from the private clinics received no funding. A list of expectant mothers was provided by the hospital or private clinic and all eligible couples were contacted by a researcher and invited to participate. Twenty-five women accepted, of whom nineteen were first-time mothers; these nineteen participants are included in this report. After obtaining informed consent from each participant, an individual interview was arranged. Women were assured that their responses were confidential and that they could withdraw from the study at any time without this interfering with their treatment. The participants ranged in age from 25 to 44 years (mean age 35), and almost all were Caucasian ($n = 16$; 89%). Most of the women's treatment was partly state funded with only five of the 19 being private patients. The majority were married ($n = 12$; 63%) and the remainder were cohabiting ($n = 7$; 37%). Regarding educational levels, the group was generally well-educated; 63% ($n = 12$) had a university degree (of which half had a post-graduate qualification), while the other 37% ($n = 7$) were high-school graduates. Considering the attributed cause of infertility, 79% ($n = 15$) was female, 10.5% ($n = 2$) was male, 5.3% ($n = 1$) was both and 5.3% ($n = 1$) was unknown. The most frequent treatment was straightforward IVF ($n = 15$; 79%), but artificial insemination ($n = 3$; 16%) and gamete donation ($n = 1$; 5%) were also used. Just over half of the participants had conceived following their first treatment ($n = 11$; 57%), while the others had undergone two or more treatments. Most pregnancies were singletons ($n = 15$; 79%), but one was a twin pregnancy ($n = 1$; 5%) and three were triplets ($n = 3$; 16%).

2.3. Data collection

Semi-structured interviews were conducted during the third trimester at the participants' home or other convenient place chosen by them. The interview was based on a measure used previously (Núcleo de Infância e Família, 1998/Childhood and Family Center, 1988, unpublished data) in research on spontaneous pregnancy (Estudo Longitudinal de Porto Alegre: Da Gestação à Escola/Longitudinal Study from Porto Alegre: from Pregnancy to School, unpublished data), and focused on the women's perceptions of and feelings about pregnancy and the baby. Questions about the impact of treatment on their pregnancies were added for this study, bearing in mind the premise that the experience of pregnancy following ART may be affected by previous infertility and the demands of the treatment.

2.4. Analytical approach

All interviews, which lasted one hour and a half, were recorded, transcribed and analysed using thematic analysis.¹⁷ Data were categorised in themes and subthemes after two stages of analysis. In the first one, all interviews were read line by line and themes were identified and registered. In the second stage, emerging themes and subthemes were grouped according to their content and meaning. The chosen themes, subthemes and quotations were repeatedly compared with the original text to exclude the risk of having them also included in another theme or subtheme. These findings were discussed among the authors and in cases of disagreement, another colleague validated the results.

3. Results

Data relating to the experience of treatment and the experience of pregnancy were analysed and discussed together because these events were connected in the women's narratives. Furthermore, in order to examine whether previous failures in treatment may have

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