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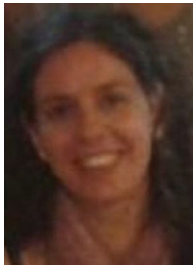
BROCHER SYMPOSIUM: PERSPECTIVES ON ACCESS TO REPRODUCTIVE HEALTHCARE

# Psychosocial needs of women and their partners after successful assisted reproduction treatment in Barcelona<sup>☆</sup>

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**Abstract** It is assumed that pregnancy and parenthood after a period of infertility are unproblematic and gratifying. However, a review of the literature highlights the complexity of the psychological and social consequences of pregnancy, childbirth and parenting after successful treatment with assisted reproductive technology. These experiences, including those following the creation of new forms of non-genetic and/or social parenthood, require investigation in order to understand how women and their partners integrate their journey from infertility to pregnancy and parenthood after successful assisted reproductive treatment. This paper presents results derived from qualitative interviews with 30 pregnant women and 21 couples after assisted reproductive treatment (repeated rounds of individual interviews with the study participants) conducted from July 2010 to April 2014 as part of a larger ethnographic study exploring the psychosocial needs of women and partners following assisted reproductive treatment in Barcelona's. The transcribed text was coded into categories of either predetermined or emergent topics. Prior studies have found that couples who achieve pregnancy after infertility may experience higher levels of anxiety in relation to pregnancy. This anxiety can be linked with a higher risk of complications during pregnancy after assisted reproductive treatment compared with spontaneous conception. However, the evidence concerning adjustment to pregnancy and parenthood is inconclusive. This study highlights the necessity for participants to give meaning to these treatments, given the variability that exists in perceptions of infertility and pregnancy after successful assisted reproductive treatment.

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**KEYWORDS:** assisted reproduction, interviews, pregnancy, Spain

## Introduction

For women and their partners, conception, pregnancy, the birth process and the transition to parenthood constitute a very important and intensely meaningful period. For most, pregnancy will occur when planned, but involuntary childlessness is a reality that is regarded as psychologically stressful for most couples. Some scholars have even claimed that the symptoms of this stress are similar to those associated with other serious medical conditions such as cancer (Johansson et al., 2010).

It is often assumed that pregnancy and parenthood after infertility treatment using assisted reproductive technology are unproblematic and gratifying, yet assisted reproductive technologies are not risk-free, and research in this area highlights the unmet psychosocial needs of women and their partners following successful assisted reproductive treatment as they make the transition to parenthood (Hammarberg et al., 2008).

Despite research into the psychosocial effects of assisted reproductive treatment on the mental well-being of women and men (Golombok et al., 2007; Verhaak et al., 2007a, 2007b; Volgsten et al., 2008), the experiences of women and their partners after conception following assisted reproductive treatment have not been extensively investigated. Existing research reveals poor psychological well-being and the tendency for women and their partners to experience depression and anxiety (Hammarberg et al., 2008; Verhaak et al., 2007a, 2007b). The literature related to parenting and neurodevelopmental outcomes in children conceived during assisted reproductive treatment is also growing. According to Hammarberg et al. (2008), post-natal self-confidence and confidence in parenting ability is lower in couples who utilize assisted reproductive treatment compared with those who conceive spontaneously. This is especially prominent and persistent for couples who have experienced repeated assisted reproductive treatment failure prior to conception, and infertility distress persists even when pregnancy and

parenthood are achieved. Scholarship examining childhood and parent-child relations in families where assisted reproductive technology has been used shows that in childhood, parental expression of more protective attitudes (but not over-protectiveness) and greater warmth towards the child are common. The children appear to have secure attachment in relationships with their parents, and behavioural adjustment is mostly comparable with that of naturally conceived children (Boivin et al., 2009; Gibson and McMahon, 2004). According to most studies on assisted reproduction and neurodevelopmental outcomes in the child, there is no increase in the risk of mental disorders, of cognitive, behavioural, socio-emotional deficits, or of problems in psychomotor development in children after assisted reproductive treatment (Bay et al., 2013). Overall, the current evidence does not suggest that assisted reproductive treatment has a negative effect on the parent-infant relationship (Hammarberg et al., 2008).

Despite the existing literature on assisted reproductive treatment, there remains a need to better understand the background, decisions, behaviours, emotions, knowledge, perspectives, beliefs, motivations and attitudes of women and their partners after successful assisted reproductive treatment in order to improve the care that health professionals deliver to them compared with those who conceive spontaneously. For example, Allan and Finnerty (2007) suggest that there is insufficient research evidence for nurses and midwives practising in this area, and British healthcare staff appear to be unaware of the specific needs of infertile women during pregnancy, birth and early motherhood. Moreover, there are clear gaps in health services once patients are discharged from fertility clinics.

According to Suhonen et al. (2008), individualized care is considered a core value in policy statements and quality standards in healthcare. In Western countries, such as Spain, healthcare is commonly perceived as impersonal and technical, rather than individualized and patient-centred. Little is known about the extent to which individualized care

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