Article

Long-term follow-up of women and men after unsuccessful IVF

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Abstract

The experience of 92 couples, who had unsuccessfully undergone one or more IVF cycles at a university clinic, was evaluated 3–8 years following their last failed attempt. One member of each couple completed a telephone questionnaire regarding life events during their last IVF cycle performed at the clinic and at the time of the interview. Some couples had continued further treatment and some had not. Multivariate correspondence analysis was used to analyse the data. Regarding the long-term experience of couples who had undergone further treatment, for men the main experiences were psychological problems and having adopted a child. For women, the main experiences were related to problems of self-image, psychological problems, loss of hope, and having adopted a child. These women also presented a strong association with problems in their marital relationship and with adoption. For the group that did not undergo further treatment, the women showed a strong association with considering adoption, and a less intense association with psychological problems and loss of hope. The men presented psychological problems and having adopted a child as associated variables. Comparison between men and women showed that recognizing the impossibility of conceiving a child and giving up treatment were strongly associated. Men and women who had not continued with further treatment were more affected in the long term than those who had undergone further treatment after IVF failure.

Keywords: *abandon, infertility, IVF, psychological problems*

Introduction

IVF is one of the most complex treatments in infertility, with success rates up to 30% (Society for Assisted Reproductive Medicine/American Society for Reproductive Medicine, 2004). Infertile couples who undergo IVF become emotionally involved before and during the procedure, and the experience of undergoing treatment can cause significant psychosocial stress (Callan and Hennessey, 1988; Hynes *et al*., 1992; Boivin *et al*., 1995). The expectation of conceiving a biologically related child, when the result is not pregnancy, may become a source of frustration, hopelessness, depression, anxiety and anger (Mahlstedt *et al*., 1987; Newton *et al*., 1990). There is an interruption in the life project, changes in socially expected roles, and both men and women may suffer feelings of social isolation following the unsuccessful completion of treatment (Newton *et al*., 1990; Dyer *et al*., 2002). In addition, it was shown that even in complex treatments, patients expect that the treatment experience will be simplified, while at the same time hoping to benefit from the technology (Penzias, 2004a).

Follow-up studies concerning short-term adjustment after unsuccessful IVF refer to differences between men and women, and in general report that women were more affected by treatment failure than men (Newton *et al*., 1990; Slade *et al*., 1997; Weaver *et al*., 1997). After a first unsuccessful IVF cycle, an increase in situational anxiety and in depressive symptomatology can be observed during the first month in both

men and women (Newton *et al*., 1990). Women assessed before the first IVF procedure and 2 weeks after treatment failure reported sadness and disappointment, and adaptation to failure was related to pre-IVF feelings of loss of control over their lives and of responsibility for failure (Litt *et al*., 1992). Over a year after IVF failure, women presented higher depression and described their quality of life in less positive terms than men; however, neither men nor women differed significantly from general population norms (Weaver *et al*., 1997).

Women who remained childless after IVF failure, compared with those who were parenting a biological or an adopted child, were less satisfied with their lives (Leiblum *et al*., 1998), presented increased levels of anxiety, stress, depression and low self-esteem, as well as a tendency to perceive their lives negatively (Bryson *et al*., 2000). In a 4-year follow-up after IVF failure, Baram *et al*. (1988) reported that 88% of the couples had considered adoption, 32% had already adopted, and over 80% of the men and women still desired a biological child. In a 5–9-year follow-up of women whose treatment had been unsuccessful, infertility continued to be a source of stress, and those who did not adopt or had considered adoption but were unable to go through with it, described their lives as being more stressful, presented lower satisfaction levels and were considered more depressive in comparison with population norms (Bryson *et al*., 2000). Some couples decide to adopt in an attempt to reorganize their lives and accept the fact of being a biologically childless couple, while others persist in the pursuit of biological parenthood even after three or more unsuccessful IVF cycles (Leiblum *et al*., 1998).

By contrast, some studies have reported that unsuccessful IVF does not appear to have a long-term detrimental effect on the marital relationship. Some women have reported positive feelings and improved closeness in the relationship with their partner and redirected their lives towards other projects that did not include parenthood after treatment failure (Baram *et al*., 1988; Litt *et al*., 1992; Hammarberg *et al*., 2001).

However, information on the long-term experience of men and women following unsuccessful IVF is still limited. Therefore, the aim of this study was to identify the long-term experience of men and women following unsuccessful IVF.

Materials and methods

The study was conducted at the Human Reproduction Unit, Department of Obstetrics and Gynecology, School of Medicine, Universidade Estadual de Campinas (UNICAMP), Campinas, Brazil. The study was approved by the Internal Research Ethics Board of the institution and all participants voluntarily agreed to take part in the study. The university hospital, where this study was carried out, is one of the few public institutions in the country that offers IVF, and although the procedure is free of charge, the cost of the medication is covered by the patients.

The inclusion criterion was couples who had unsuccessfully undergone one or more IVF cycles at least 3 years prior to study initiation. Couples who conceived spontaneously or after further treatment in other services were excluded after interview. Participating couples were identified through service medical records. The sociodemographic characteristics of the couples at the time of the last IVF cycle performed at the institution were obtained from these records. Data collection was carried out using telephone interviews, as this method is rapid, cost-effective, gave access to a large number of subjects over a short period of time and allowed in-depth questions to be posed in an impersonal environment (Rea and Parker, 2000). A semi-structured questionnaire was used to perform the telephone interview and to collect data on: sociodemographic characteristics at the time of the interview; whether couples had or had not undergone further infertility treatment in other services; reasons for each decision; desire to continue with infertility treatment; occurrence of pregnancy, spontaneously or following treatment; consideration of adoption as a possibility; and adoption when it had already occurred.

All the interviews were conducted by three nurses from the IVF programme, who were trained to perform telephone interviews. A criterion of a maximum of three attempts to contact each couple was established. All telephone contacts were made in the evening and during weekends to increase the possibility of successfully contacting the couples. Once contact was established, the couples decided who would respond to the interview, as only one member of each couple had to respond. The participants gave their verbal consent before the initiation of the telephone interview. Interviews were registered on a form and tape recorded; information was checked to guarantee reliability.

The statistical analysis included a comparison of proportions using Fisher's Exact Test and multivariate correspondence analysis, which mapped dependent and independent variables, to assess the relationship between them. This statistical approach was selected because the number of couples who had or had not undergone further infertility treatment in other services was different. The strength of association between the variables was defined by their spatial closeness and their position within the quadrants; the closer the variables, the stronger the association (Greenacre, 1992).

The first mapping showed the relationship between the independent variable (men and women) with the long-term experience of men and women following unsuccessful IVF. The dependent variables tested were: problems in the marital relationship (divorce, difficulties in sexual adjustment, and blame for the infertility); self-image problems; loss of hope; adoption; and consideration of adoption. The second mapping included the relationship between the independent variables (men and women who underwent or did not undergo further treatment) and the dependent variables. The dependent variables tested were: not having children with other partners; partners who gave up; psychological problems (depression, frustration, loss of hope, sadness); recognition of the impossibility of having children; educational level; continuation with the same partner; lack of support; financial factors; consideration of adoption; having adopted; no mention of separation; no mention of financial factors; medical recommendation to stop further treatment; delay in decision to continue IVF or not; not having a partner; and problems in the marital relationship.

Results

Of the 174 couples identified for inclusion in the study, 101 (58.0%) were contacted and interviewed. It was not possible

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