

During IVF sexual relationships, satisfaction, can suffer

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An Indiana University study has found that women undergoing in-vitro fertilization report that the process of infertility treatment has many negative impacts on their sexual relationship with their partner. Little attention has been given to the sexual dynamics of couples as they navigate infertility and treatments such as IVF, despite the important role that sex plays in a couple's attempt to conceive a child.

"Sex is for pleasure and for reproduction, but attention to pleasure often goes by the wayside for people struggling to conceive," said Nicole Smith, a doctoral student with the Center for Sexual Health Promotion at the IU School of Public Health-Bloomington. Smith is conducting the study in collaboration with Jody Lyneé Madeira, associate professor in the IU Maurer School of Law. "With assisted reproductive technologies (ART), couples often report that they feel like a science experiment, as hormones are administered and sex has to be planned and timed. It can become stressful and is often very unromantic and regimented; relationships are known to suffer during the process."

This study, which is one of the first in the United States to examine women's sexual experiences while undergoing assisted reproductive technologies, used the Sexual Functioning Questionnaire to assess the impact of IVF treatment on couples' sexual experiences. Compared to a sample of healthy women, women undergoing IVF reported significantly less <u>sexual desire</u>, interest in sexual activity and satisfaction with their <u>sexual relationship</u>. They had more difficulty with orgasm and were more likely to report sexual problems such as vaginal pain and dryness.



Similar to emotional and relationship challenges associated with assisted reproductive technologies, the sexual problems intensified as a couple's use of ART proceeded.

When couples meet with their physicians, their sex life might not top the list of issues they want to discuss, either because of unease talking about the subject or simply because they have so many other important issues to discuss. Still, Smith and Madeira say, the doctor-patient relationship is key, and couples can be told up front about the potential sexual side effects and resources that can help. If they have issues with dryness, for example, they could be counseled on remedies such as purchasing lubricant or other sexual enhancement products. In addition to referring couples to mental health counselors, reproductive endocrinologists could also refer them to sex therapists.

"There's just a dearth of knowledge on how infertility affects sexual behavior," Madeira said. "The focus is more likely to be on the social and support dimensions of the relationship, but sex is a big part of that. Just letting patients know they aren't alone in this would be helpful."

If more information about sexual challenges becomes available, couples might find it on their own.

"Women interested in ART are generally well-educated and tend to spend time researching these issues," Madeira said. "They would be very responsive to this information, and proactive."

The study involved 270 women who completed an online questionnaire; interviews with 127 men and women using IVF to try to conceive; and interviews with 70 professionals, including physicians, nurses, mental health experts and other providers who work directly with patients.

IVF is a procedure in which mature eggs are retrieved from a woman's



ovaries and fertilized by sperm in a lab, forming embryos. The embryo(s) are then implanted in the woman's uterus. It is considered an effective procedure but one that is used after couples try several other less invasive procedures. By the time couples begin IVF, they might have been trying to conceive for many years. Nine percent of the women in their study had been through five <u>IVF</u> cycles, which could take at least a year.

Here are some of their other findings:

- Women who reported being sexually active with a partner in the past month also were more likely to engage in masturbation and report fewer sexual problems.
- The women reported similar problems with sexual function regardless of the type or source of infertility involved: male factor, female factor, or both male and female factor.
- Hormonal treatments used in assisted reproductive technologies likely affect women's sexual experiences and pain, but these effects are not as well understood and receive less priority than other conditions, such as heart disease and cancer.

Provided by Indiana University

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