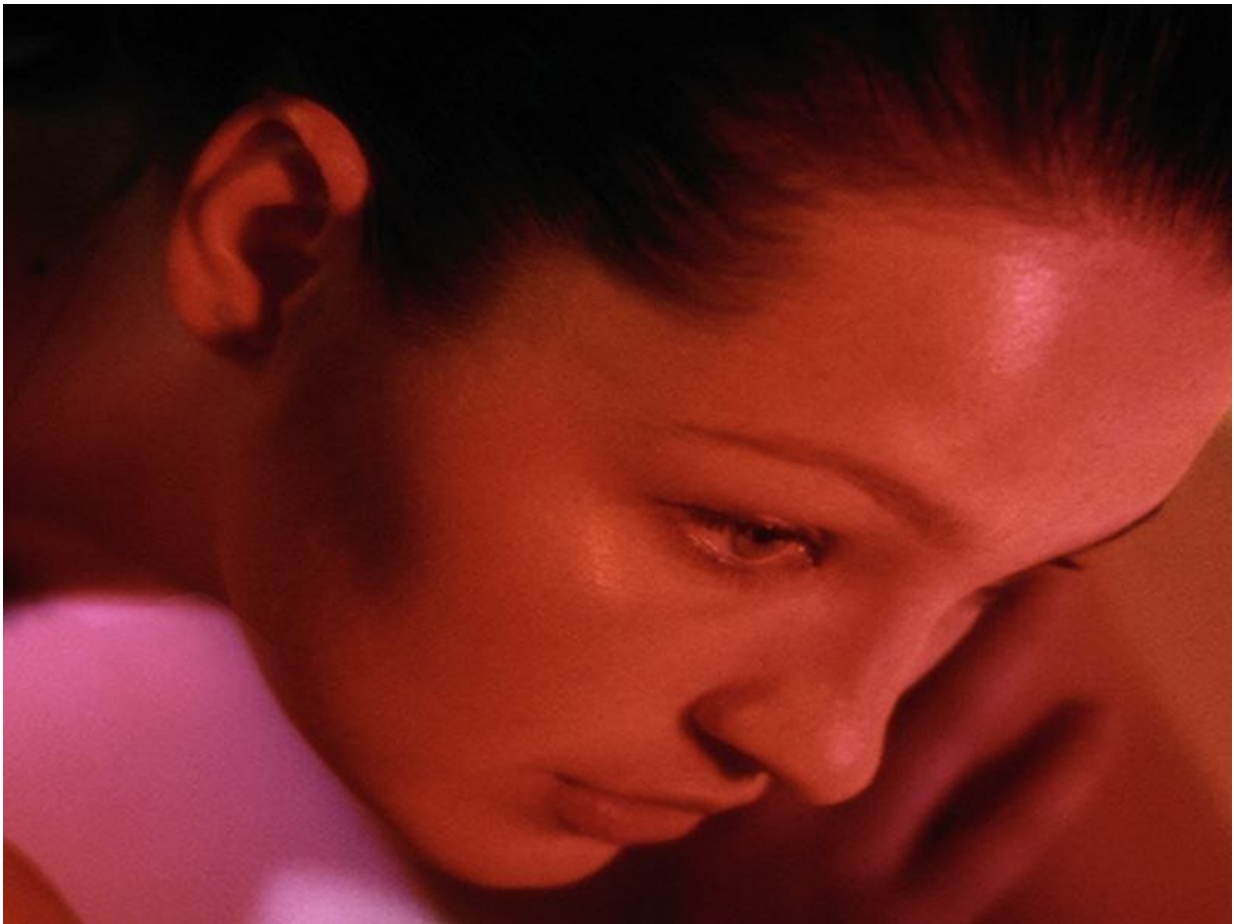


# Stress won't undermine fertility treatment success: study

July 25 2018, by Alan Mozes, Healthday Reporter

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(HealthDay)—Struggles with infertility can take an emotional toll. But a

new study finds the stress that a woman often experiences during infertility treatment won't limit her chances of success.

The analysis looked at 20 studies that explored the stress surrounding [infertility](#), a condition that touches millions of women around the world.

"Infertility and its [treatment](#) are highly stressful experiences that can cause substantial emotional distress," explained senior study author Marci Lobel, director of the program in social and health psychology at Stony Brook University in New York.

Prior research has shown that "the inability to conceive leads some women to feel different, defective or out of step with their peers, resulting in loneliness, depression or anxiety," she noted.

"Feeling that one's emotional distress is somehow responsible for treatment failure only adds to the anguish experienced by many infertile women," Lobel added.

But, she said, the review found "that women's emotional distress is not associated with poorer treatment outcomes," regardless of age, prior treatment history or how long a woman has been infertile.

The researchers noted that roughly 70 million women worldwide are infertile, meaning they are unable to conceive after a full year of trying. In the United States alone, that figure is about 1.5 million.

Approximately half of these women will end up seeking [infertility treatment](#), with the two most common being in-vitro fertilization (IVF) and [intracytoplasmic sperm injection](#) (ICSI).

Many meet with success. Just over a third of all European patients who undergo IVF become pregnant, while more than half of all IVF-assisted

women under the age of 35 in the United States ultimately deliver a baby.

But that figure drops with age, with less than a 7 percent success rate among American women over the age of 42. Treatment can also prove to be an arduous and lengthy experience, involving repeated blood testing, hormone injections, ultrasounds and surgical procedures. It's also expensive, costing American women between \$10,000 and \$15,000, depending on individual insurance and location.

That the experience is stressful is not the question. But the new research looked at whether that stress affects outcomes.

Taken together, the studies involved more than 4,300 women, at an average age of 30 to 36. Some investigations had tracked anxiety, depression and stress levels before fertility treatment began, while others looked at anxiety and depression during treatment.

In the end, the Stony Brook team found no connection between any form of emotional distress and an increased risk that fertility treatment might not work.

The findings were published recently in the journal *Social Science and Medicine*.

Lobel noted that even if there is no detrimental impact on outcomes, "there is a pressing need to alleviate distress associated with infertility, infertility treatment and [treatment failure](#)."

"Stress management and coping skills training may help reduce the considerable personal impact of infertility and its treatment. In fact, many couples cease treatment because of the intensity of strain they experience," Lobel said. "What is at stake for many women and their

partners is the ability to fulfill a vital life goal of bearing children."

Those thoughts were seconded by Dr. Jennifer Kawwass, medical director of the Emory Reproductive Center in Atlanta.

Even the most relaxed couples will find that "the infertility journey has [the] potential to be incredibly stressful for both individuals in a relationship," she said. And ascertaining how that stress will manifest in terms of pregnancy outcomes can be very difficult, she added.

"Nonetheless, it is reassuring that no difference in outcomes was observed between those under differing degrees of stress," Kawwass said.

Dr. Norbert Gleicher, medical director and chief scientist at the Center for Human Reproduction in New York City, agreed that "the [study] results have to be interpreted with caution." But he also suggested that the findings weren't that surprising.

"If stress really affected outcomes we would know it," he said, explaining that [women](#) have become pregnant in the midst of all kinds of high-stress catastrophic disasters, whether natural or man-made.

"Of course, stress probably does have an effect at the margins," added Gleicher, who is also president of the Foundation for Reproductive Medicine.

"And stressing about the stress will make things worse for the patient. So when patients ask what they need to change to have a better chance at pregnancy, I always say change nothing. Changing your daily routine will increase [stress](#). So try to live your regular life," he advised.

**More information:** Marci Lobel, Ph.D., professor, psychology, and

director, program in social and health psychology, department of psychology, Stony Brook University, Stony Brook, N.Y.; Norbert Gleicher, M.D., medical director and chief scientist, Center for Human Reproduction, president, Foundation for Reproductive Medicine, and researcher, Rockefeller University, New York City; Jennifer Kawwass, M.D., medical director, Emory Reproductive Center, and assistant professor, division of reproductive endocrinology and infertility, Emory University, Atlanta; July 13, 2018, *Social Science and Medicine*

The U.S. National Institute of Child Health and Human Development has more on [infertility](#).

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