Infertility and your MENTAL HEALTH

by Karen Mauk and Coleen Sallot

We're confronting a wicked problem that most people don't want to talk about: **infertility**. Specifically, we're exploring "the actions that might effectively narrow the gap between what-is and what-ought-to-be" in the difficult realm of family planning (Rittel & Webber, 1973, p. 159).

This wicked problem affects so many Americans—approximately 11 percent of women and 9 percent of men of reproductive age—trying to get (and stay) pregnant (National Institutes of Health, 2018). Also, because of the tangible (health-related) and intangible (emotional) components of this complex problem, the stakes are especially high. As is the case with all wicked problems, "any solution, after being implemented, will generate waves of consequences over an extended—virtually an unbounded—period of time" (Rittel & Webber, 1973, p. 163).

Indeed, treating infertility (whether successfully or unsuccessfully) "leaves 'traces' that cannot be undone" (Rittel & Webber, 1973, p. 163). And although the medical community may have good intentions, fertility clinics seem to focus only on one thing (getting patients pregnant) and are typically poorly equipped to address the psychological impact of treatment, failed attempts, and loss.

This project proposes *shifting the paradigm* of the infertility system by equally integrating the mental and physical health concerns of the patients and their partners who embark on this difficult journey.

INTRODUCTION

The fertility industry is a system characterized by an elaborate hierarchy that breaks down at various points, often leaving couples in a place of confusion, fear, and devastation. Despite the fact that infertility is a traumatic event (or "non-event") in the lives of many American couples (Schwerdtfeger & Shreffler, 2009, p. 211), the medical community generally fails to fully acknowledge the psychological impact that infertility and pregnancy loss have on couples for years after treatment.

The current infertility system diagram shows the testing and treatment cycle that couples often find themselves caught up in without any clear answers. Depending on how patients respond to treatment and on how they wish to proceed, they may be flung back into the cycle again after reassessment and further consultation. The system diagram attempts to map the range of emotions that patients may feel as they navigate through the infertility system. While these emotions are unlikely to change in the couple's journey through the redesigned system, which factors in mental health, they are at least acknowledged and discussed with a professional who has strong ties to fertility clinics, as shown in the redesigned social network diagram and experience diagram.

The current infertility social network diagram, in contrast, shows a stark separation between the medical community and the realm of mental health, which is at the moment just the couple's concern and not the concern of fertility clinics. But as much research has shown (for example, American Pregnancy Association, 2018; Forooshany, Yazdkhasti, Hajataghaie, & Esfahani, 2014), mental health is an essential factor to consider alongside physical health in the patient's treatment plan. In fact, a recent article (Patel, Sharma, & Kumar, 2018) forecasts a major paradigm change that the authors see as a likely future: mental health practitioners will be fully integrated into the infertility system, offering much-needed support at every major juncture.

SOFT SYSTEMS METHODOLOGY

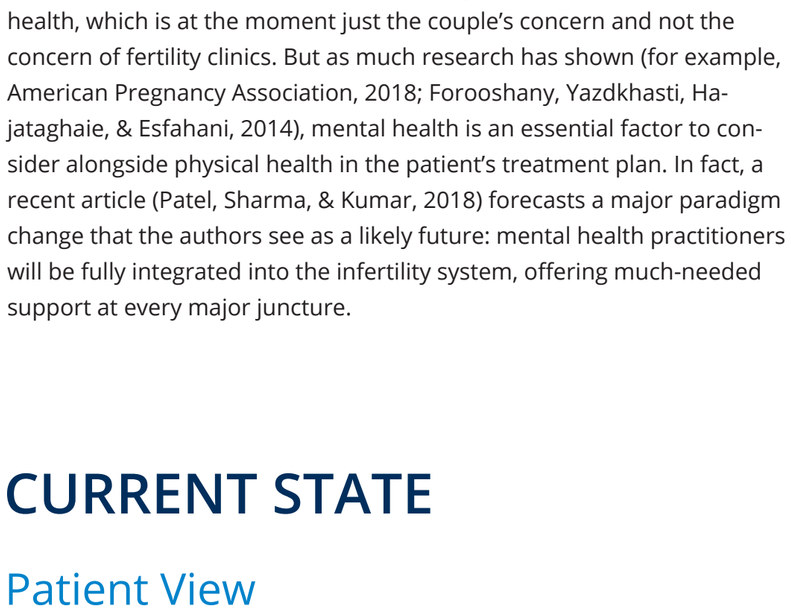
	Benefits You	Manipulates You
Holon	Giving people who want to be parents a chance at parenthood	Getting patients pregnant and confirming the pregnancy as quickly as possible
Transformation	Childlessness -> parenthood	Infertility -> fertility
Weltanschauung	Many people have a strong drive to be parents for a range of personal and cultural reasons.	Fertility clinics want to make lots of money by getting many patients pregnant immediately and repeatedly.
Actors	Patients/partners, medical personnel, support network	Medical personnel, patients
Owner	Fertility industry	Fertility industry
Beneficiaries	Patients who successfully have children and their support network, parenthood, self-esteem, happiness	Clinics that get patients pregnant quickly and repeatedly, doctors, pharmaceutical companies, pharmacies, profitability, brand building
Victims	People with unexplained infertility, people who can't afford testing and/or treatment, people who can't be effectively treated, people who suffer one or more losses, people who can't carry without medical assistance, people who endure pregnancy complications, children born with defects, self-esteem, hope, endurance, savings	Fertility clinics with low success rates, write-offs, doctors who fail to convince patients to be treated, doctors who can't treat their patients effectively, lost patients, lost revenue
Environment	Patients, support network, medical personnel, homes, vehicles, medical offices, hospitals, hope, fear, joy, grief, stress, recovery	Medical personnel, patients, medical offices, hospitals, success, failure, capitalism, profit and loss

When this wicked problem is framed by a Soft Systems Methodology approach, certain insights emerge about the deepest hopes and fears of couples undergoing fertility treatment on the one hand and about the business goals of fertility clinics on the other. These two worldviews collide in the current system, as illustrated in the above table.

CURRENT STATE

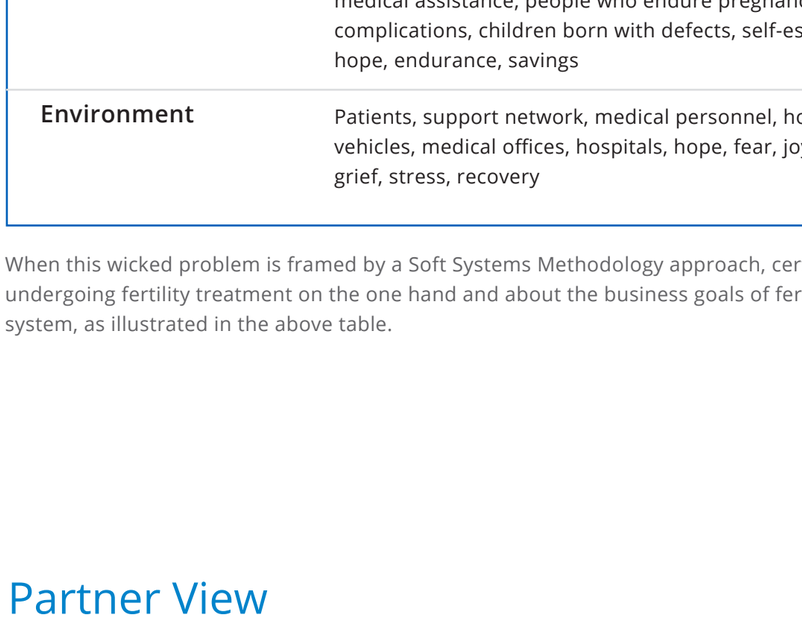
Patient View

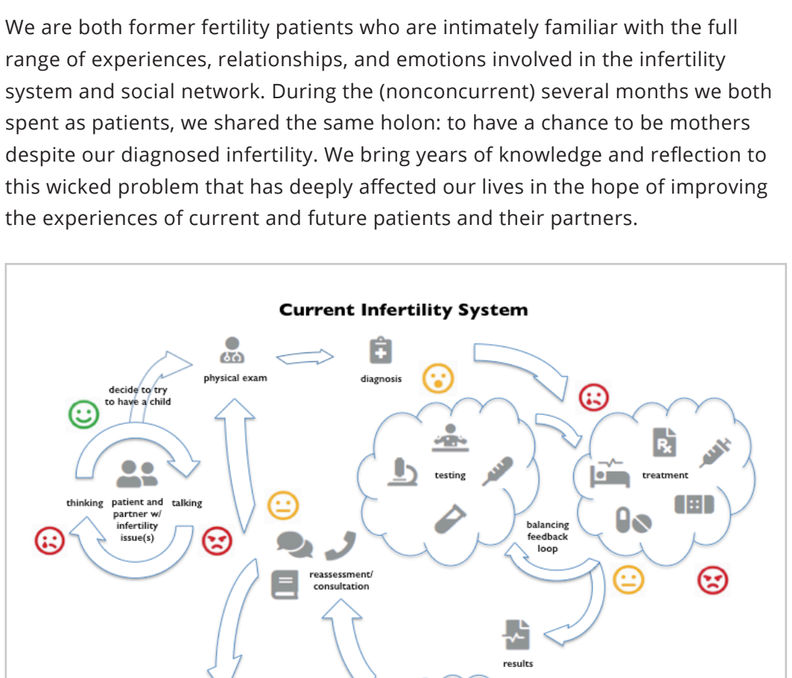
We are both former fertility patients who are intimately familiar with the full range of experiences, relationships, and emotions involved in the infertility system and social network. During the (nonconcurrent) several months we both spent as patients, we shared the same holon: to have a chance to be mothers despite our diagnosed infertility. We bring years of knowledge and reflection to this wicked problem that has deeply affected our lives in the hope of improving the experiences of current and future patients and their partners.



Partner View

Our participant is a white male in his early 50s. He is the partner of a recently unsuccessful fertility patient. His holon was shared with his wife: they both wanted to try various, relatively unrisky infertility treatments in an attempt to get (and stay) pregnant. Unfortunately, our participant and his spouse suffered recurrent pregnancy loss and never gave birth to a child. They've both since moved on together to pursue other life goals.





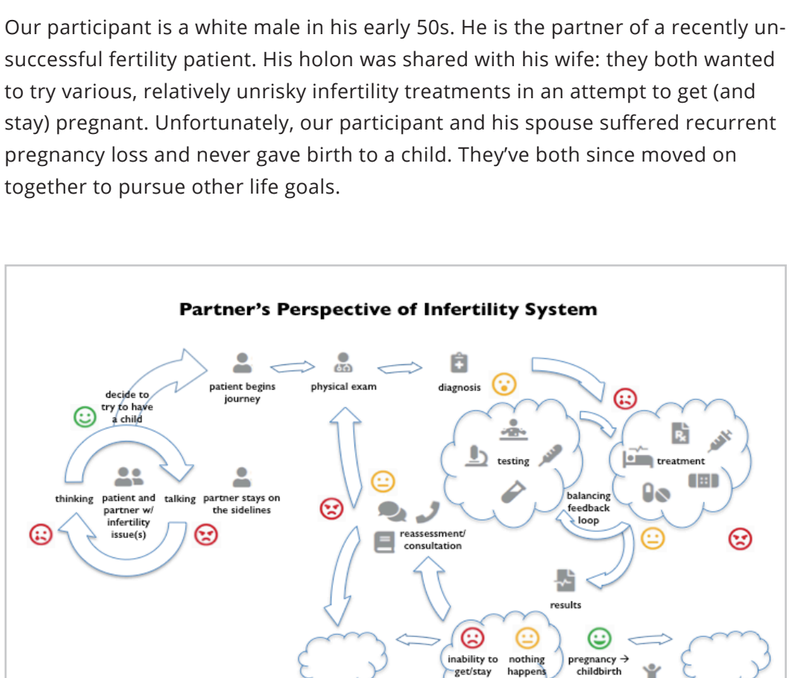


Diagram Comparison

Our participant worked carefully through a card-sorting activity in which he arranged representative elements from the infertility system and social network based on his perspective. He talked through his decisions as he completed the activity. In so doing, he revealed his perceptions of the infertility system and social network as well as the broader wicked problem at the heart of our project.

Two overarching insights emerged:

1. Our participant felt palpably "ignored, invisible, and absent" by the medical community throughout the process he underwent with his wife. Although he wasn't diagnosed with infertility, he essentially became the "forgotten male partner" (Petok, 2015).

2. Despite this negative experience and the trauma of suffering multiple miscarriages with his wife, he still praised the medical community for being sympathetic to and cognizant of the complex emotional realm that he and his wife traversed for over a year.

Our participant's diagrams reflect his insights. Specifically, the system diagram from the partner's perspective shows his separation from the patient's journey through the infertility system. The social network diagram divides the domestic, private, and emotional sphere from the clinical and public spheres that comprise family, friends, and the medical community.

Our participant's social network diagram was particularly unexpected: We were surprised by his decision to isolate patients and partners from each other on the one hand, and from family and friends on the other. It reveals just how personal his experience with infertility (and its associated emergencies) was and why it's crucial to consider the partner's perspective every step of the way. Partners hope just as much as patients to have a child. The psychological burden that accompanies infertility treatment should be acknowledged by the medical community as a deeply personal one that couples carry together for the rest of their lives.

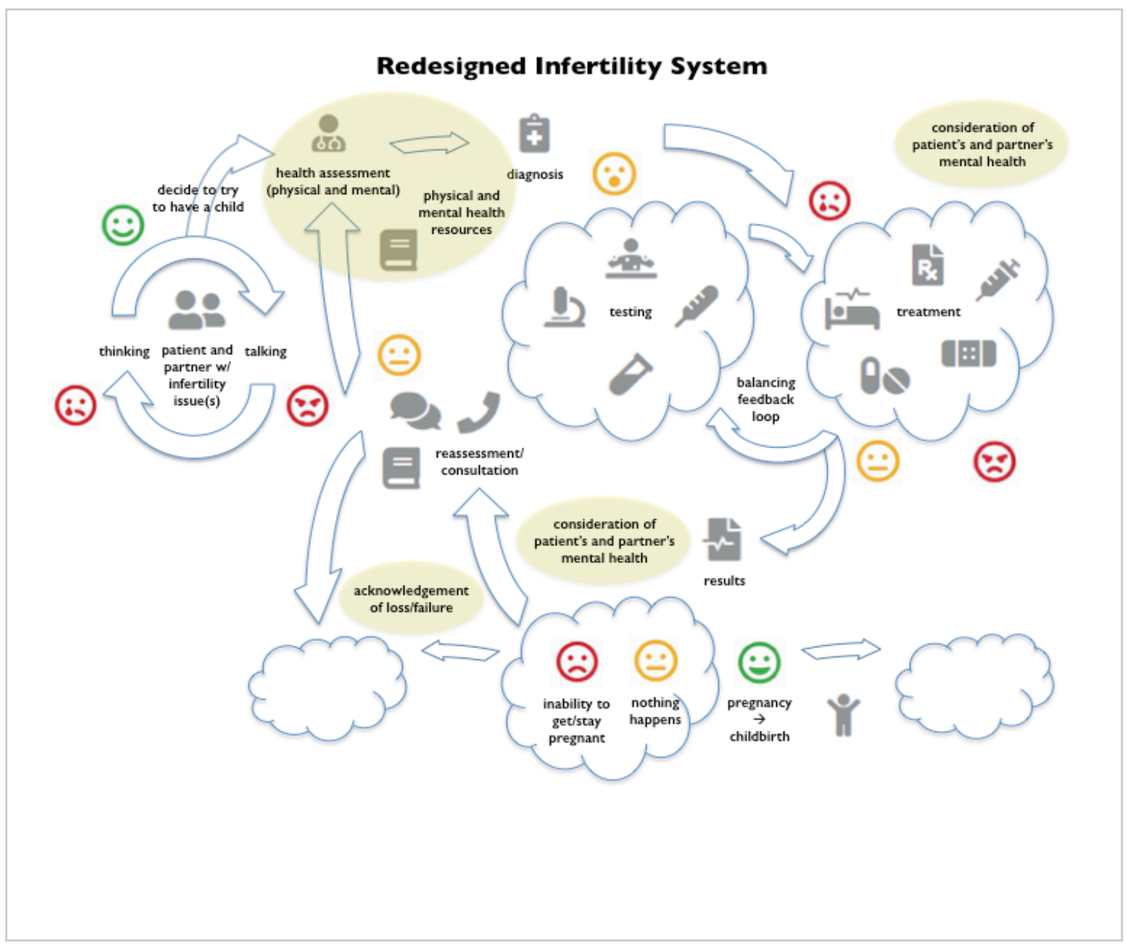
Infertility and your MENTAL HEALTH

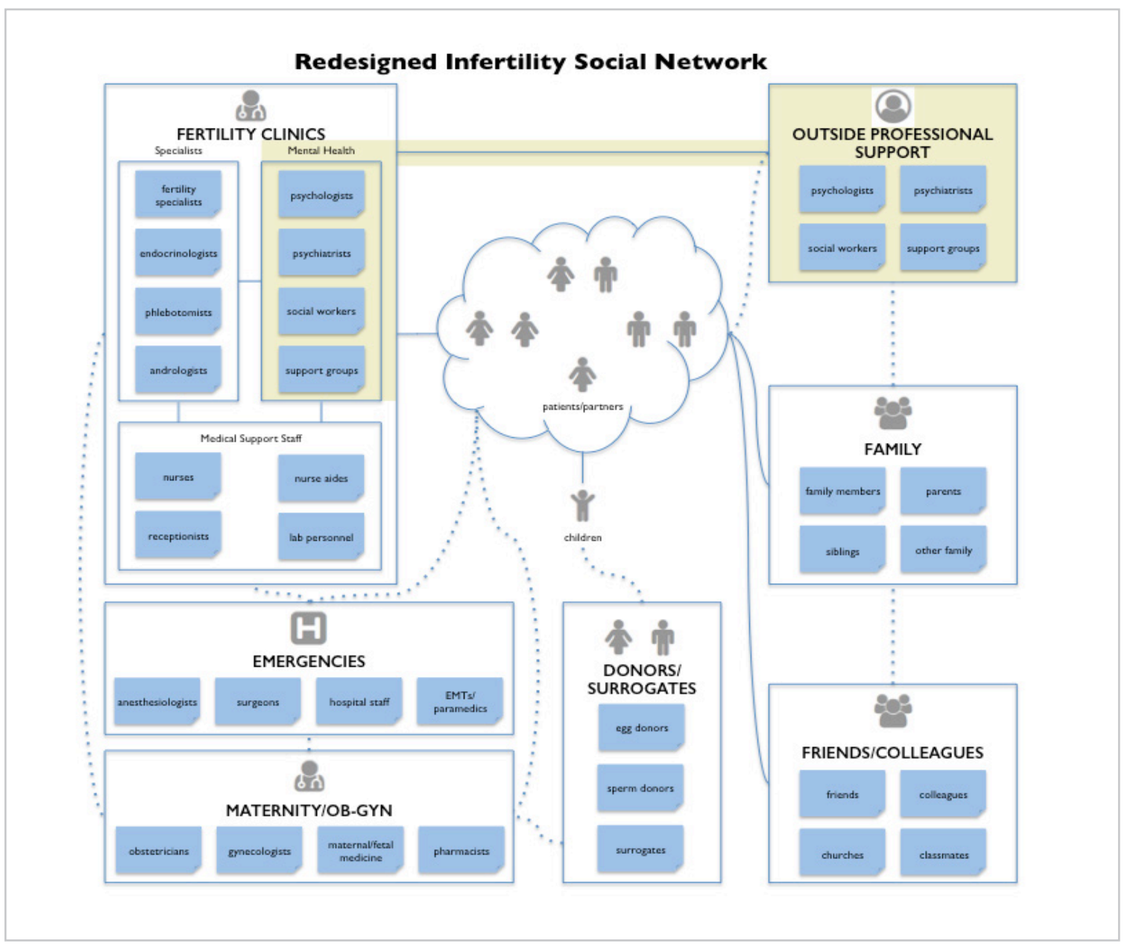
by Karen Mauk and Coleen Sallot

PROPOSED EXPERIENCE

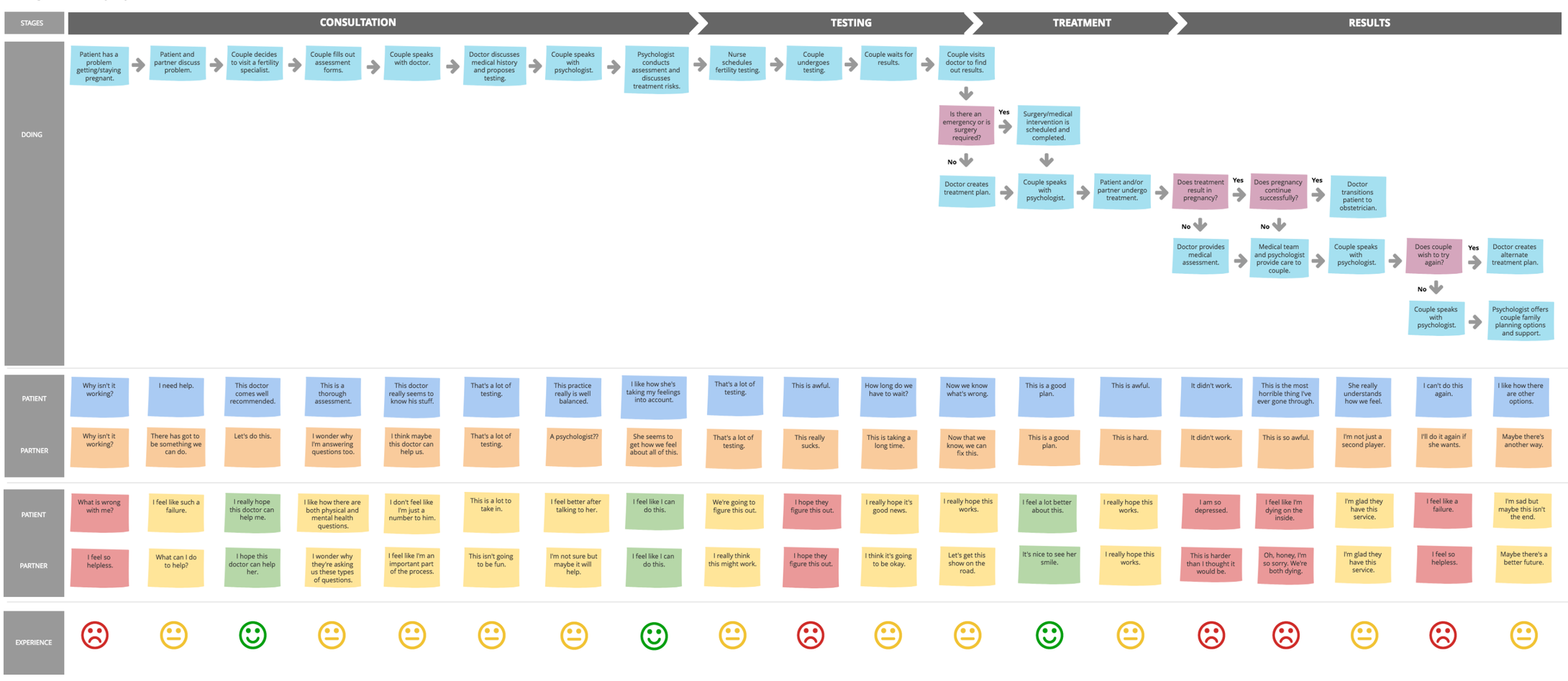
We're proposing a multistage intervention to change the paradigm of the infertility system. The medical community must acknowledge and integrate couples' mental and physical health as equal factors in their journey toward parenthood. To that new end, we recommend the following steps:

1. A psychologist will be included as part of the fertility clinic staff, and mental health will be included as an equal part of care in the fertility clinic organization.
2. Onboarding of patients and partners will include a conversation with the psychologist to go over the mental health aspects of the infertility treatment process.
3. If couples don't build a connection with the on-staff psychologist, the clinic will attempt to match them with an outside psychologist with whom they feel rapport. The clinic will also maintain relationships with outside mental health professionals for patients who require more specialized care.
4. Onboarding will also include a basic mental health assessment to create a baseline of the patient's and partner's current mental state and to identify those already at risk for mental health problems.
5. Posters and brochures about the mental health risks of infertility treatment will be available in the waiting and exam rooms.
6. Mental health questions will be included as part of the medical screening at each visit.
7. If the patient has mental health risks, the psychologist will speak with her prior to starting treatment. Since medication is generally not allowed as it can be harmful to the baby, the psychologist can discuss counseling, support groups, and other treatment methods.
8. If a procedure is not successful or results in a loss, the psychologist will educate the medical team on steps that should be followed. For couples who have suffered a loss, a ceremony will be planned to recognize the loss and provide support.
9. If a procedure is not successful, the psychologist will speak to the couple and provide additional information and support options.





Redesigned Infertility Experience



References

American Pregnancy Association. (2018). *Working through the emotions of infertility*. Retrieved from http://americanpregnancy.org/infertility/emotional-faq/

Forooshany, S. H. A., Yazdkhasti, F., Hajataghaie, S. S., & Esfahani, M. H. N. (2014). Infertile individuals' marital relationship status, happiness, and mental health: A causal model. *International Journal of Fertility & Sterility, 8*(3), 315-324.

National Institutes of Health. (2018). *How common is infertility?* Retrieved from https://www.nichd.nih.gov/health/topics/infertility/conditioninfo/common

Patel, A., Sharma, P. S. V. N., & Kumar, P. (2018). Role of mental health practitioner in infertility clinics: A review on past, present and future directions. *Journal of Human Reproductive Sciences, 11*(3), 219-228. doi:10.4103/jhrs.JHRS_41_18

Petok, W. D. (2015). Infertility counseling (or the lack thereof) of the forgotten male partner. *Fertility and Sterility, 104*(2), 260-266. http://dx.doi.org/10.1016/j.fertnstert.2015.04.040

Rittel, H. W. J., & Webber, M. M. (1973). Dilemmas in a general theory of planning. *Policy Sciences, 4*, 155-169.

Schwerdtfeger, K. L., & Shreffler, K. M. (2009). Trauma of pregnancy loss and infertility for mothers and involuntarily childless women in the contemporary United States. *Journal of Loss and Trauma, 14*(3), 211-227. doi:10.1080/15325020802537468