

Experiences of IVF

- from a patient perspective -

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av

Herborg Holter

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- I. Holter H, Anderheim L, Bergh C, Möller A. **First IVF treatment – short-term impact on psychological well-being and the marital relationship.**
Human Reproduction 2006;21:3295-3302.
- II. Holter H, Anderheim L, Bergh C, Möller A. **The psychological influence of gender infertility diagnoses among men about to start IVF or ICSI treatment using their own sperm.**
Human Reproduction 2007;22:2559-2565.
- III. Holter H, Sandin-Bojö A-K, Gejervall A-L, Wikland M, Wilde-Larsson B, Bergh C. **Quality of care in an IVF programme from a patient's perspective: development of a validated instrument.**
Human Reproduction 2014; 29:534-547.
- IV. Holter H, Sandin-Bojö A-K, Gejervall A-L, Wikland M, Wilde-Larsson B, Bergh C. **Patient-centered quality of care in an IVF-programme evaluated by men and women.**
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Fakultetsopponent:

Professor Jacky Boivin
Cardiff Fertility Studies Research Group
School of Psychology
Cardiff University

Huvudhandledare:

Professor Christina Bergh
Institutionen för kliniska vetenskaper
Avdelningen för obstetrik och gynekologi
Göteborgs universitet

Biträdande handledare:

Fil. Dr. Ann-Kristin Sandin Bojö
Avdelningen för omvårdnad
Karlstad universitet

Biträdande handledare:

Docent Matts Wikland
Institutionen för kliniska vetenskaper
Avdelningen för obstetrik och gynekologi
Göteborgs universitet

ABSTRACT

Herborg Holter, 2014

Experiences of IVF - from a patient perspective

Department of Obstetrics and Gynecology, Institute of Clinical Sciences, The Sahlgrenska Academy, University of Gothenburg, SE-413 45 Gothenburg, Sweden.

The overall aim of this thesis was to assess the quality of life and quality of care from a patient perspective, in relation to IVF treatment. This was done by:

- assessing infertile couples' short-term emotional responses to their first IVF treatment, the relationship between partners at different stages of the first treatment, and differences/similarities between the reactions of men and women as to whether or not a pregnancy was achieved
- investigating whether a male infertility diagnosis had any influence on men's experience of infertility and its treatment, view of life, relationships, self-image and psychological well-being, when compared with men in couples where the diagnosis was female, mixed or unexplained infertility
- developing a validated instrument (QPP-IVF) for measuring patient-centered quality of care in an IVF-programme for both men and women
- investigating patient-centered quality of care during IVF treatments as evaluated by men and women

Method: *Papers I and II* were part of a prospective, longitudinal study carried out between 1999 and 2002 at the Reproductive Medicine Unit, Sahlgrenska University Hospital.

Men and women answered questionnaires on three occasions during their first treatment. The questionnaires consisted of personal questions, including relationships with partners and social aspects of infertility and treatment. In *Papers III and IV* women and men undergoing IVF treatment between September 2011 and May 2012 at the Reproductive Medicine Unit at Sahlgrenska University Hospital and Fertility Centre of Scandinavia answered the QPP-IVF questionnaire used to measure quality of care from a patient perspective, developed and validated in *Paper III*. The measurement consisted of two kinds of evaluations, the rating of perceived quality of care and the rating of the subjective importance of various aspects of treatment. The quality of care was evaluated in separate answers to the questionnaire by men and women, within two weeks after IVF treatment (*Paper IV*).

Results: *Paper I:* The women reported stronger emotional reactions to their infertility than their partners. The men, however, reacted with the same emotional pattern as their partners when pregnancy was not achieved. The majority reported that the relationship improved during treatment.

Paper II: Men with a male infertility diagnosis reacted in a similar way as men in couples where the diagnosis was female, mixed or unexplained infertility at the time of the first IVF/ICSI treatment cycle.

Paper III: The QPP-IVF instrument seemed to be a valid and reliable way of measuring quality of care from a patient's perspective, for both women and men. The final questionnaire consists of 43 items for women and 42 items for men divided into ten factors; "Pain relief and physical care", "Waiting time", "Care room characteristics", "Information during treatment", "Information after treatment", "Participation", "Responsibility/Continuity", "The staff's respect/commitment/empathy", "Atmosphere and environment", "Availability" and one single item measuring overall medical care.

Paper IV: Women valued most aspects of care as significantly more important than men. Men and women evaluated however the importance of the different care factors in a similar pattern.

General Conclusion: The results of these studies support the idea of similar response patterns in men and women concerning both quality of life in relation to IVF treatment, and the evaluation of quality of care during treatment. Despite women reporting stronger emotional reactions to their infertility and valuing the care aspects in fertility treatment more importantly than men, women and men reacted with similar emotions when pregnancy was not achieved and valued similar aspects of quality of care.

Keywords: infertility/IVF/quality of life/quality of care/relationship/gender differences/male factor/measurement instrument

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