

Integrative Systems Model For Infertility:
Patient benefits and provider considerations

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Workshop Objectives

- × Have a working understanding of the benefits of providing counseling in a medical setting, especially for patients impacted by infertility.
- × Be able to identify the relationship between infertility and mood disorders and the impact it has on a woman throughout reproductive transition – from conception, pregnancy and into the postpartum period.
- × Be able to discuss important considerations for treating patients with infertility throughout pregnancy, the postpartum period and loss.

Integrative Care

“WE NEED A COMPREHENSIVE, INTEGRATED APPROACH TO SERVICE DELIVERY. WE NEED TO FIGHT FRAGMENTATION.”

-WHO DIRECTOR-GENERAL, 2007

Integrative Care

- Integrating mental health and primary care services produce the best outcome and, proves the most effective approach to treat people with multiple healthcare needs.
- Some form of integration is generally understood to provide the best path to enhancing and improving (a) quality of care; (b) quality of life; (c) access to care; and (d) reduce costs over time.

Integrative Care Literature Review Summary

- ✗ Not as much research on integrative care embedded within OB/REI clinics
- ✗ Most studies looking at collaborative care models indicate positive outcomes for patients and providers
- ✗ Bryan, C.J (2012)-looked at data from 495 primary care patients, data showed 71.5% improved
- ✗ McFeature, B. (2011) 251 patients with mood d/o; given PHQ-9; 49.8% showed 50% improvement in scores, 80.5 % showed improvement by at least 5 points. # of medical visits significantly decreased
- ✗ Torrence, N.D. (2014) Medical providers attitudes and perceptions about behavioral health clinicians 73-100% endorsed strongly agree or agree to benefits of having integrative services with behavioral health

Integrative Care

- ✗ Involves collaboration and care of multiple providers co-located within the same clinic.
- ✗ Regular and consistent communication and consultation between mental health provider and medical provider on patients care.
- ✗ Given the significant amount of medical appointments and needs of infertility patients, integrative care allows them to come to a "one-stop shop."
- ✗ Reduces barriers around the stigma of mental health and, in particular, with the infertility population, helps this to be considered a normal part of their routine care.
- ✗ "Whole" patient approach to care rather than fragmented treatment.

Reproductive Mental Health Collaborative Care

- × Program started in 2006
- × Referrals originate from both inpatient and outpatient clinics (family med, pediatrics, NICU, postpartum floor, OB clinics)
- × Average 50+ referrals a month
- × MFT first point of contact for all patients; then triaged to staff for authorizations and scheduling
- × Most UCSD REI MD's have integrated mental health into their initial appointment with patients so that it's offered as a "normal part of their care"

Reproductive Mental Health Collaborative Care

Referral generated by any provider
May be seen by Psychiatrist, Therapist or both depending on need
Direct or electronic communication between all providers

**Provider and Patient Perspectives:
interviews with patients and
providers**

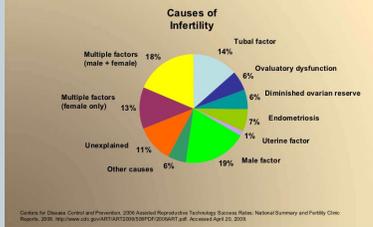
The Wide Reaching Impacts of Infertility

INFERTILITY: (N)

A MEDICAL CONDITION WHICH DIMINISHES SELF-ESTEEM, YOUR SOCIAL LIFE, AS WELL AS CHECKING AND SAVINGS ACCOUNTS. CAUSES SUDDEN URGES TO PEE ON STICKS, CRY, SCREAM, AND A FEAR OF PREGNANCY ANNOUNCEMENTS. TREATED BY A MEDICAL SPECIALIST WHO YOU PAY TO KNOCK YOU UP—THIS DOES NOT ALWAYS WORK. AFFECTS 1 IN 10 COUPLES.

Causes of Infertility

There Are Multiple Causes of Infertility



Emotional Impact of Infertility

- × Woman/couples are less likely to receive treatment for emotional distress despite need for treatment
 - + Limited financial resources, limited access to care
- × Prevalence of psychological problems of the infertile couple is estimated to be 25-60% (Hasanpoor-Azghdy, 2014)
- × Distress may play a role in patients' desire to continue ART

Impacts of Infertility: Individual

- × Despite cause, infertility is almost always attributed to the woman
- × High prevalence of Major Depression Disorder and Anxiety Disorders
 - + 11% found to have MDD; 15% Anxiety Disorder (Volgsten, 2008)
- × Grief and loss related to the hope of a family unit
- × Other emotions such as stress, shame, anger, self-blame, isolation and loneliness

Impacts of Infertility: Couple

- × Stress related to their sexual relationship
- × Isolation from family and friends with children
- × Financial stress
- × Arguments about treatment decisions
- × Fear of marriage ending or that partner will seek out someone who is not “baron”
- × Less co-parenting playfulness in relationship after ART (Darwiche et. Al, 2015)

**Impacts of Infertility:
On Pregnancy and into Parenthood**

- × **What we know**
 - + High levels of stress reduce chances of becoming pregnant (Lynch, C. et al., 2012)
 - + Couples that conceive via ART have increased anxiety throughout transition into parenthood
 - + Patients conceiving via ART have increased adverse perinatal outcomes (Reddy et al, 2007)
 - + Untreated Anxiety/Depression in pregnancy can pose risk for PMADs
- × **What we can assume**
 - + Treatment for emotional distress will improve fertility outcomes and potentially offset PMADs
- × **Limited research**
 - + Further research needed due to “unknown cause”
 - + Confounding factors, including the psychosocial strengths of those using ART may offset risk of PMADs

Treatment Considerations

“INFERTILITY IS A LOSS. IT’S THE LOSS OF A DREAM. IT’S THE LOSS OF AN ASSUMED FUTURE. AND, LIKE EVERY LOSS, IT WILL BE GRIEVED.”

-UNKNOWN

Fertility-Related Questionnaires

Handout to be provided at presentation

Counseling for Infertility

Counseling	Treatment Focus
Implications Counseling	Addresses legal aspects of infertility / ART
Support Counseling	Develops coping mechanisms for stress associated with treatment
Therapeutic Counseling	Addresses bio-psycho-social aspects of treatment with both the individual and couple

The Role of the Therapist in an Integrative Model

- × Therapist's role to the patient
 - + Education/normalization, empathy, advocacy, giving them permission to stop ART, safe association in the medical setting,
- × Therapist's role to the medical provider
 - + Liaison, shared access to treatment for both MD/therapist, flexibility to support patient/provider during treatment, continuity of care, location

Case Study

- × Patient is a 42 yo female. At her 5th office visit (Gyn Consult, Saline infusion sonogram, Pre-op visit, polypectomy, Post- op) she disclosed that the main problems impacting her and husband's ability to conceive were: impotence, low frequency of intercourse and uncertainty if her partner (56 yo) wanted a subsequent child. Reproductive Endocrinologist made two referrals, one to a Urologist specializing in male fertility & one to the Reproductive Mental Health Counselor.
- × Therapist called patient 2xs; Couple presented to session 1.5 months after referral was placed.

Case Study

- × At intake, the patient reported that they have been together for 6 yrs; patient stated that she has been tracking her ovulation since their marriage 1.5 yrs ago, as having a child was very important to her – *"I told him on our first date that not having children was a deal breaker."*
- × Patient stated that she understood that husband had some medical issues that were impacting frequency of intercourse (erectile dysfunction, etc.) however, she did not understand why he would not take a sperm analysis.
- × In session, husband disclosed for the first time, that he had a vasectomy 9 yrs prior.

Recommendations

- × Counselors embedded in REI clinic
- × If not, therapists are encouraged to:
 - + Connect and collaborate with REI clinics
 - + Educate REI providers of the psychological and emotional needs of the patient
 - + Disseminate information and resources to REI clinics to improve patients access to care
 - + When possible, have patients sign ROI to discuss role as a collaborator in infertility treatment

Resource and Reference List

Handout to be provided at presentation

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Questions?
