

# ***Fertility***



*Susan Rodrigues & Alison Jones*



## ***Aims:***

- *To develop a greater understanding of fertility and infertility*
- *Learn how to support the client in dealing with the psychological and emotional issues or difficulties in conceiving*

## ***Objectives:***

- *Fertility awareness – mind/body balance*
- *Infertility – mind/body imbalance*
- *Working with the client*



***Fertility:*** *The natural capability of initiating, sustaining or supporting reproduction*



*A fertile state is a state of mental, spiritual and physical balance which is experienced as a state of wellbeing.*

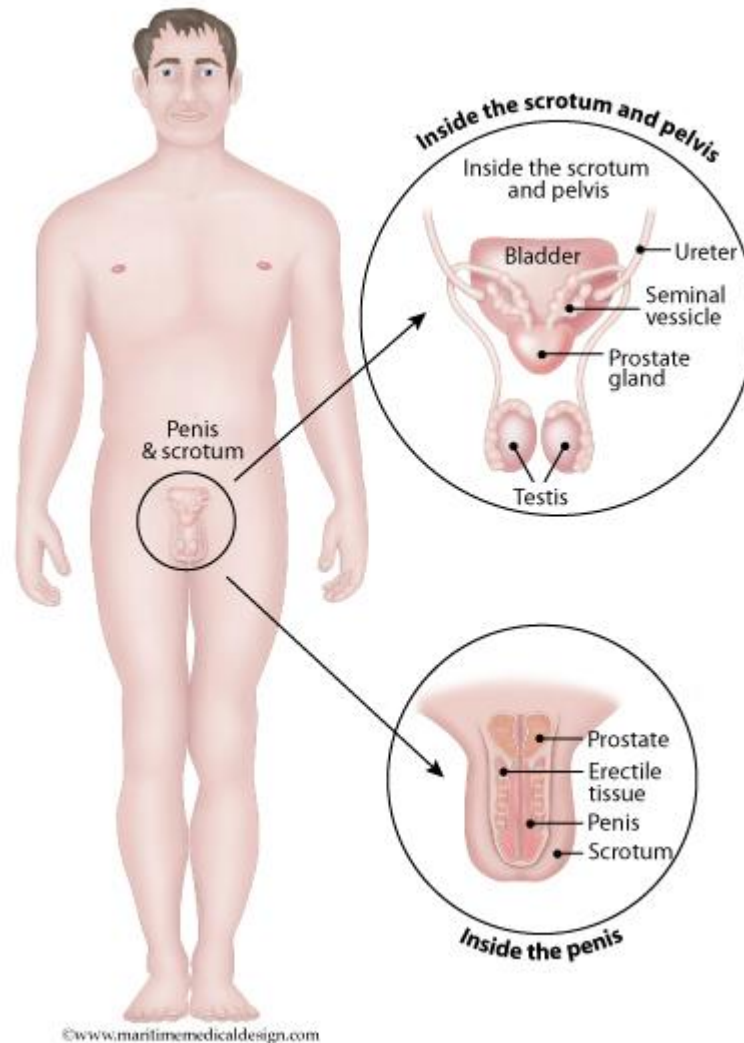
*When the mind and body are in a state of wellbeing the body will naturally produce the conditions needed for reproduction.*

## ***The Scale of Successful Conception:***

*About 84% of couples will conceive naturally within a year if they have regular unprotected sex (every 2 or 3 days).*

*For couples who've been trying to conceive for more than 3 years without success, the likelihood of getting pregnant naturally within the next year is 25% or less.*

# Male Reproductive Organ

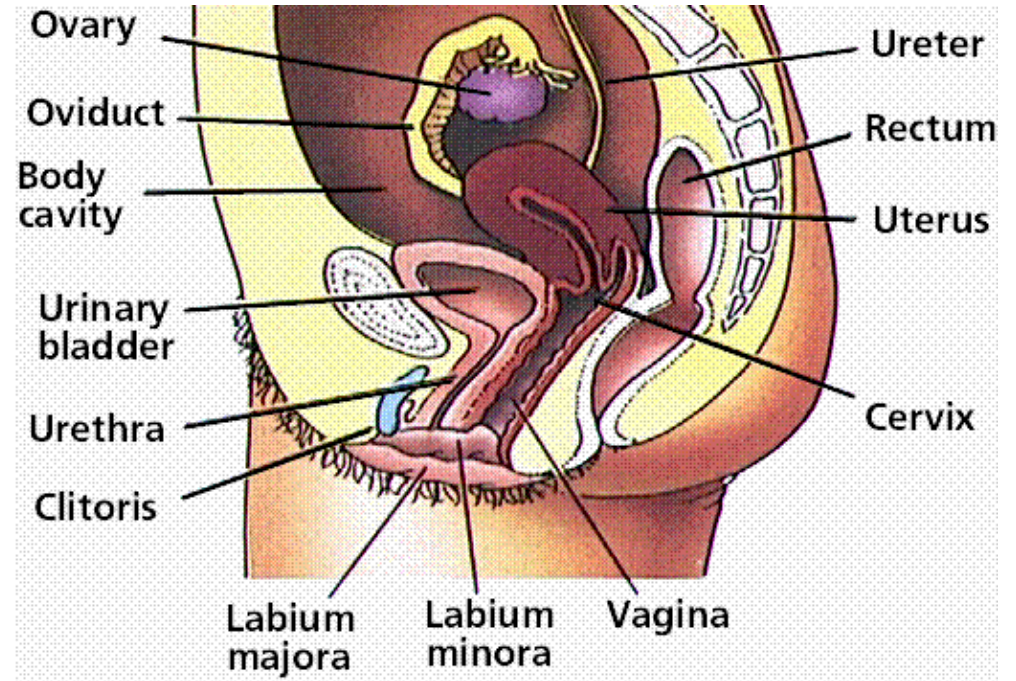
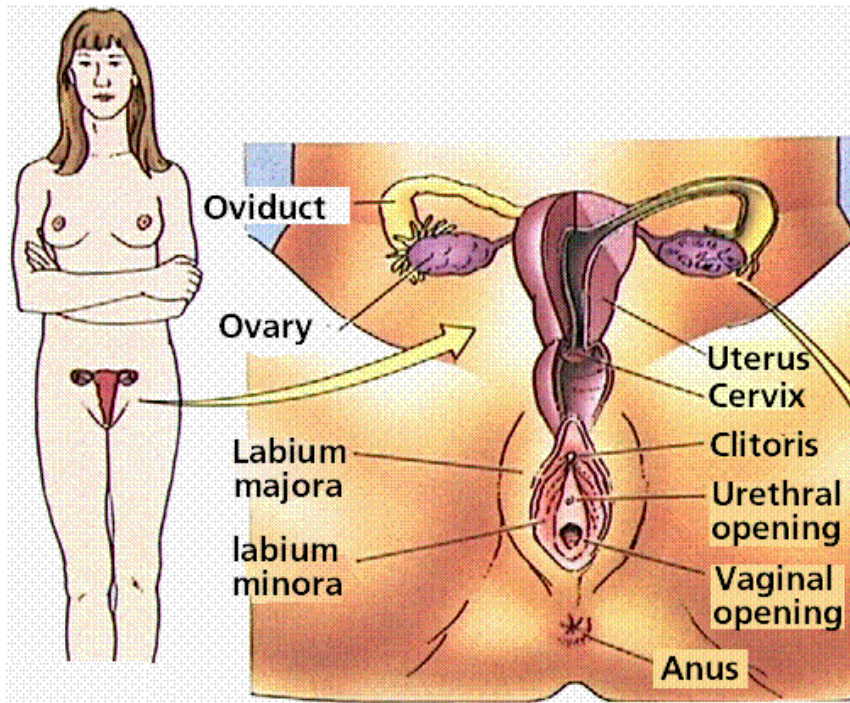


## ***Requirements for Males may include:***

- 1. Normal sperm production (healthy ductal system, normal count (40 million), mobility, biological structure and functioning of sperm).*
- 2. Transmission of sperm to uterus through:*
  - Adequate sexual drive*
  - Ability to achieve/maintain an erection*
  - Ability to achieve normal ejaculation*
  - Correct placement of penis during ejaculation*



# Female Reproductive Organs



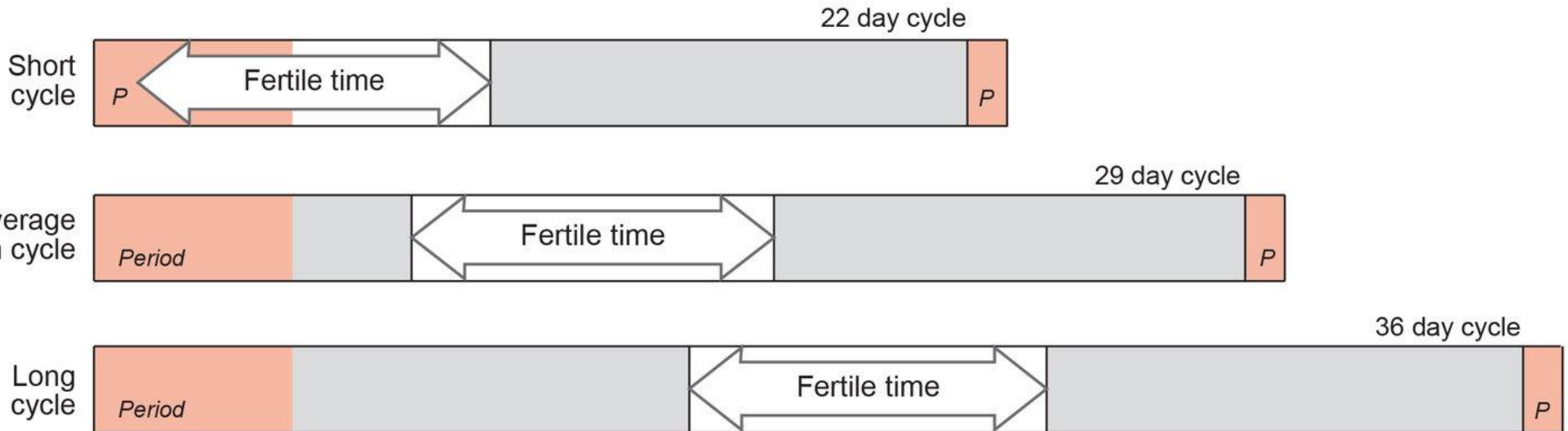


## ***Requirements for females may include:***

- 1. Adequate sexual drive and function to permit coitus.*
- 2. Functioning reproductive anatomy and physiology that includes:*
  - Vagina / cervix capable of receiving sperm*
  - Ovulatory cycles*
  - Functional fallopian tubes*
  - Uterus capable of receiving and sustaining developing zygote*
  - Adequate hormonal status to maintain pregnancy*
  - Normal immunological response to accommodate sperm, zygote, foetus*
  - Adequate nutritional, chemical and health status to maintain foetus*



## ***Fertility Cycle:***



# *So.....what is infertility*





## ***Infertility:***

- *Failure to conceive after regular (every 2 – 3 days) unprotected sexual intercourse for 1 year in the absence of known reproductive pathology (NICE Fertility Guideline)*
- *The biological inability of a person to contribute to conception.*
- *May also refer to the state of a woman who is unable to carry a pregnancy to full term.*

## ***Subfertility:***

*Medical term for problems that make conception difficult or highly unlikely without medical help. Also constant miscarriages*

## ***Primary Infertility:***

*Where a couple have never had a child.*

## ***Secondary Infertility:***

*Failure to conceive following a previous pregnancy*



## **NICE Guidance**

# **Fertility problems: assessment and treatment**

*Clinical guideline [CG156] Published date: February 2013 Last updated: September 2017*

*It is estimated that infertility affects 1 in 7 heterosexual couples in the UK.*

*Since the original NICE guideline on fertility published in 2004 there has been a small increase in the prevalence of fertility problems, and a greater proportion of people now seeking help for such problems.*

*The main causes of infertility in the UK are (per cent figures indicate approximate prevalence):*

- *ovulatory disorders (25%)*
- *tubal damage (20%)*
- *factors in the male causing infertility (30%)*
- *uterine or peritoneal disorders (10%).*
- ***unexplained infertility (no identified male or female cause) (25%)***

---

*Decline in fertility speeds up when a woman reaches her mid-30s.*

*Given the range of causes of fertility problems, the provision of appropriate investigations is critical.*

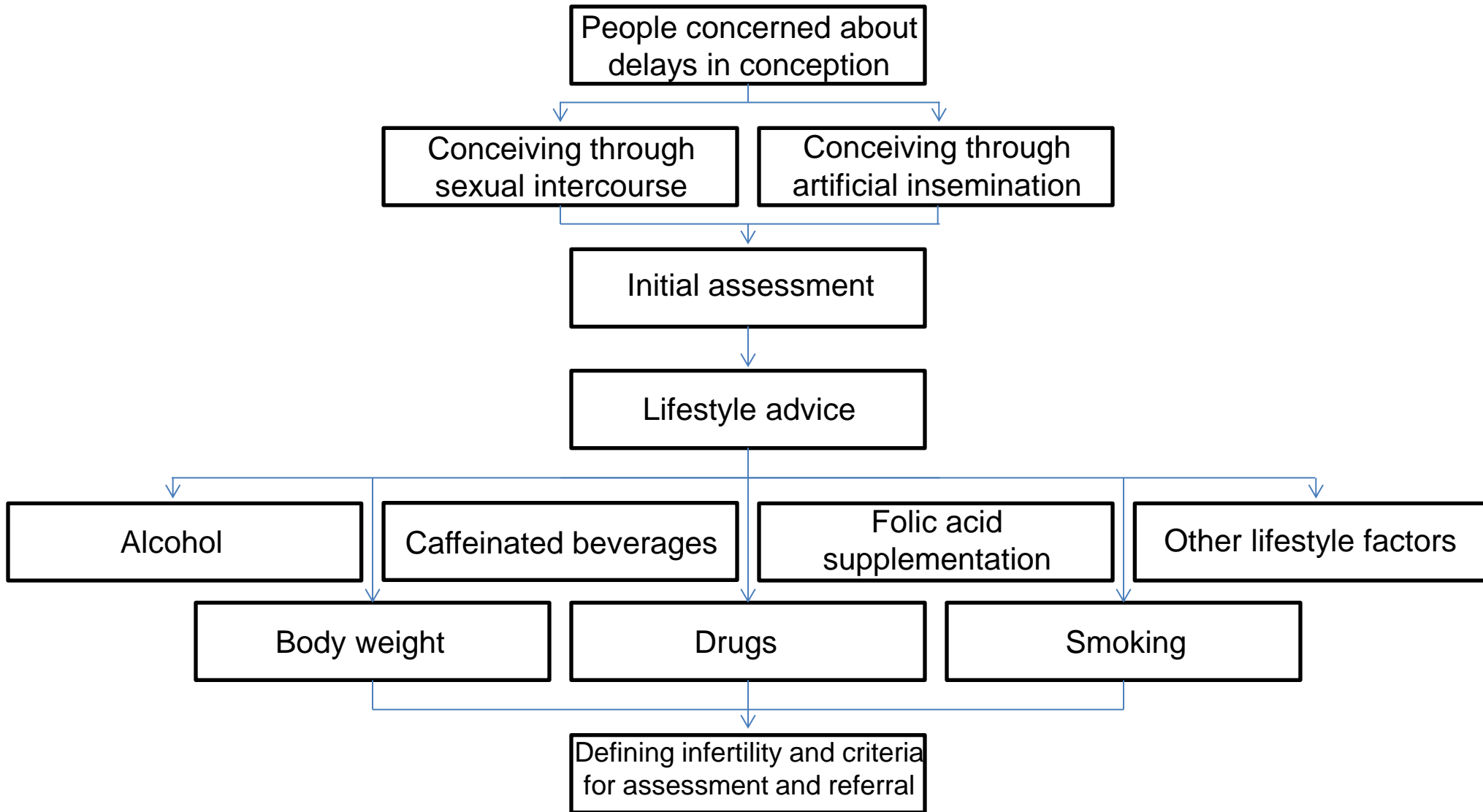
*These investigations include:*

- *semen analysis*
- *assessment of ovulation*
- *tubal damage*
- *uterine abnormalities*
- *screening for infections such as *Chlamydia trachomatis* and susceptibility to rubella.*



*Once a diagnosis has been established, treatment falls into 3 main types:*

- medical treatment to restore fertility (for example, the use of drugs for ovulation induction)*
- surgical treatment to restore fertility (for example, laparoscopy for ablation of endometriosis)*
- assisted reproduction techniques (ART) – any treatment that deals with means of conception other than vaginal intercourse. It frequently involves the handling of gametes or embryos.*



# *Causes of Infertility?*



- 1. Common Issues**
- 2. Male Issues**
- 3. Female Issues**
- 4. Potential Psychological Causes**

## ***Common Issues – Past History***

- *Any past trauma*
- *Previous terminations*
- *Miscarriage*
- *Stillbirth and neonatal death*
- *Sexual abuse*
- *Rape*
- *Issues with client's own birth and conception*
- *Dysfunctional family relationships*
- *Ancestral/Inherited issues*

## ***Male potential physical causes:***

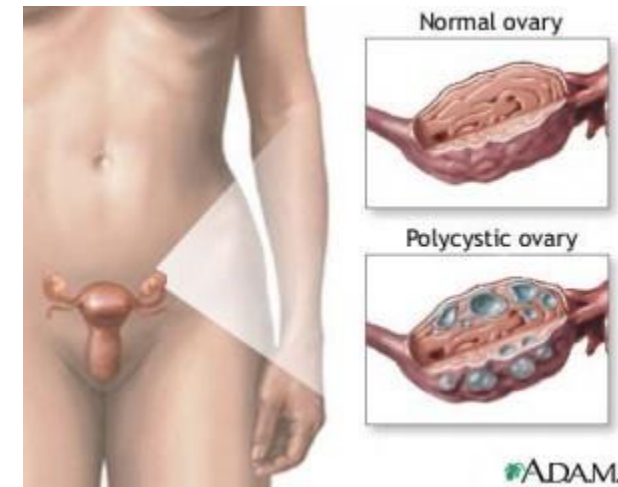
- *Low sperm count*
- *Heavy alcohol use*
- *Drugs*
- *Age*
- *Smoking*
- *Environmental Toxins/Pesticides*
- *Health Issues— Kidney disease, Mumps, Hormone issues*
- *Medicines*
- *Radiotherapy/Chemotherapy*



*Research shows that stress can adversely affect the morphology of the sperm. A study in Boston in 1999 showed that increasing stress levels led to a decrease in sperm quality*

## ***Female potential physical causes:***

- *Heavy alcohol use*
- *Poor diet*
- *Athletic training*
- *Under/over weight*
- *Sexually transmitted infections*
- *Drugs*
- *Age*
- *Smoking*
- *Health Problems – Hormone issues i.e. Polycystic ovarian syndrome, endometriosis, pelvic inflammatory disease, Crohn's disease*
- *Environmental - Toxins/pesticides*



## ***Important Hormones:***

- *Follicle Stimulating Hormone (FSH)*

*FSH normally secreted by the Pituitary gland in response to a message from the hypothalamus to signal the ovaries to produce follicles. The hypothalamus is highly sensitive to stress.*

*Stress upsets hypothalamus which in turn upsets the pituitary and balance of hormones required for ovulation.*

*The result is a high FSH level, disruption to ovulation and a diagnosis of infertility. (May need a donor egg)*

*Remove the stress and technically everything returns to normal!*

## ***Important Hormones:***

- *Anti-Mullerian Hormone (AMH)*

*An AMH test determines how many antral or dormant follicles there are left in the ovaries.*

*A low AMH does not necessarily mean that conception is not possible.*

*Test is done alongside the FSH test in order to assess level of medication required to stimulate the ovaries through the IVF cycle.*

*If FSH is high and AMH is low the woman will invariably be told that she is in early menopause and the only solution will be IVF with donor eggs.*



## ***Male and Female potential psychological causes:***

- Anxiety*
- Depression*
- Unhealthy beliefs and emotions*



# *From Depression to Viable Pregnancy*

- *Women with depression, when treated showed a 60% viable pregnancy rate within six months, contrasting with 24% when depression went untreated.*

*Journal of American Medical Womens' Association, 1999, vol 54*

# ***Impact/Implication of Infertility***



## *Impact/Implications of Infertility*

- *Increased stress/anxiety/depression.*
- *Low self-esteem and self-worth.*
- *Feelings of frustration, guilt, jealousy, anger, hopelessness.*
- *Relationship difficulties (partner, family, friends).*
- *Decrease in sexual intimacy and affection.*
- *Loss of trust in one's body.*
- *Physical illness.*
- *Grief.*
- *Problems at work.*

# ***What treatments are available***



# ***Modern Fertility Treatments***

## *Group Work*



- *Fertility drugs – Clomid*
- *Intrauterine Insemination (IUI)*
- *In Vitro Fertilisation (IVF)*
- *Intra-cytoplasmic sperm injection (ICSI)*
- *Donor Insemination (DI)*
- *Gamete intra-fallopian transfer (GIFT)*
- *In vitro maturation (IVM)*
- *Reproductive immunology*
- *Surrogacy*
- *Surgery*

# Depression following IVF

- Women who experienced depression following the failure of their first IVF had much lower pregnancy rates than their non-depressed counterparts during their second IVF cycle.

*Journal of Psychosomatic Research, 1993. vol 37*

# So what do the Professionals say?





# *How can Hypnotherapy help?*



# ***How can Hypnotherapy help?***

- *Reducing stress.*
- *Increasing feelings of calm and relaxation.*
- *Restoring physical, mental and emotional balance and wellbeing.*
- *Identifying and resolving issues that may be preventing conception (subconscious and conscious)*
- *Preparation for conception*
- *Provide support*

# *Working with the client*

# *Initial Consultation*



- *Build rapport*
- *What are their **best hopes**?*
- *Information gathering*
- *Educate the client – workings of the mind*
- *Goals*

# *Information gathering*

- *Relevant information needs to be gathered during the Initial Consultation.*
- *In some cases you may think it is best to do the case history with both partners together.*



## ***Areas to cover in information gathering***

- *Fertility history*
- *Physical health history*
- *Sexual relationship*
- *Family history*
- *Mental health history*
- *Lifestyle*

# ***Education***

- *The workings of the mind.*
- *The mind-body connection.*
- *Hypnosis, Hypnotherapy and how it can help.*



# *The importance of balance*



- *Our body is a homeostatic system which aims to self correct and rebalance unless it is prevented from doing so.*
- *Ongoing exposure to any of the negative **external or internal factors** can affect the natural balance in the body in such a way that fertility can be negatively impacted.*
- *Equally, if our **basic emotional and physical needs** are not being met, this too can lead to mental, emotional and physical disruptions.*



# ***Where does balance need to be restored?***

- *Diet*
- *Lifestyle*
- *Emotional states*
- *Beliefs*
- *Physical symptoms*
- *General health*
- *Relationships*
- *Spiritual beliefs*
- *Inner resources/Coping skills*

## ***Goal Setting***

- Goals for fertility need to be SMART and healthy.
  - *A SMART goal will be: Specific, Measurable, Achievable, Realistic, Timely.*
  - *A healthy goal will be: realistic, flexible and consistent with reality.*
- A goal that is not SMART will create unnecessary stress and may set you and your client up for potential failure.

## ***Goal Setting for Fertility***

- *Most clients will come to you with the implicit goal to ‘get pregnant’ or ‘have a baby’.*
- *This is not a SMART or HEALTHY goal.*
- *What is a SMART HEALTHY goal for fertility?*
- *The therapeutic goal should be something that can be worked towards and achieved; it should help to make the couple’s intention to have a baby far more likely.*

## *Goal Setting for Fertility*

- *How can we manage expectations?*
- *Suggest that the best way of increasing the likelihood of their intention to have a baby is by creating a goal that will support it.*

## ***Solution focused questions***

- *A solution focused approach is an effective way to convert abstract goals into measureable and concrete goals.*
- *Solution focused questions will help to create a clear, concrete and observable goal that can be measured and when it is achieved it will be obvious to both you and the client.*

# *Pair/group work*

*Give examples of solution focused questions for fertility*



## ***Examples of solution focused questions for fertility***

- *What changes will support your intention to have a baby?*
- *When you are in a state of mental, emotional and physical balance, how will you know?*
- *To give yourself the best possible chance of conceiving, what changes do you need to make?*
- *In order to conceive, you need to be in a fertile state. What would being in a fertile state mean for you?*

# *Managing Expectations and Disappointments*

- *Success*
- *Non-Success*
- *Loss*
- *Acceptance*



# *Initial Consultation*



- *How can we help you? / Best Hopes*
- *Information gathering*
  - *Specific questions on lifestyle, work, leisure, priorities*
- *How the mind works – usual stuff*
  - *Conscious and Subconscious*
  - *Subconscious perception of danger*
  - *Fear response and how that impacts on fertility*
  - *Physiological response to danger*
- *Understanding of Hypnosis*
- *Managing expectations/SMART Goals*

# Putting it into Practice

The usual !!!!



***Any questions???***



# Password to Access Handouts For Fertility CPD

Sr2519aJ