INVITED SESSION
Session 38: Managing relationship through infertility (Organised by Fertility Europe)
Tuesday 9 July 2013 14:00 - 15:00

O-140 Decision-making, ending treatment and the couple relationship: a counsellor’s perspective
S. Pike
Sheffield Teaching Hospitals NHS Trust, Jessop Fertility, Sheffield, United Kingdom

Making decisions as a couple can present many challenges and in the context of assisted conception, there may be significant tensions involved. By the time a couple are reaching the end of their treatment journey, it is likely that there will already be a history of failed cycles and complex losses; these experiences may have resulted in partners adopting very different coping strategies. Difficulties in communicating feelings are common and can lead both to misunderstandings and an increased sense of isolation. One partner may be clinging onto hope whilst the other is ready to move on to life beyond treatment and whatever this may hold.

This presentation will examine the processes involved in ending treatment, the tasks facing the couple at this stage and a range of counselling interventions that can help couples to acknowledge their grief, give meaning to their loss, facilitate decision-making and support the beginnings of reinvesting in a different future together.

O-141 Love, sex and infertility. The art of growing as a couple when dealing with infertility
H. Sol Olafsdottir
Landspitali University Hospital, Dept. of Obstetrics and Gynecology, Reykjavik, Iceland

It is well known that infertility has psychological consequences for a majority of infertile couples. Studies mention depression and anxiety, along with lower self-esteem and less satisfaction with the couples’ relationship. Treatments are both mentally and physically challenging, and commonly stress the relationship. Marital satisfaction and sex life may suffer when couples focus on procreating, and forget intimacy and to enjoy each others’ company.

Nevertheless research has also shown that many couples feel that dealing with infertility has made their relationship grow stronger. They feel that they are dealing with a mutual project that gives their relationship purpose and makes them appreciate their partner’s love and care.

Nurturing the relationship while dealing with an infertility crisis may feel overwhelming, especially since it is an ongoing drawn-out crisis. Having sex is one of the best ways of relaxing and to regain closeness with the spouse, but it is disturbed when the only purpose of the sexual act is to procreate. A sex (gender) difference is known within sexology, men use sex to achieve intimacy while women need to feel intimate to want to have sex. Respect, caring and lovemaking are fertilizers that make the relationship grow, even in the darkest of times. Nurturing the relationship, enjoying sex and seeking counselling if problems arise are keys to growing as a couple when dealing with infertility.

O-142 Surviving Infertility: How I never became a dad, but still going strong with my wife
J.F.J. Bor
Fertility Europe, Patient, Vlaardingen, The Netherlands

Have you as a health professional ever wondered what it is like to struggle through fertility treatments such as IUI IVF, adoption, consider surrogacy or other possible outcomes?

If you are interested in having a unique insight perspective in the couples and patients mind-set than this session is the one to visit. Erikan will take you on his and his wife’s journey through infertility.

Are you wondering what to do with certain patients. How can you make life easier for patient couples.

How do couples manage their relationships through infertility. What is the patient’s point of view.

What is the social pressure a patient’s experiences during their years in the hospital. How do family and friends help or make life miserable.

Practical issues like dealing with the work environment and sick leave. Does your boss understand or are you a hairdresser which means only 5 days of sick leave?

How is the relationship changing during the period the couple is undergoing infertility treatment and what happens if the couple remain childless. Is the problem solved or is the problem bigger? Is there a problem?

Are there two patients to deal with or is the couple the patient?

Participants are allowed to ask the questions they always wanted to ask a patient.

In this session you will get an opportunity to have a look in the patients mind.

O-143 Ending fertility treatment- when, why and how should clinicians advise our patients?
T. Child
John Radcliffe Women’s Centre, Nuffield Department of Obstetrics & Gynaecology, Oxford, United Kingdom

Infertility is a devastating and life-long condition. Clinic staff have a vital role in helping couples achieve their dream of having a child, but also, just as importantly, supporting them through failures and, eventually, where necessary helping them to come to a decision to end treatment. The clinic’s approach needs to be multidisciplinary including physicians, nurses, embryologists, counsellors, and the administration team (who often get to know the patients well). Sometimes further treatment is not a realistic option because the chance of success is zero or because funding is not available. Other times the decision by the couple to stop treatment is based on the number of failed cycles despite there being a chance, though diminishing, of future success. An approach of ‘supportive openness’ is appreciated by most couples, with a realistic assessment of the options offered to allow patients to make an informed decision.

Some of the most moving letters from patients are from those who have been unsuccessful with treatment but have written to say how much they appreciate the support and dedication of the clinic staff.

INVITED SESSION
Session 39: Paramedical invited session - Laboratory
Tuesday 9 July 2013 14:00 - 15:00

O-144 Cumulus cells and gene expression, markers for oocyte competence
M. Groendahl¹ and R. Borup²
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Gene expression profiling of cumulus and granulosa cells is an excellent tool to get insight into the follicle biology. Several research groups have used this high throughput technique on either cumulus or granulosa cells isolated in connection with IVF/ICSI treatment in the search for potential quality marker genes for the oocyte.

This lecture will describe currently suggested quality marker genes and discuss the methods used and the need for common standard for defining developmental competence as well as in sampling and analysis on either pooled or individual follicle level.

Working on an individual follicle level is of great importance due to significant differences exist in expression levels between follicles suggesting that pooling of follicles could mask important details.

Taking the complexity of the follicle into account, marker gene expression profiles rather than single marker genes seems reasonable. This lecture will also describe our recent work on quality classification of gene expression profiles in correspondent cumulus and granulosa cells.