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Title:

LIFESTYLE, STRESS, AND LACK OF CONTROL: PRECONCEPTION HEALTH OPTIMIZATION NEEDS OF INFERTILE PATIENTS

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Objective:

The care of infertility patients offers providers the unique opportunity to optimize health in the preconception phase. In this population, assisting women to preemptively achieve a healthier lifestyle may not only improve fertility and pregnancy outcomes, but also diminish the psychological burden of infertility. This study sought to characterize modifiable lifestyle factors within an infertility population and address patient needs for lifestyle-based counseling before and after initial reproductive care consultation.

Design:

Internet-based survey study

Materials and Methods:

Patients presenting for an initial infertility consultation responded to a 26-item survey regarding their clinical demographics, prior medical care, former complementary medicine, and perception of modifiable lifestyle habits and fertility prior to their visit. A follow-up 11-item survey was administered after the appointment to determine the impact of the initial consultation. Questions were both structured and open-ended. Chi-squared, Spearman's correlation, Mann Whitney U, Wilcoxon signed rank and McNemar's tests were used for analysis.



Results:

A total of 108 women (35.3 ± 4.67 years) completed the pre-consultation survey between August 2016 and March 2017; 26 women completed the follow-up questionnaire. Almost half (49.1%) were trying to conceive (TTC) for ≥ 12 months, with 14% trying for ≥ 2 years. Time TTC had a strong positive correlation with stress ($\rho=0.48$, $p<0.001$) and a negative correlation with feeling control over fertility ($\rho=-0.21$, $p=0.03$). A longer time TTC also correlated with greater likelihood of changing one's lifestyle to be more fertility friendly ($\rho=0.26$, $p=0.006$), but those who did make lifestyle adjustments also experienced more stress ($p=0.0007$). Participants who were up-to-date on their primary medical and dental care felt a greater sense of control (general practitioner: $p=0.01$, dentist: $p=0.02$) and less stress (dentist: $p=0.005$) over their fertility. BMI had a negative correlation with interest in counseling on lifestyle ($\rho=0.2$, $p=0.04$). Women with a higher BMI were interested in weight management guidance ($p=0.005$), but not in specific diet or physical activity counseling. Most respondents were interested in guidance on their diet (88%), physical activity (84.3%) and mental health (75.9%), and 46% of women still desired direction on these lifestyle factors after the initial visit. Thirty seven percent of participants visited a complementary health practitioner and 34.3% were already using a complementary health practice or supplement prior to their initial consultation. Among those who employed a complementary health strategy, 67.6% were taking vitamins or herbal remedies, and 35.1% used acupuncture.

Conclusion:

Prior to initial consultation, infertility patients may experience high levels of stress and feelings of uncertainty. A greater emotional burden is often encountered among women who spend a longer time TTC. Women may feel empowered if providers encourage them to engage with their primary care team earlier and offer methods to optimize their overall health and wellness. These interventions may help to alleviate anxiety and promote women's sense of control during their infertility treatments. Fertility centers should consider the development of a mind-body program to optimize preconception health and enhance quality of life for women seeking fertility care.

Support:

None.