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Factors Influencing Patients' Decision Not to Repeat IVF

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Women who did not pursue a second in vitro fertilization cycle after a failed cycle were surveyed. The major reason for not pursuing a second cycle was financial.

KEY WORDS: finance; in vitro fertilization; psychologic stress.

INTRODUCTION

In vitro fertilization (IVF) is still generally considered to be the last step for couples who are being treated for infertility. There have been many studies regarding the stress of infertility and specifically the stress of IVF. Collins *et al.* (1) examined the stress associated with infertility reported by couples who were enrolling in an IVF program. Sixty-three percent of the women and 38% of the men expected that IVF treatment would be extremely stressful. Mahlstedt *et al.* (2) analyzed responses from 94 IVF patients. They found that 82% of the patients did not view the decision to enter the IVF program to be a difficult one and that upon entry to the program 56% of patients indicated they would repeat the IVF treatment if the initial procedure was not successful. Interestingly after the first IVF cycle, only 37% of couples planned to repeat the treatment. Factors they found that influenced patients' plans not to repeat IVF included emotional strain, medical barriers, and disruption of activities. We also have been interested in the attitudes of couples who do not pursue a second IVF cycle after an initial cycle is not successful and have in this study examined such couples.

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MATERIALS AND METHODS

Questionnaires were sent to 54 couples who went through a single unsuccessful IVF cycle during the years 1990–1993 and who had not pursued a second cycle as of October 1995. Questionnaires were mailed to the last known address. If a response was not received in 3 weeks a telephone call was made in follow-up. Several of the questionnaires were returned undelivered, the couples having moved with no forwarding address available.

Demographics

At the time of the IVF procedure the women ranged in age from 29 to 40, with a mean age of 34.5 (SD, 3.5). Women were predominantly white (25 of 28). All women responding had at least a twelfth-grade education, with 17 to 28 being at least college graduates. Their spouses all had at least a twelfth-grade education as well, with 18 of 28 being at least college graduates. Nine of 28 women described their occupation as professional, and an equal number of men listed their occupation as professional. Length of infertility at the time of the IVF procedure ranged from 2 to 15 years, with a mean of 6.9 years (SD, 4.3 years). Twenty-four of the 28 women had no living children; the other 4 each had one. Five of the 28 women had had a voluntary termination in the past.

Measures

The questionnaire included three sets of questions that attempted to determine the attitudes of couples who chose not to pursue a second cycle of IVF. The

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first set of questions asked if specific factors were the cause of the couple not pursing a second cycle. These factors included: going to another IVF program, physical discomfort, emotional distress, and financial constraints. These questions were answered "agree, disagree or uncertain." The second set of questions attempted to assess general attitudes of these couples regarding their experience with their IVF cycle. These questions were answered on a 5-point Likert type scale, with 1 being "strongly agree" and 5 being "strongly disagree." A third set of questions was three open-ended questions asking for "significant positives about the IVF experience," "significant negatives about the IVF experience," and "suggestions to make IVF better or easier."

RESULTS

Twenty-eight of the 54 questionnaires were returned. The responses to the first set of questions make it clear that the major reason for couples not to pursue a second cycle of IVF is financial constraints (Table I). Eighteen of the 28 respondents "agreed" that they did not go through another cycle of IVF for financial reasons. Emotional distress is also an important factor in not pursuing a second cycle; 11 of the 28 respondents "agreed" that they did not pursue another IVF cycle because of emotional distress. In contrast, only 3 of 28 respondents did not pursue further cycles because of physical discomfort, and only 2 of 28 respondents did not pursue further cycles because of transfer to another program.

The responses to the second set of questions also indicate that as patients look back at their experience with their own IVF cycle, the emotional and financial aspects of the procedure were the major negatives (Table II). Interestingly, although 21 of the 28 respondents found IVF to be very difficult financially, only 3 of the 28 disagreed with the statement that they had received adequate guidance financially, and of those 3, none strongly disagreed with the statement. In contrast, 11 of the 28 respondents disagreed with the statement that they received adequate guidance emotionally and two of these strongly disagreed. Similarly nine of the respondents disagreed (three strongly) with the statement that the team was supportive of their emotional needs. As suggested from the first set of questions, the actual IVF procedure was not generally viewed as physically difficult or more unpleasant than anticipated. Despite extensive attention to the success rates of IVF, including a written statement expressing the success rates for the program for the past 6 years, 16 of the respondents agreed (5 strongly) with the statement that they were sure that IVF would work for them.

The responses to the open-ended questions were limited, with a maximum of 15 responses to any one question (Table III). The most common response was

Table I. Specific Factors as a Cause of Not Pursuing a Second IVF Cycle (n = 28)

Factor	Agree	Disagree	Uncertain
Went to different IVF program	2	26	
Physical discomfort	3	25	
Emotional distress	11	13	4
Financial concern	18	8	2

Table II. General Attitudes of Couples Regarding Their IVF Cycle (n = 28)[a]

Attitude	1	2	3	4	5
Difficult experience physically	3	8	2	12	3
More unpleasant than thought	4	3	3	14	4
Was sure IVF would work	5	11	6	6	0
Team supportive of emotional needs	1	13	5	6	3
Found IVF very difficult emotionally	12	12	2	1	1
Found IVF very difficult financially	14	7	2	4	1
Received adequate guidance emotionally	4	7	6	9	2
Received adequate guidance financially	8	14	3	3	0

[a] 1 = strongly agree and 5 = strongly disagree.

Table III. Responses to Open-Ended Questions

Questions	Number
Can you think of any significant positives about IVF experience?	
Professionally competently run	2
Caring supportive staff	2
Staff helpful	1
Staff pleasant	1
Can you think of any significant negatives about IVF experience?	
Expense	4
Assembly line feeling—impersonal	3
Physical discomfort medication side effects	2
Lack of follow-up after cycle failure	2
Emotional devastation	2
Insufficient emotional support	1
Any suggestions to make IVF better or easier?	
Organized support groups	8
Individualize more—less like herd	3
Improve failed cycle follow-up	2
Have satellite sites	1
Better insurance coverage	1

the suggestion that a support group be available for participants in our IVF program, made by eight of the respondents.

DISCUSSION

The psychological aspects of infertility and specifically of IVF have been extensively reported upon in the literature. There have been reports that anxiety related to infertility not only is a problem itself but also may impact on the success rates of IVF (3). There have also been studies assessing patient satisfaction with their infertility treatment. Harman *et al.* found that infertile couples are generally satisfied with their treatment but did have valuable, constructive suggestions for health care practitioners involved in providing infertility treatment (4).

In view of previous studies and our concern as to why some couples did not pursue a second IVF treatment cycle, we surveyed couples in our program who had gone through one IVF cycle without success and had not returned for a second cycle. We surveyed couples who had gone through a single cycle of IVF two to five years prior to the survey being sent, feeling that couples who had not pursued a second cycle in this time would be unlikely to do so. We had a return rate of 53% (28 of 54). Although the average age of patients was slightly lower than the average age of our IVF patients in general, the demographics were generally as would be expected in an IVF program in a location where there is little insurance coverage. Not surprisingly, because the average cost of one cycle of IVF in our program is $7500–8000, cost seemed to be the major factor in these couples' decisions not to pursue a second cycle of IVF. Emotional stress was listed as the second most influential factor leading to the decision not to pursue a second cycle. It is possible that some of the emotional stress may be secondary to the financial strain, although this was not queried in the survey.

The responses to the second set of questions were quite interesting in that patients, while confirming the significant impact of financial and emotional stress on their decisions, had different perceptions regarding the guidance they had received in these two areas. Only 3 of 28 patients felt that they had not received adequate guidance regarding the financial aspects of the procedure, whereas 11 of the 28 felt that they had not received adequate emotional guidance. Our information packet clearly outlines the costs of each component of the IVF procedure and specifically addresses the general lack of insurance coverage. In contrast, our packet does not discuss the emotional aspects of the procedure in detail; we do, however, acknowledge the fact that there is significant emotional stress involved and make the couple aware of the psychologist and psychiatrist who are members of our IVF team and who are available to them, should they desire. Early in our IVF experience we strongly encouraged all couples entering IVF to see our mental health professionals. In recent years we have required all couples undergoing oocyte donation and IVF surrogate cycles to see one of our mental health professionals, but not our other IVF patients.

Clearly this study would indicate a need to address more extensively the emotional issues in our information packets and at the time of the initial IVF consultation and to encourage all of our patients to utilize our mental health professionals. Although this study does indicate the need for an increased emphasis on the emotional aspects of the procedure, it is true, that the population studied may be skewed to exaggerate this problem to some degree, because our respondents are those patients who were unsuccessful in their first attempt at conception through IVF. During the course of an IVF cycle, members of the nursing staff meet with patients on at least five to seven occasions, at the time of their ultrasound and blood work appointments. The nurses utilize these opportunities to offer emotional support, reassurance, clarification, progress reports, and guidance about each phase of the process and to address any issues of concern to the couple. It may well be that no amount of anticipatory education about the emotional difficulty of an IVF cycle, particularly a failed IVF cycle, and no amount of counseling and support during the cycle, is sufficient to cushion couples from the emotional devastation of an unsuccessful IVF cycle.

Based on the now exclusive use of transvaginal oocyte retrieval, it is not surprising that the physical aspects of the IVF program were not looked upon as a major deterrent to a second cycle. In contrast, the perception of likely success was surprising in view of the significant efforts made to give the patients realistic data in our written information as well as during our consultations. Although the responses to the open ended questions were limited, it is interesting that eight couples spontaneously expressed a desire for an organized support group. In the past we have attempted to organize such groups with only limited success. Obviously content, location and timing of these meetings may have been a problem since there does seem to be a desire for support groups, according to this study.

CONCLUSIONS

This study strongly indicates that the cost of IVF is the major deterrent to couples pursuing a second cycle of IVF. Work we have done in the past (5) along with the work of others (6) would indicate that with some restrictions, insurance coverage for IVF would have minimal impact on the cost of health insurance. Efforts must be made to make the public and insurance carriers aware of this fact in hope of expanding the availability of insurance coverage for the many couples who are in need of IVF.

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