



Psycho-social well-being and Support for patients

Interactive Parallel Midwifery Session

55th BSRM Scientific Meeting
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Content

1. Pleased to meet you!!
2. Context, legal framework of psycho-social care in fertility clinics in Belgium
3. Essential knowledge on reproductive psychology
4. Impact of infertility and ART on individual, relational, sexual and social functioning
5. Psycho-social Care
6. Implications for you as a midwife

1. Pleased to meet you!



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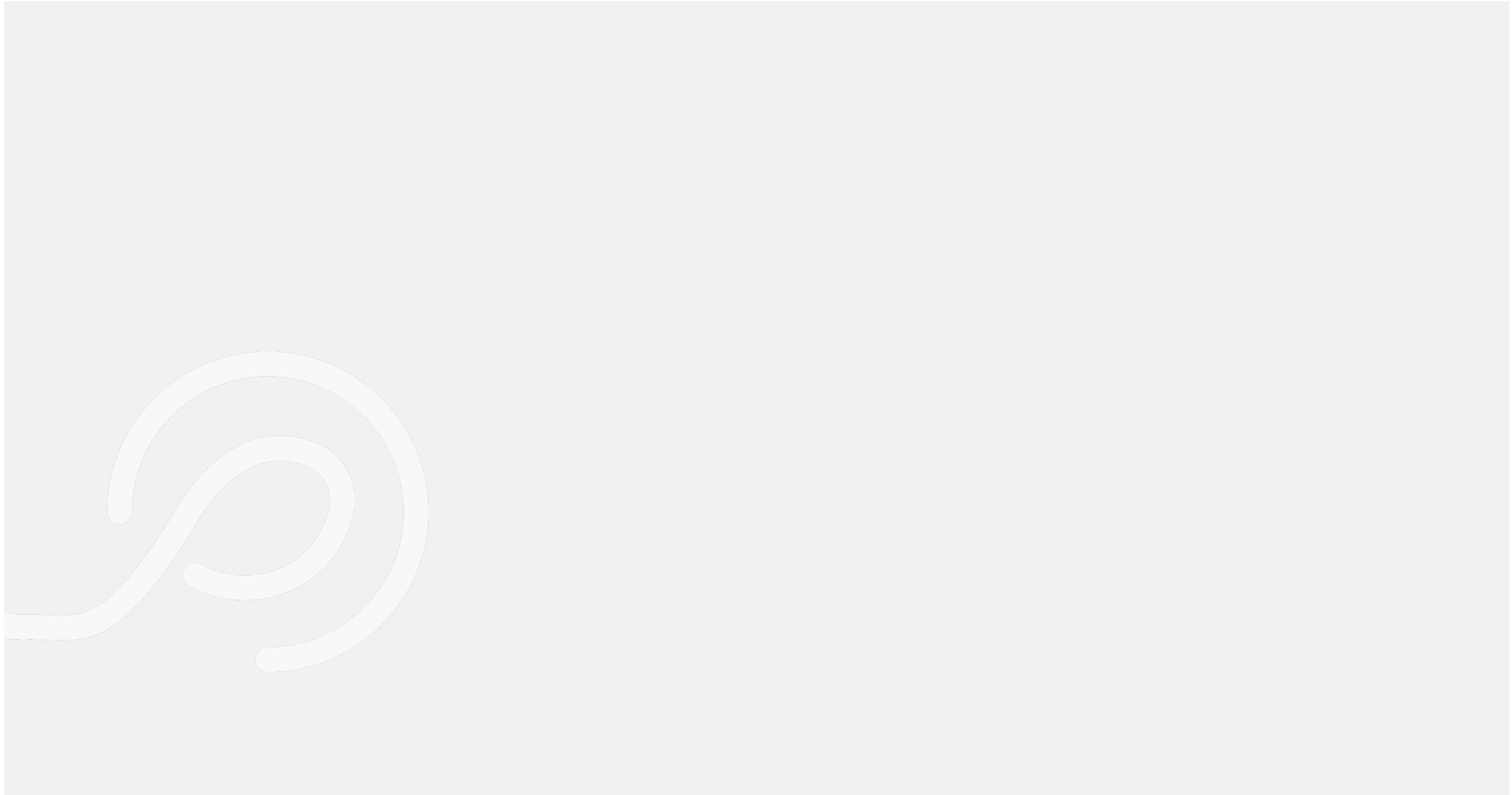


1. Pleased to meet you!

- Who are you?
- Which words come to mind when you think about the impact of fertility treatments?
- How do YOU support your patients in your daily activities in the fertility clinic?







2. Context, legal framework of psycho-social Care

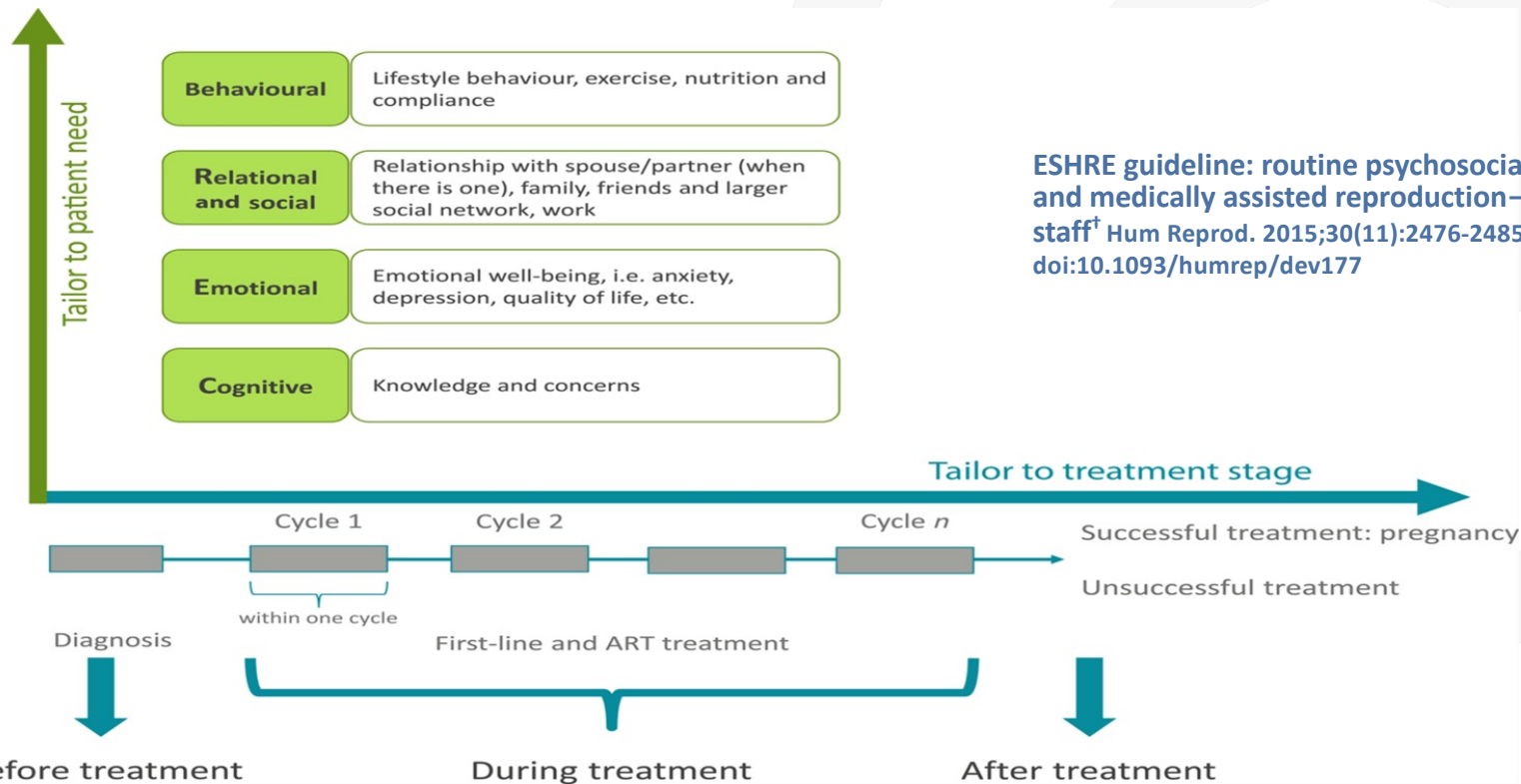
Patient intake: Law and Principles as the basis of an ethical framework

- **2007: Medically Assisted Reproduction Act (MBV)**
 - Art. 5: Fertility centres ensure great transparency of their options with regard to the accessibility of treatment; They can invoke the conscience clause in respect of requests addressed to them.
 - Art.6: The fertility centre must be obliged to ... provide psychological guidance to the parties involved before and during the ART process
- **The Hippocratic Oath and medical deontology** *primum non nocere, secundum cavere, tertium sanare*
- **The International Convention on the Rights of the Child**
 - The primary responsibility for the upbringing and development of the child lies with the parents... (art 18.1)
 - The right of the child to enjoy the highest attainable standard of health (art 24)
 - ... the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development (art 27.1)
- **Well-being of the future child (Pennings 1999, 2007):** The reasonable welfare principle. The future child has the possibility :
 - to develop normal human interests
 - to achieve life goals, which are generally considered to make human life worthwhile
- **Protective and Risk Factors of Child Development (ACE's and PACE's)**



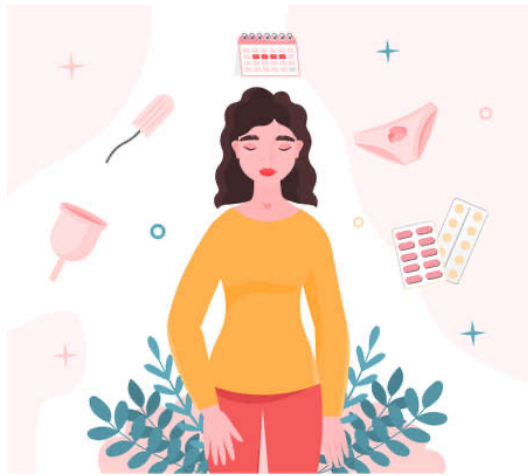
3. Essential knowledge on reproductive psychology

Conditions/Needs of patients during treatment



4. Impact of infertility and fertility treatments

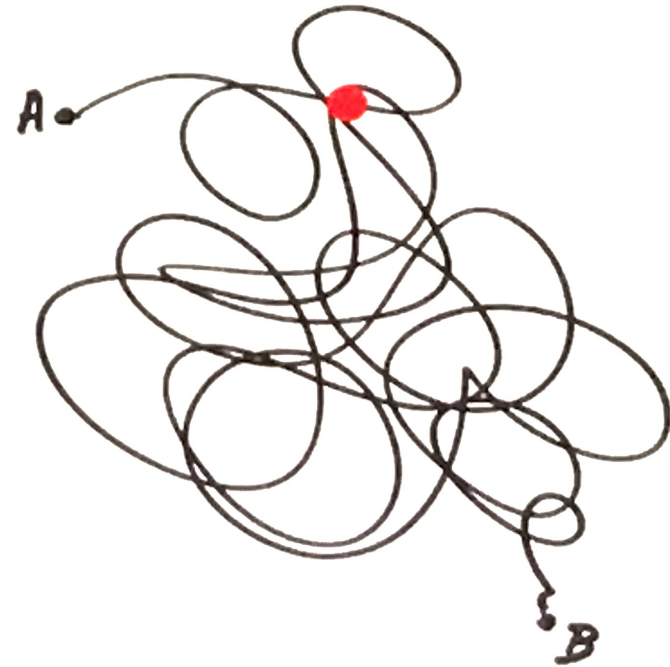
Different levels



BABY ROAD MAP




Our doctor's



How felt for us

4. Impact of infertility and fertility treatments

Individual level

- Intended parents **underestimate** the psychological impact of MBV (rollercoaster) and **overestimate** the chances of success of MBV!
- **Not more often** a priori; depression (Verhaak et al., 2007; Lintsen et al., 2009; Lewis et al., 2013), psychiatric disorders and psychopathology in relation to the general population (Van den Broeck et al., 2010; Zaig et al., 2013)
- Diagnosis and treatment have a **significant impact** on mental health! 
- Discrepancy: reporting mental problems and seeking **HELP!** (Boivin et al. 2022)

4. Impact of infertility and fertility treatments


Individual level

- Invisible grief → Grieving Process
- Cycles of hope and disappointment
- Loss of control → Paradox of a treatment!
- Stress – success rate: insufficient scientific evidence
- Individual psychological vulnerability ⚠
- Combination of physical and mental exhaustion
→ “Burnout” ingredients!



4. Impact of infertility and fertility treatments

Individual level

- The experience of infertility varies by **sex** and **stage** of infertility treatment (at diagnosis and during treatment) (Boivin et al., 2022)
- The emotions differ in **nature** and in **intensity** between **diagnosis** and **treatment**
- Impact on mental health **increases** with treatment **duration** and number of **unsuccessful cycles** 
- **Rethinking** desire for a child
- **Existential crisis**
- **Uncertainty** and **frustration** within the **couple**



4. Impact of infertility and fertility treatments

Relational / Sexual



4. Impact of infertility and fertility treatments

Relational / Sexual

➔ IMPOSSIBLE TO EXPERIENCE EVERYTHING IN THE SAME WAY!

- Biology

Woman = **undergoing treatment**

Partner = **in a spectator role**

- Desire to have children

- Psychological

Reactions / Coping

- Less stability in the relationship!

Duration of infertility / number of failed treatments (Tao et al., 2012; Boivin et al., 2022) / Continue treatment or not? (Daniluk, 2001)



4. Impact of infertility and fertility treatments

Relational / Sexual

- **Sexual satisfaction** from start to pregnancy (Verhaak et al., 2001)
 - Transformation of the sexual relationship!
 - **Contact/lust** function vs. **reproductive** function of sex (Wincze, 2015)
 - Sex:
 - Pleasure and intimacy <> tension, pressure and avoidance
 - Scheduled, only on fertile days <> spontaneous
 - 1/5 feels like a "programmed machine"
- ➔ Performance anxiety in both men and women!! (Wincze, 2015)

4. Impact of infertility and fertility treatments

Social



4. Impact of infertility and fertility treatments

Social

- **Work abstinence:** 6/10 – miss out on average 23 working hours (Bouwman et al., 2008; Collins et al., 2019)
- Impact on daily routines, including hobbies, and more relaxing activities
→ ↑ **social isolation** (Boivin, 2022)
- ↓ **social engagement** due to stigmatization due to infertility and feelings of inferiority towards peers (Wirtberg et al., 2006)

4. Impact of infertility and fertility treatments

Social

Source of support n°1:

- Partner!!

Other important sources:

- Psychologist, social worker
- Health care provider
- Family/friends with experience

Less important:

- Local support group
- Family/friends without experience

TABLE 4 PERCENTAGE OF RESPONDENTS SEEKING EACH TYPE OF MENTAL HEALTH SUPPORT

Type of mental health support	Overall respondents (n = 857)	Patients (n = 514)	Partners (n = 343) ^a
Support specialist, such as psychologist, therapist, social worker, etc.	43.3	44.0	42.3
A local support group	21.7	21.8	21.6
Online support, such as an online support group, online forums	31.7	32.9	30.0
Family, who have NOT had experience with fertility treatment(s)	20.1	21.4	18.1
Friends, who have NOT had experience with fertility treatment(s)	19.8	19.1	21.0
My partner	45.4	49.0	39.9
My healthcare provider	41.5	41.1	42.3
Friends or family who have had experience with fertility treatment(s)	34.0	34.6	32.9
Other	0.7	0.3	1.0

Data are reported as %.

^a Partners were not necessarily partners of the patient sample.

Why is psychosocial care crucial for successful infertility management?

5. Psycho-social Care

5 Reasons



(<https://fertilityeurope.eu/psychological-support-patients-recommendations/>)



5. Psycho-social Care

Effects

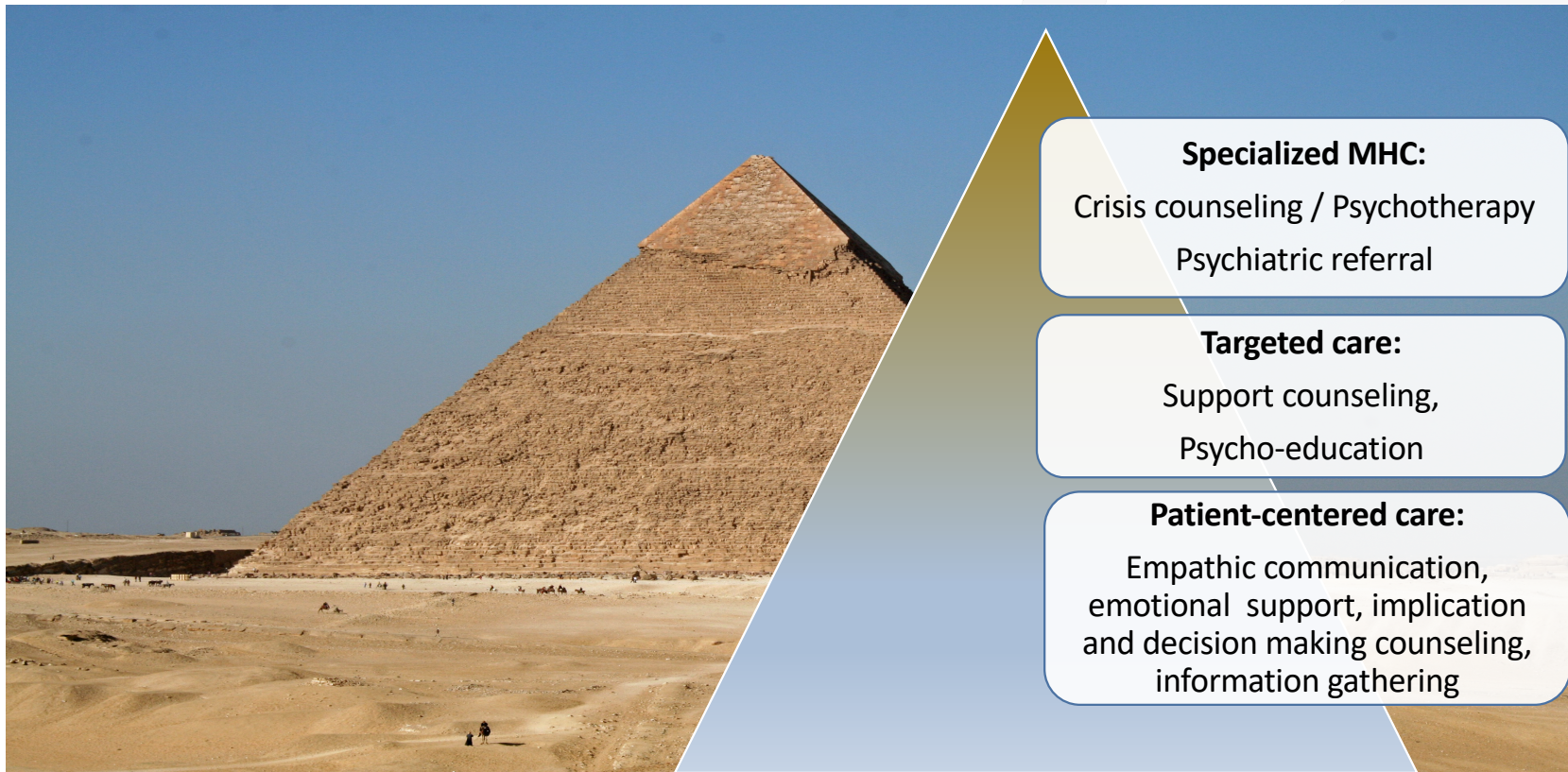
- Successfully reduces distress
- Improves lifestyle outcomes, knowledge, patient optimism and wellbeing during treatment
- Empowering to manage infertility and treatment journey, avoids deterioration of mental health, spillover effects, additional use of medication
- Fosters resilience during childbirth and postpartum
- Increase pregnancy rates

(<https://fertilityeurope.eu/psychological-support-patients-recommendations/>)



5. Psycho-social Care

The Psycho-social care pyramid



5. Psycho-social Care

The Psycho-social care pyramid

Levels	Purpose/Focus	Who does what?
Base: Patient-Centered Care	Universal support for all patients; empathetic communication, active listening, information, emotional support	Fertility Specialists: provide medical explanation and guidance Fertility Nurses: daily support, answer questions, implications- decision making counseling Secretaries/Patient coordinators: logistical support, scheduling, first point of contact
Middle: Targeted Interventions	For patients showing signs of stress, anxiety, or coping difficulties; counseling, psycho-education, support groups	Fertility Psychologists: individual or couple counseling or group sessions Social workers: psychoeducation, coping strategies Nurses: identify at-risk patients and refer to specialists
Top: Specialized MHC	Intensive interventions for severe psychological issues; psychotherapy, psychiatric treatment	Mental Health Specialists: medication management or complex diagnostics Clinical Psychologists: coordination and evaluation of care pathways, psychotherapy, crisis counseling

Implications for you as a midwife

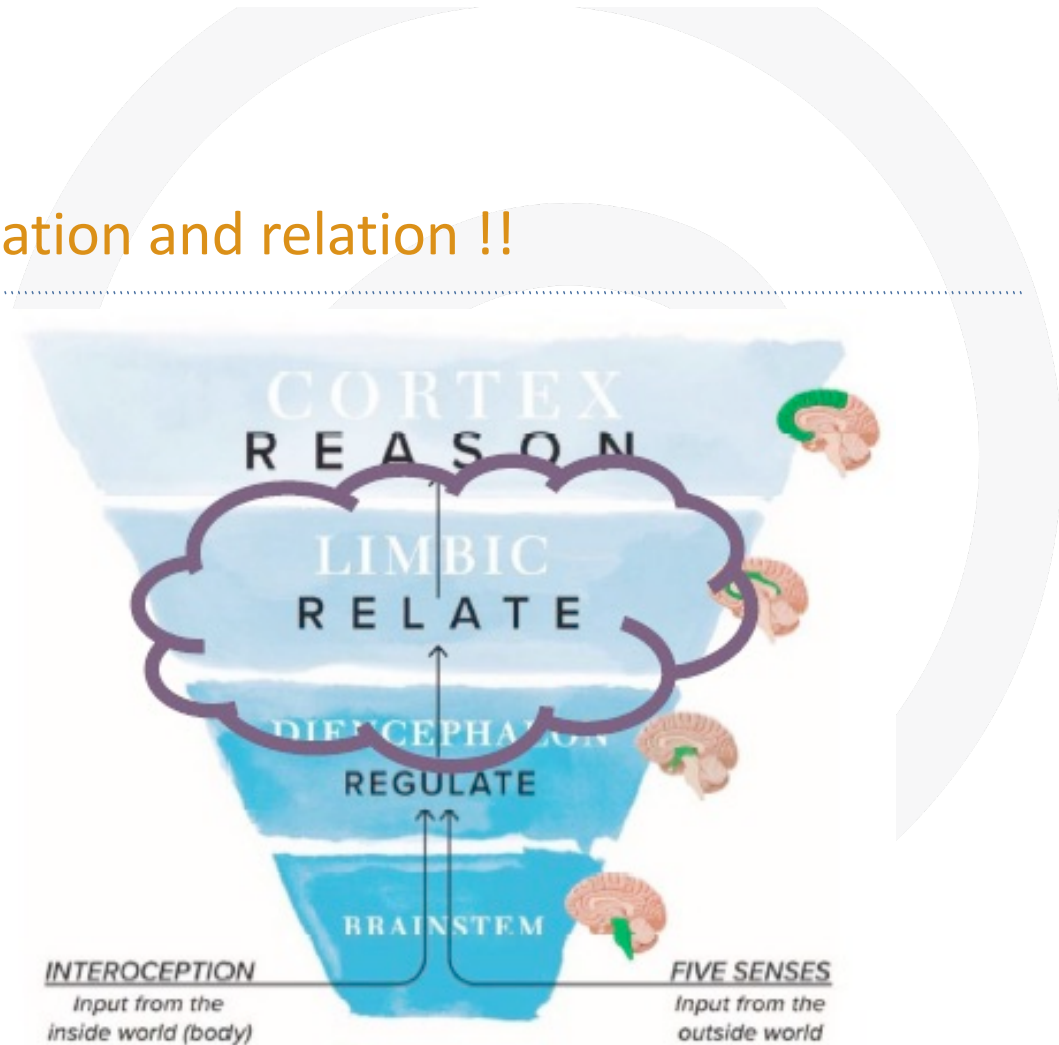
- Be aware that patients need **more** than the 'M' in MAR!!
- **BE ALERT** to:
 - Presence of psychiatric disorders (depression, anxiety,...),
 - Individual emotional wellbeing of both woman and her partner
 - Relational balance and coping as a couple
 - Sexual functioning and satisfaction in woman and her partner
- Be sensitive to shifts in perception/experience in function of **time/n° of cycles**
- Keep in mind that as a fertility co-worker, you have a **key role in PSC!**

5. Psycho-social Care

The brain pyramid: first aid = regulation and relation !!

Before we can ‘pump’ information into the brain of our patients or discuss delicate subjects, we need them to first REGULATE (their inner state), so they can RELATE to us, before we can REASON with each other

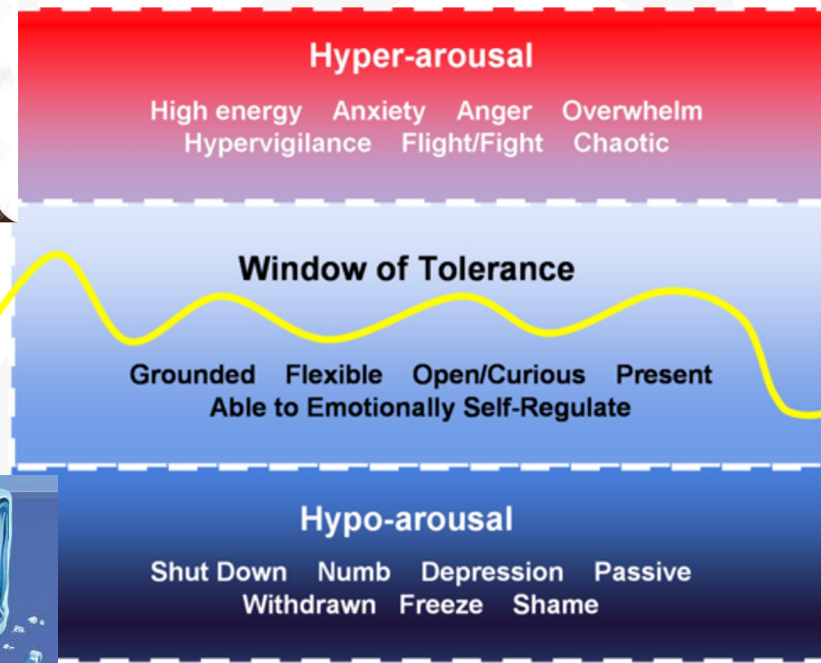
Source: What happened to you? Conversations on Trauma, Resilience and Healing



5. Psycho-social Care

Regulation

- “Regulation is finding the right “voltage” for what you have to do.”



Hormonal activity

Time

5. Psycho-social Care

Regulation: the body talks!

How can you tell when you're in a particular zone?

Describe your physical signals, thoughts, feelings, and how they affect your interactions with others in the different zones

What stress responses do your colleagues notice?



5. Psycho-social Care

Regulation: the body talks! Triggers and 'bringers of calm'

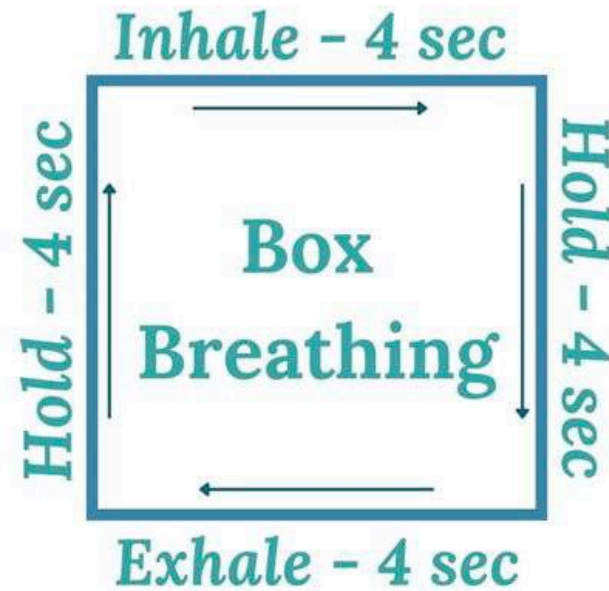
- What irritates me, frustrates me?
- What stresses me out?
- When do I feel tension building up?
- What are triggers that make me jump 'out of my window'?
- Is there a specific type of behaviour/patient/colleague that consistently triggers that feeling?
- What do I feel in my body and where? Is there any tension and how does it show?
- What do I do to help me come back to 'calm' and reduce my stress?



5. Psycholo-social Care

Exercises for hyper-arousal (calming down)

Mini-breathing-break. Goal: to restore calm and focus

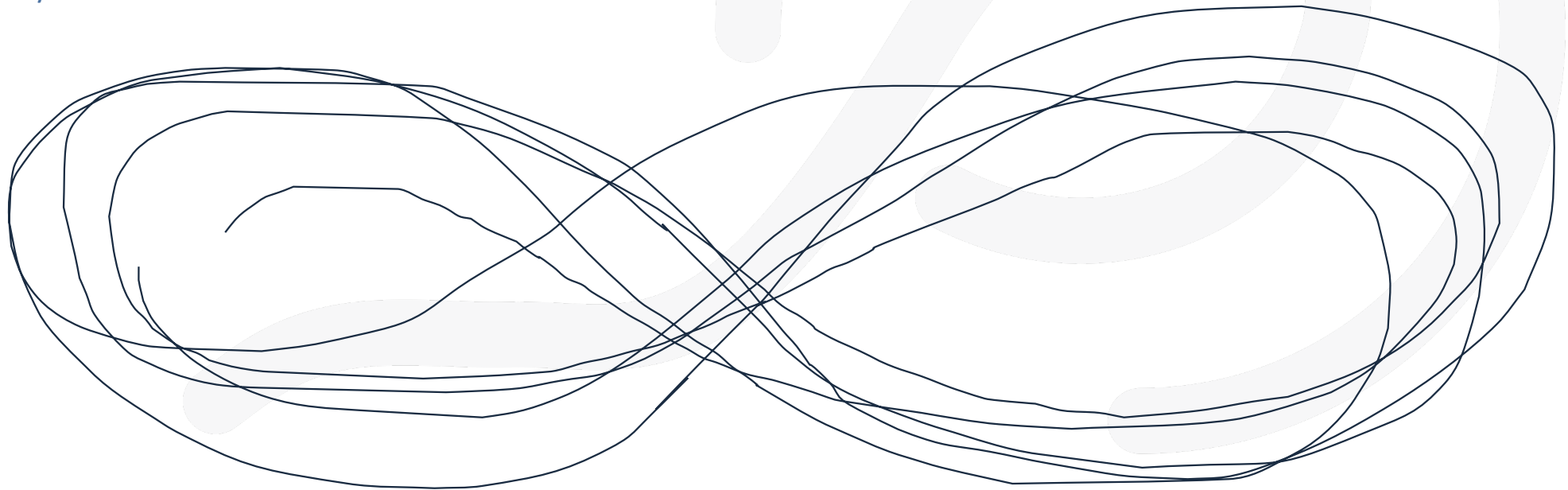


WWW.MINDFULLIVINGCOUNSELINGSERVICES.COM

5. Psycho-social Care

Exercises for hyper-arousal (calming down)

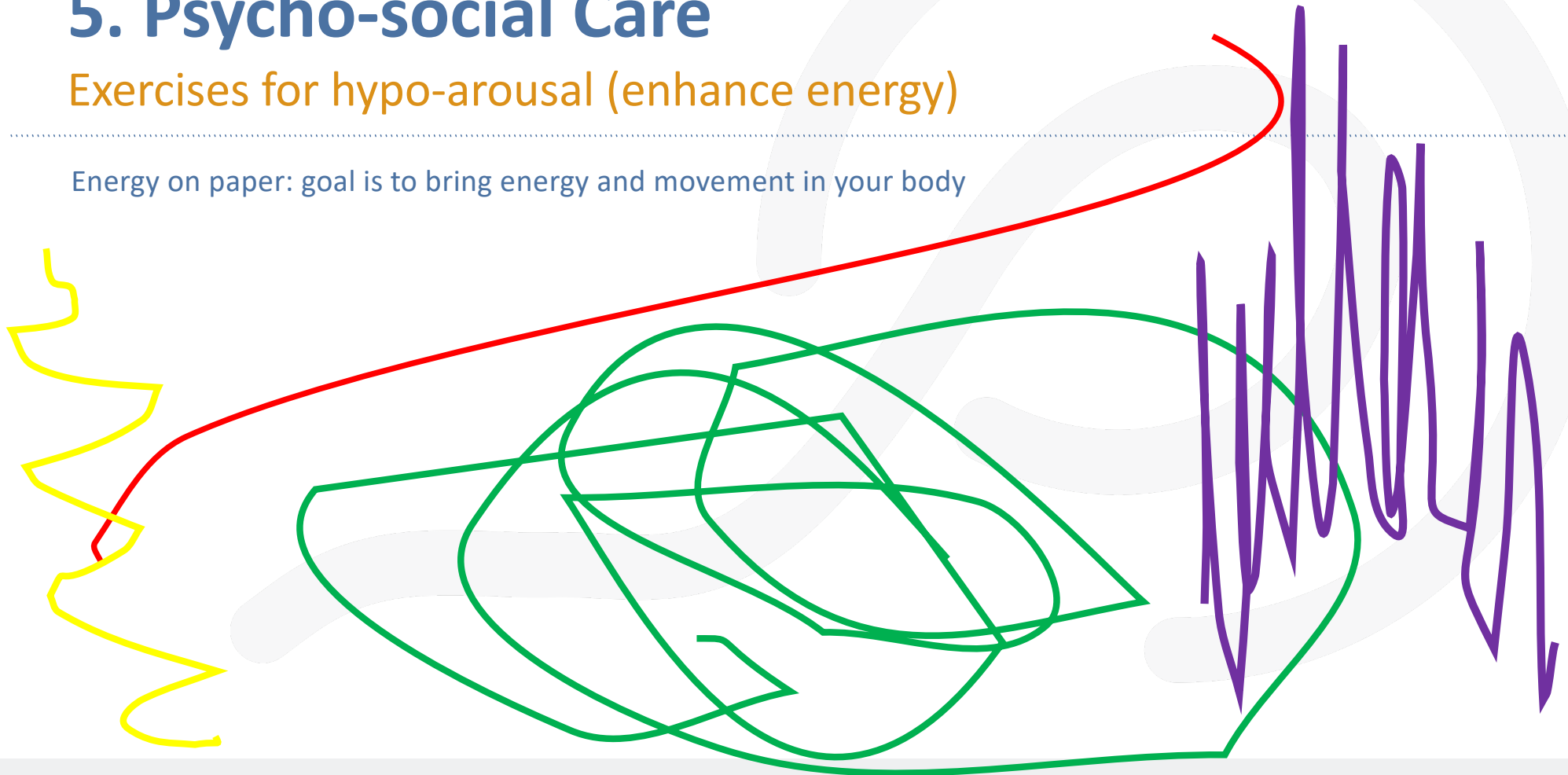
The calming line: goal is to enhance calmness by rhythmical and repetitive movements that calm down the nervous system



5. Psycho-social Care

Exercises for hypo-arousal (enhance energy)

Energy on paper: goal is to bring energy and movement in your body



5. Psycho-social Care

Relation

- Connectedness has the power to counterbalance adversity
- Real connection =
 - Be fully present
 - Listen without judgement
 - With an open heart



Implications for you as a midwife

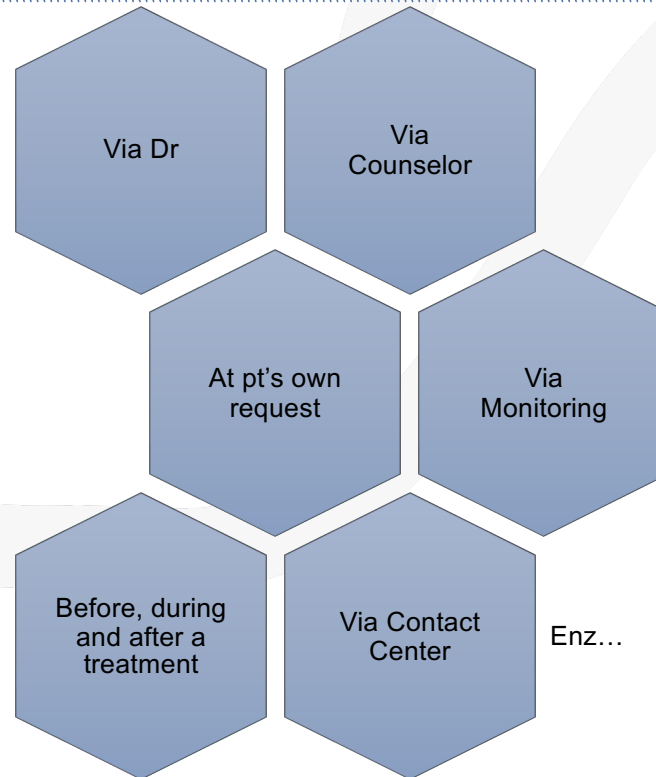
Let's discuss and share!!

- Do you take into account psycho-sexual, relational and social aspects of infertility in daily practice?
- Do you explicitly talk about or question these topics, f.ex. during blood sampling or ultrasound?
- How do you respond when patients spontaneously share emotional/relational difficulties with you?
- What are difficulties you encountered? Practical? Emotional?
- In what cases/at which point do you think a psychologist/sexologist would be helpful in the treatment?



5. Psycho-social Care

Referral to the psychologist



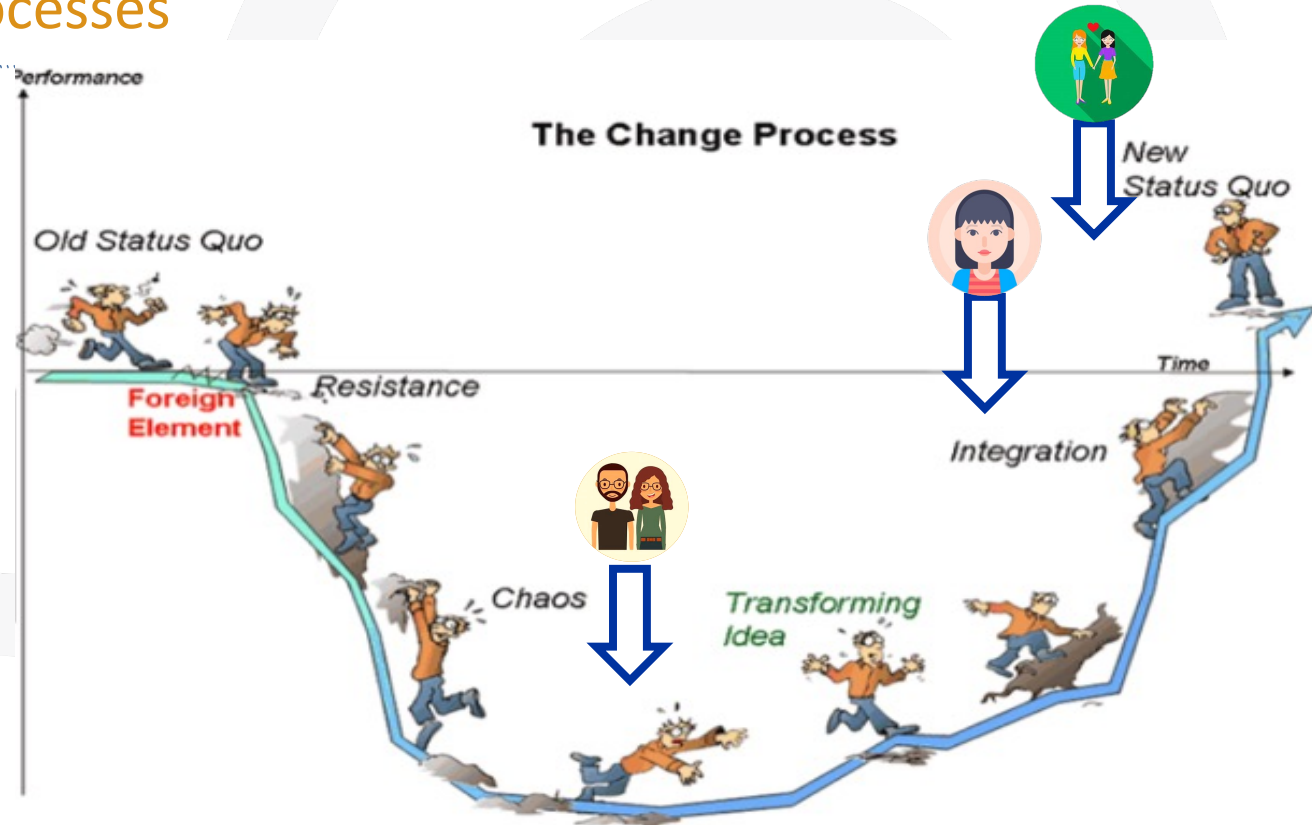
+/- 500 consultations/year
+/- 250 urgencies

5. Psycho-social Care

Guide decision-making processes

Decision Processes:

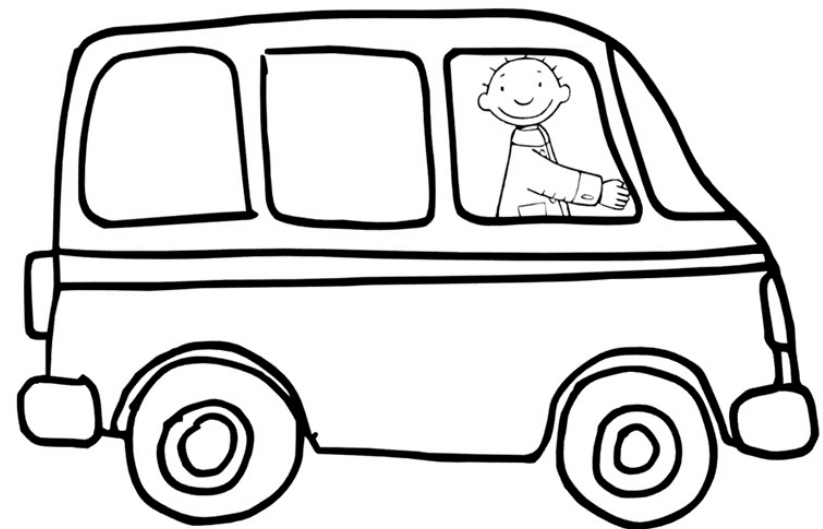
- Egg freezing vs. Single motherhood?
- Use donor gametes?
- Stop or continue?
- ...



5. Psycho-social Care

Guide decision-making processes

- **Goal:** to make well-informed, conscious choices, to help oversee implications, to help create realistic expectations,...
- respecting **reproductive autonomy**
- **Non-directive counselling...**



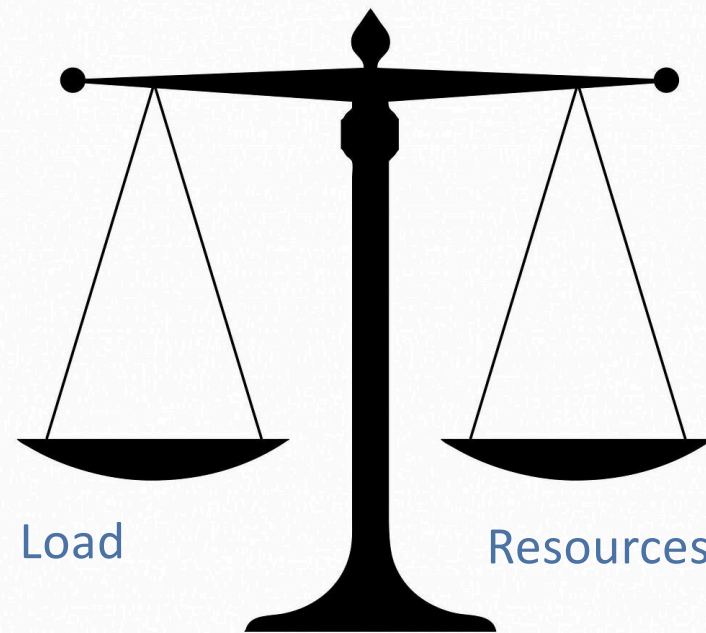
5. Psycho-social Care

Stimulate self-care



5. Psycho-social Care

Provide Psycho-education



5. Psycho-social Care

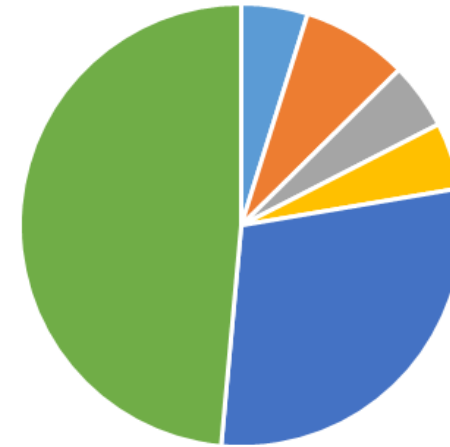
Fertility-Life balance

Prior to fertility treatments



■ Sociale contacten ■ Relatie ■ Hobby's ■ Overige ■ Werk

During/after fertility treatments



■ Sociale contacten ■ Relatie ■ Hobby's ■ Overige ■ Werk ■ Brussels IVF

5. Psycho-social Care

Stress the importance of a supportive social/professional environment

- Risk isolation
- Creating a safety net



- Impact of the work environment
- To tell or not to tell?
- Occupational medicine/HR/confidential counsellor
- Openness as a stress reduction



Thanks! Questions?

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