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Section

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Infertility

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Counseling of an Infertile Couple

Chaitanya Nagori

INTRODUCTION

Counseling is the backbone of infertility management. The correct explanation about reproduction and dialog with the patients helps them conceive. Insler has mentioned in his book that “many patients conceive when they are sitting outside the consulting room”. This means that there should be literature placed in the waiting room, handouts given to patients, and there should be elaborative explanatory displays placed in the waiting room, that patients can read and would help them clear a lot of their misconceptions about reproduction, which they might be reluctant to clear in person.

In the busy outpatient department (OPD), it is very difficult for a practicing gynecologist to spend time with the patients for counseling. I shall put forward a few suggestions from my side:

- There should be informative and illustrative posters placed in the waiting room explaining the physiology of conception.
- Attractive and interesting literature regarding reproductive physiology, causes of infertility, and outline of management should be placed in the waiting room, which should be easily accessible to them.
- We have prepared a small booklet regarding the same and is given to every patient once I have done a detailed consultation about their problems with them. This booklet helps the patient to go through the things that are discussed, once again and take a correct decision about the management of their problem.

Such explanation or literature allows the patient to know what would be the management strategy for their problem and how are we going to follow it and therefore they appreciate the treatment that is given. This transparency also builds patient's confidence in you.

Moreover, it also would be a great means of propagating the correct knowledge about infertility through patients as they would discuss whatever they have read and understood by reading the book, with their friends.

One very important suggestion that I would like to give to very busy practitioners is, please allot a specific and separate time slot for patients with fertility problems, so that you can patiently listen to them and discuss the solutions or treatment strategy with them. Remember that the initial

counseling and the time spent with them plays a very vital role in management of the patient.

Now I shall try to elaborate as to how I discuss about various aspects of causes of infertility, and management of infertility with the patient.

As infertility is a social stigma in our culture, not only the couple (I mean the husband also) but concerned relatives should also be involved in counseling, so that they would allow and co-operate with the couple to take the correct treatment. The refusal of treatment in majority of cases is by in laws or parents. Therefore, it is very vital that all the people concerned and all those who are going to play a role in decision making as to whether to continue the treatment or not should know about infertility and the correct treatment option for that particular couple.

WHEN TO START THE TREATMENT?

About 85% of the couples conceive within 1 year of unprotected intercourse and 95% in 2 years. Therefore, if a patient comes for treatment, earlier than a year and a half of continuous unprotected intercourse (active married life), which is very common in rural areas of India and in lower socioeconomic class of people, explaining the above said fact will increase their faith in you and your treatment and will also prevent unnecessary investigations, anxiety and frustrations for the patient.

No invasive investigations like laparoscopy should be done within these 2 years and nature should be given enough time to work for the couple to achieve pregnancy.

Among noninvasive investigations, semen analysis and midcycle/preovulatory scan are the two investigations that may be done. These will more or less prove the normalcy of the couple and then counseling only can help them conceive.

We have observed that couples do conceive very often after the treatment is stopped. This is because the stress and anxiety of treatment is removed and the patient is relaxed. Moreover, when we are treating these couples, we become very enthusiastic doing some invasive investigation/procedure in every cycle one after the other like Rubin's test (RT), hysterosalpingography (HSG), dilatation and curettage (D&C), laparoscopy, etc., and do not allow an opportunity for conception. Therefore, when this patient is exhausted and abandons treatment, she conceives spontaneously.

Therefore, remember that counseling is more important than overenthusiastic invasive investigations.

COUNSELING FOR SEMEN ANALYSIS

In 40–50% of couples presenting with fertility problems, male factor is responsible either partially or completely. In our social setup even today,