Abstract
Infertility can be stressful and hence it is important to know whether this stress can affect the success of in vitro fertilisation (IVF). Several studies have suggested a link between stress and reproduction. A systematic literature review concluded that the available evidence is inconclusive due to methodological limitations. It highlighted the need for a prospective well-designed study to examine the impact of emotional health on IVF outcome. Fertility specific tools were critically analysed in order to choose an appropriate instrument for the study. A prospective study was designed to evaluate the emotional health and distress prior to treatment. The questionnaires used were Emotional health in infertility (EM-INFERT) and Fertility problem inventory (FPI). The primary objective was to correlate the emotional health scores to the pregnancy rates. 414 IVF patients were divided into three tertiles as per their EM-INFERT scores: poor emotional health (n=140), average emotional health (n=139) and high emotional health (n=135). Clinical pregnancy in patients with low emotional health was statistically similar to patients with high emotional health. The emotional health scores did not predict the success of IVF. Further analysis explored the impact of IVF on the emotional health of infertile couples. The luteal phase was more distressing than the ovarian stimulation phase. Men had better emotional health than women throughout the treatment but both partners had a significant drop in their emotional health after a negative result. The fertility-related distress can be affected by the duration and cause of infertility. This study confirms that emotional health does not influence success of IVF but it identified patients who are at risk of significant distress during IVF. Addressing this, could make their journey a better experience and reduce dropout rates. The results of this study can help to design psychological interventions tailored to the individual needs of these patients.

Impact of Event Scale, General Health Questionnaire, and Edinburgh Postnatal Depression Scale. 12–32 weeks of gestation. Human. Adverse outcome of stress for the pregnancy was reviewed in the latest bibliography in order to know the type of association that stress causes on pregnancy and the type of mood disorder (anxiety and depression) which were the tools applied to assess stress during pregnancy. In italics the adverse outcomes related to stress and depression are shown, while in bold those adverse outcomes among anxiety or the combination of the mood disorders are shown.

Request PDF | Effect of BMI on pregnancy rates following ovulation induction and assisted conception among women in Qatar experiencing infertility | Obesity is one of the leading global risk factors for poor health. With the increasing prevalence of obesity over last two decades in gulf. Find, read and cite all the research you need on ResearchGate. Setting: United States national registry for assisted reproductive technology (ART). Patient(s): A total of 22,317 donor oocyte cycles from the 2008-2010 Society for Assisted Reproductive Technology Clinic Outcome Reporting System registry were stratified into cohorts based on World Health Organization BMI guidelines. Cycles reporting normal recipient BMI (18.5-24.9) were used as the reference group. Conception — and ultimately, pregnancy — can involve a surprisingly complicated series of steps. Everything must fall into place for a pregnancy to be carried to term.
Conception comes down to timing, the health of a woman's reproductive tract, and the quality of a man's sperm. Most doctors usually recommend having unprotected sex starting about three to six days before you ovulate, as well as the day you ovulate if you wish to become pregnant. Some women may benefit from assisted reproductive technologies like intrauterine insemination or in vitro fertilization if there are issues preventing healthy sperm from meeting a healthy egg naturally. Where does conception occur? Sperm usually fertilizes the egg in the fallopian tube. • If assisted conception, identify method of conception • Relevant ultrasound scan (USS) and quantitative β-hCG • Symptoms of early pregnancy. • Presence of associated symptoms: o Vaginal bleeding (timing, extent and severity) o Pain (lower abdominal cramping or backache) o Postural syncope o Vomiting o Shoulder tip/diaphragmatic pain. • It may not be possible to confirm if a pregnancy is intrauterine or extra-uterine at first visit o Specialist review and close follow-up is essential o Serial β-hCG and TVS may be required. • If PUL, a single progesterone level may assist in identifying women with a low risk of having an ectopic pregnancy or persistent PUL17.