Egg donation: The challenge of repeated treatment failures and the impact of a multi-disciplinary support team

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Introduction

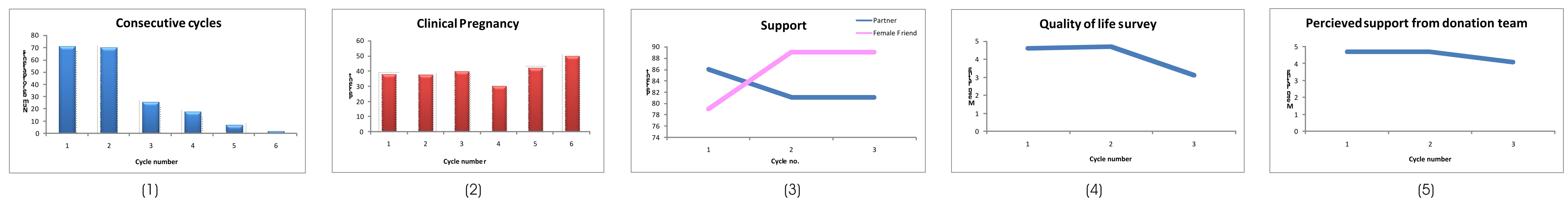
The effective delivery of modern infertility treatment raises important questions about the psychological impact and support needs of patients undertaking treatment, in particular egg donation in the UK and abroad.
Overseas egg donation is a contentious issue for many clinician and counselors per-se, but it further adds to the stresses on patients with its extra logistical and financial pressures as well the fact that there may be a tension between their own deep rooted wish to conceive and the knowledge that many people question the morality of paid egg donation.
Mindes et al (2003) identified the important role of social support through fertility treatment, and Boivin (2005) clearly showed the link between stress and the efficacy of treatment.
Therefore the team at the Bridge Centre considered how best to support this particular group of patients whose stress were perhaps even higher than those who were receiving fertility treatment in their own country.
A protocol was implemented using a dedicated team which included clinician, nurse, administrator, and counselor whose aim was to maintain continuity of care and support throughout treatment both in the UK and when abroad.
This study analysed its effectiveness, specifically for those patients who undertake multiple treatment cycles, and discusses the findings in relation to other current research.

Materials and Methods

Data were collated on success rates versus number of treatment cycles from 194 patients who undertook egg donation over a period of 3 years From these a randomised sample group of 73 women was contacted in the period between embryo transfer and day 14 pregnancy tests, 62 of these women participated and the data analysed in three ways:
(i) Qualitative questions using Likert scale responses (score 1-5) to ascertain the patients support needs and where that support came from.
(ii) The forgoing was repeated for those patients who undertook treatment more than once, in order to ascertain any changes in their perception following failure to conceive.
(iii) Completion of a Quality of Life questionnaire.

Results

From the 194 women who had a fresh or frozen embryo transfer following egg donation. 115 had ongoing pregnancies (58%) of whom 77 have given birth (48%) whilst 38 pregnancies are still ongoing.
71 of the 194 patients had one cycle, 37.9% clinical pregnancy (CP) rate. 70 patients had 2 cycles, (37.5% CP). 26 had 3 cycles, (40.0% CP). 18 had 4 cycles, (30% CP); 7 underwent 5 cycles, (42.1% CP) and 2 patients had 6 cycles, (50% CP),
1 – During the first treatment cycle 86% of patients said their main support was from their partner, with an average rating of 4.6 (max=5). 79% also claimed their friend as main support. Quality of life questionnaire revealed a rating of 3.9.
2 – Of those women whose treatment had failed and had a second cycle, first line support changed from their partners at 81% to a friend, rated 89%, 4.7
3 – Of those who had a failed second cycle and undertook a third, there was no change in the support structure, as there was not for those taking further cycles, however the quality of life questionnaire revealed a decrease to 3.1
4 – When asked to rate the dedicated team there was no significant difference between any of the seven male and female specialists :- 2 Doctors, 2 Nurses, 2 Administrators, and 1 Counsellor, overall rating being 4.7. This remained the same for patients having up to 2 cycles but for those having more cycles, the rating dropped to 1(figure 5).
5 – Those patients who did not conceive in their first ED cycle undertook a second. Similarly, most patients who experienced a second failed cycle undertook a third.
6 – A critical questions to patients was: "Was it all worth it?" 89% answered "yes".



(1) (2) (3) (4) (5)

Conclusion.

This study shows that a protocol enabling continuity of care by a dedicated team of specialists has a positive impact on ED patients. Their in-depth knowledge of patient's special needs enabled more efficacious treatment, particularly with regard to the longer duration in treatment, due to repeated failures.
These findings also highlight the number of women who identified a "female best friend" as their dominant social support, underlining gender issues in communication.
Our study suggests that the drop out rate from an ART programme can be used as a powerful quantitative tool to analyse the quality of care of the multidisciplinary staff; this supports the findings of Cousineau and. Domar (2007).
The literature review also led to support our sense in the team, that the prevailing psychological constructs and personality types of the patients may also have a significant impact both on the length of time a patient was prepared to endure cycles of treatment, (Boivin 2005) the likely medical response to that treatment, (Lancastle and Boivin 2005) and also to how they were mentally and emotionally able to cope with ultimate treatment failure (Daniluk and Tench 2007).
Thus, the concept of dedicated seamless support may even be expanded to include an initial assessment of the emotional or problem solving coping strategies of the patients, and a support regime which helped offer psychological coping techniques throughout the course of fertility management. This already exists in some form as the centre counsellor is on hand to offer support and specific therapeutic assistance e.g. deep relaxation and hypnosis, to the patients throughout the overseas visits to the clinics Moreover both Daniluk and Tench (2007) and Cousineau and. Domar (2007) have identified and quantified the long term effects of unsuccessful treatment programmes on patients including the figure of nearly two thirds of males suffering the experience of depressive symptoms, and long term poor physical and mental health.
This ongoing research has been, and remains focused on mitigating the stress experienced by patients, and reconnecting with them at a "humanistic" level, recognising the emotional and psychological experiences which we have shown impact on their lives, and indeed to some degree on the medical outcome itself.

Reference:

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