

POSTER DISCUSSION SESSION
SESSION 86: NURSING & MIDWIFERY

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P-508 The Effect Of The Counseling On Women in In Vitro Fertilization (IVF) Process On Emotional Capacity And Well-Being: A Randomized Controlled Trial Study

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Study question: Does psychosocial care in in vitro fertilization (IVF) treatment affect emotional capacity and well-being?

Summary answer: Psychosocial care in in vitro fertilization treatment affects emotional capacity and well-being

What is known already: Infertility and its treatments often result in stress, anxiety, depression, and marital issues due to emotional strain, treatment costs, and disappointing outcomes. Studies have shown increased psychological distress during infertility treatment, particularly during ovarian stimulation, oocyte aspiration, and the waiting period after embryo transfer. Psychosocial care, including relaxation techniques, counseling, and stress management, has been suggested to improve psychological well-being, treatment adherence, and pregnancy outcomes, with reported increases in clinical pregnancy rates by up to 15%.

Study design, size, duration: This is a randomized controlled single-blind study conducted over a period of 13 months, from February 2020 to March

2021. A total of 112 participants were included, with 58 in the experimental group and 54 in the control group. A total of 24.10% (27/112) of participants were lost to follow-up. The study was completed with 85 participants. The data of women in the experimental group (n=42) and the control group (n=43) were analyzed.

Participants/materials, setting, methods: The study included women aged 24-40 undergoing IVF. The control group received routine care, while the experimental group participated in a counseling program with modules on infertility education and psychosocial coping techniques like Emotional Freedom Technique (EFT) and breathing exercises. Data were collected through questionnaires administered at three time points during the treatment cycle, and NCSS software was used for statistical analyses comparing outcomes and pregnancy rates.

Main results and the role of chance: A statistically significant difference was found in anxiety, helplessness, and depression levels after the intervention ($p < 0.01$), indicating effective reduction in psychological distress. However, no significant difference was observed in social support and acceptance ($p > 0.05$), suggesting no impact from the intervention. A significant reduction in personal domain stress was observed ($p < 0.01$), while no difference was found in marital and social domain stress ($p > 0.05$). The experimental group showed a significant improvement in quality of life ($p < 0.01$). Stress-related discomfort scores after follicle monitoring, oocyte retrieval, and embryo transfer were significantly reduced in the experimental group compared to pre-treatment levels ($p < 0.01$), supporting the intervention's effectiveness. A weak positive relationship was found between infertility stress and anxiety, and a moderate negative relationship was found between quality of life and anxiety ($p < 0.01$), indicating the influence of psychological well-being on infertility stress. Pregnancy rates were significantly higher in the experimental group, with 42.9% achieving pregnancy compared to 18.6% in the control group ($p < 0.01$). These findings suggest that the intervention positively affected both psychological outcomes and pregnancy rates, with the consistent significant p-values suggesting that the results are unlikely to be due to chance.

Limitations, reasons for caution: This study has limitations, including a small sample size, a short follow-up period, and reliance on self-reported data, which may introduce biases. The exercises given as homework were not directly observed, depending on participants' reports. Future research with larger samples and longer follow-ups is needed to address these issues.

Wider implications of the findings: The study highlights the importance of integrating psychosocial support in IVF treatment to reduce psychological distress and potentially increase pregnancy rates. It suggests further research on long-term effects and tool development. The findings may influence public health policies, promoting comprehensive care and encouraging clinics to adopt holistic treatment approaches.

Trial registration number: Yes