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NEED TO SUPPORT PARTNERS IN THE PROCESS OF DIAGNOSIS AND TREATMENT OF INFERTILITY

A b s t r a c t. The paper presents the consequences of unintended childlessness, which can concern both men and women, as well as the partnership. The primary and secondary network of social support has been discussed and its importance in the diagnosis and treatment of fertility problems. Among many benefits arising from the support of childless partners, the improvement of their quality of life is emphasized as well as making the communication in patient - medical personnel relationships better, increasing the chance of having the child and reduction of the time to get pregnant. Social support was emphasized to be particularly needed by partners at the stage of taking decision to start treatment, subsequent stages of treatment and change of methods (procedures), termination of treatment (taking into account its effect), and adoption. Later the paper presents global and European initiatives to improve the quality of life of infertile couples, including the recommendations of the World Health Organization (WHO) to all infertility treatment centers, objectives and tasks of the annual celebration of WorldFam, Fertility Awareness Month and proposals for new developments of the European

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Society of Human Reproduction and Embryology (ESHRE). Basing on existing literature the evaluation of implementation of these recommendations and proposals in selected countries have been discussed. The problem of provision of support to infertile couples in the Polish reality, including in the region of Lublin, has been also presented.

Key words: infertility, social support.

INTRODUCTION

At present infertility is defined as inability to contribute to a conception despite regular sexual intercourses (3-4 times a week), maintained over 12 months, without using any form of contraception¹. According to the world statistics infertility affects 10-18% married couples, which means that every sixth married couple in the world have problems with procreation². The incidence of this phenomenon in particular countries is highly varied according to the literature data³. In Poland epidemiological analyses are mainly based on the estimated data from the studies and publications of European Society of Human Reproduction and Embryology (ESHRE), in which, on the basis of the information from our country, a group of ESHRE experts estimate the

¹ The ESHRE Capri Workshop Group, *Diagnosis and management of the infertile couple: missing information*, "Human Reproduction Update" 10(2004), No 4, pp. 295-307; C. G n o t h, E. G o d e h a r d t, P. F r a n k - H e r r m a n n, K. T r i o l, J. T i g g e s & G. F r e u n d l, *Definition and prevalence of subfertility and infertility*, "Human Reproduction" 20(2005), No 5, p. 1144-1147; J. R a d w a n, *Nieplodność i rozród wspomagany*, Poznań: Wydawnictwo Medyczne Termedia 2005; World Health Organization, *Manual for the Standardized Investigation and Diagnosis of the Infertile Couple*, Cambridge: Cambridge University Press 2000; E. V a y e n a, P. J. R o w e & P. D. G r i f f i n, *Report of a WHO meeting 2001. Current practises and controversies in assisted reproduction*, Geneva: WHO 2002 p. 156.

² O. C a m p b e l l, J. C l e l a n d, M. C o l l u m b i e n & K. S o u t h w i c k, *Social Science Methods for Research on Reproductive Health*, Geneva: World Health Organization 1999, p. 101.

³ O. B a s s o, J. O l s e n, L. B i s a n t i, F. B o l u m a r, & M. K u p p e r s - C h i n n o w, *Repeating Episodes of Low Fecundability a Multicentre European Study. The European Study Group on Infertility and Subfecundity*, "Human Reproduction" 12(1997), No 7, pp. 1448-1453; E. B i e l a w s k a - B a t o r o w i c z, *Psychologiczne aspekty prokreacji*, Katowice: Wydawnictwo Naukowe Śląsk 2006; H. F i s c h & E. T. G o l u b o f f, *Geographic Variations in Sperm Counts: A Potential Cause of Bias in Studies of Semen Quality*, "Fertility and Sterility" 65(1996), No 5, pp. 909-911; J. O l s e n, M. K u p p e r s - C h i n n o w, & A. S p i n e l l i, *Seeking Medical Help for Subfecundity: A Study Based upon Surveys in Five European Countries*, "Fertility and Sterility" 66(1996), No 1, pp. 95-100.

incidence of infertility to be 10-15% couples⁴. This implies that in Poland the problem of infertility affects about one million of married couples at reproductive age.

Due to the incidence of procreation problems the World Health Organization (WHO) has begun to consider infertility to be an illness. However, it is a specific illness as its basic characteristic (property, symptom) is the lack of a child in a partners' relationship, the way to overcome such illness is conception and giving birth to a healthy child⁵.

Despite all the divisions included in the literature infertility always refers to a married couple and not exclusively to one of the partners since this is their mutual, very difficult experience when they are trying to become parents⁶.

1. SOCIAL SUPPORT

Subject literature defines social support as assistance available to an individual in difficult situations, resources provided to an individual through interactions with other people, the consequences of a man's belonging to society, fulfillment of needs by meaningful persons and reference groups⁷ in difficult situations⁸. Depending on what the contents of a support interaction is, there are five basic kinds of support:

1. Emotional support, i.e. transmitting of supportive, reassuring emotions that express concern; creating the atmosphere of trust and understanding; inspiring with hope.

⁴ The ESHRE Capri Workshop Group, pp. 295-307.

⁵ C. Łe p e c k a - K l u s e k, A.B. P i l e w s k a - K o z a k, & G. J a k i e l, *Infertility – A Disease or Not According to the WHO Definition*, "Medycyna Ogólna i Nauki o Zdrowiu" 18(2012), No 2, pp. 163-166.

⁶ L. P a s c h, C. D u n k e l - S c h e t t e r, & A. C h r i s t e n s e n, *Differences Between Husbands' and Wives' Approach to Infertility Affect Marital Communication and Adjustment*, "Fertility and Sterility" 77(2002), No 6, pp. 1241-1247; L. S c h m i d t, *Infertility and Assisted Reproduction in Denmark. Epidemiology and Psychosocial Consequences*, "Danish Medical Bulletin" 53(2006), No 4, pp. 390-417.

⁷ H. S ę k & R. C i e ś l a k, *Wsparcie społeczne, stres i zdrowie*, Warszawa: Wydawnictwo Naukowe PWN 2004.

⁸ Ibid.

2. Instrumental support including the material (financial) one and physical acting for the benefit of the people in need of support (e.g. transporting to a therapy centre).

3. Information support, i.e. providing information which contributes to better understanding of the problem, is concerned with effectiveness of remedial actions already undertaken by an individual and /or is based on the experience of people who have been in a similar life situation.

4. Valuation support aimed at maintaining of self-assessment and self-acceptance of the supported person as well as expressing of recognition, admiration and acceptance.

5. Social support, connected with a social activity, leading to the realization of the need of belongingness to a group, a particular community.

Partners who are childless against their will primarily need social support due to the consequences of unintended childlessness. Such consequences affect men, women and also their relationship⁹. Negative consequences in women include a sense of guilt, helplessness, injustice and shame. There often appear considerable anxiety, irritability, proneness to crying and fear (about the relationship durability, future), lowered self-assessment and self-acceptance. Mood disorders are also symptomatic, i.e. a kind of ‘mood swings’ – from hope and euphoria at the beginning of the menstrual cycle or implementation of a new procedure, to frustration and depression in the case of failure¹⁰. This is slightly different in men, in whom, first of all, there increases a sense of being worse than men with children. They withdraw into themselves, try to alienate themselves from the problem, which is expressed by a greater commitment to their professional careers and/or social work. They happen to be willing to conceal their problem from their families, and sometimes they are prone to maintain extramarital sexual relationships¹¹.

⁹ The ESHRE Capri Workshop Group, pp. 1518-1526; R.A. S h e r r o d, *Understanding the Emotional Aspects of Infertility: Implications for Nursing Practice*, “Journal of Psychosocial Nursing and Mental Health Services” 42(2004), No 3, pp. 40-47; World Health Organization, “*Current Practices and Controversies in Assisted Reproduction*”, Report of a meeting on: „Medical, Ethical and Social Aspects of Assisted Reproduction”, World Health Organization Library Cataloguing-in-Publication Data, Geneva 2002, pp. 15-396.

¹⁰ C. Ł e p e c k a - K l u s e k, *The Position of the Woman in the Childless Married Couple*, “Ginekologia Polska” 68(1997), No 5b, pp. 204-208; C. Ł e p e c k a - K l u s e k, *The Life Attitudes of Spouses in Involuntary Childlessness*, Habil. Diss., Lublin: Medical University of Lublin 2008; B i e l a w s k a - B a t o r o w i c z, *Psychologiczne aspekty prokreacji*, 2006.

¹¹ C. Ł e p e c k a - K l u s e k, M. B o k i n i e c, *Self-Evaluation of Men from Child-*

Partners' prolonged awaiting for a child intensifies their dreams and makes them feel misunderstood and unaccepted in their environment. As a result they considerably limit their social contacts, especially avoiding married couples with children and pregnant women¹². There occurs pondering over past events (abortions, marital unfaithfulness, changing of sexual partners) which could explain the cause of having no children¹³. Partners devote nearly all their free time to diagnostics and treatment, at the same time quite often accusing and blaming each other for the inability to have longed-for children¹⁴. However, not all negative emotions are revealed, sometimes they only constitute the basis of conflicts between partners¹⁵. In time sex life is limited to the woman's fertile period, becomes deprived of its emotional depth and loses its spontaneity since conception becomes its only objective¹⁶. The lack of spontaneity in sex life can be a source of marital conflicts, cause potency disturbances in men and sexual frigidity in women. Prolonged process of infertility treatment causes multiple conflicts, the relationship is faced with a crisis situation¹⁷. However, it is important to emphasize that marital relations depend on the partners' personalities, their

less Married Couples after Receiving Information about the Sperm Value, "Ginekologia Polska" 65(1994), No 1, pp. 24-28.

¹² L. S c h m i d t, B.E. H o l s t e i n, U. C h r i s t e n s e n, & J. B o i v i n, *Communication and Coping as Predictors of Fertility Problem Stress: Cohort Study of 816 Participants who Did not Achieve a Delivery after 12 Months of Fertility Treatment*, "Human Reproduction" 20(2005), No 11, pp. 3248-56.

¹³ E.J. M i n d e s, K.M. I n g r a m, W. K l i e w e r, & C.A. J a m e s, *Longitudinal Analyses of the Relationship between Unsupportive Social Interactions and Psychological Adjustment among Women with Fertility Problems*, "Social Science & Medicine" 56(2003), No 10, pp. 2165-2180.

¹⁴ R.A. S h e r r o d, *Understanding the Emotional Aspects of Infertility: Implications for Nursing Practice*, "Journal of Psychosocial Nursing and Mental Health Services" 42(2004), No 3, pp. 40-47.

¹⁵ B i e l a w s k a - B a t o r o w i c z, *Psychologiczne aspekty prokreacji*, 2006.

¹⁶ K. K a i n z, *The Role of the Psychologist in the Evaluation and Treatment of Infertility*, "Women's Health Issues" 11(2001), No 6, pp. 481-485; T.Y. L e e, G.H. S u n, & S.C. C h a o, *The Effect of an Infertility Diagnosis on the Distress, Marital and Sexual Satisfaction Between Husbands and Wives in Taiwan*, "Human Reproduction" 16(2001), No 8, pp. 1762-1767; P. S a l v a t o r e, S. G a r i b o l d i, A. O f f i d a n i, F. C o p p o l a, M. A m o r e, & C. M a g g i n i, *Psychopathology, Personality and Marital Relationship in Patients Undergoing in Vitro Fertilization Procedures*, "Fertility and Sterility" 75(2001), No 6, pp. 1119-1125.

¹⁷ K a i n z, *The Role of the Psychologist in the Evaluation and Treatment of Infertility*, pp. 481-485.

stress tolerance, social support, and also the quality of relations between them before the diagnosing of infertility. A certain role is played by the partners' attitude to having children¹⁸. It happens, however much more rarely, that such a situation of partners who are childless against their will, brings them closer together, i.e. in their relationship there is an increase in mutual trust, a sense of security, closeness and intimacy.

Social support is especially necessary for partners at the stage of taking important decisions, i.e. decisions to begin searching for help in explaining the causes of reproduction problems, to start a therapy, decisions about the subsequent therapy stages, decisions to change the method (procedures) of treatment and to finish the treatment as well as decisions about an adoption¹⁹.

The process of diagnosing and treating of infertility as such can also be stressful for partners. This is not only because of procedures proposed to them, but also due to the interference of medical personnel in their personal and intimate life. Partners' quality of life and well-being change. This affects their system of values as well as ethical and moral norms. They are exposed to the risk of losing their professional and social status and have to meet considerable costs²⁰.

The network of social support for infertile couples is constituted by the people who are important to such couples. Therefore it is a potential source of such support. Considering the physical and emotional distance of partners in relation to the people creating such network there are distinguished primary and secondary networks. The primary network is constituted by the spouse, family, friends, neighbours and workmates. The secondary network is created by medical personnel – a doctor, nurse, midwife; a psychologist; a psychotherapist; support groups; representatives of church institutions; members of local social organizations; a supervisor in the workplace; state authorities – by creating appropriate laws. Both networks have advantages and disadvantages. Having high hopes with the husband often fails since he also needs support. The other links of the primary support can be effective

¹⁸ H. M a t s u b a y a s h i, T. H o s a k a, S. I z u m i, T. S u z u k i, A. K o n d o, & T. M a k i n o, *Increased Depression and Anxiety in Infertile Japanese Women Resulting from Lack of Husband's Support and Feelings of Stress*, "General Hospital Psychiatry" 26(2004), No 5, pp. 398-404.

¹⁹ J. B o i v i n, & H. K e n t e n i c h, *Guidelines for Counselling in Infertility*, ESHRE Monographs. Oxford: Oxford University Press 2002, pp. 4-135.

²⁰ S h e r r o d, *Understanding the Emotional Aspects of Infertility*, pp. 40-47.

on condition that partners decide to reveal their problem. Partners' reports, however, imply that they most often conceal their problem from relatives and friends even for several years²¹. Providing support by medical personnel is a different problem, which requires systemic solutions. It is connected with changes in the education of these professional groups²². At present only some of major subjects curricula in medical universities include the basis of such support, and despite that it belongs to the scope of duties of doctors, nurses and midwives.

Advantages of social support in the period of diagnosing and treatment of infertility are partners' better quality of life as a result of the reduction of emotional disturbances, improved relations with the partner, higher self-assessment and self-acceptance²³. In addition, better communication in the relation patient – medical personnel, greater chances of having a pregnancy and a shorter period of time until conception²⁴.

2.INITIATIVES UNDERTAKEN TO IMPROVE THE QUALITY OF LIFE OF INFERTILE COUPLES

In order to improve the quality of life of partners who are childless against their will particular initiatives are undertaken on the world, European, country and regional levels. The World Health Organization (WHO) advises all infertility therapy clinics to be their routine procedure to provide treated

²¹ Ł e p e c k a - K l u s e k, *The Life Attitudes of Spouses in Involuntary Childlessness*.

²² F.E. O m u, & A.E. O m u, *Emotional Reaction to Diagnosis of Infertility in Kuwait and Successful Clients' Perception of Nurses' Role During Treatment*, "BMC Nursing" 9(2010), No 5; doi:10.1186/1472-6955-9-5; D. P a y n e, & S. G o e d e k e, *Holding Together: Caring for Clients Undergoing Assisted Reproductive Technologies*, "Journal of Advanced Nursing" 60(2007), No 6, pp. 645-53.

²³ M.E. M c N a u g h t o n - C a s s i l l, J.M. B o s t w i c k, N.J. A r t h u r, R.D. R o b i n s o n, & G.S. N e a l, *Efficacy of Brief Couples Support Groups Developed to Manage the Stress of in Vitro Fertilization Treatment*, "Mayo Clinic Proceedings" 77(2002), No 10, pp. 1060-1166; M.E. M c N a u g h t o n - C a s s i l l, M. B o s t w i c k, S.E. V a n s c o y, N.J. A r t u r, T.N. H i c k m a n, R.D. R o b i n s o n, & G.S. N e a l, *Development of Brief Stress Management Support Groups for Couples Undergoing in Vitro Fertilization Treatment*, "Fertility and Sterility" 74(2000), No 1, pp. 87-93.

²⁴ A.D. D o m a r, D. C l a p p, E.A. S l a w s b y, J. D u s e k, B. K e s s e l, & M. F r e i z i n g e r, *Impact of Group Psychological Interventions on Pregnancy Rates in Infertile Women*, "Fertility and Sterility" 73(2000), No 4, pp. 805-811.

couples with psychological assistance, organize support groups, facilitate access to the media and the Internet discussion forum, and provide psychological and information support for patients before treatment²⁵.

Since 2001 there has been celebrated WorldFAM (Fertility Awareness Month) in more than dozen countries all over the world (e.g. the USA, Israel, Austria, Germany, Australia, New Zealand, Korea, Japan, Sweden, Denmark, Great Britain, Mexico, Spain). Its message is: 'Break the silence. Wipe off the shame. Talk!'. Every year in June educational actions take place in those countries, aimed at increasing social awareness about the problem of infertility as well as promoting active and open attitudes towards people affected by the illness. Poland does not take an active part in the celebrations of the World Fertility Awareness Month. It is a pity because it would be a perfect occasion to hold a considerable debate on this important subject without unnecessary prejudices or emotions.

The European Society of Human Reproduction and Embryology (ESHRE), the association of specialists in medicine and biology of reproduction, aims at providing an access to the best methods of infertility treatment for patients in the whole Europe. The society strongly emphasizes the significance of offering childless partners counselling services regarding solving psychological and social problems. According to the society counseling services should constitute an integral part of the operating programme of every infertility treatment centre and such services ought to be provided by doctors, nurses or specially trained persons. In order to facilitate undertaking of such actions in 2002 ESHRE published the monography *Guidelines for counselling in infertility*, which contains the principles of psychotherapeutic proceeding with infertile couples at all stages, i.e. the stage of diagnosing reproductive difficulties, therapy and the end of treatment, including the situation of a success or failure. It also proposes to create an information point in every infertility treatment centre, where there will be information materials for patients (brochures, publications, equipment and multimedia materials); there will be functioning telephone psychosocial help lines; mutual aid groups; support groups (including on-line discussion groups); there will be organized individual and group psychotherapy sessions²⁶.

²⁵ World Health Organization, "Current Practices and Controversies in Assisted Reproduction", pp. 15-396.

²⁶ B o i v i n & K e n t e n i c h, *Guidelines for Counselling in Infertility*, pp. 4-135.

3. IMPELMENTATION OF WHO AND ESHRE RECCOMENDATION

Attempts to implement WHO and ESHRE recommendations have been made by only a few countries which have highly specialized centres. Switzerland introduced the obligation of offering the help of a psychologist to patients before, during and after infertility treatment²⁷. The obligation of a routine psychotherapeutic intervention was introduced in Italy, Greece and the USA²⁸. In Great Britain a routine participation in psychotherapeutic sessions is advised to patients prepared for IVF and insemination with semen from a donor. In Germany a similar programme was prepared as in Great Britain, whose aim was also to search for alternative (in relation to unfulfilled parenthood) solutions and plans for the future²⁹. In Denmark a routine psychotherapeutic action was advised, especially in the case of conflicts between partners³⁰.

In Poland the situation of infertile couples in the aspect of psychological support is definitely not good³¹. There is no national programme of infertility prevention and treatment, which means no programme of psychosocial support for this group of people. There are not enough qualified psychotherapists and only some of the infertility treatment centres employ clinical psychologists. In difficult situations partners can only count on not very professional support of medical personnel, family and friends. Since 2002 ‘Nasz

²⁷ M. Emery, M.D. Béran, J. Darwiche, L. Oppizzi, V. Joris, R. Capel, P. Guex, & M. Garmond, *Results From a Prospective, Randomized, Controlled Study Evaluation the Acceptability and Effects of Routine Pre-IVF Counselling*, “Human Reproduction” 18(2003), No 12, pp. 2647-2653.

²⁸ N. Salakos, Z. Roupa, P. Sotiropoulou, & O. Grigoriou, *Family Planning and Psychological Support for Infertile Couples*, “The European Journal of Contraception and Reproductive Health Care” 9(2004), No 1, pp. 47-51.

²⁹ H. Stammer, T. Wischmann, & R. Verres, *Counselling and couple therapy for infertile couples*, “Family Process” 41(2002), No 1, pp. 111-122.

³⁰ L. Schmidt, B.E. Holstein, J. Boivin, H. Sangren, T. Tjornhoj-Thomsen, J. Blaabjerg, F. Hald, A. Nyboe Andersen, & P.E. Rasmussen, *Patients' Attitudes to Medical and Psychosocial Aspects of Care in Fertility Clinics: Findings from the Copenhagen Multi-Centre Psychosocial Infertility (COMPI). Research Programme*, “Human Reproduction” 18(2003), No 3, pp. 628-637.

³¹ A. Drosdzol, V. Skrzypluc, P. Buchacz, & I. Bakon, *Psychological and Socio-Cultural Aspects of Infertility*, “Annales Academiae Medicae Silesiensis” 60(2006), No 5, pp. 438-443.

Bocian' (*Our Stork*) Society for Infertility Treatment and Adoption Support has been functioning with the following aims and objectives: helping the infertile find specialists and start cooperating with them, initiating meetings for people who need help, organizing of workshops and therapeutic sessions, providing an on-line service. This service is widely popular with people with reproduction difficulties, which indicates a desperate need for support during infertility treatment and preparation for adopting a strange child, and emphasizes the society's sense of insufficiency of such support³².

The possibilities of receiving help in the aspect of psychological support in Lublin can be presented in several points:

1. Since November 2008 the Childless Married Couples Ministry has been operating in Lublin archdiocese. Its mission is: to extend priestly solicitude over families that experience unintended childlessness; to evoke understanding for married couples coping with the problem of childlessness in the congregation; to extend Christian help and solidarity to married couples who cannot have their own children; to help in searching for a medical centre that complies with the Catholic ethics; to promote adoptions; to promote creating of life environment for adopted children. The priesthood organizes conferences and meetings with theologians, doctors and psychologists for partners with reproduction difficulties.

2. The Foundation of John Paul II Marital Infertility Treatment Institute, which is mainly oriented at infertility prophylaxis and naprotechnology. Social support is only provided to the people treated in the Institute.

3. Psychodynamic Therapy Centre, which organizes payable support groups for childless couples.

4. Psychologists and/or psychotherapists receive patients with reproduction problems in several private surgeries.

5. Some of the infertility treatment centres employ psychologists, but they do not organize support groups.

It is worth emphasizing that all the forms of institutional support provided in the area of Lublin are directly or indirectly affiliated with the Church.

³² Ibid.

CONCLUSIONS

In the literature on the subject there is a common statement that partners who are unsuccessfully trying to have a child should receive not only medical help, but also the psychological one. However, there emerges the question: Do all such partners need this kind of support? The available literature does not give a precise answer to it. It is only known that not all the people who experience parenthood failure suffer from long-term emotional problems or a strong feeling of distress accompanying the treatment. Susceptibility to these problems is connected with partners' hierarchy of values and the place which biological parenthood occupies in it. Moreover, it is also associated with the ability to deal with difficult life situations³³. Clinical experience confirms these observations – there are such partners (in the minority, however) who can themselves effectively cope with the problem, and do not expect any support from anybody in that question. Consequently, it appears that offering of support should be obligatory in each infertility treatment centre, however, taking advantage of such support ought to be optional and dictated by the need felt by patients.

Obligatory character of providing support in the process of diagnosing and treatment of infertility requires devising and implementing of a rather different model of psychosomatic and psychosocial support in Poland than in other countries. That results from culturally, religiously, legally, morally and ethically distinct characteristics of our society³⁴. Recommendations presented in the literature are not universal in this respect, and for this reason they can only constitute the basis for more specific models.

Determining the need of social support and its significance in the process of diagnosing and treating of infertility requires conducting detailed, representative studies. In Polish reality this is very limited, and even impossible. This may be the reason why Polish literature from this area is particularly scarce.

³³ P. Salvatore, S. Gariboldi, A. Offidani, F. Coppola, M. Amore, & C. Maggini, *Psychopathology, Personality and Marital Relationship in Patients Undergoing in Vitro Fertilization Procedures*, "Fertility and Sterility" 75(2001), No 6, pp. 1119-1125.

³⁴ A. Drosdzol, V. Skrzypluc, P. Buchacz, & I. Bakon, *Psychological and Socio-Cultural Aspects of Infertility*, "Annales Academiae Medicae Silesiensis" 60(2006), No 5, p. 438-443.

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WSPARCIE PARTNERÓW W PROCESIE DIAGNOZOWANIA I LECZENIA NIEPŁODNOŚCI

Streszczenie

W artykule zostały przedstawione konsekwencje niezamierzonej bezdzietności, które mogą dotyczyć zarówno kobiet, mężczyzn, jak i związku partnerskiego, a także omówiono pierwotną i wtórną sieć wsparcia społecznego oraz jego znaczenie w procesie diagnozowania i leczenia zaburzeń płodności. Wśród wielu korzyści wynikających ze wsparcia bezdzietnych partnerów wskazano na poprawę jakości ich życia, ułatwienie komunikacji w relacjach pacjent-personel medyczny, zwiększenie szansy na poczęcie dziecka oraz skrócenie czasu do uzyskania ciąży. Podkreślono, iż wsparcie społeczne jest szczególnie potrzebne partnerom w okresie podejmowania decyzji o rozpoczęciu leczenia, na kolejnych etapach leczenia i na etapie zmiany metody

(procedury), w czasie zakończenia leczenia (z uwzględnieniem jego efektu) oraz adopcji. Artykuł podejmuje też problematykę europejskich inicjatyw na rzecz poprawy jakości życia par niepełnych, w tym zalecenia Światowej Organizacji Zdrowia (WHO) dla wszystkich ośrodków leczenia niepłodności, cele i zadania corocznych obchodów Światowego Miesiąca Wiedzy o Płodności – Fertility Awareness Month (WorldFam) oraz propozycje nowych rozwiązań Europejskiego Towarzystwa Reprodukcyjnego Człowieka i Embriologii – European Society of Human Reproduction and Embryology (ESHRE). Na podstawie przeglądu aktualnego piśmiennictwa dokonano oceny realizacji tych zaleceń i propozycji w wybranych krajach. Omówiono też zagadnienie świadczenia wsparcia wobec par niepełnych w realiach polskich, w tym w województwie lubelskim.

Słowa kluczowe: niepłodność, wsparcie społeczne.