

ANNEXURES

Annexure 1:

Methodology

The Indian Fertility Society's Executive Committee recognized the need to develop comprehensive psychosocial guidelines tailored to the unique social context of India. In response, they commissioned a consensus document to review and adapt the European Society of Human Reproduction and Embryology (ESHRE) psychosocial guidelines. This initiative aimed to address the specific challenges and considerations pertinent to the Indian population undergoing assisted reproduction techniques.

To initiate this process, the consensus development group conducted a survey among experts in the field across India. The survey identified key areas within the psychosocial domain that required attention. Utilizing the Delhi technique, a structured method for achieving consensus on statements, the group framed key questions aligning with the ESHRE guidelines and contextualizing them to the Indian societal setting.

Following the identification of key questions, keywords were meticulously chosen to conduct a systematic literature search spanning from January 1, 2015, to November 30, 2023. This search encompassed renowned databases including PubMed, Cochrane, Scopus, Embase, and PsycNET. Additionally, experts in relevant domains conducted secondary literature searches to ensure thorough coverage of the subject matter.

The retrieved articles underwent rigorous review to assess their relevance and applicability to the Indian context. Emphasis was placed on studies conducted within India or those offering insights directly pertinent to Indian practice. Through this process, a wealth of evidence was accumulated, providing a solid foundation for subsequent consensus-building activities.

Utilizing the Delphi technique, the consensus development group engaged in structured discussions to arrive at consensus statements. The technique required an 80% concurrence among participants to achieve consensus on each statement. This approach ensured that the resulting guidelines were robust and reflective of the collective expertise and perspectives of the group.

Through these discussions, consensus on good practices was reached, considering cultural, societal, and ethical considerations unique to India. These consensus statements formed the basis of the clinical consensus document.

Once drafted, the document underwent a review and approval by the Indian Fertility Society's Executive Committee. Feedback from the committee was incorporated into the final version, ensuring alignment with organizational goals and priorities.

Upon approval, the clinical consensus document will be disseminated widely among fertility specialists, counselors, and relevant stakeholders across India. Efforts will be made to facilitate the seamless integration of the guidelines into clinical practice, thereby optimizing patient care and outcomes in the realm of assisted reproduction.

Looking ahead, the document will be subject to periodic review and updates to accommodate new evidence and emerging trends in the field. This commitment to ongoing refinement reflects the dedication of the Indian Fertility Society to ensuring the provision of high-quality, evidence-based care to individuals navigating the complexities of assisted reproduction in India.

DETAILED METHODOLOGY

STEP 1: FORMATION OF CONSENSUS DEVELOPMENT GROUP

The group initially had 5 members who decided the objective, scope and target users. To initiate this process, the consensus development group was appointed keeping in view their experience in psychosocial care and assisted reproduction. It comprised of eleven core members. For completing the consensus this group met 34 times online and 7 times offline.

STEP 2: PAN –INDIA SURVEY BASED ON ESHRE GUIDELINES

Summary of the Pan-India Survey

- A. Areas of Concordance.
- B. Areas Requiring Specific Research in India
- C. Areas of Potential Discordance

To initiate the process, the CDG conducted a survey among experts in the field across India. The survey identified key areas within the psychosocial domain that required attention. Utilizing the Delphi technique, a structured method for achieving consensus on statements, the group framed key questions aligning with the existing ESHRE guidelines and contextualizing them to the Indian societal setting.

Summary of the Pan-India Survey (Table 1-125 and Chart 1-125)

The consensus development group conducted an online survey among 27 fertility experts and counsellors across India. The survey provided a nuanced understanding of the concordance and divergence between the recommendations outlined in the ESHRE Guidelines on Routine Psychosocial Care In Medically Assisted Reproduction (2015) and the Indian social and cultural context. It elucidated areas of agreement as well as highlighted the need for further specific research to tailor interventions effectively to the Indian population.

A.Areas of Concordance:

1.Patient-Centred Care:

There was unanimous agreement across experts on the importance of patient-centred care, with a focus on understanding patients' emotional needs, involving both partners in the treatment process, and providing clear explanations about treatment options and results. This concordance underscores the universal significance of empathetic communication and personalized care in infertility treatment.

2. Emotional Support:

The survey revealed a strong consensus among experts regarding the need for emotional support, particularly during critical stages such as waiting periods and following unsuccessful treatment outcomes. This alignment emphasizes the universal nature of emotional distress experienced by patients undergoing infertility treatment and the importance of targeted psychosocial interventions.

3. Referral to Specialized Psychosocial Care:

There was widespread acknowledgment across experts on the value of referring patients at risk of experiencing significant psychosocial distress to specialized psychosocial care, such as infertility counselling or psychotherapy. This

recognition underscores the importance of a holistic approach to patient care, addressing not only the medical but also the psychological aspects of fertility care.

4. Importance of Information Provision:

Fertility experts and counsellors agreed on the importance of providing preparatory information about medical procedures to alleviate patient anxiety and promote treatment compliance. This consensus highlights the universal need for comprehensive patient education and empowerment throughout the treatment process.

B. Areas Requiring Specific Research in India

1. Psychosocial Distress Screening and Assessment Tools:

The survey underscored the importance of using screening tools to identify patients at risk of psychosocial distress. However, there is a need for research to validate the effectiveness of existing screening tools, such as the SCREENIVF and FERTIQOL in the Indian population and assess their feasibility and acceptability in clinical practice

2.. Cultural Adaptation of Interventions:

While certain recommendations from the ESHRE guidelines were deemed relevant, there is a need for specific research to adapt psychosocial interventions to the Indian cultural context. Social and cultural factors may influence patients' coping mechanisms, treatment preferences, and attitudes towards counselling, necessitating tailored approaches to care.

3. Gender Disparities in Psychosocial Impact:

The survey indicated the need for further studies on the gender differences in the experience of psychological distress, depression, and anxiety in Indian population. Further research is warranted to explore the underlying factors contributing to these disparities and develop gender-sensitive interventions to address them effectively.

4. Barriers to Treatment Adherence:

Experts identified the factors impacting treatment adherence, and reasons for discontinuing recommended treatment, including psychological burdens and

financial constraints is need further research in India. Specific barriers to treatment adherence may be different in the Indian context and can inform the development of targeted support strategies to enhance patient engagement and persistence with treatment.

5. Cultural Preferences in Decision-Making:

While patient involvement in decision-making was emphasized, cultural preferences and norms may influence the extent to which patients desire autonomy in decision-making processes. Exploring cultural variations in decision-making preferences and developing culturally sensitive decision support tools can facilitate shared decision-making in infertility treatment.

C. Areas of Potential Discordance

One notable finding was regarding patient preferences for consultation. The guideline suggested that IVF patients equally prefer in-person or telephone consultation, but the survey hinted at potential variations in the Indian context, suggesting a need for further research to understand patient preferences regarding communication channels.

Another area of concern was the recommendation to use specific assessment tools for evaluating patients' needs. While these tools were advocated by ESHRE, their applicability and effectiveness in the Indian setting need validation.

Furthermore, the effectiveness of certain interventions, such as interactive complex interventions, in improving patient interpersonal relationships or addressing sexual concerns may need re-evaluation in the Indian context.

Similarly, the impact of internet-based personal health records on patient knowledge about infertility and its treatment may differ in India, requiring assessment before potential adaptation.

The survey also highlighted variations in the psychological impact of IVF/ICSI treatments on patients, such as depression and self-esteem during pregnancy, which may be influenced by cultural factors unique to India.

Moreover, the importance of support networks and the experience of social isolation during treatment cycles may vary among Indian patients, suggesting a need for tailored approaches to address these concerns.

Overall, these findings emphasize the necessity of conducting further research to validate the applicability of existing psychosocial care recommendations in the Indian context. Tailoring interventions and support systems to align with cultural norms and societal dynamics can enhance the effectiveness of fertility care in India and improve patient outcomes.

STEP III: FORMULATION OF KEY QUESTIONS

Utilizing the Delphi technique, a structured method for achieving consensus on statements, the group framed key questions on the basis of PICO (Population, Intervention, Comparison and Outcome) aligning with the ESHRE (2015) guidelines and contextualizing them to the Indian societal setting. The key questions were divided among subgroups of the Consensus group.

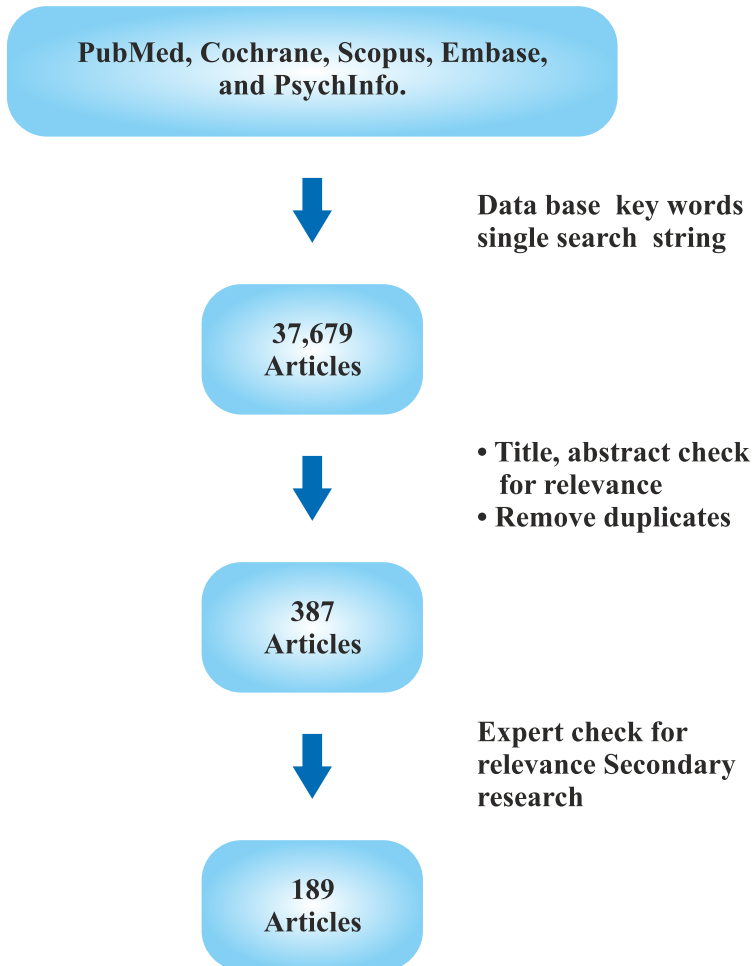
STEP IV: SELECTION OF EVIDENCE FROM THE LITERATURE

Following the identification of key questions, keywords** were meticulously chosen to conduct a systematic literature search spanning from January 1, 2015 to November 30, 2023. For questions pertaining to use of mind-body approaches, yoga based techniques (7.6) the studies from the earliest available date were included. This search encompassed databases including PubMed, Cochrane, Scopus, Embase, and PsychInfo. Additionally, experts in relevant domains conducted secondary literature searches to ensure thorough coverage of the subject matter. Metanalysis and systemic reviews followed by randomized controlled trials and prospective studies were taken out. In topics where none of these were present retrospective studies and surveys and questionnaires were selected for review

STEP V: THE REVIEW OF RESEARCH AND RELEVANCE CHECK OF SEARCHED LITERATURE

On the basis of title and abstract of retrieved article a relevance check was performed and articles which did not pertain to the PICO of a particular question were removed. (Fig 1). Systematic reviews and met analysis were given maximum weightage followed by RCT. If these were not present for a particular paper prospective studies, retrospective studies, were looked into. Conference abstracts were not included. Through this process, evidence was accumulated, providing a foundation for subsequent consensus-building activities.

Fig 1 Flow chart of the systematic data search



STEP VI: DEVELOPMENT OF RECOMMENDATIONS BASED ON EVIDENCE AND CONSENSUS

The studies were assessed to determine the quality of evidence. The quality assessment was discussed and finalised by the CDG members. The quantitative studies were scored from 1 to 4. The qualitative studies were included; however they were not given a grading while finalising the draft of the recommendations. (TABLE A)

Metaanalysis and Multiple RCT were considered the highest level of evidence (Level I) leading to a grade A or B of recommendation. Single RCT and large non randomized studies or a prospective cohort study were considered Level 2 and any recommendation from then was Grade B or C. Non analytic studies and case reports were Level 3 of evidence and were considered Grade D recommendations. Expert opinion was only considered where nothing else was available and had a level 4 of evidence and any recommendation from them was considered a good practice point (GPP)

Based on the collected evidence, the draft of recommendations was written for each question by the CGD members. The discussions were held by the CDG to finalise the recommendations and assign the grade to the recommendation

Table A: LEVEL AND GRADE OF RECOMMENDATION

| Study type | Level of evidence | Study quality | Grade of recommendation |
|--|-------------------|------------------------|-------------------------|
| Meta analysis Multiple RCT | 1 | High ++ Moderate + | A B |
| Single RCT Large non- randomised trial Case control-cohort study | 2 | High++ Moderate + | B C |
| Non analytical studies ,case reports | 3 | High /++ Moderate + | D |
| Expert opinion | 4 | / | GOOD PRACTICE POINTS |

Utilizing the Delphi technique, the consensus development group engaged in structured discussions to arrive at consensus statements. The technique required an 80% concurrence among participants to achieve consensus on each statement. This approach ensured that the resulting consensus statements were robust and reflective of the collective expertise and perspectives of the group. The questions with evidence summary and the grade of recommendation were noted. Through these discussions, consensus on good practices was reached. The cultural, societal, and ethical considerations unique to India were considered separately. These consensus statements formed the basis of the clinical consensus recommendations.

The draft of the consensus document was reviewed for final discussion by the Consensus Statement group members. Feedback from the committee was continuously incorporated into the final version, ensuring alignment with IFS goals and priorities.

STEP VII: REVIEW OF THE CONSENSUS DOCUMENT

The final clinical consensus document was disseminated widely among fertility specialists, counsellors, and relevant stakeholders across India. Nursing, Social Scientist, Embryologist, Lawyer, Gynecologist, Patients Psychiatrist, Fertility specialist and Yoga expert were asked to review document.

STEP VIII: INCORPORATION OF SUGGESTIONS AND FINAL REVIEW BY CDG MEMBERS

The comments of reviewers were discussed with the CDG members and suggestions incorporated. A final review was done by all members.

STEP IX: INCORPORATION OF GUIDELINE INTO CLINICAL PRACTICE

Efforts will be made to facilitate the seamless integration of the guidelines into clinical practice, thereby optimizing patient care and outcomes in the realm of assisted reproduction. The guideline would be available on the IFS website and printed copies would be distributed to members

Looking ahead, the document will be subject to periodic review and updates to accommodate new evidence and emerging trends in the field. This commitment to ongoing refinement reflects the dedication of the Indian Fertility Society to ensuring the provision of high-quality, evidence-based care to individuals navigating the complexities of assisted reproduction in India.

IFS Survey Results

Table 1: Fertility staff should be aware that patients value how staff relate to them

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 27 | 96.4 | 96.4 | 96.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

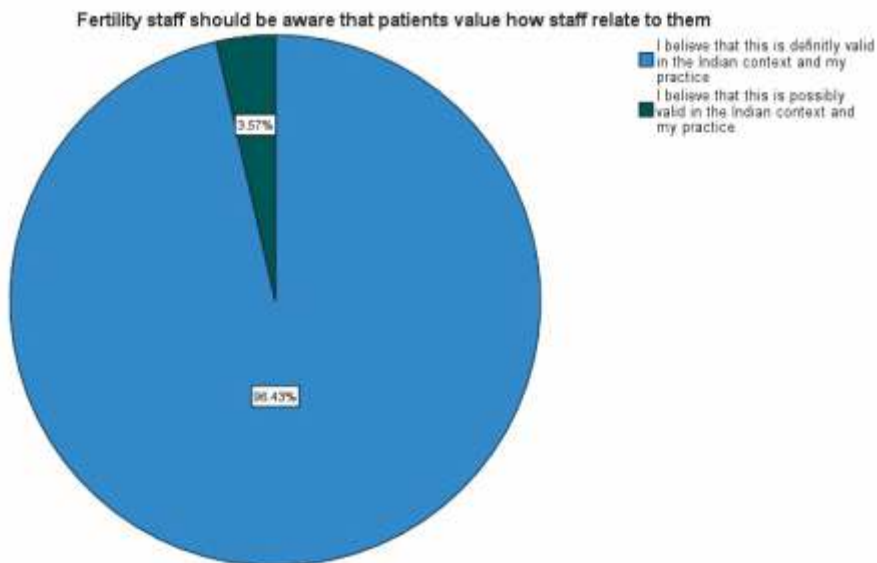


Table 2: Fertility staff should be aware that patients value staff showing understanding and paying attention to the emotional impact of infertility

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 26 | 92.9 | 92.9 | 92.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value staff showing understanding and paying attention to the emotional impact of infertility

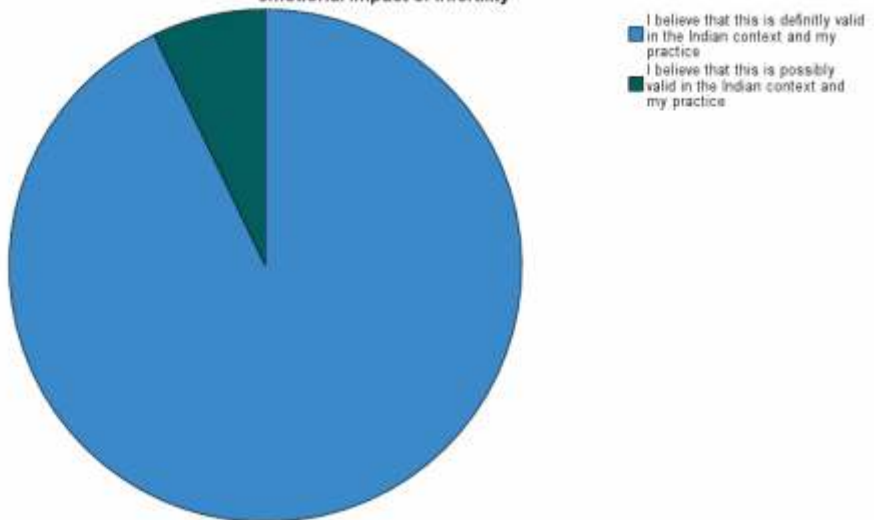


Table 3: Fertility staff should be aware that patients value that both partners are involved in the treatment process

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 25 | 89.3 | 89.3 | 89.3 |
| | I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value that both partners are involved in the treatment process

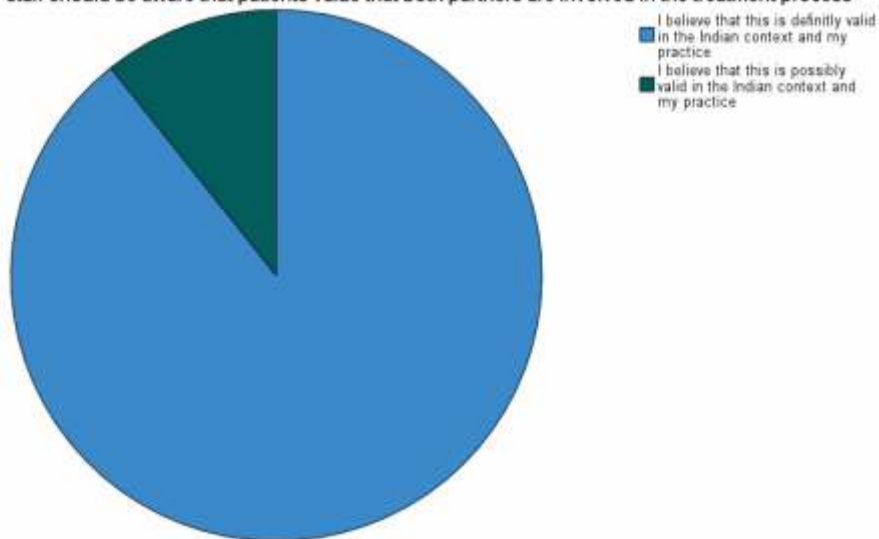


Table 4: Fertility staff should be aware that patients value being involved in decisionmaking

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 22 | 78.6 | 78.6 | 78.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

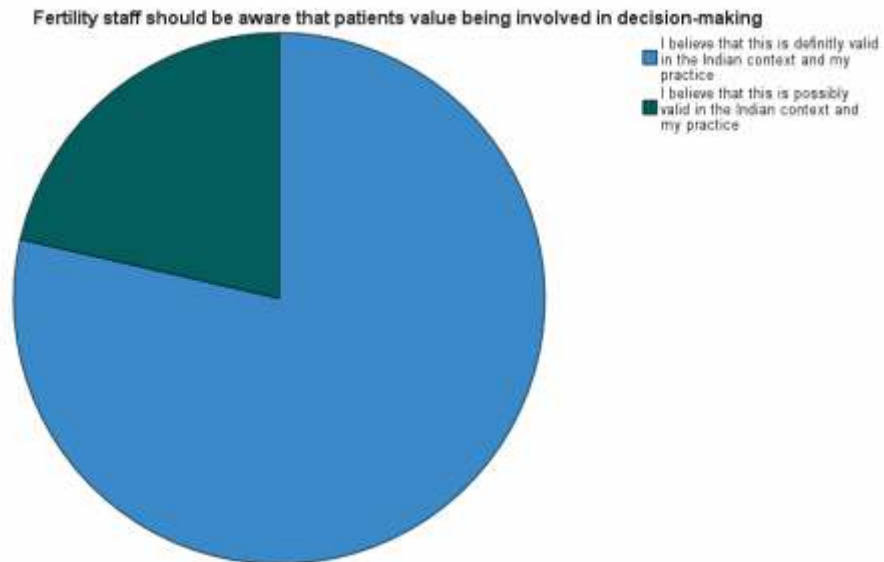


Table 5: Fertility staff should be aware that patients value receiving psychosocial care from sensitive and trustworthy staff members

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 22 | 78.6 | 78.6 | 78.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value receiving psychosocial care from sensitive and trustworthy staff members

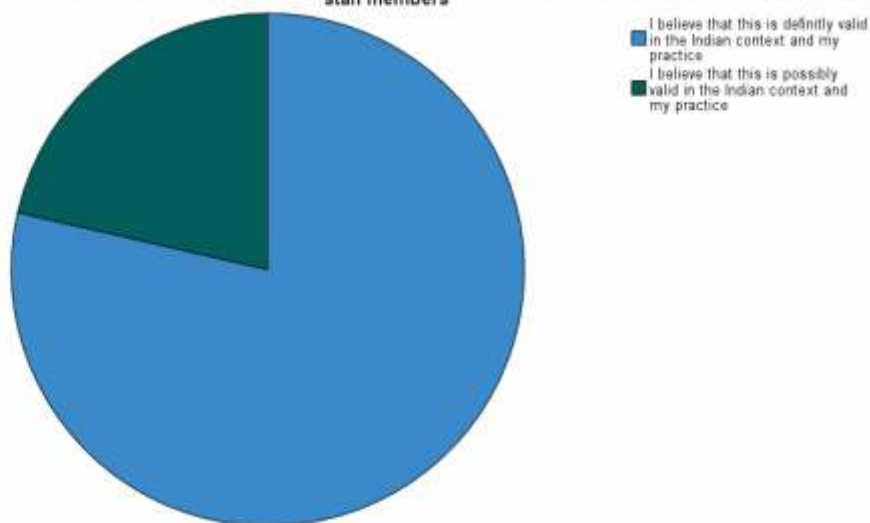


Table 6: Fertility staff should be aware that patients value receiving attention to their distinct needs related to their medical history

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 25 | 89.3 | 89.3 | 89.3 |
| I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value receiving attention to their distinct needs related to their medical history

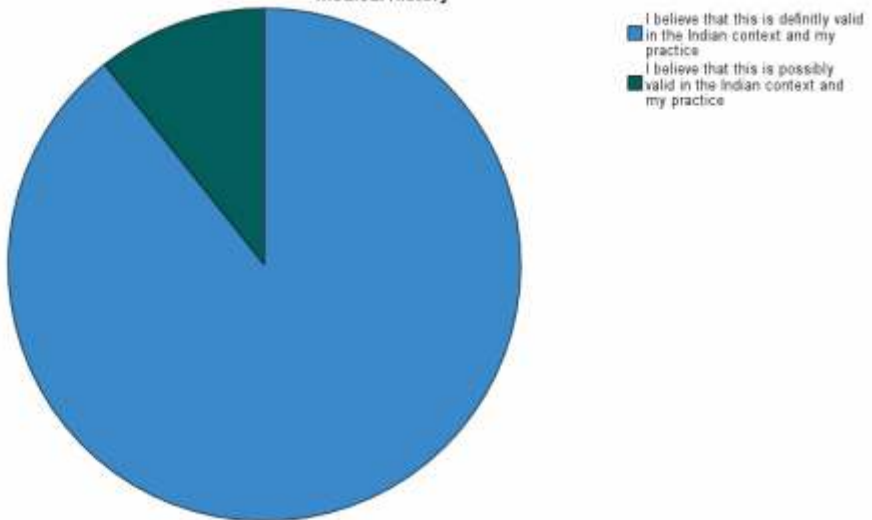


Table 7: Fertility staff should be aware that patients value minimal waiting times, not being hurried in medical consultations, and continuity of care

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 26 | 92.9 | 92.9 | 92.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value minimal waiting times, not being hurried in medical consultations, and continuity of care

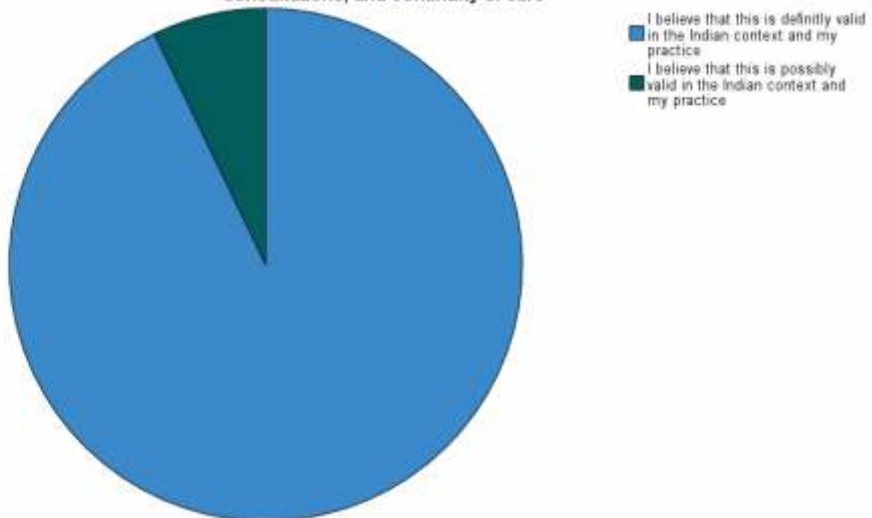


Table 8: Fertility staff should be aware that patients value the professional competence of fertility staff and receiving personalized care

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 23 | 82.1 | 82.1 | 82.1 |
| | I believe that this is possibly valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value the professional competence of fertility staff and receiving personalized care

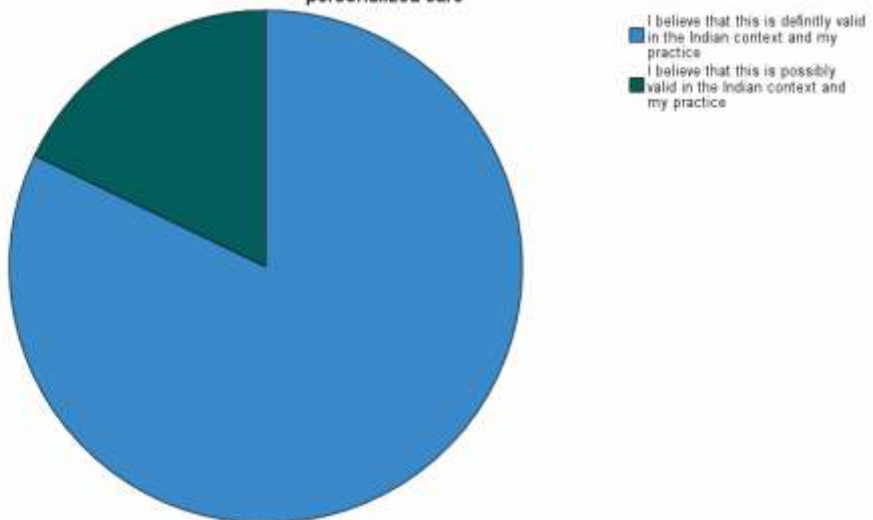


Table 9: Fertility staff should be aware that patients value the provision of opportunities for contact with other patients

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 13 | 46.4 | 46.4 | 46.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 11 | 39.3 | 39.3 | 85.7 |
| | I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value the provision of opportunities for contact with other patients

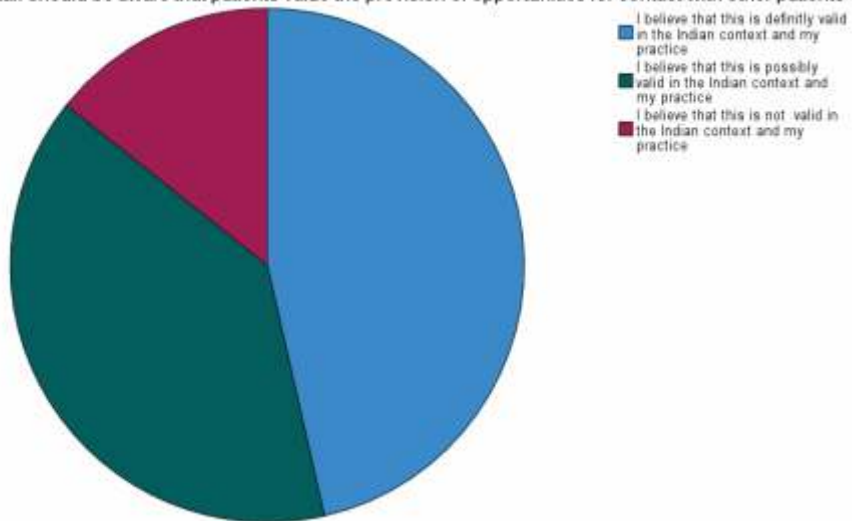


Table 10: Fertility staff should be aware that patients value being in a clinic dedicated to infertility care

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 15 | 53.6 | 53.6 | 53.6 |
| I believe that this is possibly valid in the Indian context and my practice | 9 | 32.1 | 32.1 | 85.7 |
| I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value being in a clinic dedicated to infertility care

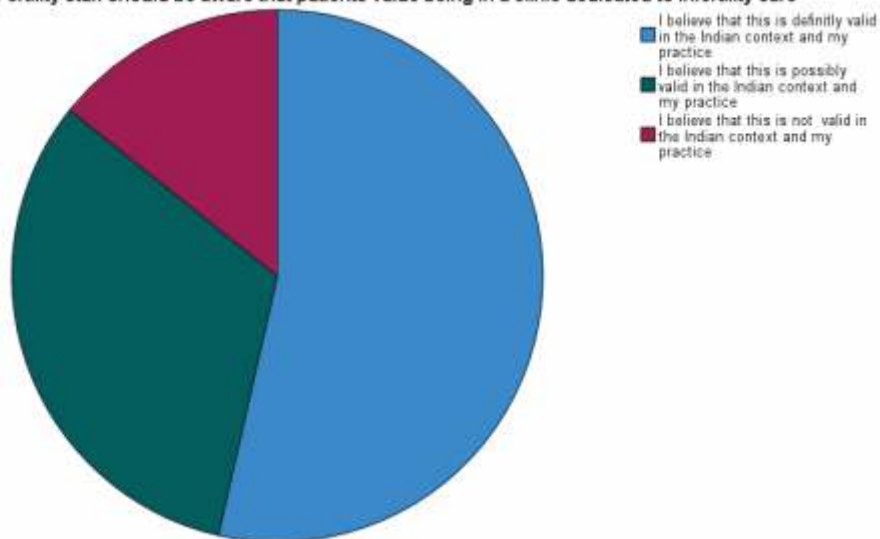


Table 11: Fertility staff should be aware that patients value the offer of specialized psychosocial care (infertility counselling or psychotherapy) before, during, and after IVF treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 20 | 71.4 | 71.4 | 71.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value the offer of specialized psychosocial care (infertility counselling or psychotherapy) before, during, and after IVF treatment

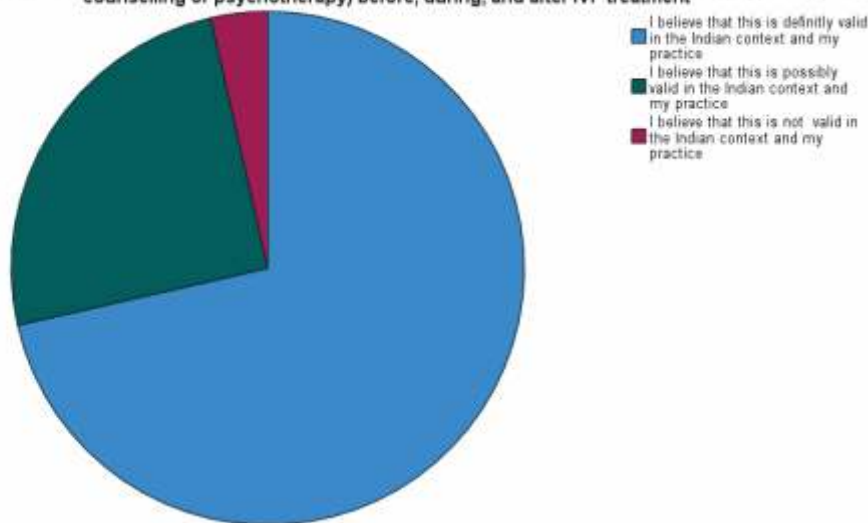


Table 12: The guideline development group recommends fertility staff to be aware that patients expressing a need for emotional support value the offer of specialized psychosocial care (infertility counselling or psychotherapy)

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 96.4 |
| I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends fertility staff to be aware that patients expressing a need for emotional support value the offer of specialized psychosocial care (infertility counselling or psychotherapy)

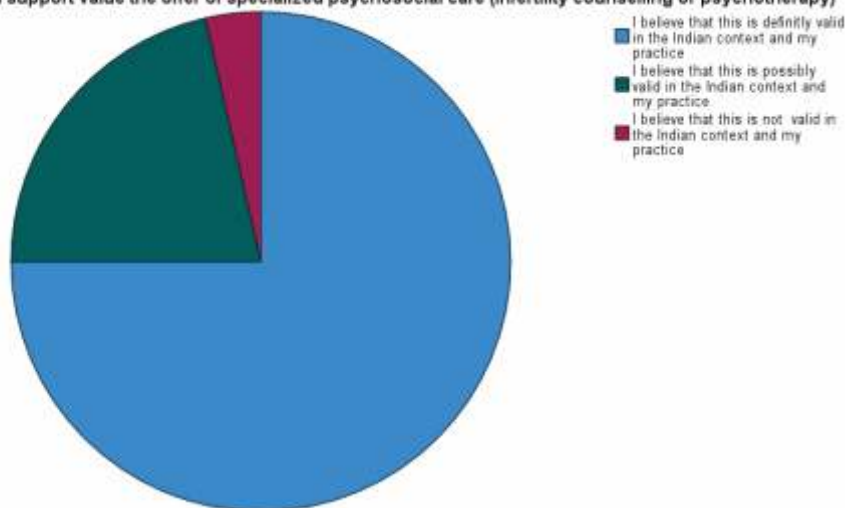


Table 13: The guideline development group recommends fertility staff to be aware that patients may value the presence of a chaperone during medical examinations

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 15 | 53.6 | 53.6 | 53.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 82.1 |
| | I believe that this is not valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends fertility staff to be aware that patients may value the presence of a chaperone during medical examinations

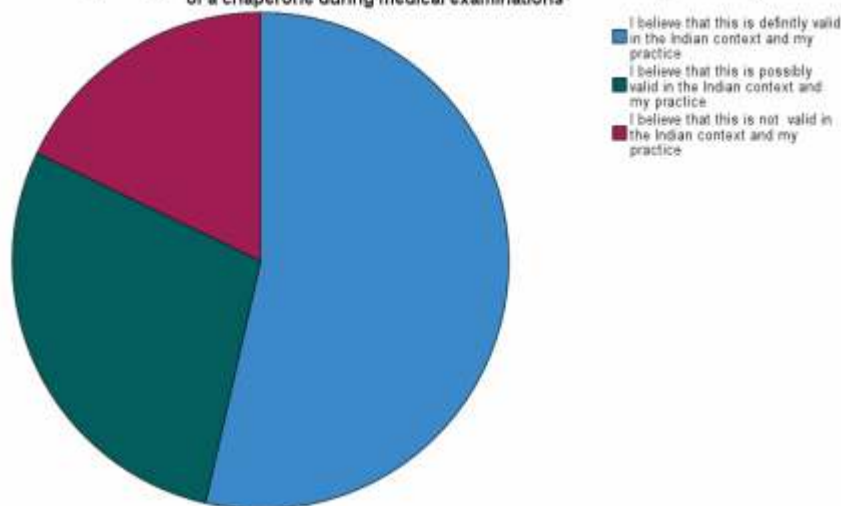


Table 14: The guideline development group recommends fertility staff to be aware that men value rooms designated for producing sperm samples.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 25 | 89.3 | 89.3 | 89.3 |
| | I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends fertility staff to be aware that men value rooms designated for producing sperm samples.

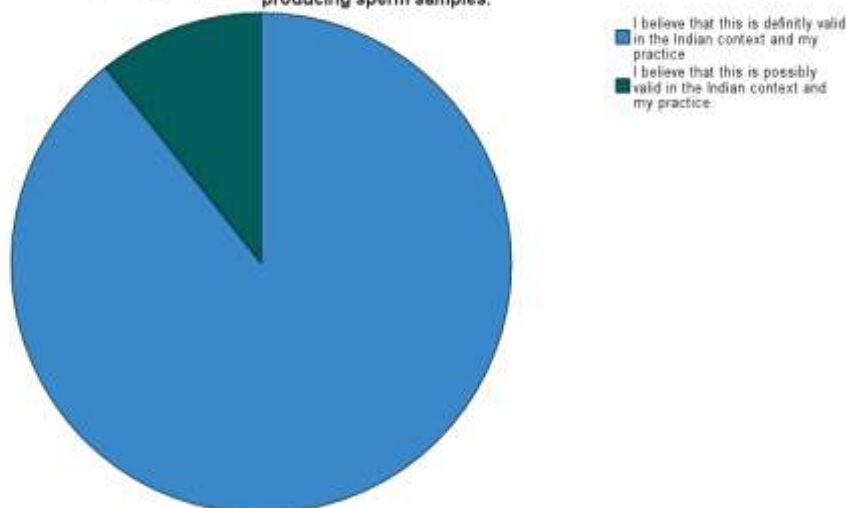


Table 15: Fertility staff should be aware that patients value written treatment relevant information.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

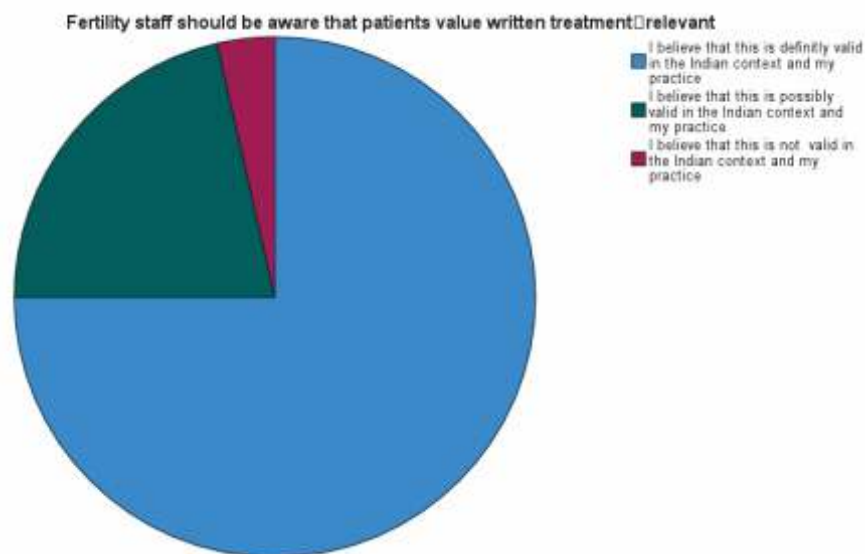


Table 16: Fertility staff should be aware that patients value explanations about treatment results and treatment options

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 26 | 92.9 | 92.9 | 92.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value explanations about treatment results and treatment options

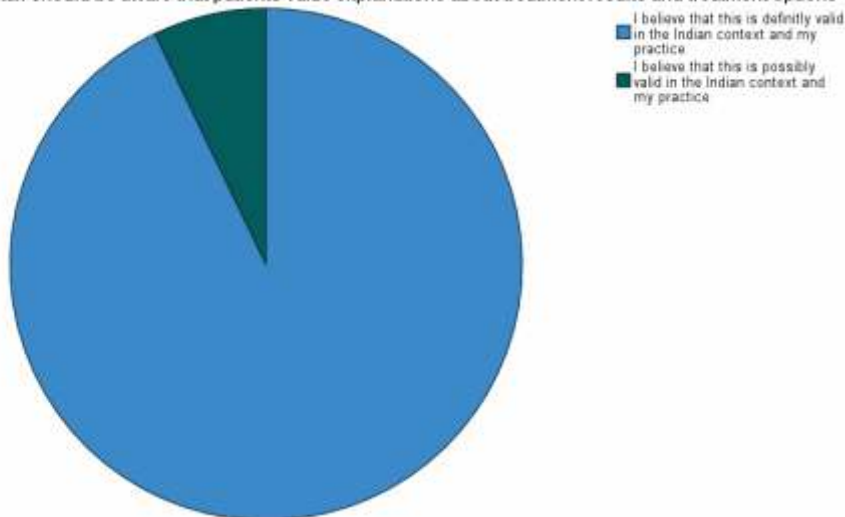


Table 17: Fertility staff should be aware that patients value understandable and customized (i.e., personally relevant) treatment information

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value understandable and customized (i.e., personally relevant) treatment information

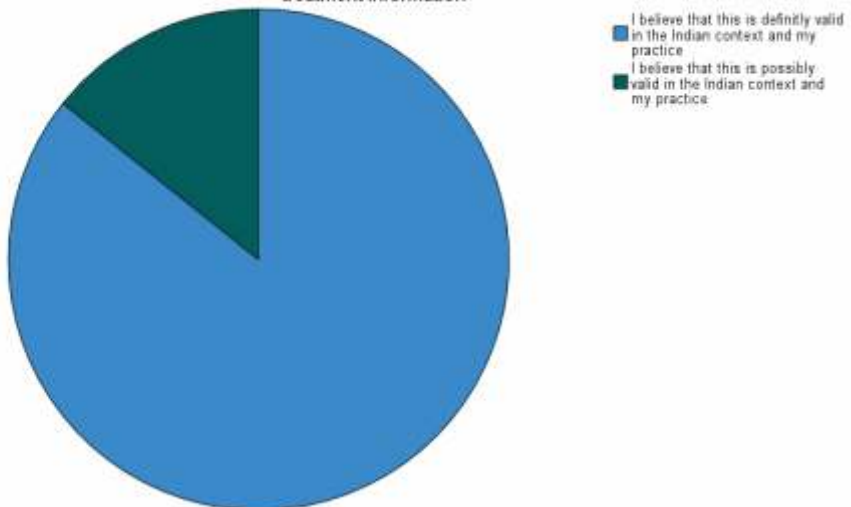


Table 18: Fertility staff should be aware that patients value the provision of information about psychosocial care options (e.g., contact details of support groups, online support options, access to infertility counselling, or psychotherapy)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 20 | 71.4 | 71.4 | 71.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients value the provision of information about psychosocial care options (e.g., contact details of support groups, online support options, access to infertility counselling, or psychotherapy)

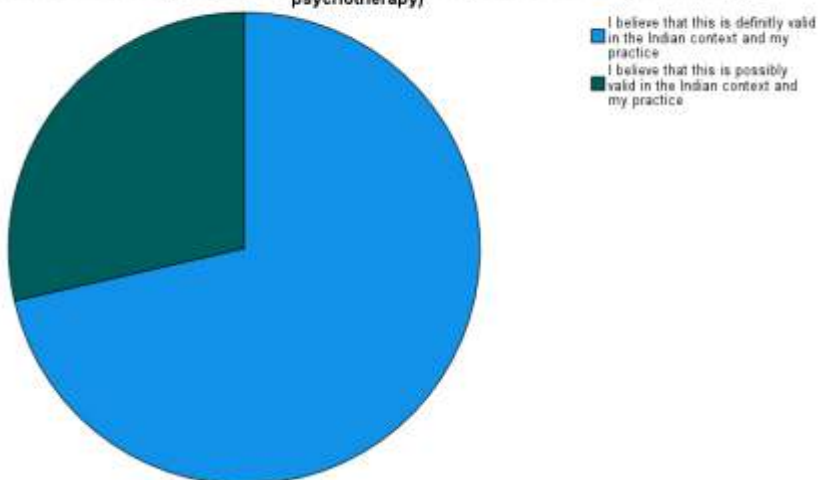


Table 19: Fertility staff should be aware that IVF patients equally prefer in-person or telephone consultation to discuss their treatment results and future plans

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 14 | 50.0 | 50.0 | 50.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 75.0 |
| | I believe that this is not valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that IVF patients equally prefer in-person or telephone consultation to discuss their treatment results and future plans

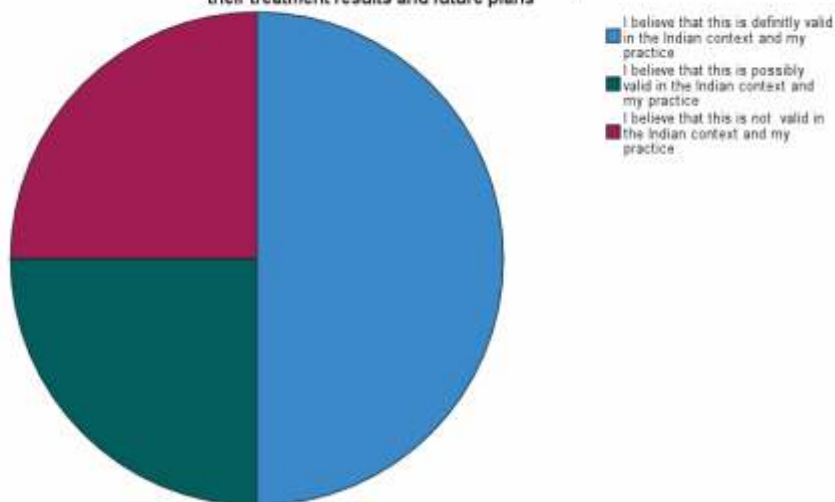


Table 20: Fertility staff should be aware that receiving patient-centred care is associated with better patient well-being

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 96.4 |
| I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that receiving patient-centred care is associated with better patient well-being

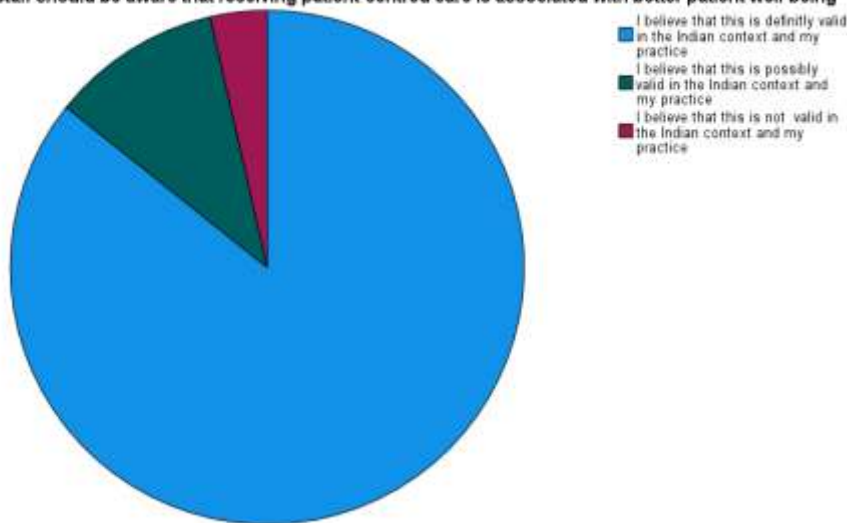


Table 21: Fertility staff should be aware that positive staff characteristics (communication, respect, competence, involvement, and information) are associated with better patient well-being

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that positive staff characteristics (communication, respect, competence, involvement, and information) are associated with better patient well-being

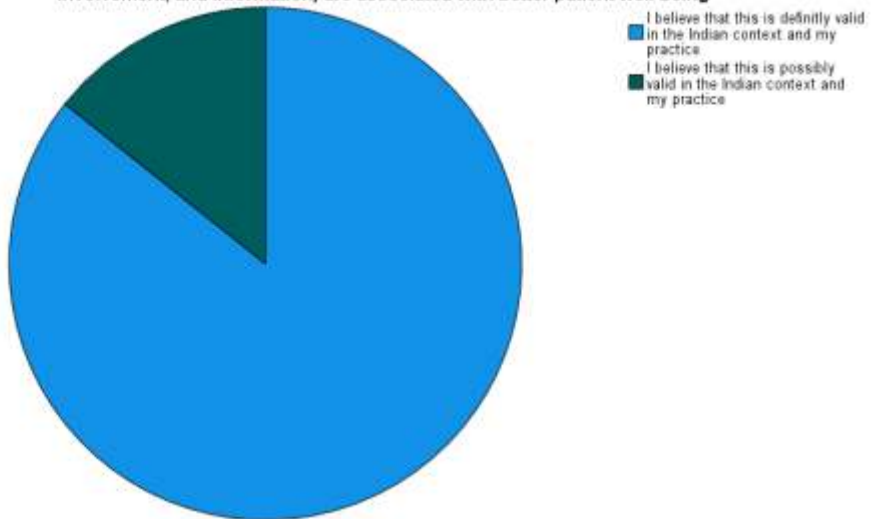


Table 22: Fertility staff should be aware that positive clinic characteristics (information, competence of clinic and staff, and continuity) are associated with better patient well-being

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that positive clinic characteristics (information, competence of clinic and staff, and continuity) are associated with better patient well-being

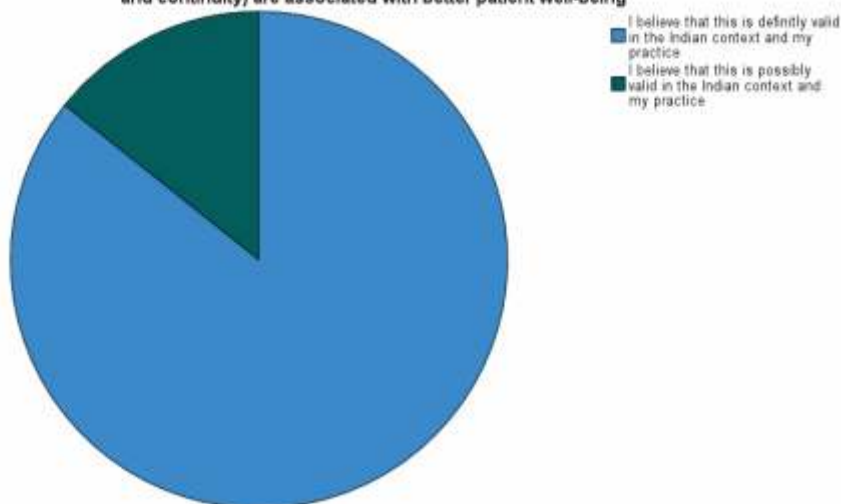


Table 23: Fertility staff should be aware that offering the currently available interactive complex interventions* is not likely to affect patient individual and relational wellbeing

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 11 | 39.3 | 39.3 | 39.3 |
| | I believe that this is possibly valid in the Indian context and my practice | 14 | 50.0 | 50.0 | 89.3 |
| | I believe that this is not valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that offering the currently available interactive complex interventions* is not likely to affect patient individual and relational well-being

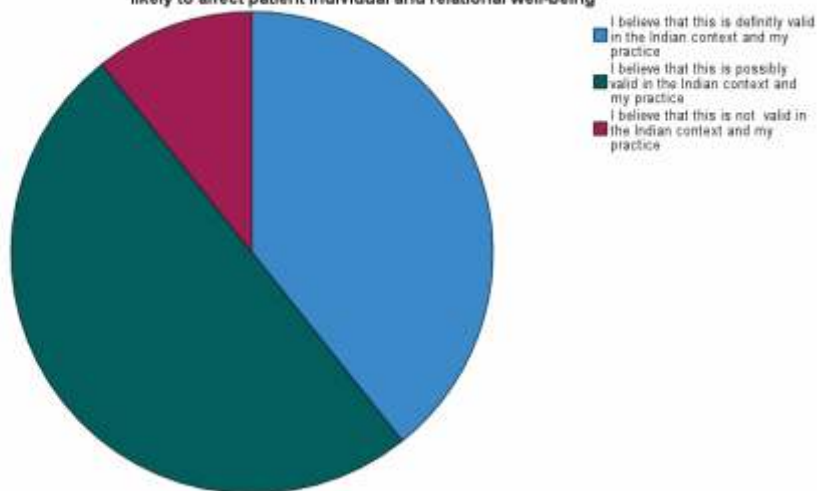


Table 24: Fertility staff should provide preparatory information about diagnostic procedures because it decreases infertility-specific anxiety and stress

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 25 | 89.3 | 89.3 | 89.3 |
| | I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Table 25: Fertility staff should be aware that tailored online psycho-educational interventions may improve infertility-specific stress and self-efficacy, and the sexual and social concerns of particular groups of patients

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 20 | 71.4 | 71.4 | 71.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should provide preparatory information about diagnostic procedures because it decreases infertility-specific anxiety and stress

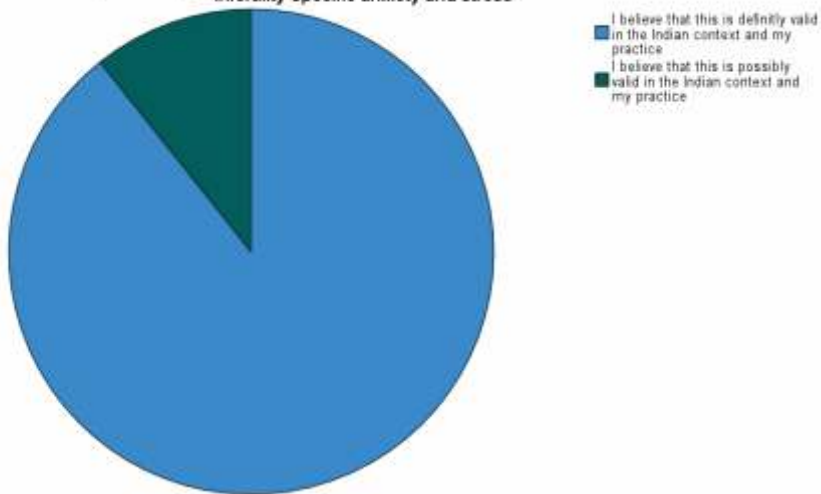


Table 26: Fertility staff should be aware that one in 10 patients referred for fertility treatment chooses not to start treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 17 | 60.7 | 60.7 | 60.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 10 | 35.7 | 35.7 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that one in 10 patients referred for fertility treatment chooses not to start treatment

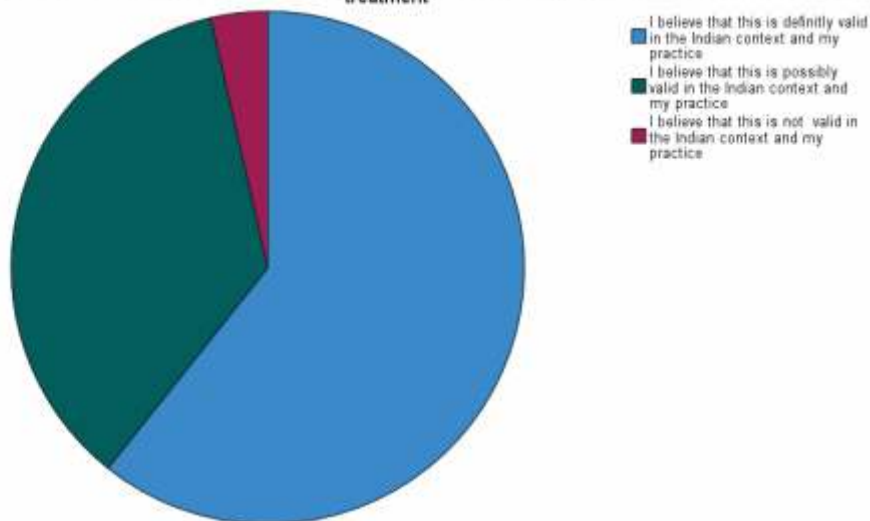


Table 27: Fertility staff should be aware that the reasons patients state for not starting any type of recommended fertility treatment are: • rejection of treatment (due to ethical objections, concerns about and lack of interest in treatment) • personal reasons • relational problems • financial issues • psychological burden of treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 20 | 71.4 | 71.4 | 71.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the reasons patients state for not starting any type of recommended fertility treatment are: • rejection of treatment (due to ethical objections, concerns about and lack of interest in treatment) • personal reasons • relational problems • financial issues • psychological burden of treatment

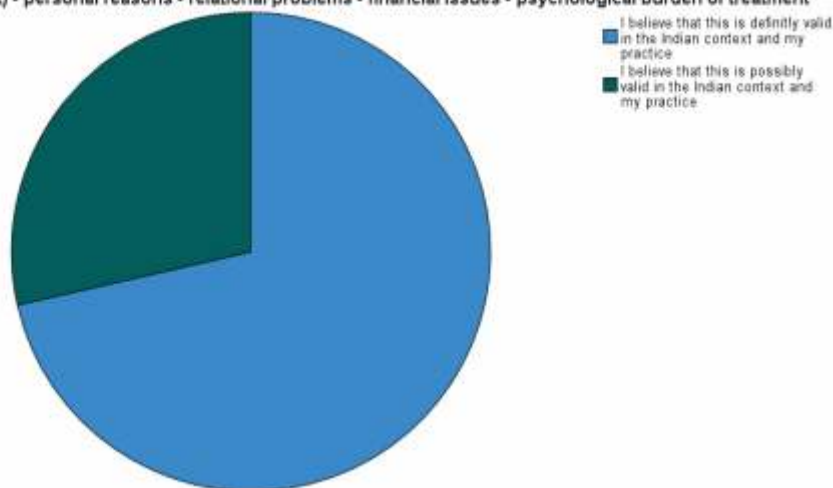


Table 28: Fertility staff should be aware that the reasons patients on the waiting list to start ART treatment state for not starting recommended ART treatment are: • relational problems • psychological burden of treatment • personal reasons • clinic-related problems • financial issues

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 20 | 71.4 | 71.4 | 71.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the reasons patients on the waiting list to start ART treatment state for not starting recommended ART treatment are: • relational problems • psychological burden of treatment • personal reasons • clinic-related problems • financial issues

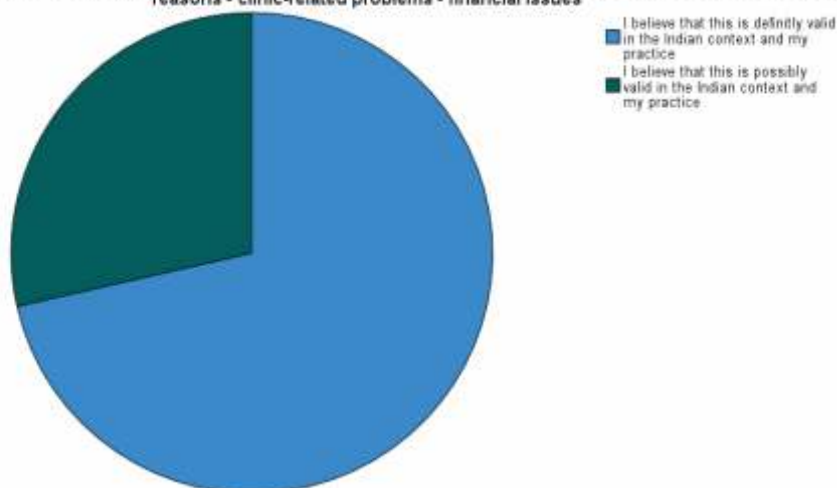


Table 29: Fertility staff should be aware that a considerable number of patients have lifestyle behaviours that may negatively affect their general and reproductive health

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 22 | 78.6 | 78.6 | 78.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that a considerable number of patients have lifestyle behaviours that may negatively affect their general and reproductive health

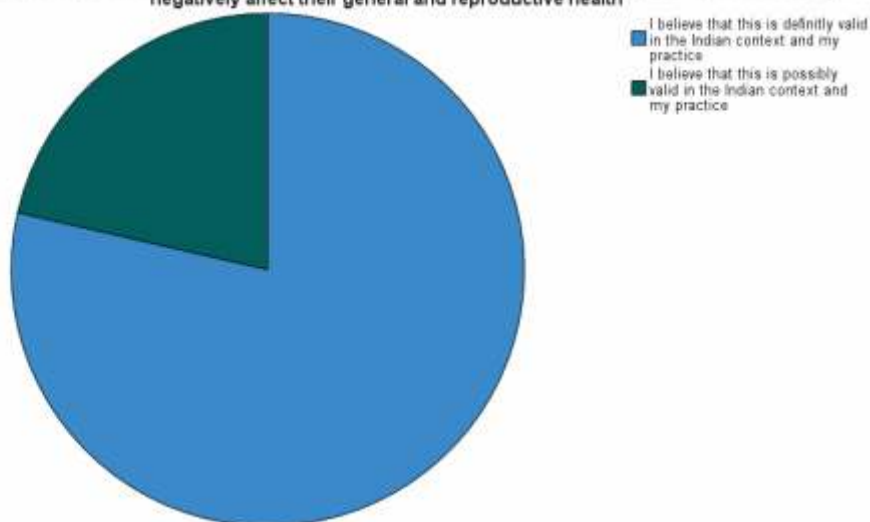


Table 30: Fertility staff should be aware that patients starting first-line or ART treatments do not have worse marital and sexual relationships than the general population

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 13 | 46.4 | 46.4 | 46.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 10 | 35.7 | 35.7 | 82.1 |
| | I believe that this is not valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients starting first-line or ART treatments do not have worse marital and sexual relationships than the general population

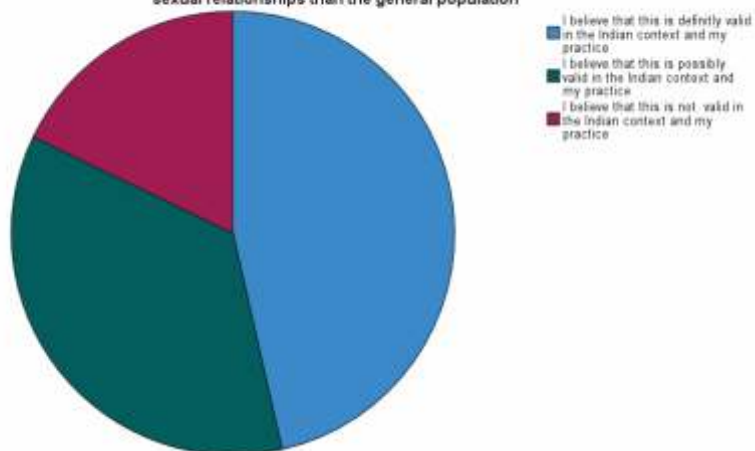


Table 31: Fertility staff should be aware that patients in fertility workup do not present higher prevalence rates of sexual dysfunctions than the general population

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 12 | 42.9 | 42.9 | 42.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 12 | 42.9 | 42.9 | 85.7 |
| | I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients in fertility workup do not present higher prevalence rates of sexual dysfunctions than the general population

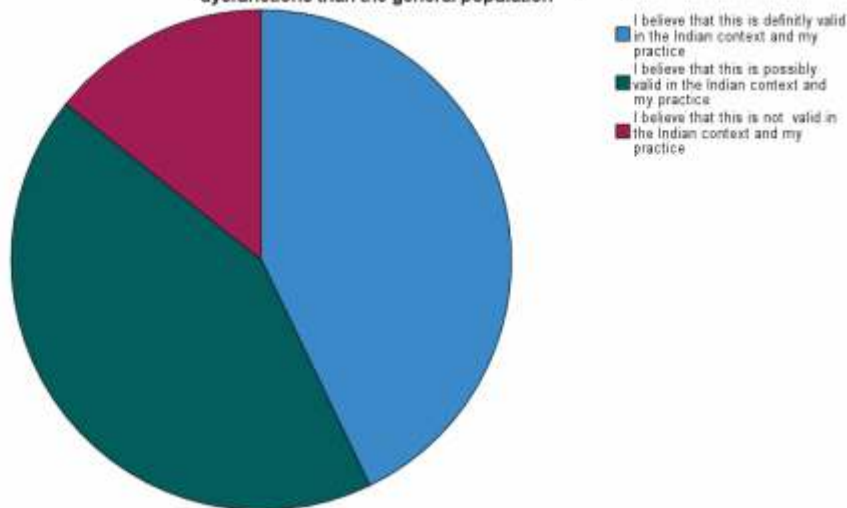


Table 32: Fertility staff should be aware that before the start of IVF treatment, patients are not more depressed than the general population or matched controls

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 10 | 35.7 | 35.7 | 35.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 11 | 39.3 | 39.3 | 75.0 |
| | I believe that this is not valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that before the start of IVF treatment, patients are not more depressed than the general population or matched controls

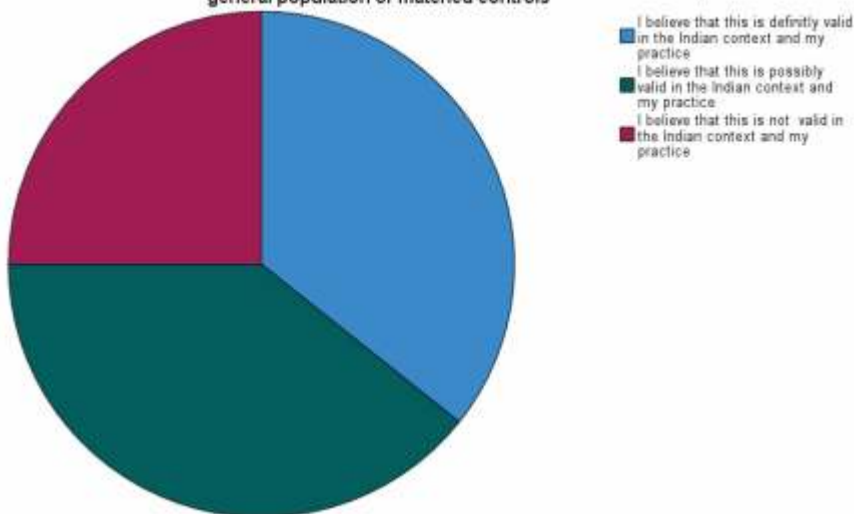


Table 33: Fertility staff should be aware that evidence about whether before the start of a first IVF cycle patients are more anxious (state and trait anxiety) than the general population is inconsistent

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 15 | 53.6 | 53.6 | 53.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 9 | 32.1 | 32.1 | 85.7 |
| | I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that evidence about whether before the start of a first IVF cycle patients are more anxious (state and trait anxiety) than the general population is inconsistent

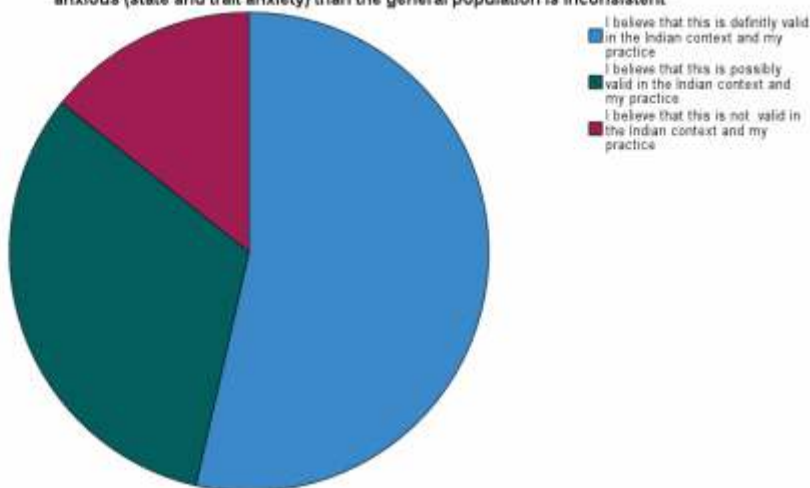


Table 34: Fertility staff should be aware that before first-line or ART treatment, women do not show more psychiatric disorders or general psychopathology than the general population

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 13 | 46.4 | 46.4 | 46.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 75.0 |
| | I believe that this is not valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that before first-line or ART treatment, women do not show more psychiatric disorders or general psychopathology than the general population

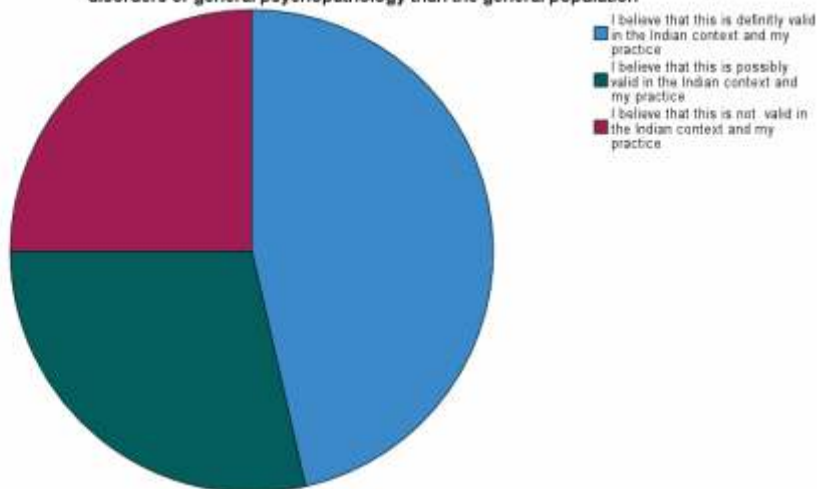


Table 35: The guideline development group recommends that fertility staff offer patients the opportunity to have their needs assessed and be informed about their emotional adjustment before the start of treatment.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff offer patients the opportunity to have their needs assessed and be informed about their emotional adjustment before the start of treatment.

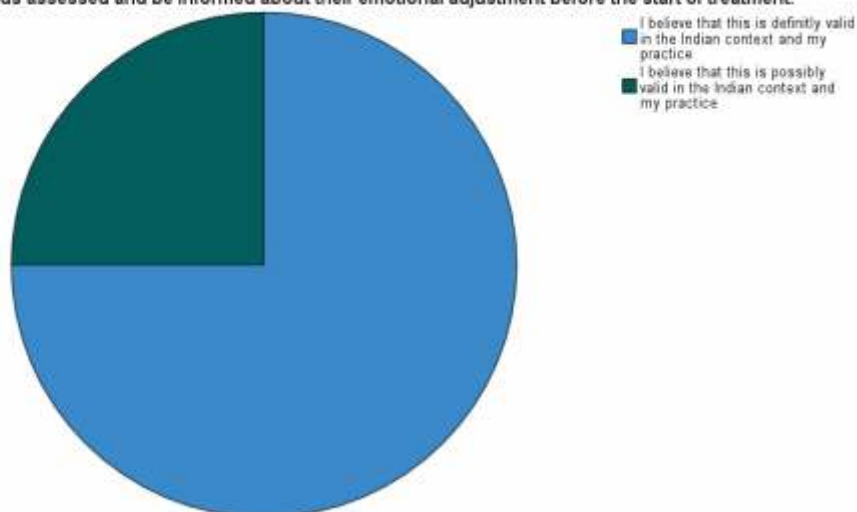


Table 36: The guideline development group recommends that fertility staff use the tools listed in Appendix 2 (listed below) when assessing patients' needs.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 15 | 53.6 | 53.6 | 53.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 11 | 39.3 | 39.3 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff use the tools listed in Appendix 2 (listed below) when assessing patients' needs.

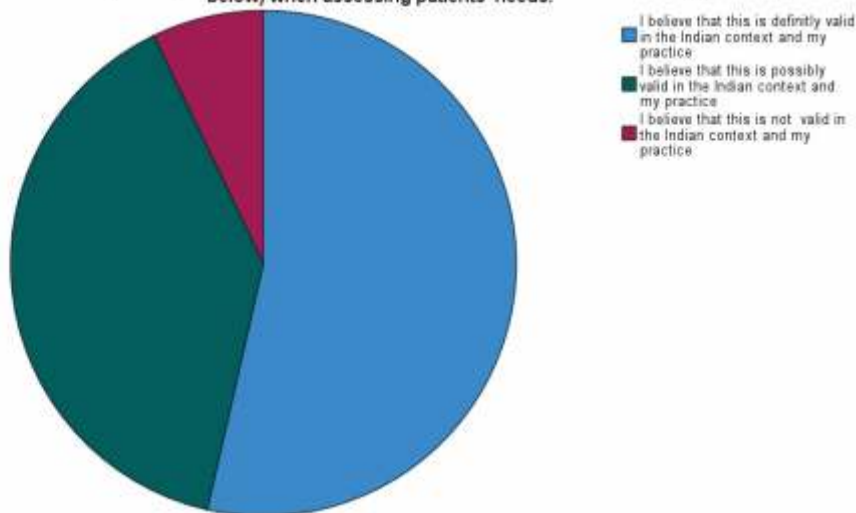


Table 37: Fertility staff should be aware that currently there are no reliable pre-treatment tools or predictors to identify patients who are not likely to start recommended fertility treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that currently there are no reliable pre-treatment tools or predictors to identify patients who are not likely to start recommended fertility treatment

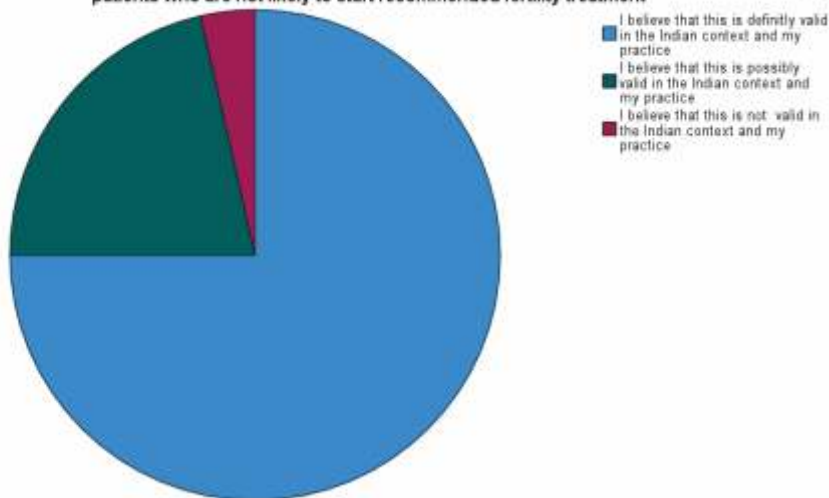


Table 38: Fertility staff should not assume that patients fully self-report on risk factors for reduced fertility (e.g., eating disorders)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 19 | 67.9 | 67.9 | 67.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should not assume that patients fully self-report on risk factors for reduced fertility (e.g., eating disorders)

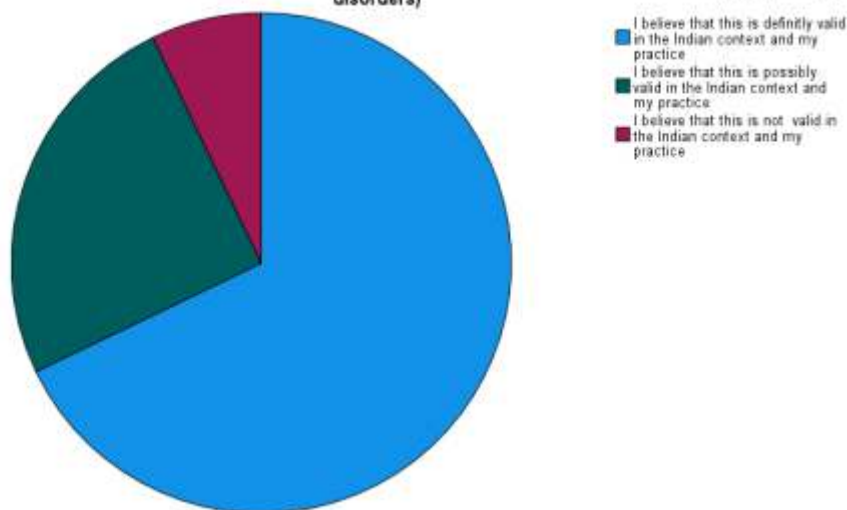


Table 39: Fertility staff should be aware that risk factors (e.g., smoking, alcohol use, and diet) for reduced fertility can be assessed with self-administered online tools

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 12 | 42.9 | 42.9 | 42.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 10 | 35.7 | 35.7 | 78.6 |
| | I believe that this is not valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that risk factors (e.g., smoking, alcohol use, and diet) for reduced fertility can be assessed with self-administered online tools

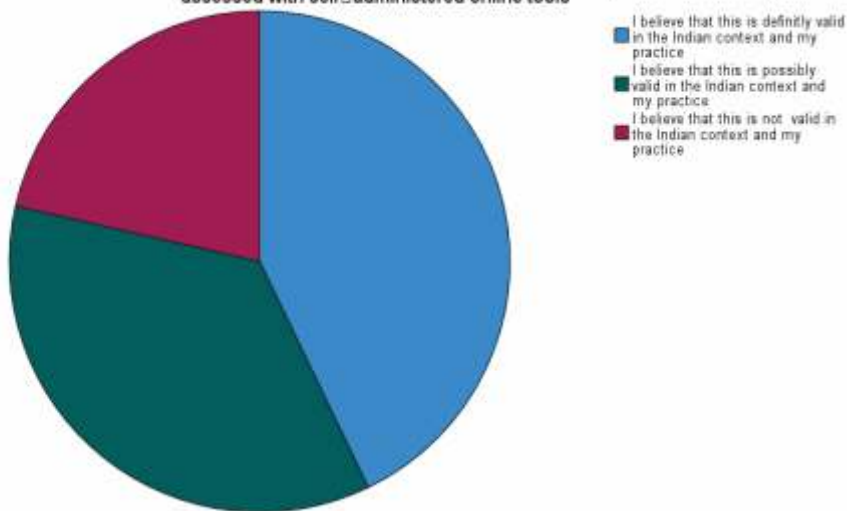


Table 40: The guideline development group recommends that fertility staff consider explicitly screening risk factors (e.g., drug use, eating disorders) for reduced fertility

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 19 | 67.9 | 67.9 | 67.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 9 | 32.1 | 32.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff consider explicitly screening risk factors (e.g., drug use, eating disorders) for reduced fertility

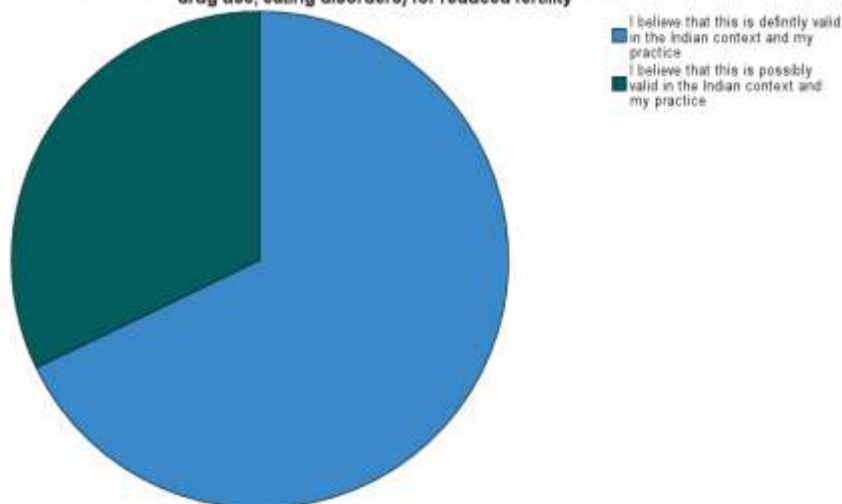


Table 41: Fertility staff should be aware that women experience higher social and sexual infertility-specific stress than men

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women experience higher social and sexual infertility-specific stress than men

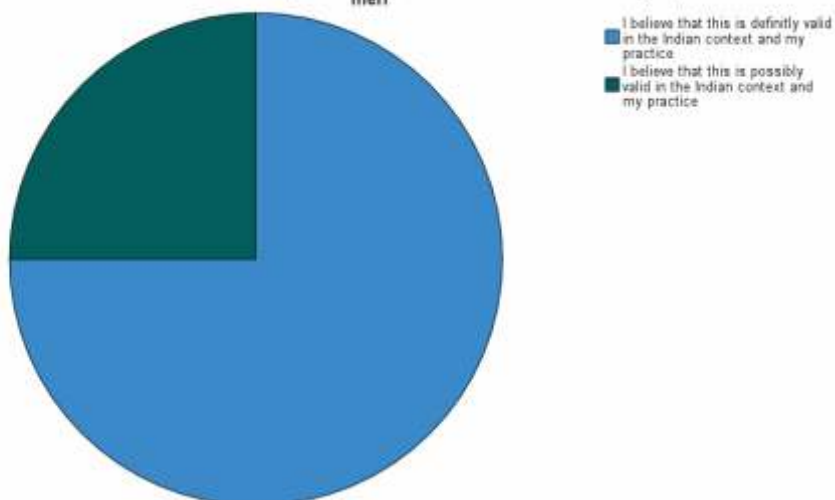


Table 42: Fertility staff should be aware that the ways patients deal with their fertility problems are associated with infertility-specific relational and social distress. The use of meaning-based coping (e.g., thinking about the fertility problem in a positive light, finding other goals in life) seems to be associated with lower fertility-specific marital and social distress. The use of avoidance coping strategies (e.g., avoiding being among pregnant women) seems to be associated with higher fertility-specific marital and social distress

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 89.3 |
| I believe that this is not valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the ways patients deal with their fertility problems are associated with infertility-specific relational and social distress. • The use of meaning-based coping (e.g., thinking about the fertility problem in a positive light, finding other goals in life) seems to be associated with lower fertility-specific marital and social distress. • The use of avoidance coping strategies (e.g., avoiding being among pregnant women) seems to be associated with higher fertility-specific marital and social distress

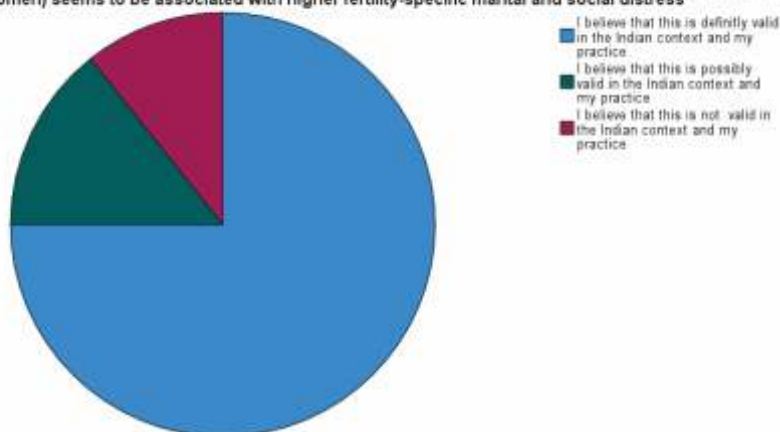


Table 43: Fertility staff should be aware that, in couples, the way one partner reacts to the infertility condition/diagnosis is associated with how the other partner reacts

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 19 | 67.9 | 67.9 | 67.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that, in couples, the way one partner reacts to the infertility condition/diagnosis is associated with how the other partner reacts

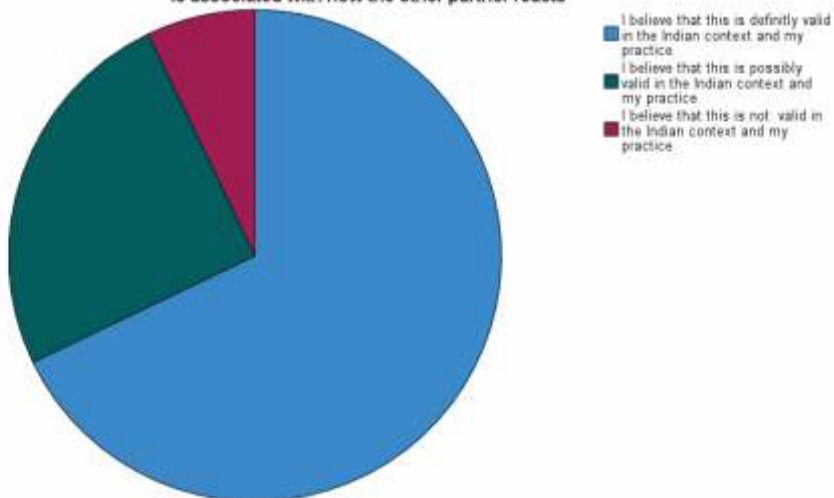


Table 44: Fertility staff should be aware that couples who have different views on the importance of parenthood and social concerns may show lower relationship satisfaction than those who have similar views

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 19 | 67.9 | 67.9 | 67.9 |
| I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 92.9 |
| I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that couples who have different views on the importance of parenthood and social concerns may show lower relationship satisfaction than those who have similar views

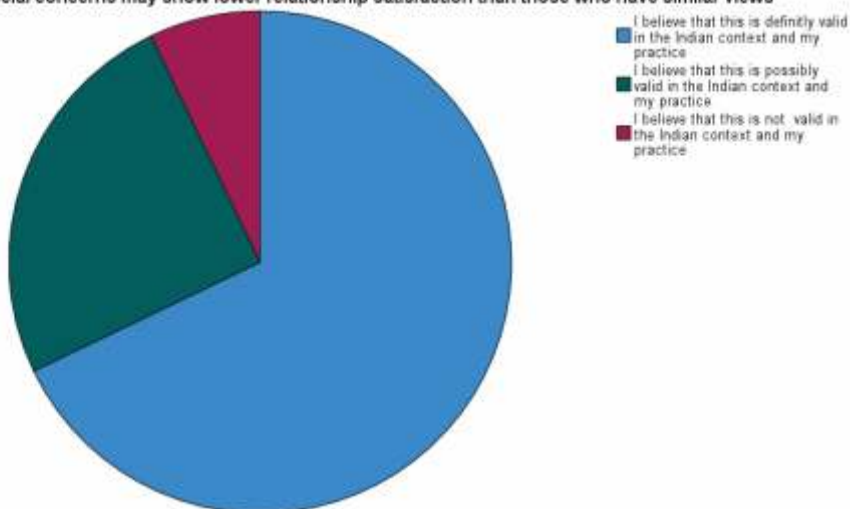


Table 45: Fertility staff should be aware that women have higher levels of depression and infertility stress than men

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 96.4 |
| I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women have higher levels of depression and infertility stress than men

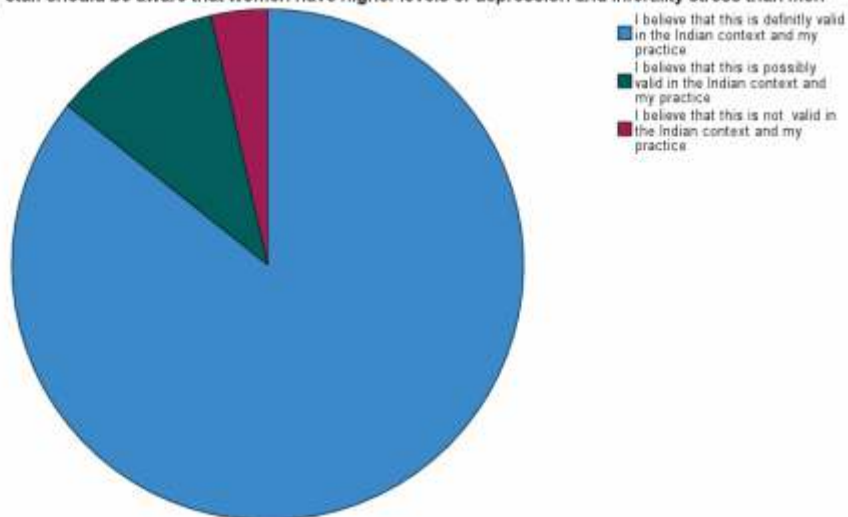


Table 46: Fertility staff should be aware that patients with a lower occupational status experience higher infertility stress and anxiety than patients with a medium or high occupational status

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 15 | 53.6 | 53.6 | 53.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 82.1 |
| | I believe that this is not valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients with a lower occupational status experience higher infertility stress and anxiety than patients with a medium or high occupational status

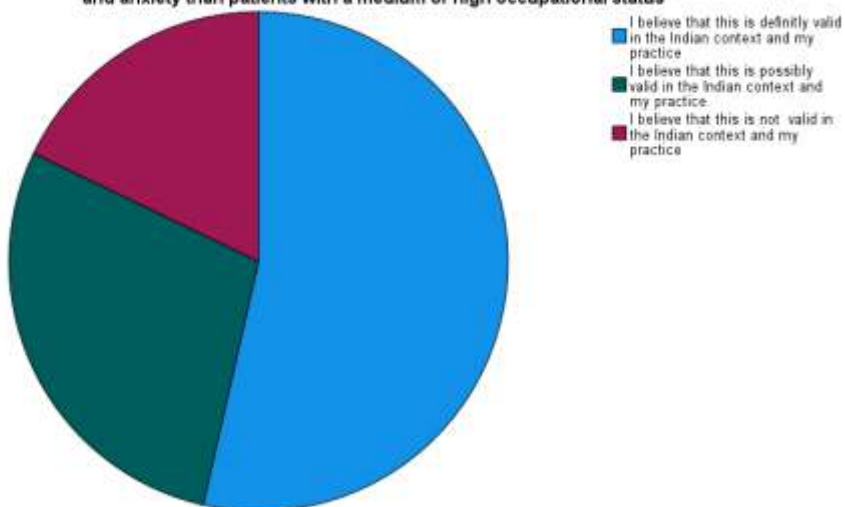


Table 47: Fertility staff should be aware that women whose partner has male-factor infertility experience higher anxiety than women with female factor, mixed or unexplained infertility, whereas type of infertility diagnosis is not related to depression

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 16 | 57.1 | 57.1 | 57.1 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 78.6 |
| | I believe that this is not valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women whose partner has male-factor infertility experience higher anxiety than women with female factor, mixed or unexplained infertility, whereas type of infertility diagnosis is not related to depression

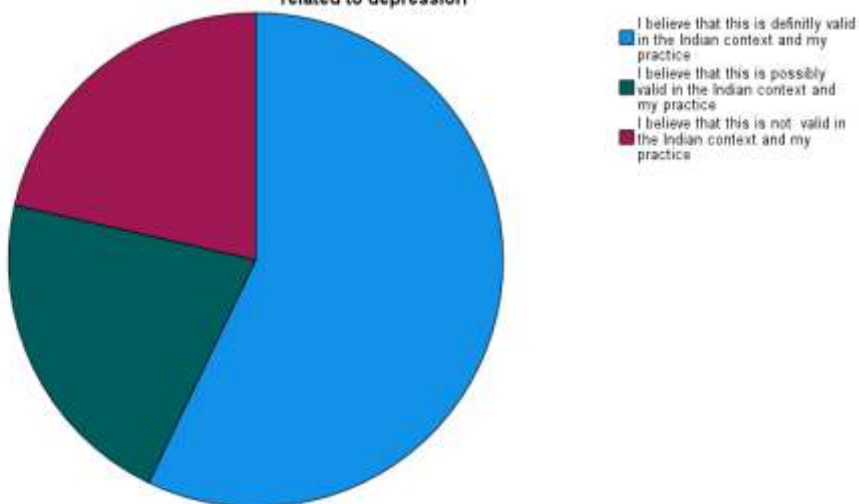


Table 48: Fertility staff should be aware that the way patients deal with their fertility problems is associated with their infertility distress. The use of passive coping (e.g., rumination, withdrawal) seems to be associated with higher levels of infertility distress. The use of active coping (e.g., goal-oriented problem-solving, thinking rationally about the problem) seems to be associated with lower infertility distress

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 19 | 67.9 | 67.9 | 67.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 89.3 |
| | I believe that this is not valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the way patients deal with their fertility problems is associated with their infertility distress. • The use of passive coping (e.g., rumination, withdrawal) seems to be associated with higher levels of infertility distress. • The use of active coping (e.g., goal-oriented problem-solving, thinking rationally about the problem) seems to be associated with lower infertility distress

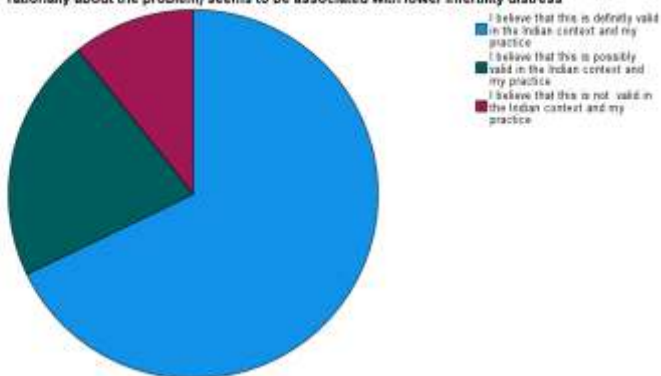


Table 49: Fertility staff should be aware that individuals who perceive their partner to be available and responsive experience lower infertility stress than individuals who perceive their partner to be avoidant and non-responsive

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 23 | 82.1 | 82.1 | 82.1 |
| | I believe that this is possibly valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that individuals who perceive their partner to be available and responsive experience lower infertility stress than individuals who perceive their partner to be avoidant and non-responsive

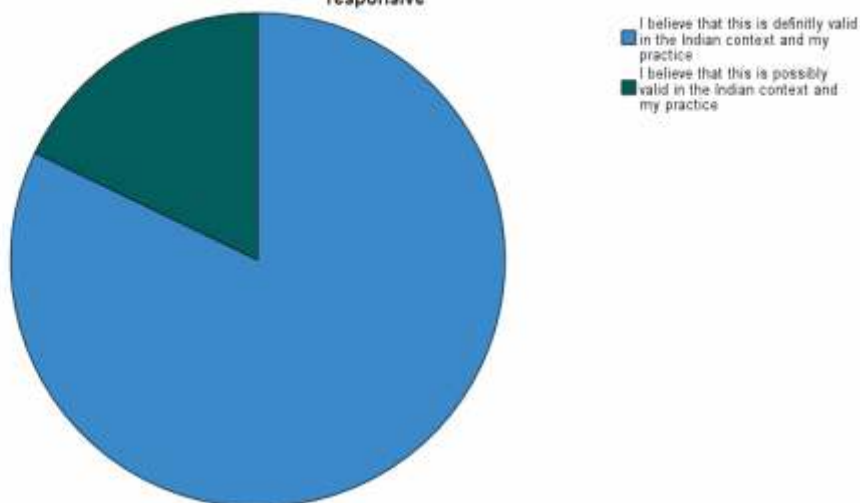


Table 50: Fertility staff should be aware that, in couples, each partner's depressive symptoms are associated with their own and their partner's infertility-specific distress

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 22 | 78.6 | 78.6 | 78.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that, in couples, each partner's depressive symptoms are associated with their own and their partner's infertility-specific distress

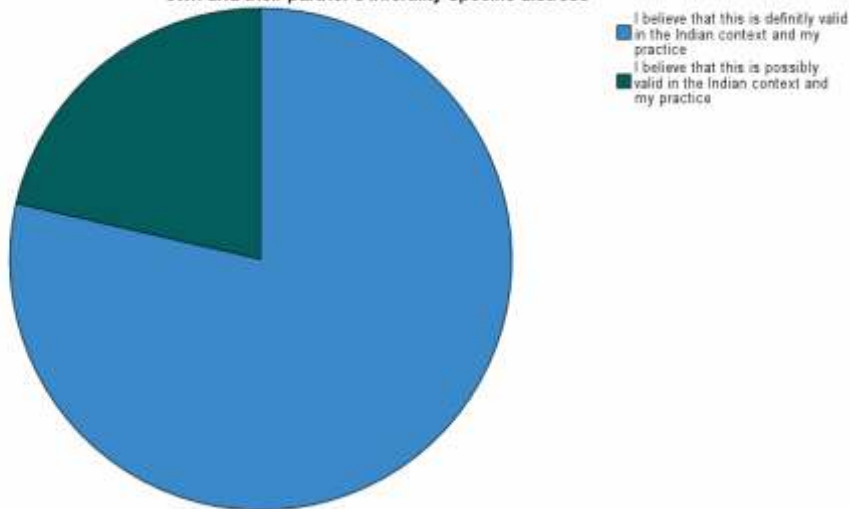


Table 51: The guideline development group recommends that fertility staff use the SCREEN IVF before the start of each treatment cycle to assess patients' risk factors for emotional problems after the cycle.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 17 | 60.7 | 60.7 | 60.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 89.3 |
| | I believe that this is not valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff use the SCREENIVF before the s treatment cycle to assess patients' risk factors for emotional problems after the cycle.

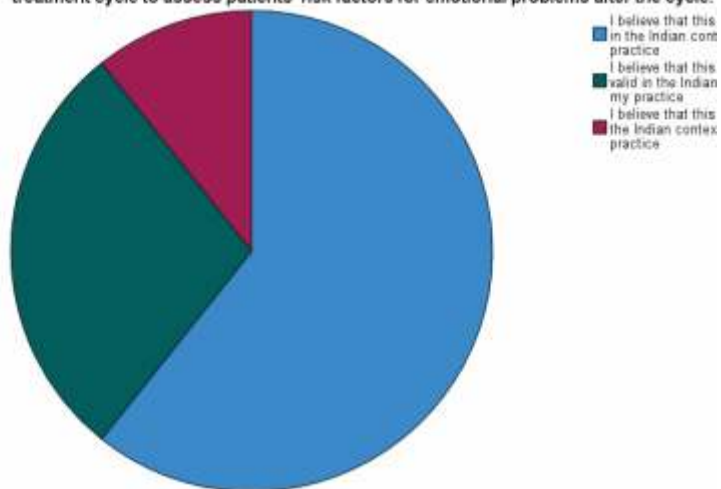


Table 52: Fertility staff should be aware that the SCREEN IVF is an infertility-specific validated tool designed to be used before the start of treatment, to assess risk factors for emotional problems after a treatment cycle

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 18 | 64.3 | 64.3 | 64.3 |
| I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 89.3 |
| I believe that this is not valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the SCREENIVF is an infertility-specific validated tool designed to be used before the start of treatment, to assess risk factors for emotional problems after a treatment cycle

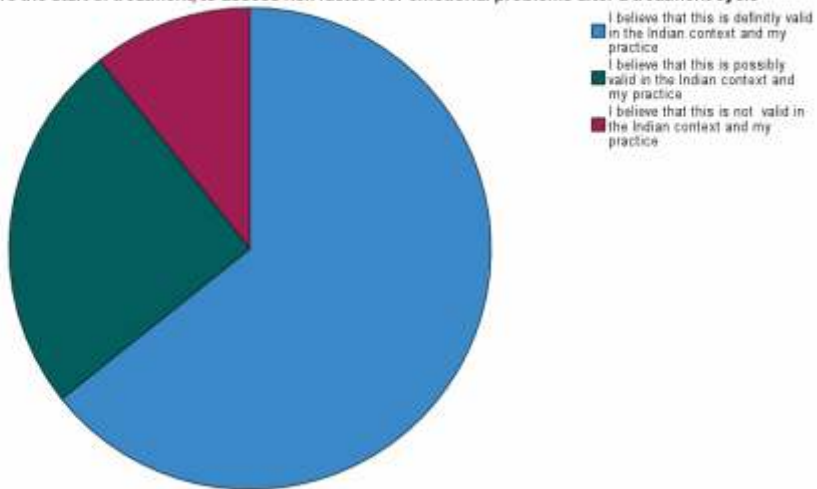


Table 53: The guideline development groups recommends that fertility staff refer patients at risk of experiencing clinically significant psychosocial problems to specialized psychosocial care (infertility counselling or psychotherapy)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

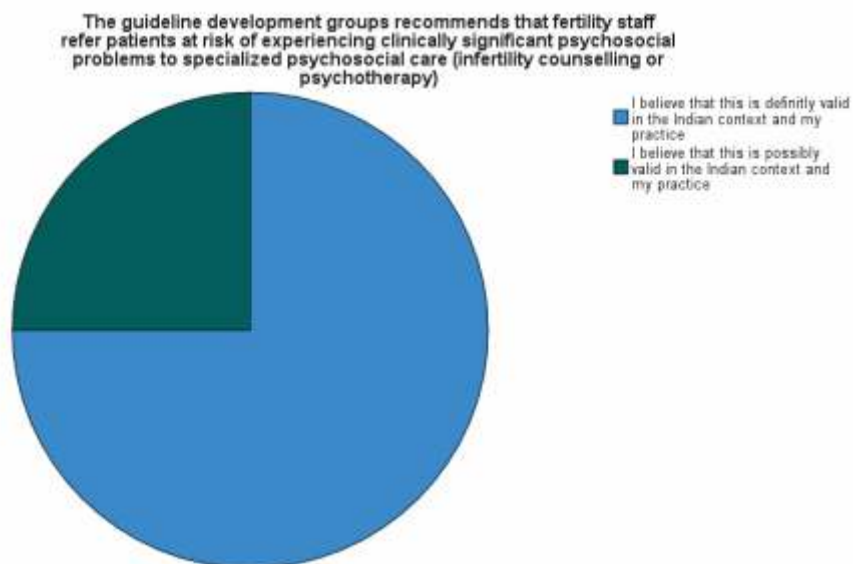


Table 54: Fertility staff should provide preparatory information about medical procedures because it promotes compliance

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should provide preparatory information about medical procedures because it promotes compliance

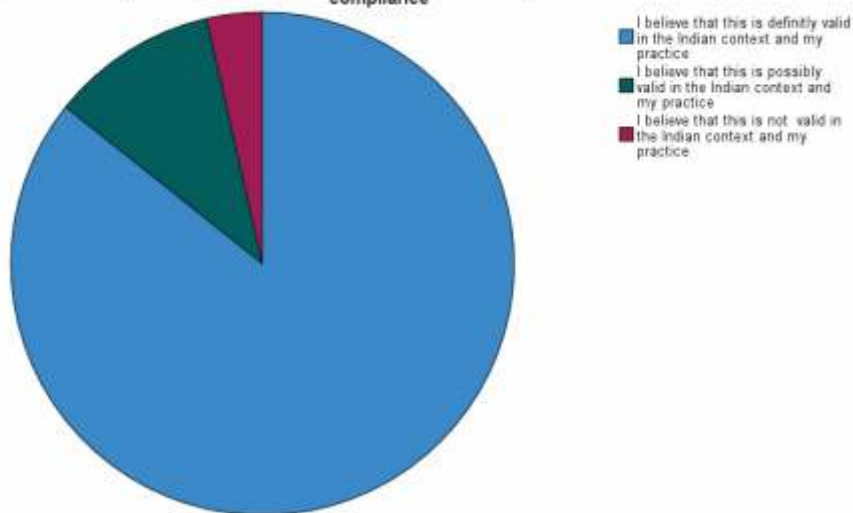


Table 55: Fertility staff should be aware that weight-loss programmes based on diet and exercise offered pre-ART treatment may be effective in reducing weight and body mass index (BMI)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that weight-loss programmes based on diet and exercise offered pre-ART treatment may be effective in reducing weight and body mass index (BMI)

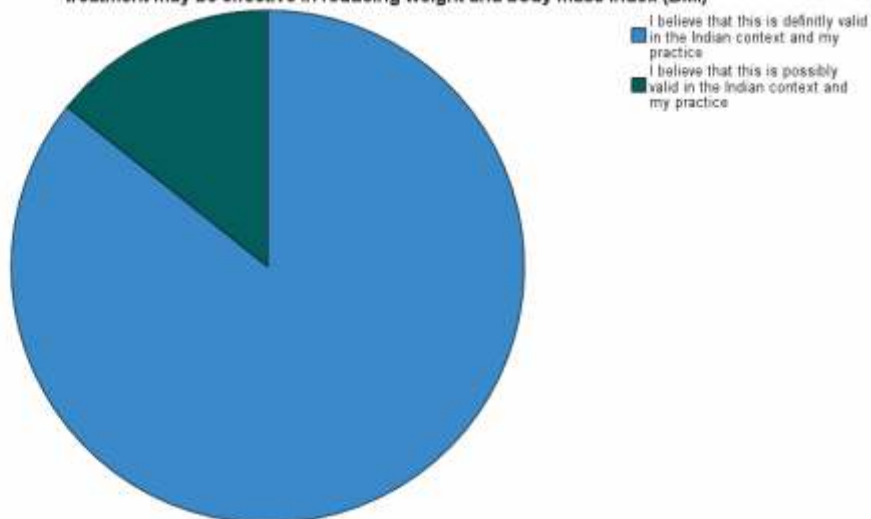


Table 56: The guideline development group recommends that fertility staff consider providing patients with information about lifestyle behaviours that may negatively affect their general and reproductive health.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 23 | 82.1 | 82.1 | 82.1 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff consider providing patients with information about lifestyle behaviours that may negatively affect their general and reproductive health.

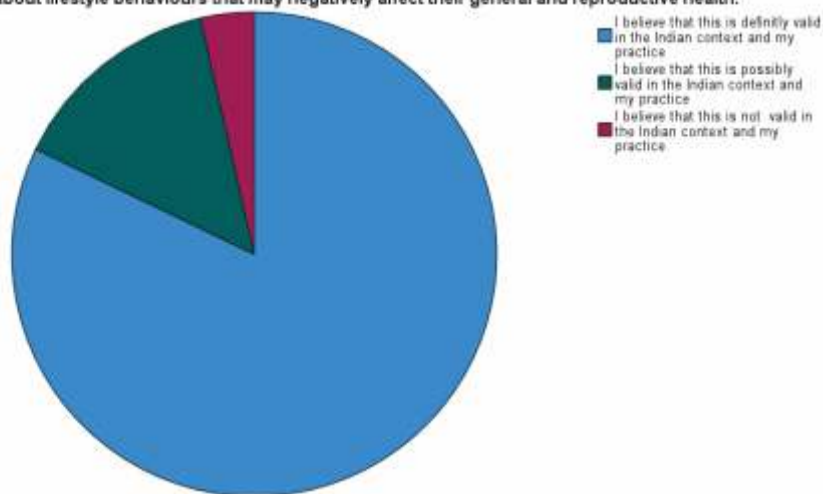


Table 57: The guideline development group recommends that fertility staff support patients in changing lifestyle behaviours that negatively affect their general and reproductive health, as well as their chances of treatment success.

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 23 | 82.1 | 82.1 | 82.1 |
| I believe that this is possibly valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff support patients in changing lifestyle behaviours that negatively affect their general and reproductive health, as well as their chances of treatment success.

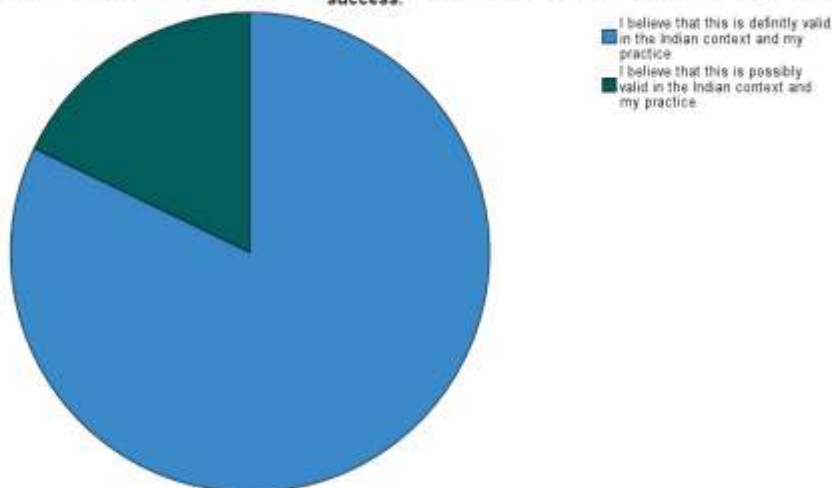


Table 58: The guideline development group recommends that fertility staff offer additional psychosocial care to patients at risk of experiencing increased infertility-specific relational and social distress.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff offer additional psychosocial care to patients at risk of experiencing increased infertility-specific relational and social distress.

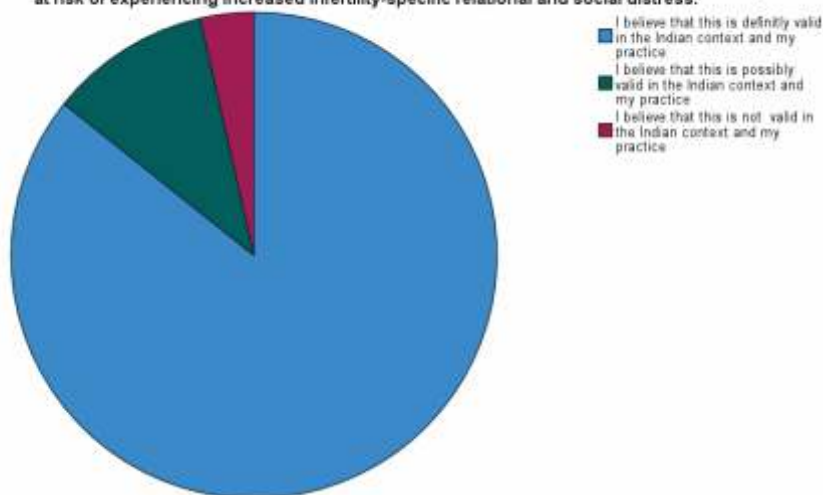


Table 59: The guideline development group recommends that fertility staff actively involve both partners of the couple in the diagnosis and treatment process.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 26 | 92.9 | 92.9 | 92.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff actively involve both partners of the couple in the diagnosis and treatment process.

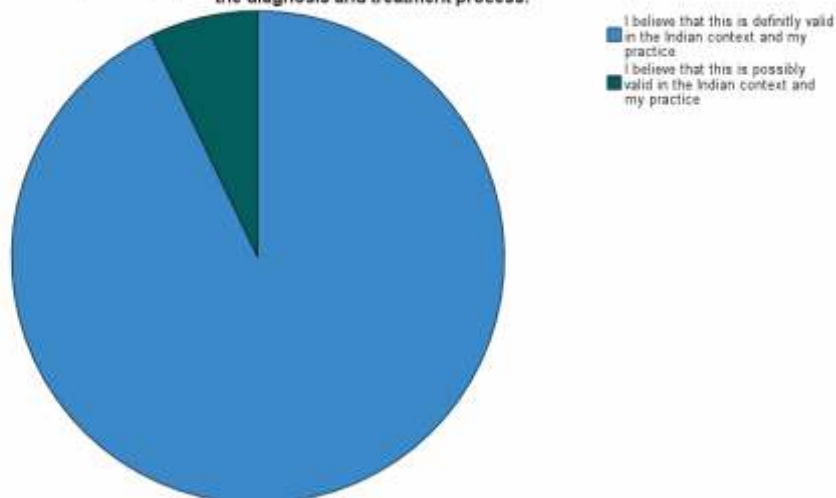


Table 60: Fertility staff should provide preparatory information about medical procedures because it decreases infertility-specific anxiety and stress

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 25 | 89.3 | 89.3 | 89.3 |
| | I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should provide preparatory information about medical procedures because it decreases infertility-specific anxiety and stress

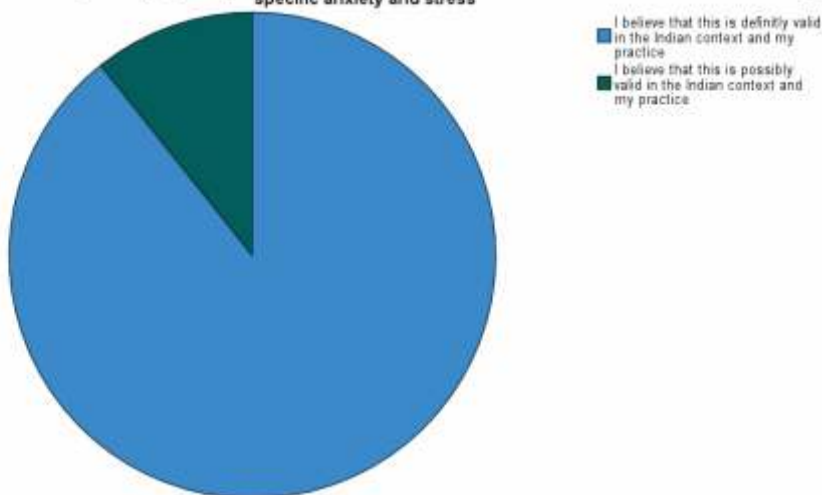


Table 61: The guideline development group recommends that fertility staff refer patients identified by the SCREEN IVF as being at risk of emotional problems to specialized psychosocial care (infertility counselling or psychotherapy)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 22 | 78.6 | 78.6 | 78.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff refer patients identified by the SCREENIVF as being at risk of emotional problems to specialized psychosocial care (infertility counselling or psychotherapy)

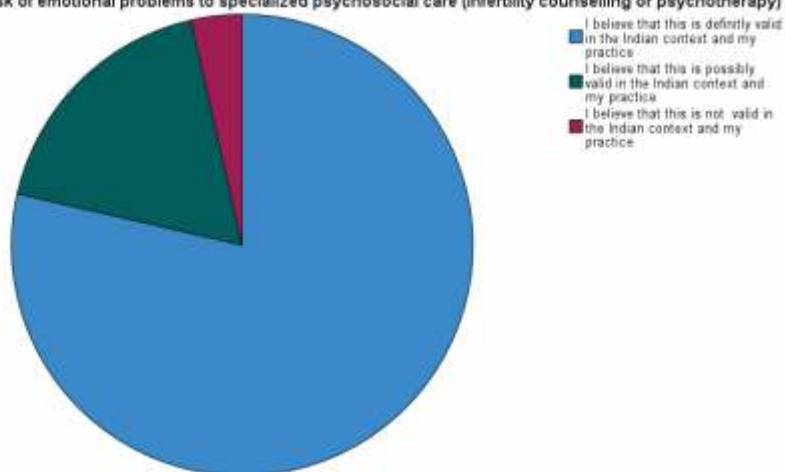


Table 62: The guideline development group recommends that fertility staff actively involve both partners of the couple in the diagnosis and treatment process.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 26 | 92.9 | 92.9 | 92.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff actively involve both partners of the couple in the diagnosis and treatment process.

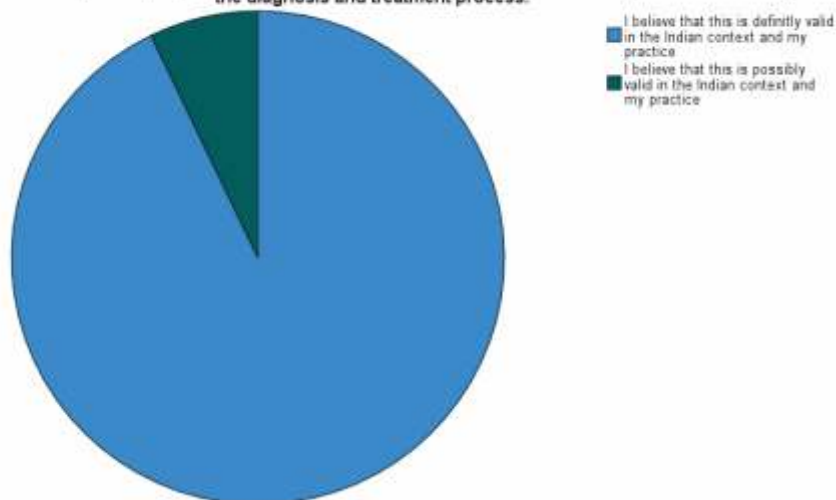


Table 63: Fertility staff should provide preparatory information about medical procedures because it increases patient knowledge

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 26 | 92.9 | 92.9 | 92.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should provide preparatory information about medical procedures because it increases patient knowledge

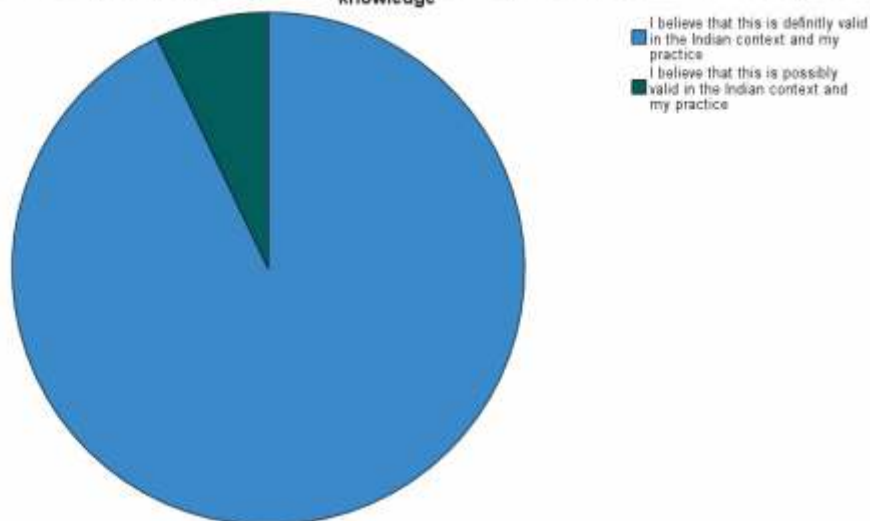


Table 64: Fertility staff should be aware that around 1 in 12 patients and 1 in 5 patients do not comply with first-line and ART treatment, respectively

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 17 | 60.7 | 60.7 | 60.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 9 | 32.1 | 32.1 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that around 1 in 12 patients and 1 in 5 patients do not comply with first-line and ART treatment, respectively

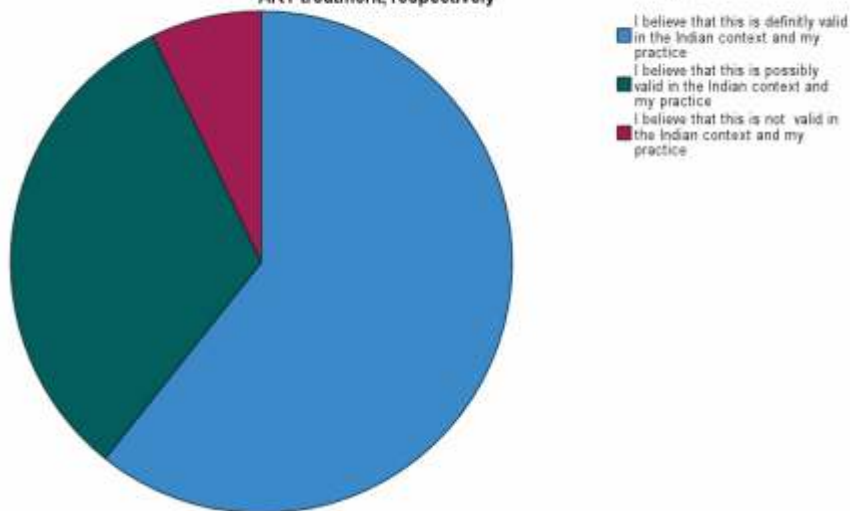


Table 65: Fertility staff should be aware that the reasons patients state for discontinuing recommended first-line treatment are: postponement of treatment (i.e., stopping treatment for at least 1 year) logistics and practical reasons rejection of treatment perception of poor prognosis psychological burden of treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 18 | 64.3 | 64.3 | 64.3 |
| | I believe that this is possibly valid in the Indian context and my practice | 9 | 32.1 | 32.1 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the reasons patients state for discontinuing recommended first-line treatment are: • postponement of treatment (i.e., stopping treatment for at least 1 year) • logistics and practical reasons • rejection of treatment • perception of poor prognosis • psychological burden of treatment

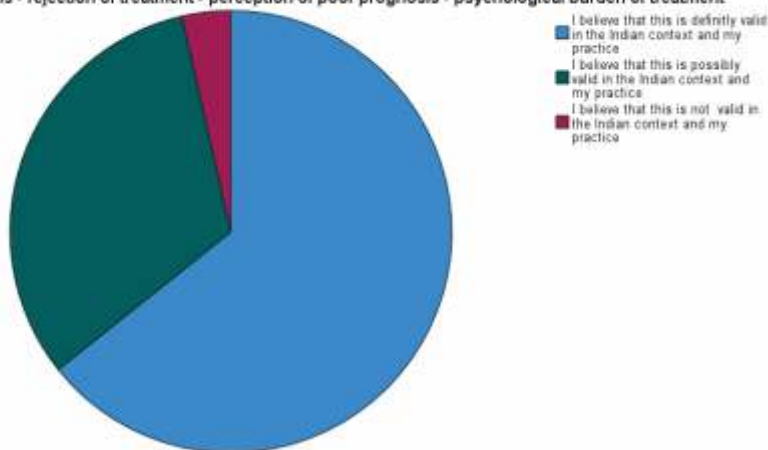


Table 66: Fertility staff should be aware that the reasons patients state for discontinuing recommended treatment after one failed IVF/ICSI cycle are: financial issues the psychological and physical burdens of treatment clinic-related reasons and organizational problems postponement of treatment (or unknown) relational problems

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 20 | 71.4 | 71.4 | 71.4 |
| I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 96.4 |
| I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the reasons patients state for discontinuing recommended treatment after one failed IVF/ICSI cycle are: • financial issues • the psychological and physical burdens of treatment • clinic-related reasons and organizational problems • postponement of treatment (or unknown) • relational problems

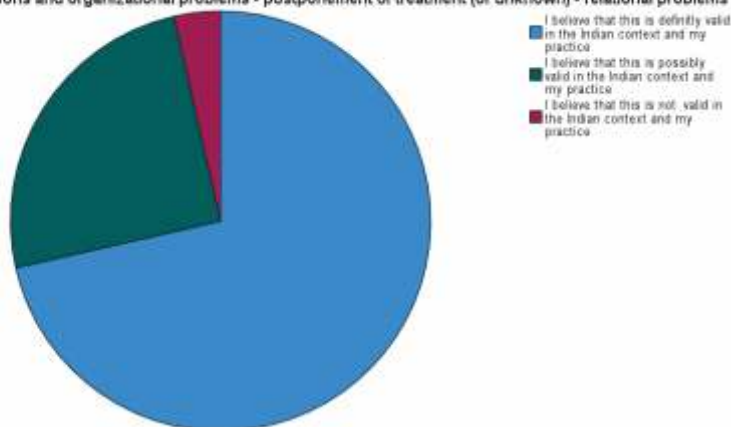


Table 67: Fertility staff should be aware that the reasons patients state for discontinuing a recommended standard ART treatment programme of three consecutive cycles are: postponement of treatment psychological burden of treatment physical and psychological burdens of treatment personal problems

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the reasons patients state for discontinuing a recommended standard ART treatment programme of three consecutive cycles are: • postponement of treatment • psychological burden of treatment • physical and psychological burdens of treatment • personal problems

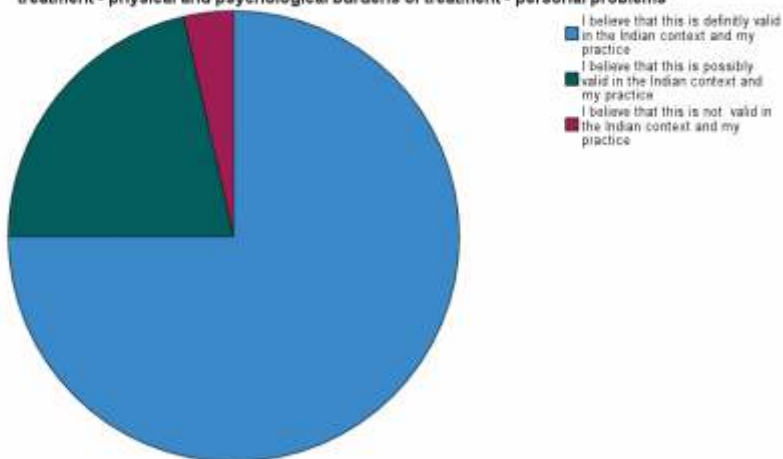


Table 68: Fertility staff should be aware that the relational satisfaction of patients does not change from before they start an IVF/ICSI cycle to after the pregnancy test

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 10 | 35.7 | 35.7 | 35.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 12 | 42.9 | 42.9 | 78.6 |
| | I believe that this is not valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the relational satisfaction of patients does not change from before they start an IVF/ICSI cycle to after the pregnancy test

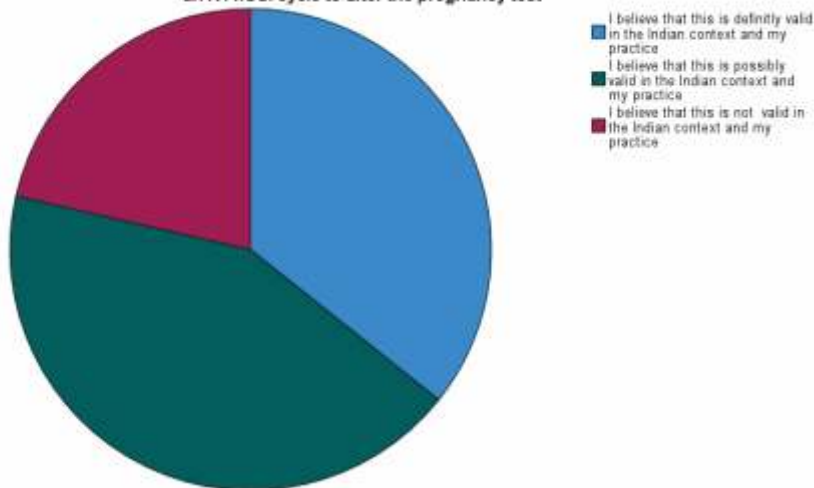


Table 69: Fertility staff should be aware that women report more intimacy with their partner during an IVF/ICSI cycle than during a normal menstrual cycle, in particular at the retrieval and transfer days of the cycle

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 12 | 42.9 | 42.9 | 42.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 10 | 35.7 | 35.7 | 78.6 |
| | I believe that this is not valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women report more intimacy with their partner during an IVF/ICSI cycle than during a normal menstrual cycle, in particular at the retrieval and transfer days of the cycle

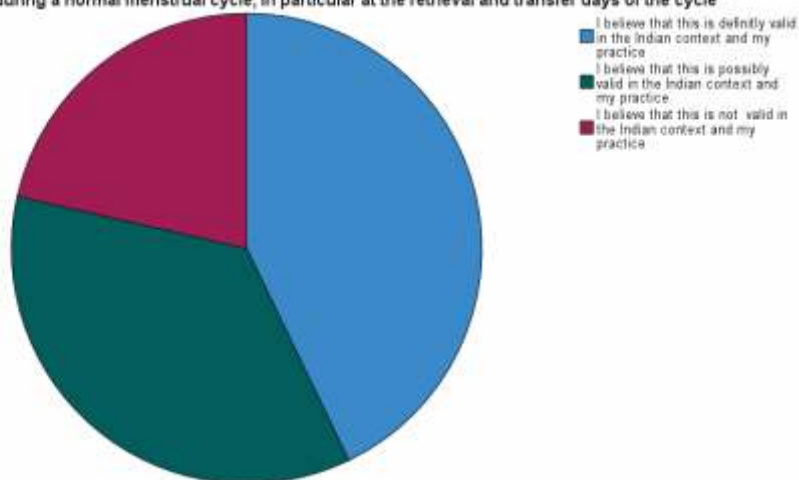


Table 70: Fertility staff should be aware that women experience lower sexual satisfaction after the pregnancy test than before the start of an IVF/ICSI cycle

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 14 | 50.0 | 50.0 | 50.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 12 | 42.9 | 42.9 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women experience lower sexual satisfaction after the pregnancy test than before the start of an IVF/ICSI cycle

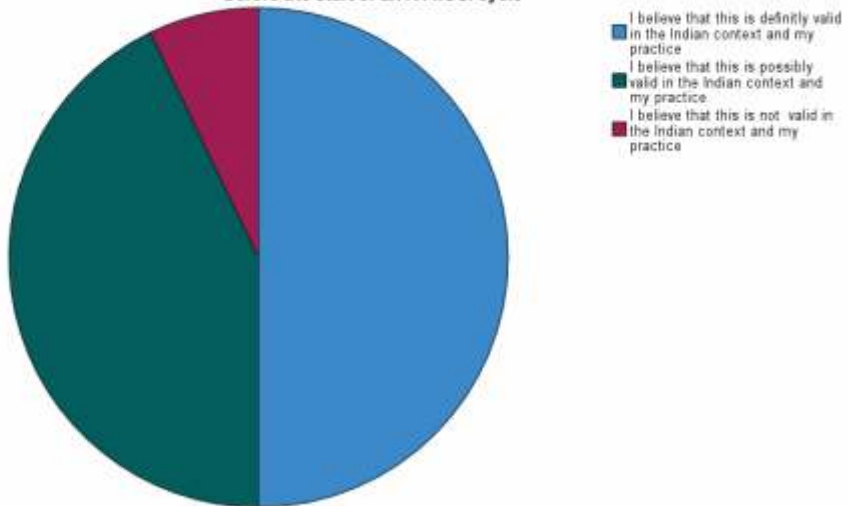


Table 71: Fertility staff should be aware that women report lower social support from significant others in the period between the oocyte retrieval and the embryo transfer of an IVF/ICSI cycle than during the equivalent period in a normal menstrual cycle

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 12 | 42.9 | 42.9 | 42.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 11 | 39.3 | 39.3 | 82.1 |
| | I believe that this is not valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women report lower social support from significant others in the period between the oocyte retrieval and the embryo transfer of an IVF/ICSI cycle than during the equivalent period in a normal menstrual cycle

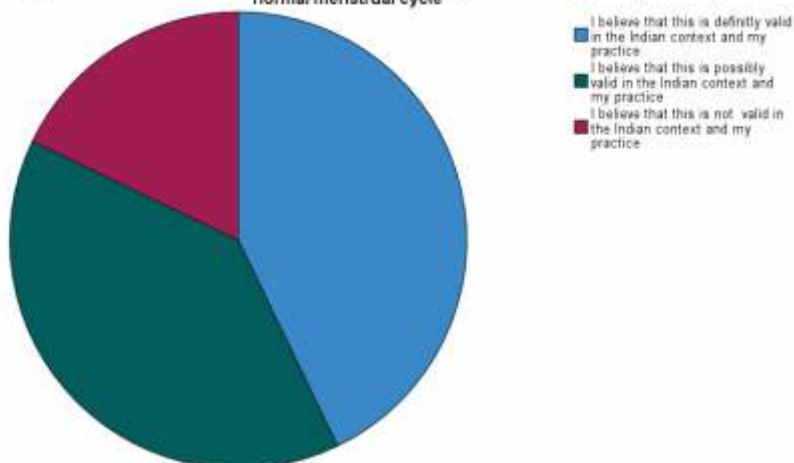


Table 72: Fertility staff should be aware that during an IVF/ICSI cycle, 6 in 10 patients report treatment-related absences from work and, on average, patients miss 23 h of work

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 18 | 64.3 | 64.3 | 64.3 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that during an IVF/ICSI cycle, 6 in 10 patients report treatment-related absences from work and, on average, patients miss 23 h of work

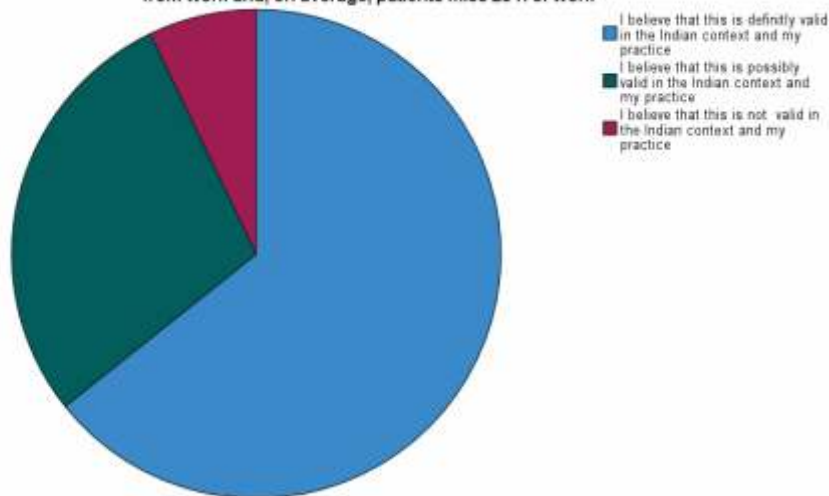


Table 73: Fertility staff should be aware that patients' emotional stress fluctuates during an IVF/ICSI cycle, with peaks at the oocyte retrieval, the embryo transfer, and the waiting period before the pregnancy test

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients' emotional stress fluctuates during an IVF/ICSI cycle, with peaks at the oocyte retrieval, the embryo transfer, and the waiting period before the pregnancy test

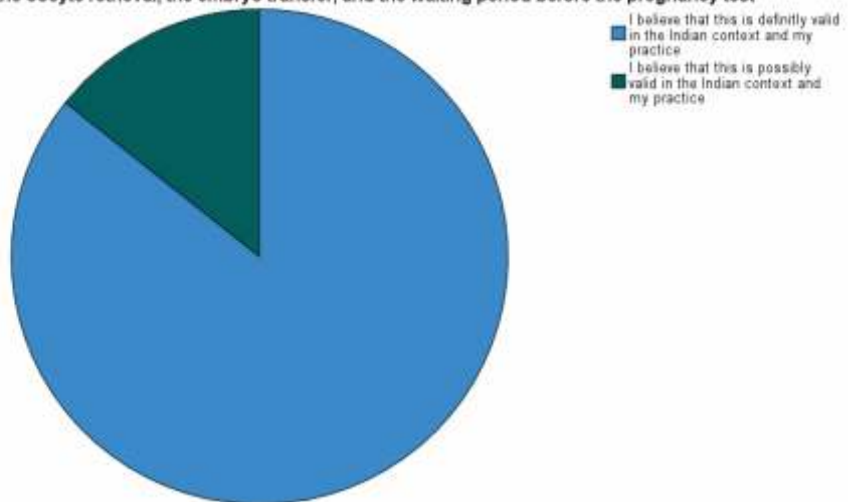


Table 74: Fertility staff should be aware that women's positive affect decreases during an IVF/ICSI cycle

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 19 | 67.9 | 67.9 | 67.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women's positive affect decreases during an IVF/ICSI cycle

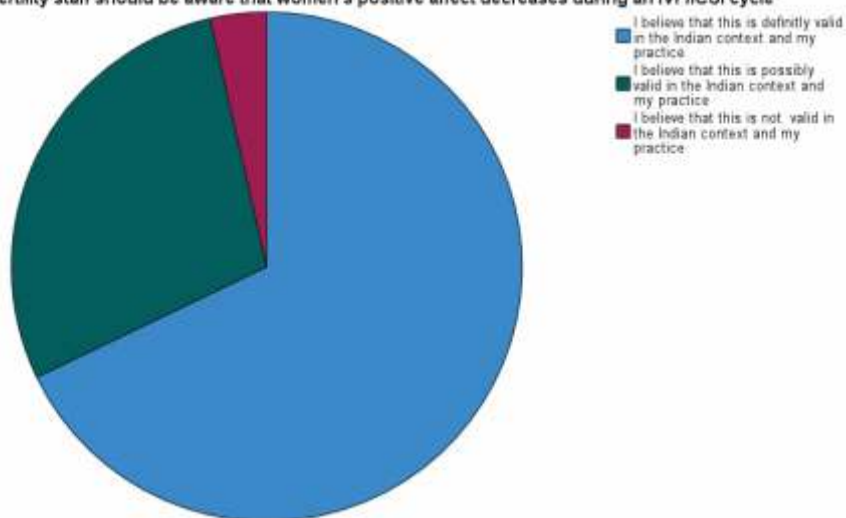


Table 75: Fertility staff should be aware that anxiety and stress are higher when patients are anticipating results (e.g., in the waiting period before the pregnancy test, between oocyte retrieval and embryo transfer)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 26 | 92.9 | 92.9 | 92.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that anxiety and stress are higher when patients are anticipating results (e.g., in the waiting period before the pregnancy test, between oocyte retrieval and embryo transfer)

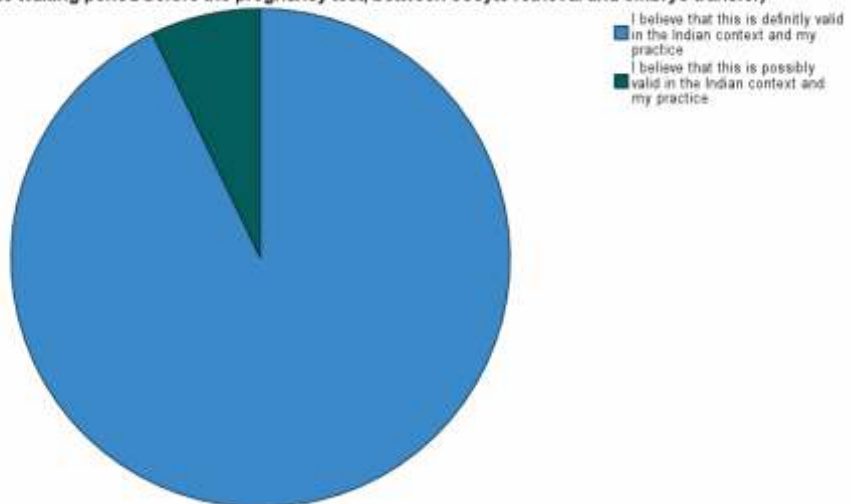


Table 76: Fertility staff should be aware that patients experience high emotional distress when they are informed that the treatment was unsuccessful

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 27 | 96.4 | 96.4 | 96.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients experience high emotional distress when they are informed that the treatment was unsuccessful

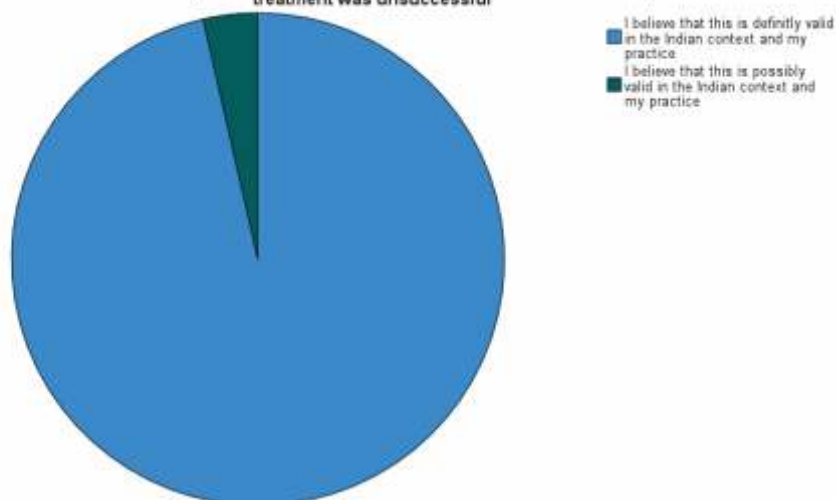


Table 77: Fertility staff should be aware that, when they are informed that the treatment was unsuccessful, 1 to 2 in 10 women experience clinically significant levels of depressive symptoms

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 23 | 82.1 | 82.1 | 82.1 |
| | I believe that this is possibly valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that, when they are informed that the treatment was unsuccessful, 1 to 2 in 10 women experience clinically significant levels of depressive symptoms

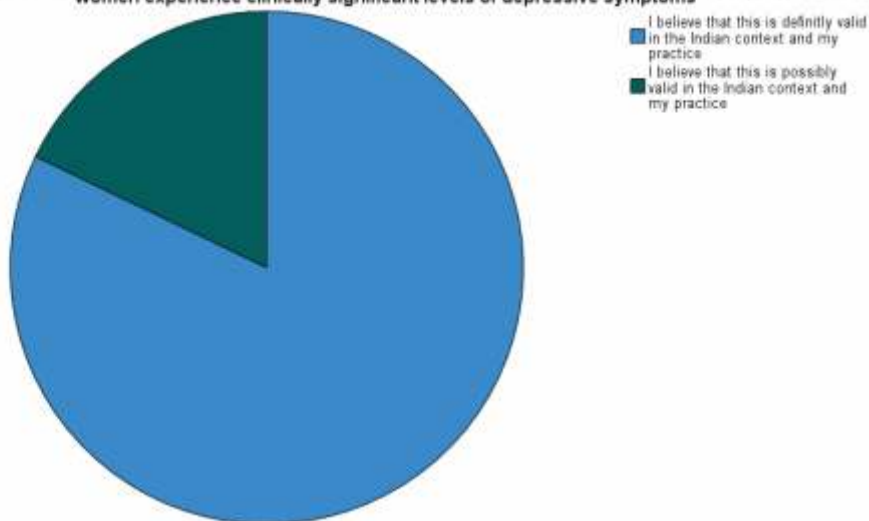


Table 78: Fertility staff should be aware that after receiving the pregnancy test for their IVF/ICSI treatment, 1 in 4 women and 1 in 10 men have a depressive disorder. One in 7 women and 1 in 20 men have an anxiety disorder

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 20 | 71.4 | 71.4 | 71.4 |
| I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 96.4 |
| I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that after receiving the pregnancy test for their IVF/ICSI treatment, 1 in 4 women and 1 in 10 men have a depressive disorder. One in 7 women and 1 in 20 men have an anxiety disorder

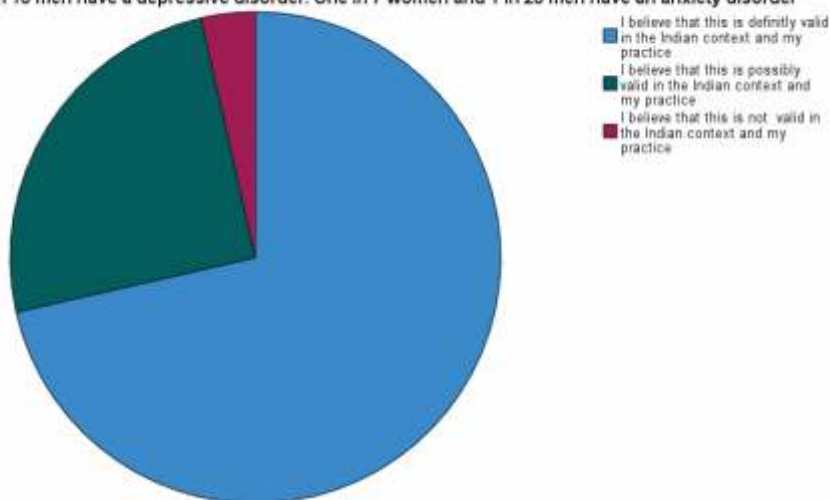


Table 79: Fertility staff should be aware that patients report moderate to high concerns about achieving pregnancy with a healthy live birth, that do not decrease across treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 18 | 64.3 | 64.3 | 64.3 |
| | I believe that this is possibly valid in the Indian context and my practice | 10 | 35.7 | 35.7 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients report moderate to high concerns about achieving pregnancy with a healthy live birth, that do not decrease across treatment

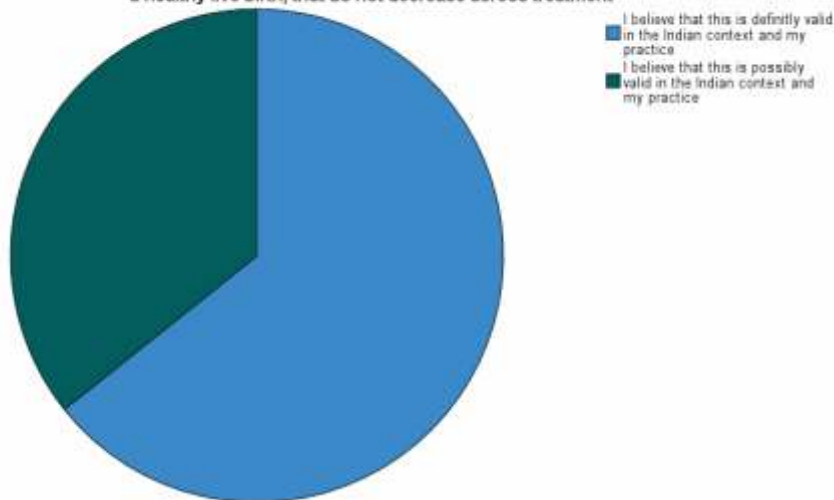


Table 80: The guideline development group recommends that fertility staff use the tools listed in Appendix 2 (listed below) when assessing patients' needs.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 13 | 46.4 | 46.4 | 46.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 11 | 39.3 | 39.3 | 85.7 |
| | I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff use the tools listed in Appendix 2 (listed below) when assessing patients' needs.

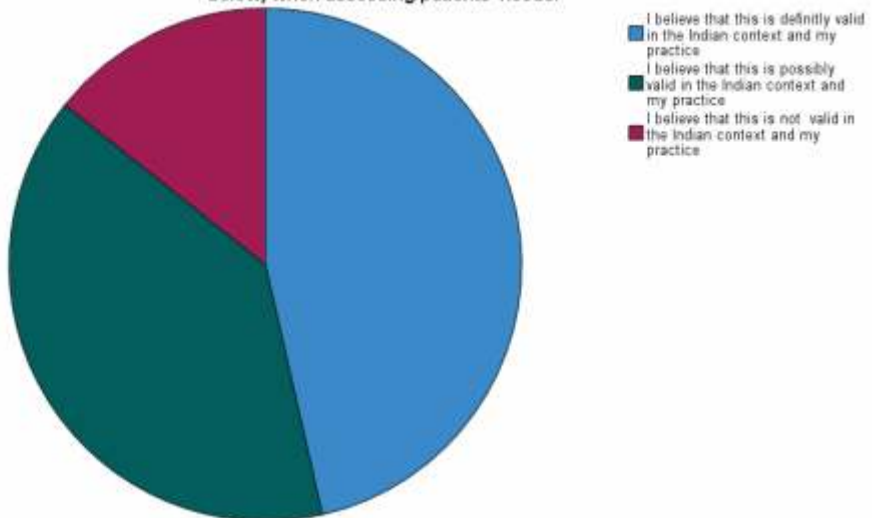


Table 81: Fertility staff should be aware that currently there are no reliable tools or predictors to identify patients not likely to comply with recommended treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 20 | 71.4 | 71.4 | 71.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that currently there are no reliable tools or predictors to identify patients not likely to comply with recommended treatment

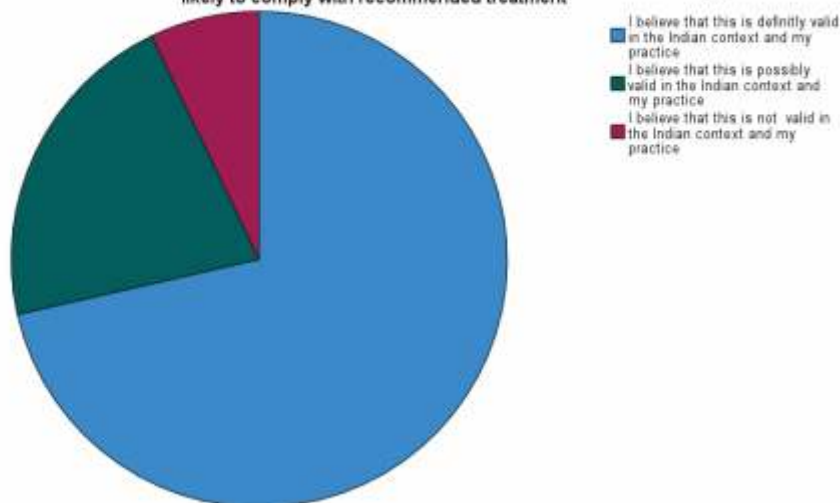


Table 82: Fertility staff should be aware that at the start of ovarian stimulation, at oocyte retrieval, and after the pregnancy test, men report lower perceived support than women

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 16 | 57.1 | 57.1 | 57.1 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 85.7 |
| | I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that at the start of ovarian stimulation, at oocyte retrieval, and after the pregnancy test, men report lower perceived support than women

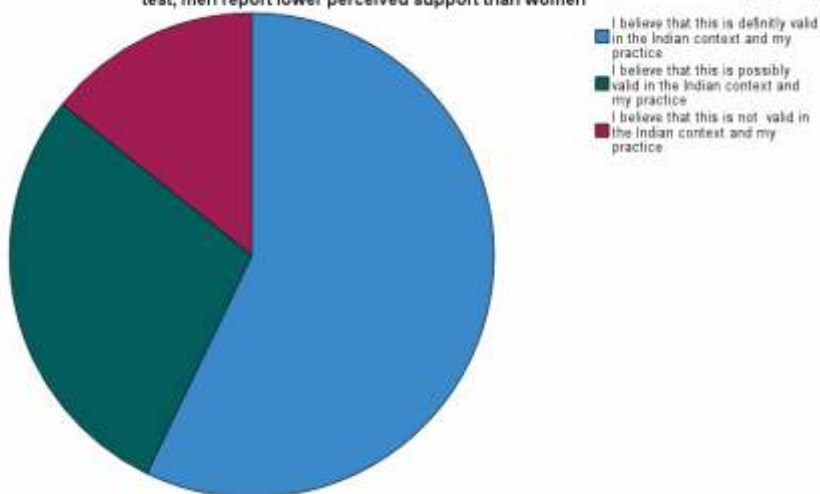


Table 83: Fertility staff should be aware that men report higher social isolation than women during an IVF/ICSI treatment cycle

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 12 | 42.9 | 42.9 | 42.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 64.3 |
| | I believe that this is not valid in the Indian context and my practice | 10 | 35.7 | 35.7 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that men report higher social isolation than women during an IVF/ICSI treatment cycle

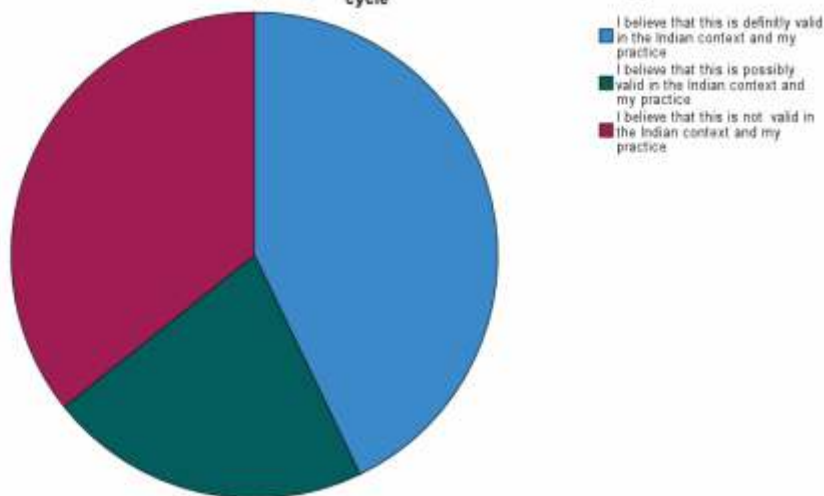


Table 84: Fertility staff should be aware that patients with lower education level or with physical or emotional complaints due to IVF/ICSI may take more treatment-related hours off work

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 17 | 60.7 | 60.7 | 60.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 85.7 |
| | I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients with lower education level or with physical or emotional complaints due to IVF/ICSI may take more treatment-related hours off work

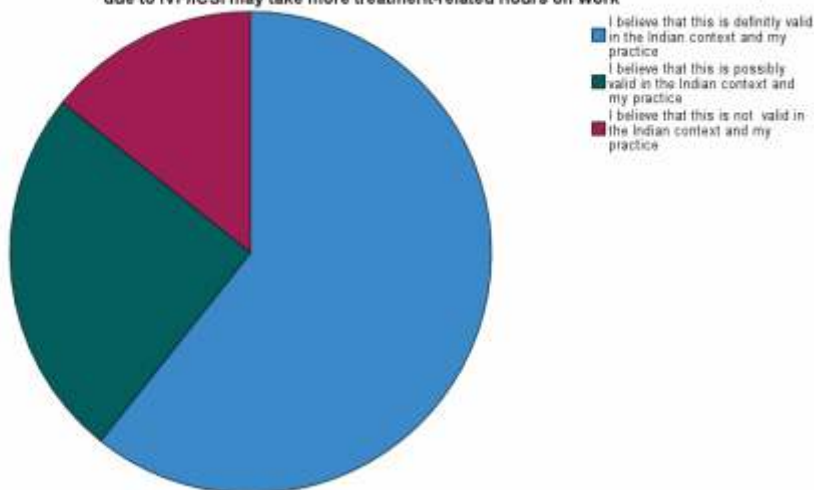


Table 85: Fertility staff should be aware that women are more likely to experience anxiety, depression, stress, and/or psychiatric morbidity than men

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 23 | 82.1 | 82.1 | 82.1 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women are more likely to experience anxiety, depression, stress, and/or psychiatric morbidity than men

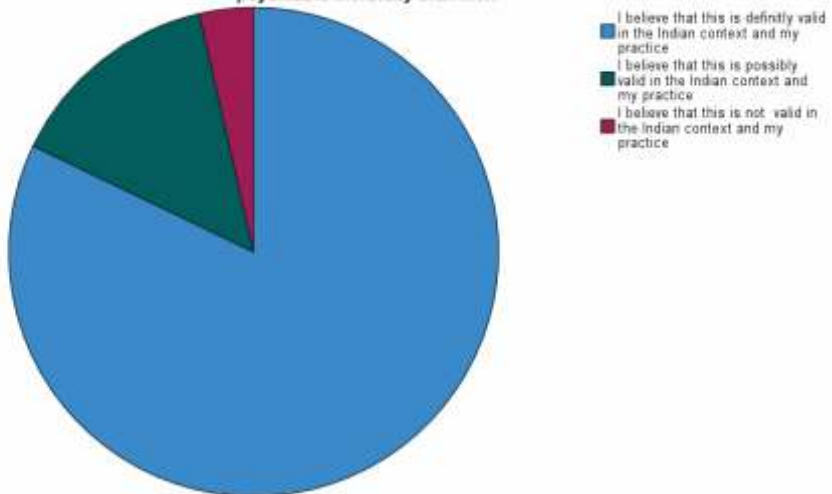


Table 86: Fertility staff should be aware that the number of previous treatment cycles is not associated with depression, anxiety, or incidence of psychiatric disorders for men and women undergoing treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 10 | 35.7 | 35.7 | 35.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 50.0 |
| | I believe that this is not valid in the Indian context and my practice | 14 | 50.0 | 50.0 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the number of previous treatment cycles is not associated with depression, anxiety, or incidence of psychiatric disorders for men and women undergoing treatment

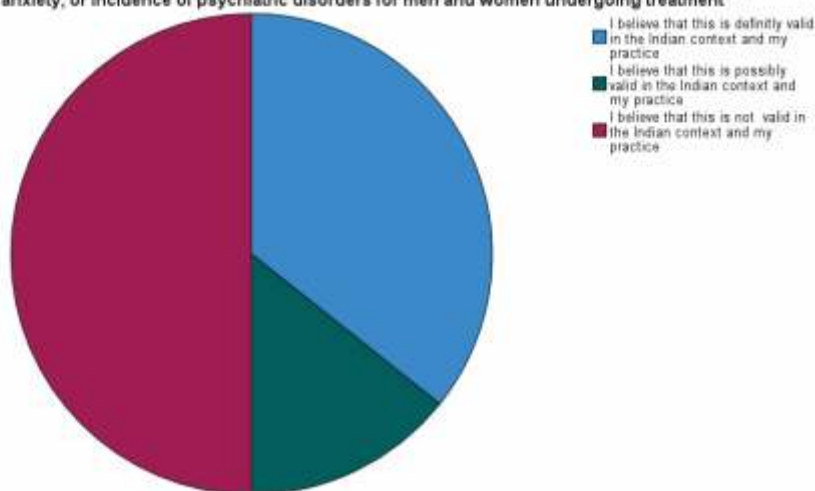


Table 87: Fertility staff should be aware that patients undergoing mild stimulation IVF/ICSI (as opposed to standard stimulation) are more likely to experience negative emotional reactions at oocyte retrieval but less likely to experience these reactions during hormonal stimulation and after a treatment cycle cancellation or failure

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 12 | 42.9 | 42.9 | 42.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 11 | 39.3 | 39.3 | 82.1 |
| | I believe that this is not valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients undergoing mild stimulation IVF/ICSI (as opposed to standard stimulation) are more likely to experience negative emotional reactions at oocyte retrieval but less likely to experience these reactions during hormonal stimulation and after a treatment cycle cancellation or failure

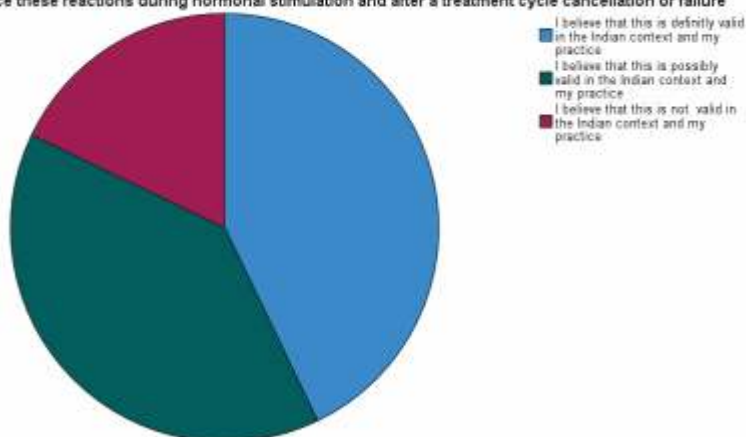


Table 88: Fertility staff should be aware that patients with a previous history of vulnerability to mental health disorders are more likely to experience depression, anxiety, and/or psychiatric morbidity during treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 25 | 89.3 | 89.3 | 89.3 |
| | I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients with a previous history of vulnerability to mental health disorders are more likely to experience depression, anxiety, and/or psychiatric morbidity during treatment

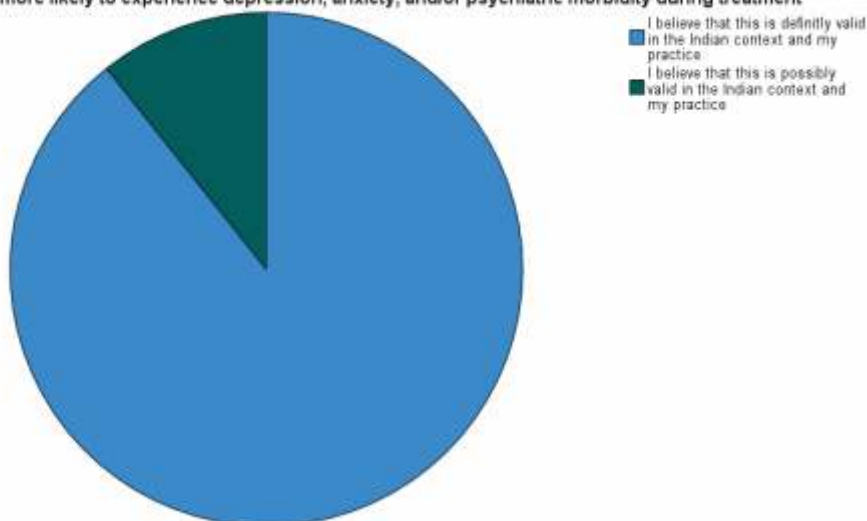


Table 89: Fertility staff should be aware that the ways women deal with their fertility problems are associated with infertility-specific distress. The use of avoidant coping (e.g., avoiding being amongst pregnant women) is associated with higher infertility-specific distress. The use of emotional expressive coping (e.g., expressing feelings to significant others) is associated with lower infertility specific distress

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 85.7 |
| I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the ways women deal with their fertility problems are associated with infertility-specific distress. • The use of avoidant coping (e.g., avoiding being amongst pregnant women) is associated with higher infertility-specific distress. • The use of emotional expressive coping (e.g., expressing feelings to significant others) is associated with lower infertility-specific distress

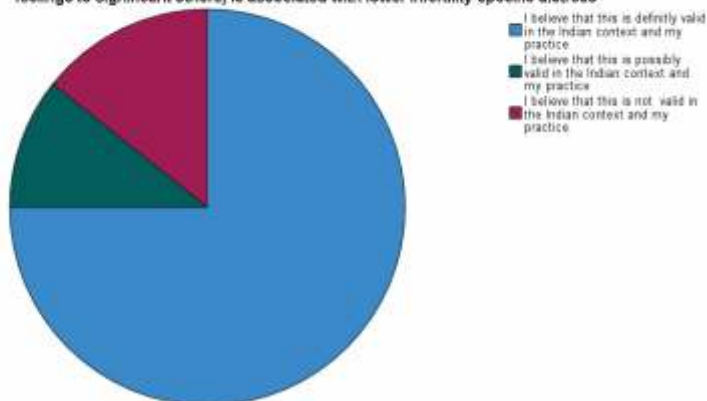


Table 90: Fertility staff should be aware that patients with low acceptance of infertility and childlessness are more likely to experience anxiety and depression when they are informed that the treatment was unsuccessful

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients with low acceptance of infertility and childlessness are more likely to experience anxiety and depression when they are informed that the treatment was unsuccessful

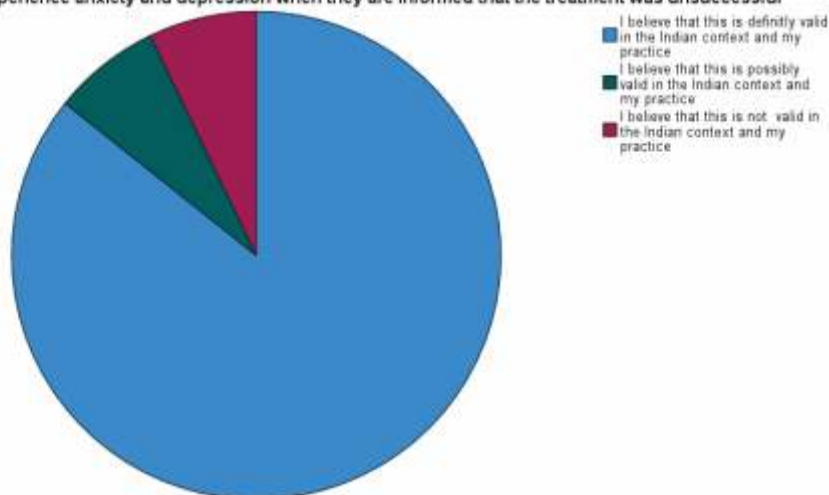


Table 91: Fertility staff should be aware that patients who experience high helplessness regarding infertility and its treatment are more likely to experience anxiety and depression when they are informed that the treatment was unsuccessful

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients who experience high helplessness regarding infertility and its treatment are more likely to experience anxiety and depression when they are informed that the treatment was unsuccessful

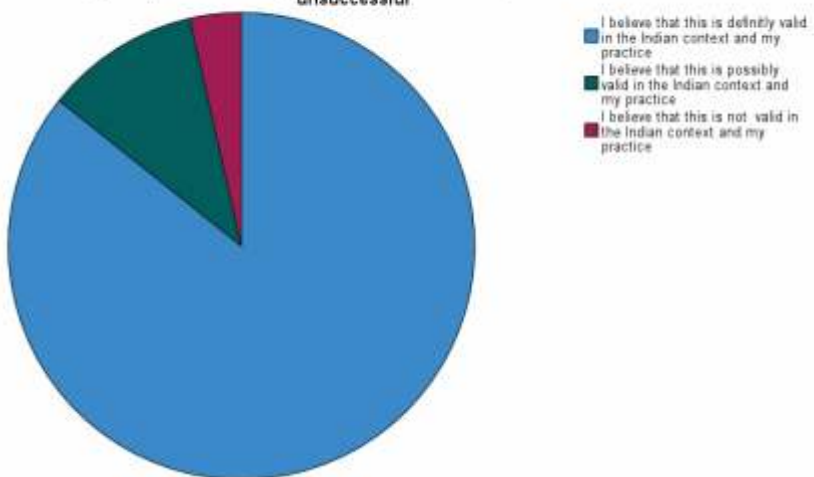


Table 92: Fertility staff should be aware that in couples, the way one partner reacts to infertility and its treatment is associated with how the other partner reacts

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 19 | 67.9 | 67.9 | 67.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that in couples, the way one partner reacts to infertility and its treatment is associated with how the other partner reacts

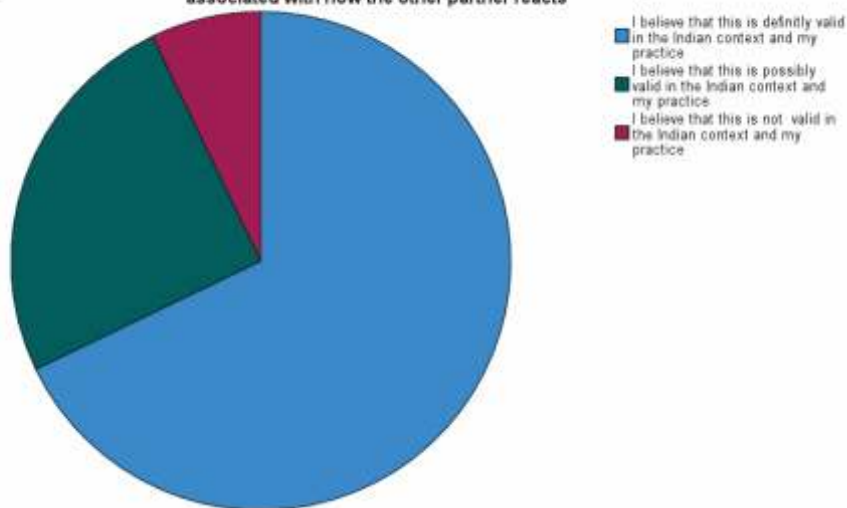


Table 93: Fertility staff should be aware that currently there are no reliable methods or information about predictors of the concerns patients have about treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 17 | 60.7 | 60.7 | 60.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 9 | 32.1 | 32.1 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that currently there are no reliable methods or information about predictors of the concerns patients have about treatment

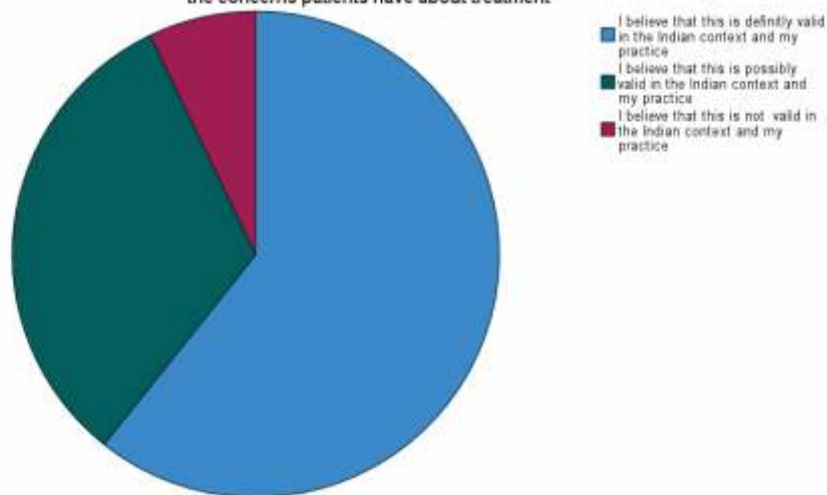


Table 94: The guideline development group recommends that fertility staff refer patients at risk of experiencing clinically significant psychosocial problems to specialized psychosocial care (infertility counselling or psychotherapy)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 23 | 82.1 | 82.1 | 82.1 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff refer patients at risk of experiencing clinically significant psychosocial problems to specialized psychosocial care (infertility counselling or psychotherapy)

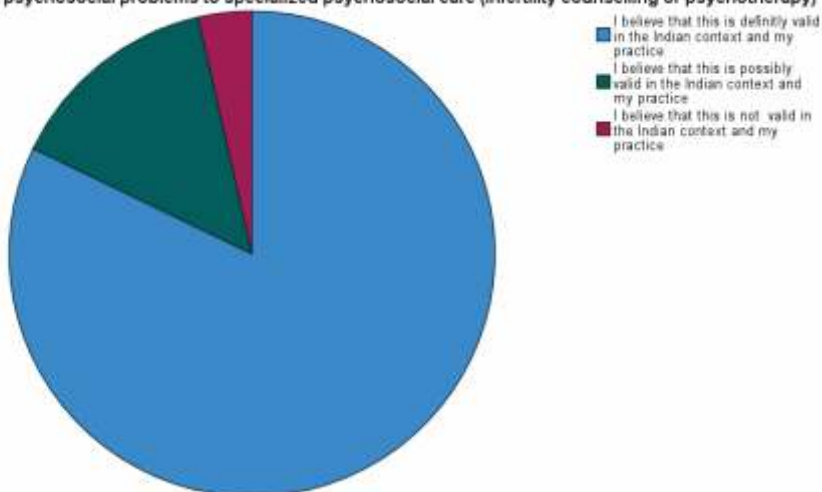


Table 95: The guideline development group recommends that fertility staff offer patients the opportunity to discuss uptake or not of recommended treatment and receive decisional support to deliberate their choice.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 22 | 78.6 | 78.6 | 78.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff offer patients the opportunity to discuss uptake or not of recommended treatment and receive decisional support to deliberate their choice.

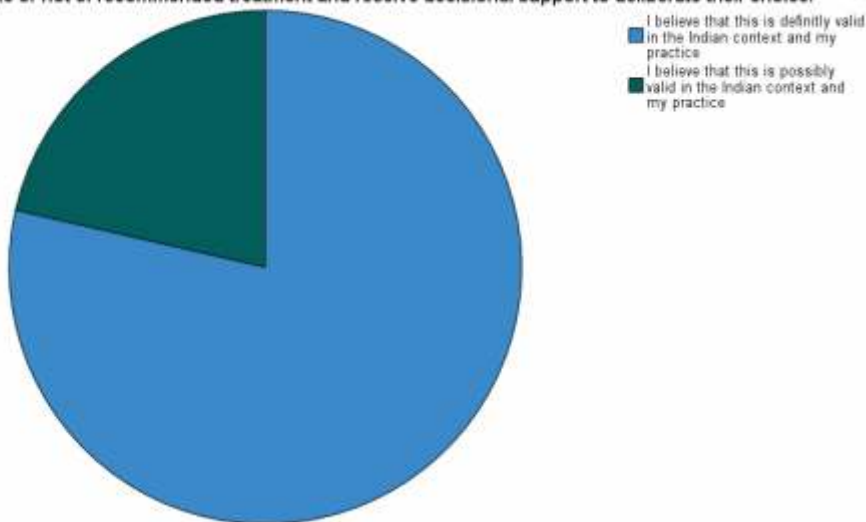


Table 96: Fertility staff should be aware that offering the currently available interactive complex interventions* is not likely to improve patient interpersonal relationships or sexual concerns

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 14 | 50.0 | 50.0 | 50.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 78.6 |
| | I believe that this is not valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that offering the currently available interactive complex interventions* is not likely to improve patient interpersonal relationships or sexual concerns

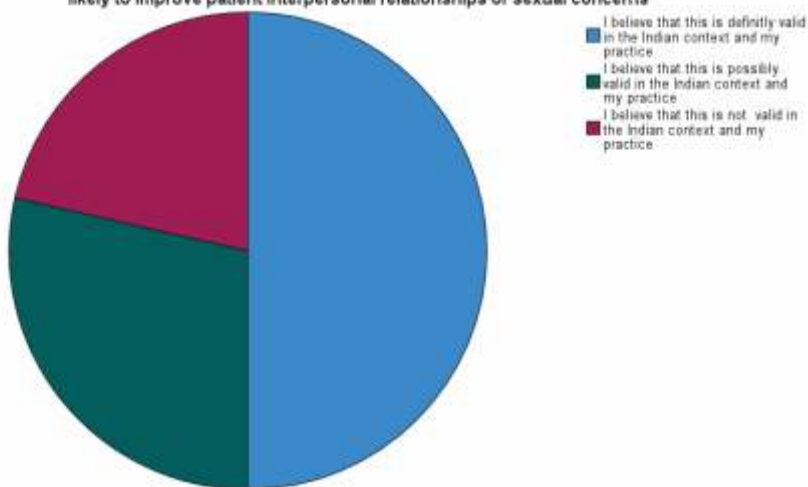


Table 97: Fertility staff should be aware that providing IVF/ICSI-patients with access to an internet-based personal health record is not likely to improve their social support

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 15 | 53.6 | 53.6 | 53.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 9 | 32.1 | 32.1 | 85.7 |
| | I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that providing IVF/ICSI-patients with access to an internet-based personal health record is not likely to improve their social support

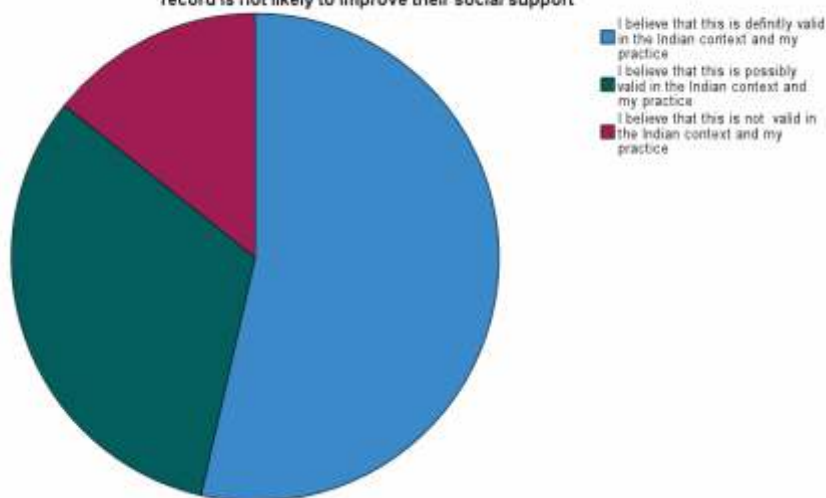


Table 98: The guideline development group recommends that fertility staff offer additional psychosocial care to patients with specific characteristics associated with social isolation or absence from work.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff offer additional psychosocial care to patients with specific characteristics associated with social isolation or absence from work.

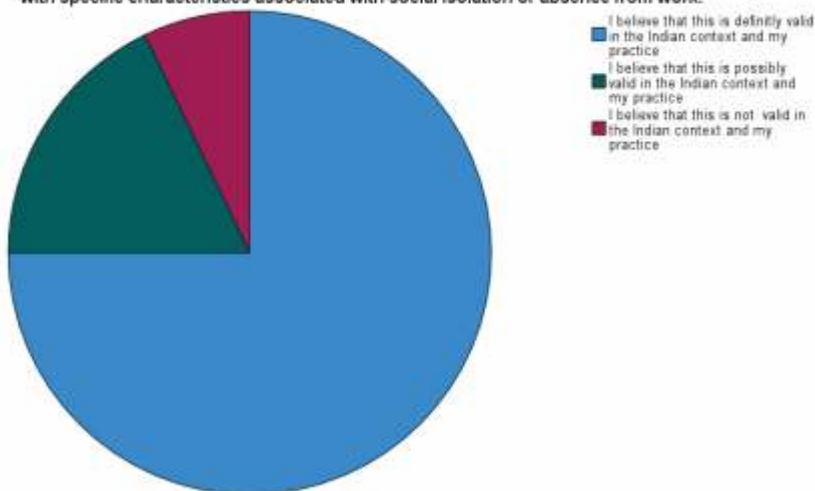


Table 99: The guideline development group recommends that fertility staff actively involve both partners of the couple in the treatment process.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 27 | 96.4 | 96.4 | 96.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff actively involve both partners of the couple in the treatment process.

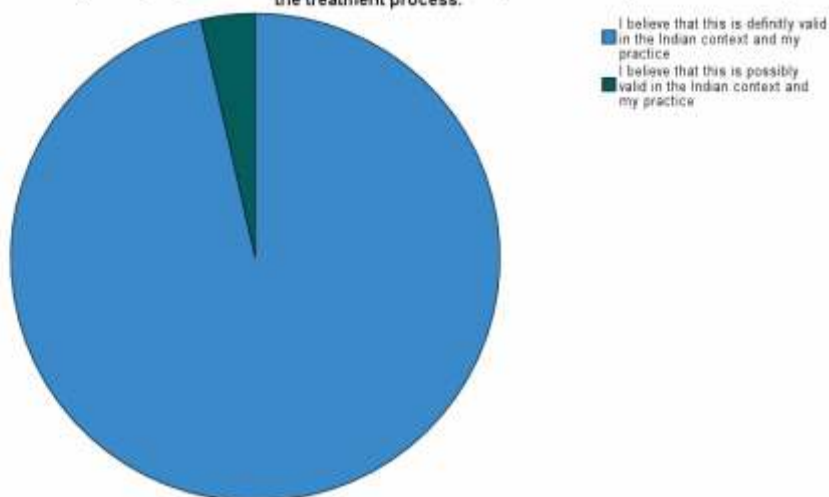


Table 100: Fertility staff should be aware that offering the currently available complex interventions* is not likely to improve patients' depression levels

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 16 | 57.1 | 57.1 | 57.1 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 82.1 |
| | I believe that this is not valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that offering the currently available complex interventions* is not likely to improve patients' depression levels

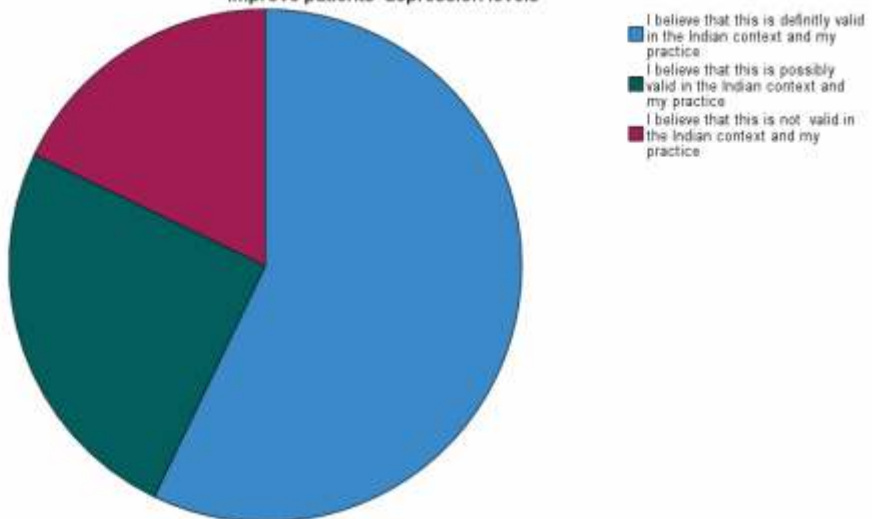


Table 101: Fertility staff should be aware that providing IVF/ICSI-patients with access to an internet-based personal health record is not likely to improve their emotional well-being (anxiety, depression, and self-efficacy)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 17 | 60.7 | 60.7 | 60.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 85.7 |
| | I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that providing IVF/ICSI-patients with access to an internet-based personal health record is not likely to improve their emotional well-being (anxiety, depression, and self-efficacy)

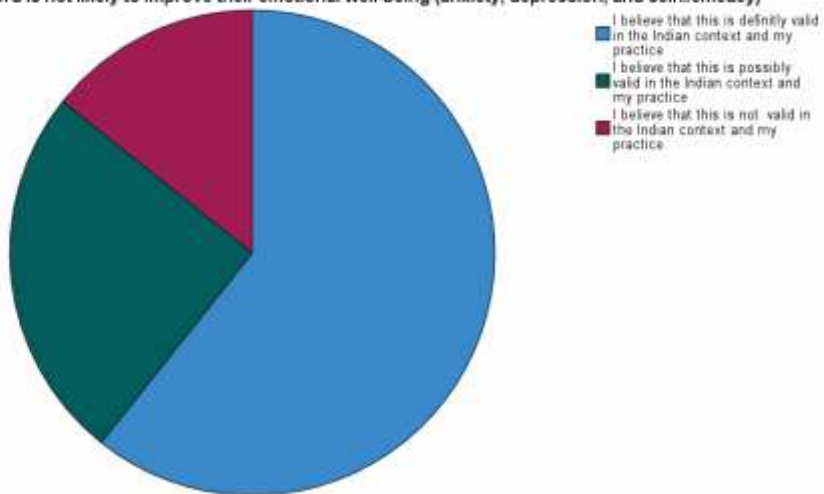


Table 102: The guideline development group recommends that fertility staff offer additional psychosocial care to patients with specific characteristics associated with negative emotional reactions.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 92.9 |
| | I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff offer additional psychosocial care to patients with specific characteristics associated with negative emotional reactions.

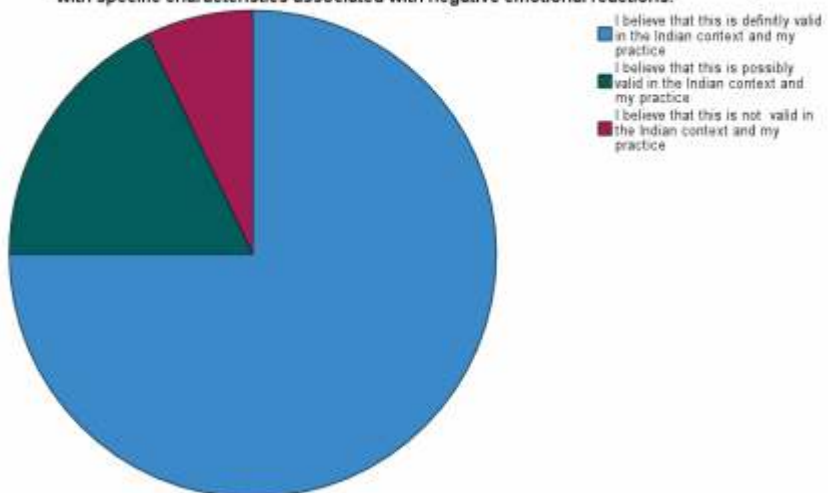


Table 103: The guideline development group recommends that fertility staff actively involve both partners of the couple in the treatment process.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 25 | 89.3 | 89.3 | 89.3 |
| | I believe that this is possibly valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff actively involve both partners of the couple in the treatment process.

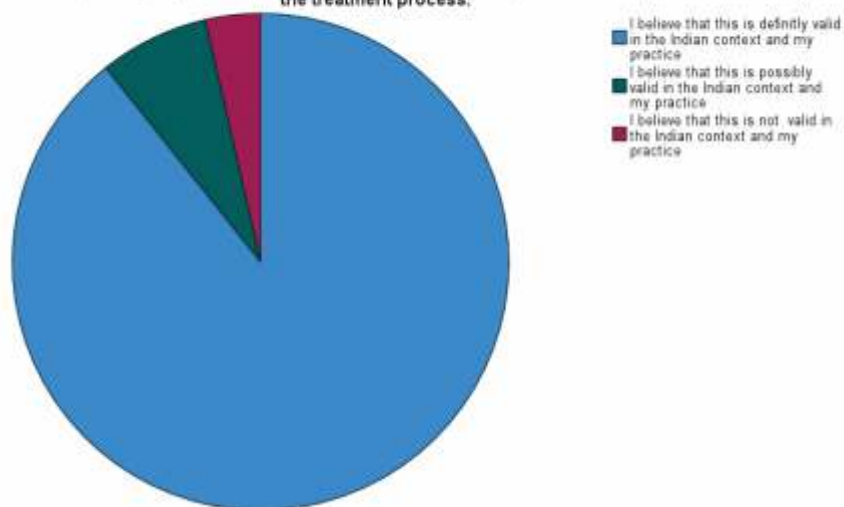


Table 104: Fertility staff should be aware that providing IVF/ICSI-patients with access to an internet-based personal health record is not likely to increase their knowledge about infertility and its treatment

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 14 | 50.0 | 50.0 | 50.0 |
| I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 78.6 |
| I believe that this is not valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that providing IVF/ICSI-patients with access to an internet-based personal health record is not likely to increase their knowledge about infertility and its treatment

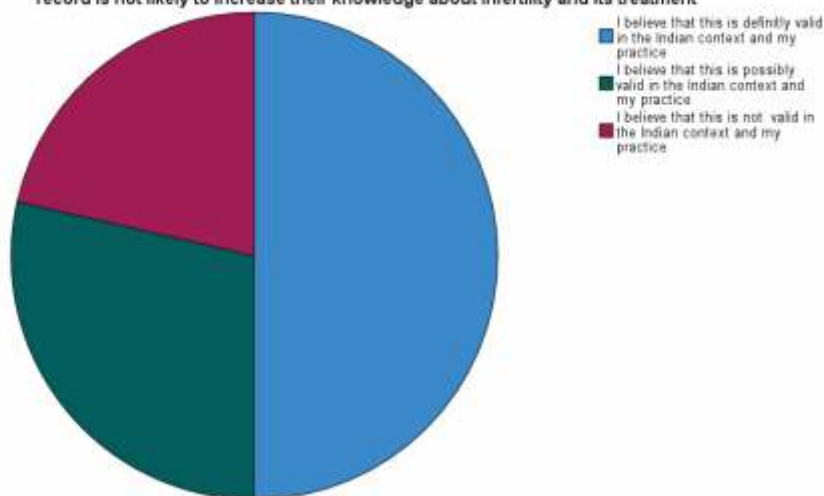


Table 105: The guideline development group recommends that fertility staff offer patients the opportunity to discuss and clarify their treatment related concerns.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 26 | 92.9 | 92.9 | 92.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff offer patients the opportunity to discuss and clarify their treatment related concerns.

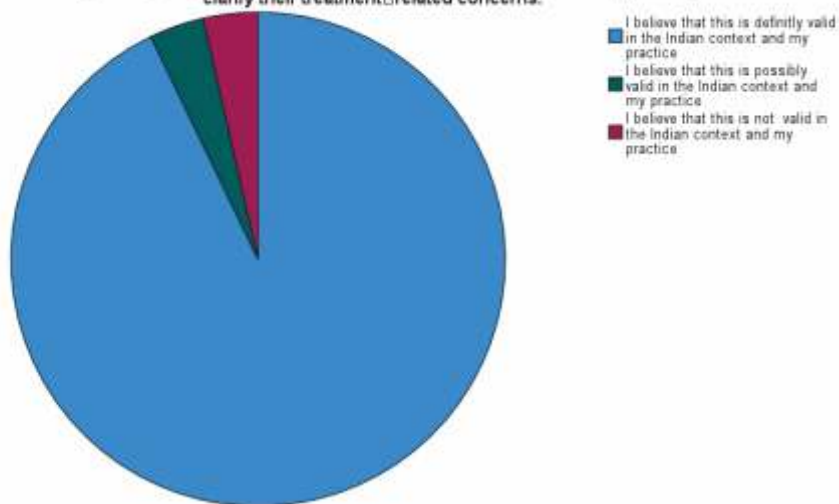


Table 106: Fertility staff should be aware that about 2 years after unsuccessful IVF/ICSI treatment patients are generally satisfied with their marital relationship

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 12 | 42.9 | 42.9 | 42.9 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 67.9 |
| | I believe that this is not valid in the Indian context and my practice | 9 | 32.1 | 32.1 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that about 2 years after unsuccessful IVF/ICSI treatment patients are generally satisfied with their marital relationship

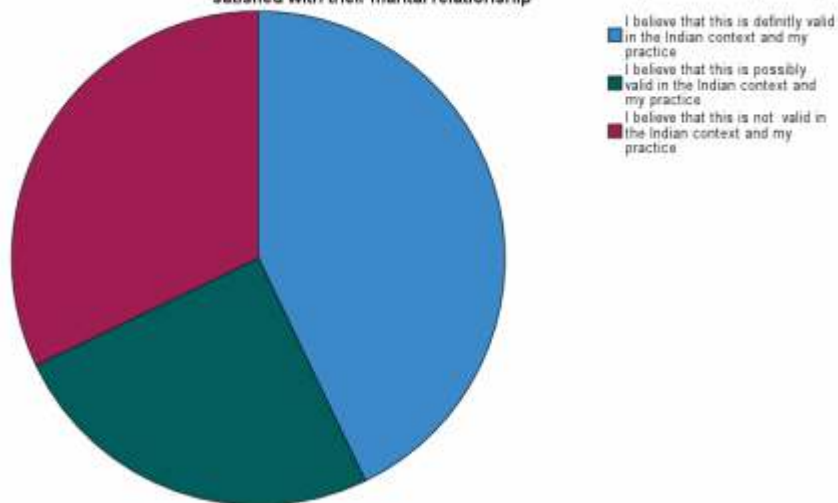


Table 107: Fertility staff should be aware that women who achieve pregnancy with fertility treatment practice lifestyle behaviours that are similar to women who conceive spontaneously

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 14 | 50.0 | 50.0 | 50.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 78.6 |
| | I believe that this is not valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women who achieve pregnancy with fertility treatment practice lifestyle behaviours that are similar to women who conceive spontaneously

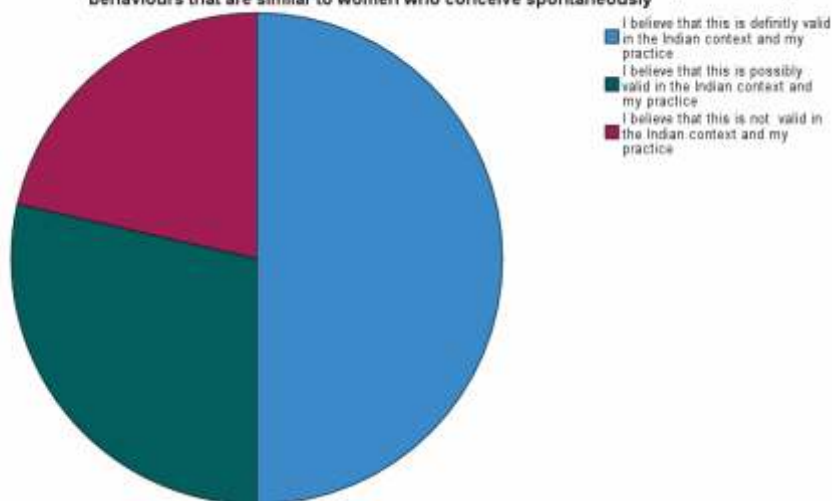


Table 108: Fertility staff should be aware that the way patients relate to their foetus is similar whether the foetus is conceived with ART treatment or spontaneously

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 21 | 75.0 | 75.0 | 75.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 85.7 |
| | I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that the way patients relate to their foetus is similar whether the foetus is conceived with ART treatment or spontaneously

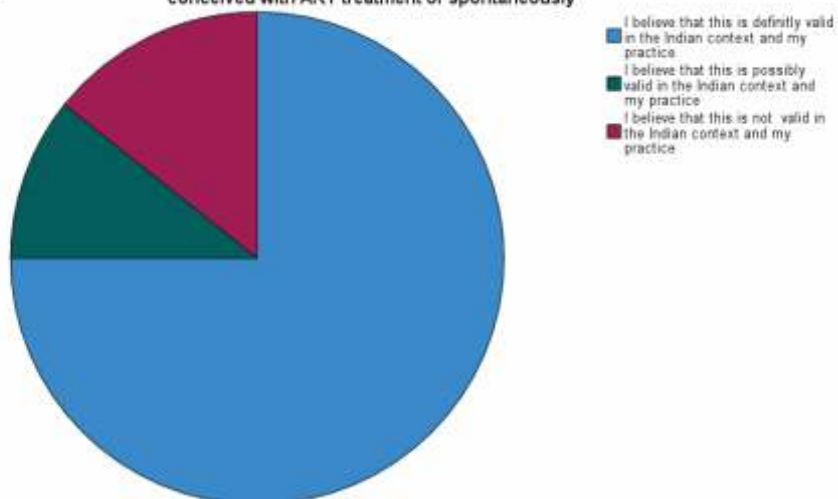


Table 109: Fertility staff should be aware that women who conceived with IVF/ ICSI do not experience more symptoms of depression, worse self esteem or worse mental health during pregnancy than women who conceive spontaneously

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 14 | 50.0 | 50.0 | 50.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 67.9 |
| | I believe that this is not valid in the Indian context and my practice | 9 | 32.1 | 32.1 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women who conceived with IVF/ICSI do not experience more symptoms of depression, worse self-esteem or worse mental health during pregnancy than women who conceive spontaneously

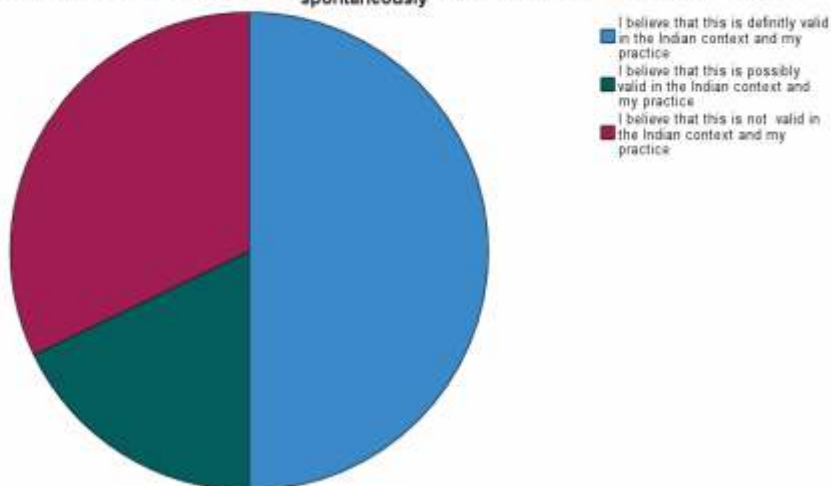


Table 110: Fertility staff should be aware that women who conceived with IVF/ ICSI may experience more pregnancy-specific anxiety than women who conceived spontaneously

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 22 | 78.6 | 78.6 | 78.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women who conceived with IVF/ICSI may experience more pregnancy-specific anxiety than women who conceived spontaneously

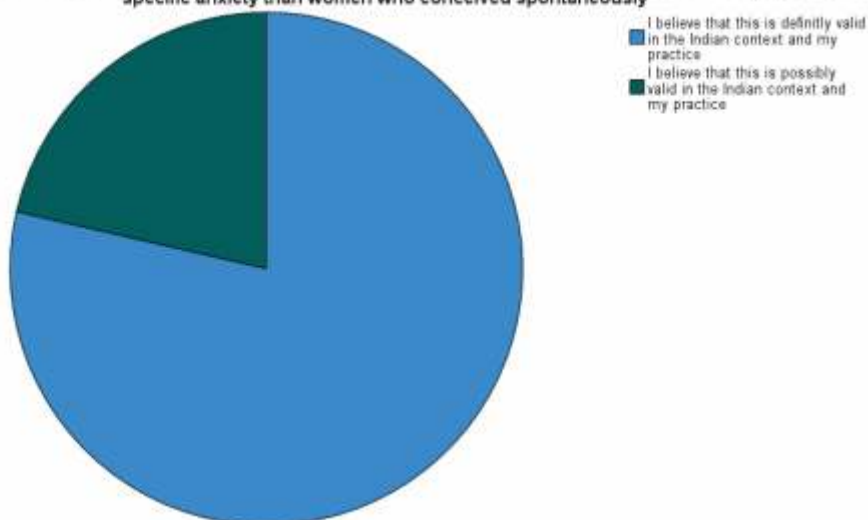


Table 111: Fertility staff should be aware that women with multiple pregnancies after IVF/ICSI may have higher maternal expectations than women with spontaneous multiple pregnancies

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 20 | 71.4 | 71.4 | 71.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 7 | 25.0 | 25.0 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women with multiple pregnancies after IVF/ICSI may have higher maternal expectations than women with spontaneous multiple pregnancies

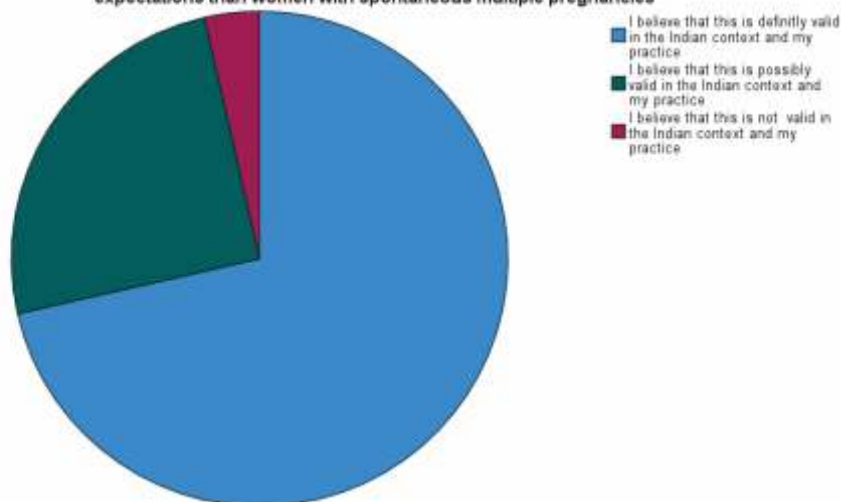


Table 112: The guideline development group recommends that fertility staff use the tools listed in Appendix 2 (listed below) when assessing patients' needs.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 14 | 50.0 | 50.0 | 50.0 |
| | I believe that this is possibly valid in the Indian context and my practice | 11 | 39.3 | 39.3 | 89.3 |
| | I believe that this is not valid in the Indian context and my practice | 3 | 10.7 | 10.7 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff use the tools listed in Appendix 2 (listed below) when assessing patients' needs.

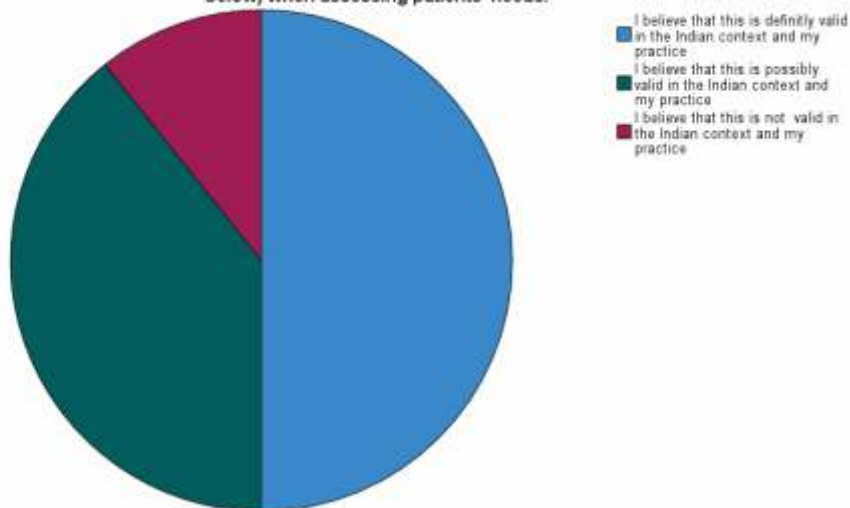


Table 113: Fertility staff should be aware that former patients who remain childless 5 years after unsuccessful IVF/ICSI treatment may use more sleeping pills, smoke more often, and consume more alcohol than former patients that become parents via adoption, or spontaneously

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 17 | 60.7 | 60.7 | 60.7 |
| I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 82.1 |
| I believe that this is not valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that former patients who remain childless 5 years after unsuccessful IVF/ICSI treatment may use more sleeping pills, smoke more often, and consume more alcohol than former patients that become parents via adoption, or spontaneously

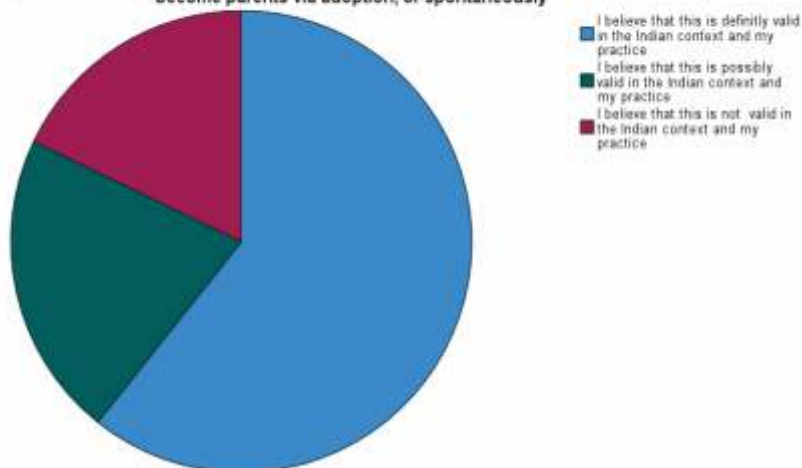


Table 114: Fertility staff should be aware that former patients that remain childless 5 years after unsuccessful IVF/ICSI treatment are three times more likely to separate than former patients that become parents via adoption, or spontaneously

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 16 | 57.1 | 57.1 | 57.1 |
| I believe that this is possibly valid in the Indian context and my practice | 10 | 35.7 | 35.7 | 92.9 |
| I believe that this is not valid in the Indian context and my practice | 2 | 7.1 | 7.1 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that former patients that remain childless 5 years after unsuccessful IVF/ICSI treatment are three times more likely to separate than former patients that become parents via adoption, or spontaneously

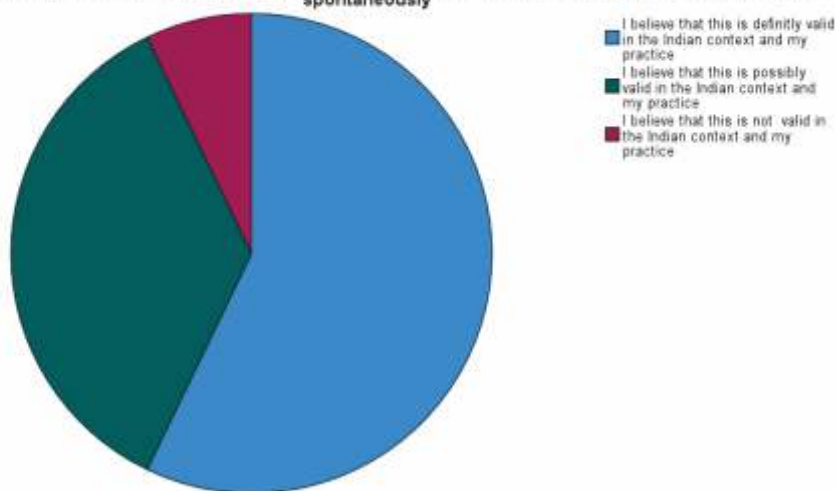


Table 115: Fertility staff should be aware that women who remain childless 10 years after unsuccessful IVF/ICSI treatment are not more likely to develop psychiatric disorders than women of the same age who never underwent fertility treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 15 | 53.6 | 53.6 | 53.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 82.1 |
| | I believe that this is not valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women who remain childless 10 years after unsuccessful IVF/ICSI treatment are not more likely to develop psychiatric disorders than women of the same age who never underwent fertility treatment

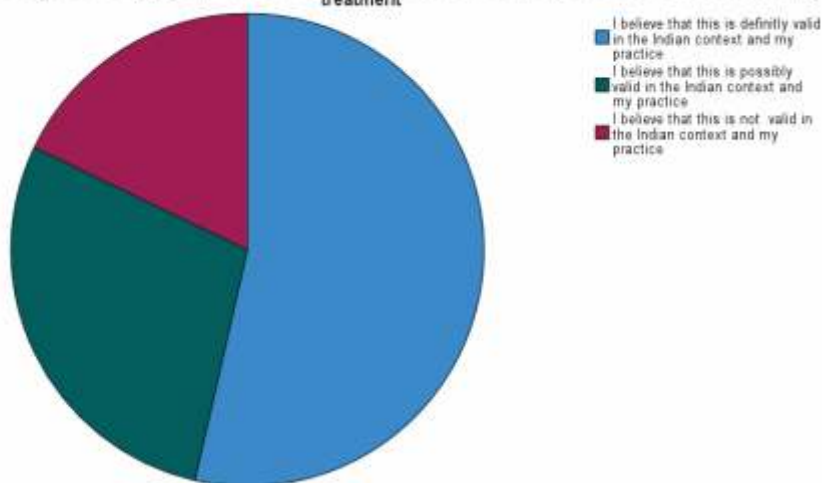


Table 116: Fertility staff should be aware that women with a persistent desire for pregnancy 3 to 5 years after unsuccessful treatment may experience more anxiety and depression than women who find new life goals or women who become mothers

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 23 | 82.1 | 82.1 | 82.1 |
| | I believe that this is possibly valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women with a persistent desire for pregnancy 3 to 5 years after unsuccessful treatment may experience more anxiety and depression than women who find new life goals or women who become mothers

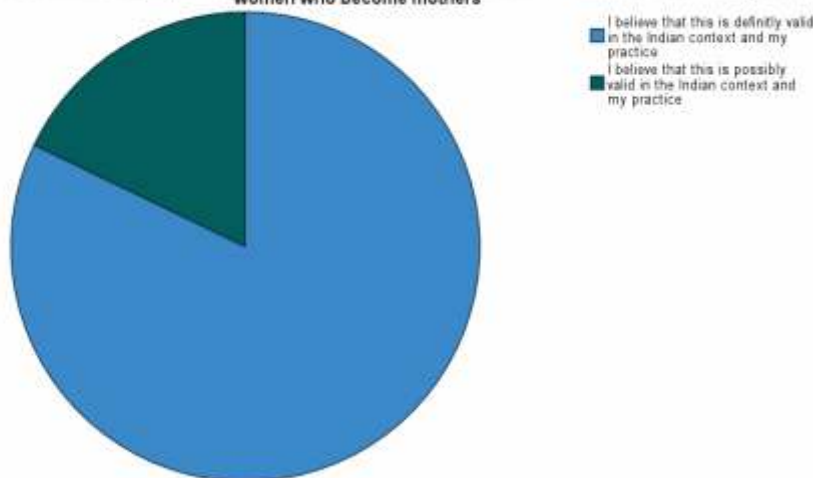


Table 117: Fertility staff should be aware that women who experienced multiple failed ART cycles or high stress during treatment may be more likely to experience symptoms of anxiety during pregnancy

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 20 | 71.4 | 71.4 | 71.4 |
| | I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that women who experienced multiple failed ART cycles or high stress during treatment may be more likely to experience symptoms of anxiety during pregnancy

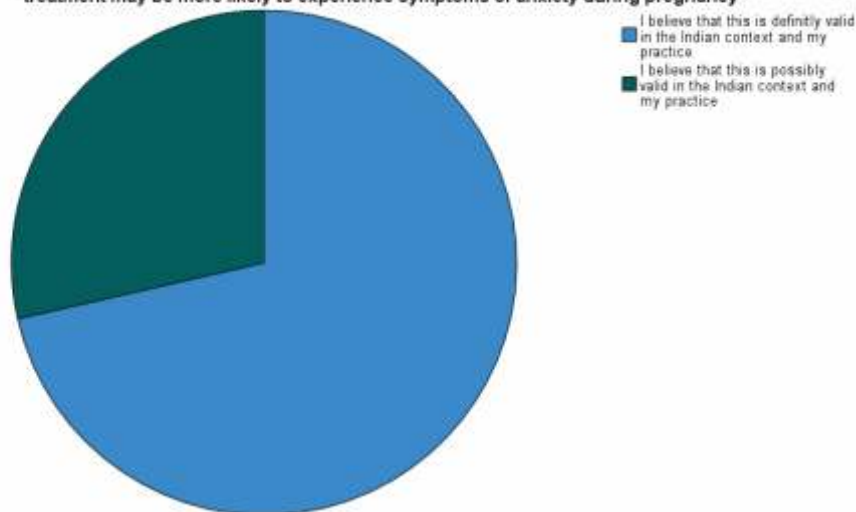


Table 118: Fertility staff should be aware that patients with multiple pregnancies after ART are not more likely to experience poorer mental health than patients with a single ART pregnancy

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 18 | 64.3 | 64.3 | 64.3 |
| I believe that this is possibly valid in the Indian context and my practice | 6 | 21.4 | 21.4 | 85.7 |
| I believe that this is not valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

Fertility staff should be aware that patients with multiple pregnancies after ART are not more likely to experience poorer mental health than patients with a single ART pregnancy

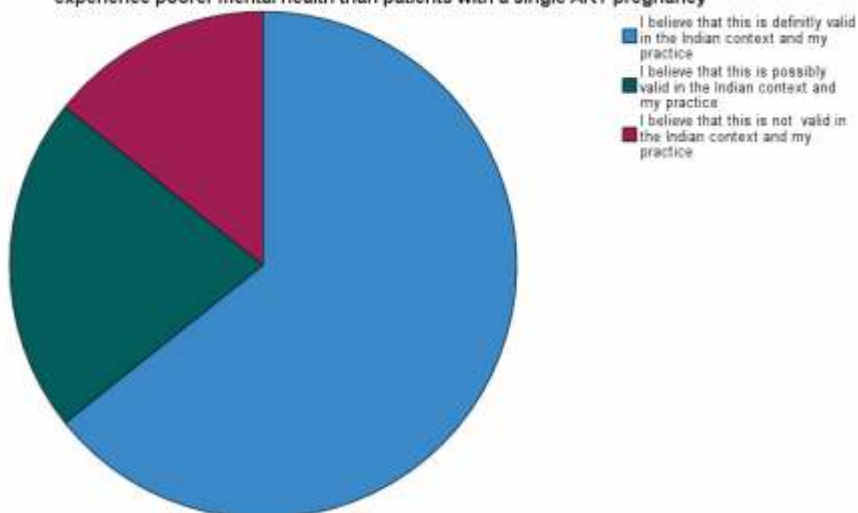


Table 119: The guideline development group recommends that fertility staff refer patients who, when ending unsuccessful treatment, experience or are at risk of experiencing (in the short or the long term) clinically significant psychosocial problems, to specialized psychosocial care (infertility counselling or psychotherapy).

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff refer patients who, when ending unsuccessful treatment, experience or are at risk of experiencing (in the short or the long term) clinically significant psychosocial problems, to specialized psychosocial care (infertility counselling or psychotherapy).

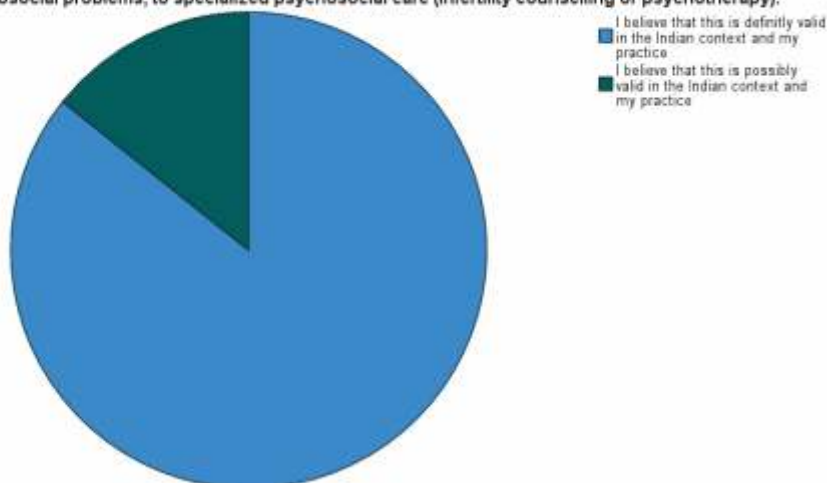


Table 120: The guideline development group recommends that fertility staff refer patients who, when ending unsuccessful treatment, experience or are at risk of experiencing (in the short or the long term) clinically significant psychosocial problems, to specialized psychosocial care (infertility counselling or psychotherapy).

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff refer patients who, when ending unsuccessful treatment, experience or are at risk of experiencing (in the short or the long term) clinically significant psychosocial problems, to specialized psychosocial care (infertility counselling or psychotherapy).

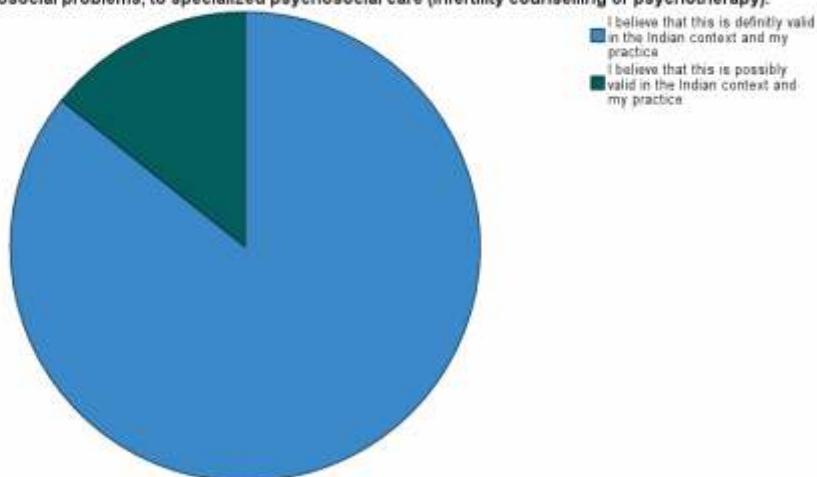


Table 121: The guideline development group recommends that fertility staff offer patients the opportunity to discuss the implications of ending unsuccessful treatment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff offer patients the opportunity to discuss the implications of ending unsuccessful treatment

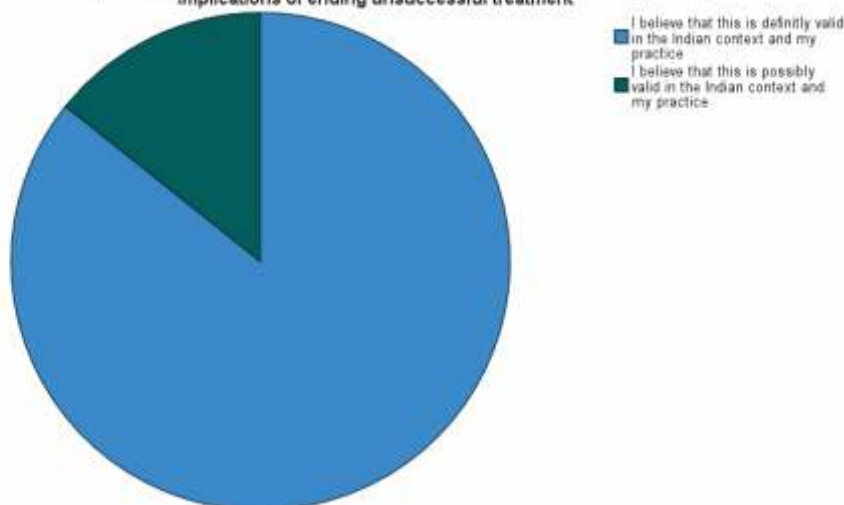


Table 122: The guideline development group recommends that fertility staff refer patients who experience or are at risk of experiencing clinically significant psychosocial problems after successful treatment, to specialized psychosocial care (infertility counselling or psychotherapy)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 22 | 78.6 | 78.6 | 78.6 |
| | I believe that this is possibly valid in the Indian context and my practice | 5 | 17.9 | 17.9 | 96.4 |
| | I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff refer patients who experience or are at risk of experiencing clinically significant psychosocial problems after successful treatment, to specialized psychosocial care (infertility counselling or psychotherapy)

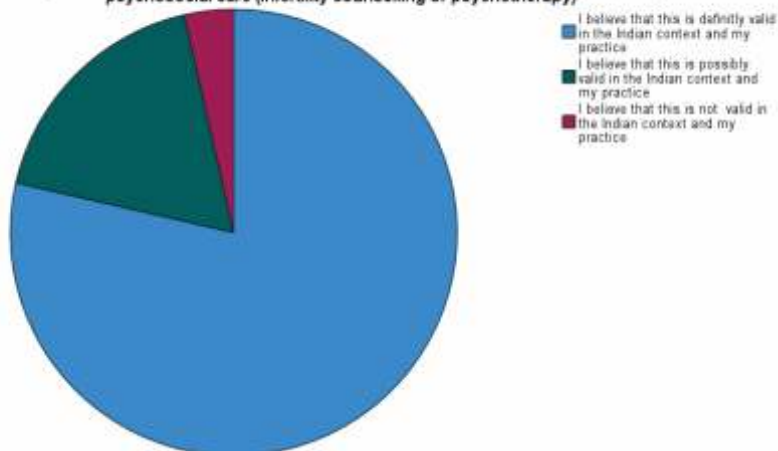


Table 123: The guideline development group recommends that fertility staff offer additional psychosocial care to patients at risk of increased infertility-specific psychosocial distress after successful treatment.

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid I believe that this is definitely valid in the Indian context and my practice | 19 | 67.9 | 67.9 | 67.9 |
| I believe that this is possibly valid in the Indian context and my practice | 8 | 28.6 | 28.6 | 96.4 |
| I believe that this is not valid in the Indian context and my practice | 1 | 3.6 | 3.6 | 100.0 |
| Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff offer additional psychosocial care to patients at risk of increased infertility-specific psychosocial distress after successful treatment.

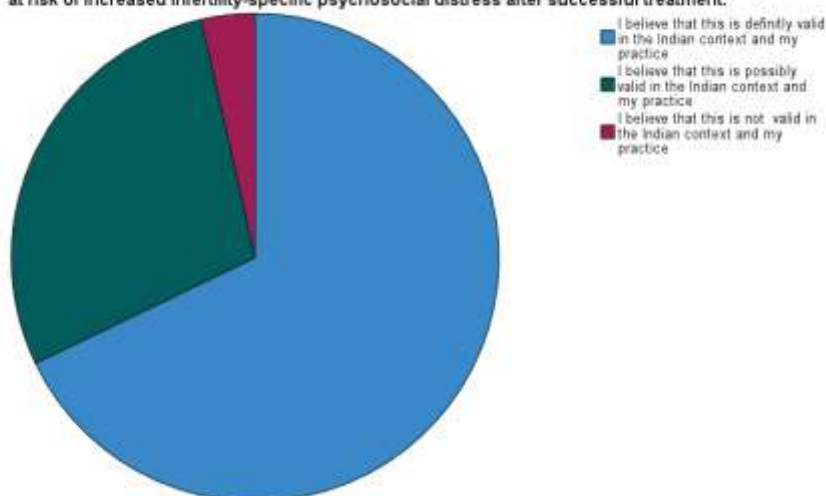


Table 124: The guideline development group recommends that fertility staff offer patients the opportunity to discuss their worries about pregnancy achieved with fertility treatment.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---|-----------|---------|---------------|--------------------|
| Valid | I believe that this is definitely valid in the Indian context and my practice | 24 | 85.7 | 85.7 | 85.7 |
| | I believe that this is possibly valid in the Indian context and my practice | 4 | 14.3 | 14.3 | 100.0 |
| | Total | 28 | 100.0 | 100.0 | |

The guideline development group recommends that fertility staff offer patients the opportunity to discuss their worries about pregnancy achieved with fertility treatment.

