

## Annexure 2

### Abbreviations

- ART Assisted reproductive technology
- BAI Beck Anxiety Inventory
- BDI Beck Depression Inventory
- BMI Body mass index
- BREC Behavioural, relational and social, emotional, and cognitive
- BSI Brief Symptom Inventory
- CES-D Centre for Epidemiologic Studies Depression Scale
- CI Confidence interval
- COMPI Copenhagen Multi-centre Psychosocial Infertility
- DAS Dyadic Adjustment Scale
- DSM Diagnostic and Statistical Manual of Mental Disorders
- FPI Fertility Problem Inventory
- GDG Guideline development group
- GRIS Golombok–Rust Inventory of Sexual Satisfaction
- HADS Hospital Anxiety and Depression Scale
- ICSI Intracytoplasmic sperm injection
- IUI Intrauterine insemination
- IVF In vitro fertilization
- MAR Medically assisted reproduction
- MHP Mental health professionals
- OI Ovulation induction
- OR Odds ratio
- OS Ovarian stimulation
- PCC Patient-centred care

- PDQ-R Personality Disorders Questionnaire
- PGD Preimplantation Genetic Diagnosis
- P.G.I.HQ Post Graduate Institute Health Questionnaire N2
- PGI GWB Post Graduate Institute General Well Being Scale
- PRCI Positive Reappraisal Coping Intervention
- PSS Perceived Stress Scale
- QoL Quality of life
- RCT Randomized controlled trial
- SCL-90 Symptom Checklist
- SD Standard deviation
- SE Standard error
- IIEF International Index of Erectile Function
- FSFI Female sexual function Index
- ED Erectile dysfunction
- FSD Female Sexual Dysfunction
- PE Premature Ejaculation

## Annexure 3

### Glossary

1. **Acceptance:** Acknowledging infertility, finding meaning in the experience, and redirecting efforts towards new life aspirations.
2. **Adoption:** The legal process of taking another's child into one's family as one's own.
3. **Affective Symptoms:** Emotional symptoms such as sadness, anger, or irritability related to infertility.
4. **Anxiety:** A mental health condition characterized by excessive worry, often seen in individuals undergoing fertility treatments.
5. **Anonymity:** The state of being anonymous, often relevant in the context of anonymous sperm or egg donation.
6. **Anonymity of Donor:** Ensuring the donor's identity is not disclosed to the recipient.
7. **ART (Assisted Reproductive Technology):** Medical procedures used to address infertility, including IVF and ICSI.
8. **ART Clinics:** Facilities specialized in offering assisted reproductive technologies.
9. **ART Consultations:** Initial and ongoing discussions between patients and fertility specialists about ART options.
10. **Attendant:** A person present to assist during medical procedures, often nurses or support staff in ART clinics.
11. **Arousal:** The physiological and psychological state of being awoken or alert, which can be affected by fertility treatments.
12. **Avoidance:** A coping mechanism where individuals evade dealing with infertility-related stressors.
13. **Azoospermia:** The absence of sperm in ejaculate, leading to male infertility.
14. **Behavioral Needs:** Specific actions required to support individuals undergoing infertility treatments.

15. **Benefits:** Positive outcomes or advantages, such as increased chance of pregnancy through ART.
16. **Breaking Bad News:** The process of informing patients about unfavorable medical outcomes, such as infertility.
17. **Burden:** The heavy emotional, physical, or financial load carried by individuals facing infertility.
18. **Children's Adjustment:** The process by which children adapt to family changes, such as the inclusion of adopted siblings due to infertility.
19. **Clinic Factors:** Issues in fertility clinics that impede effective treatment.
20. **Clinically Significant Distress:** A level of psychological stress that warrants clinical attention, often seen in individuals dealing with infertility.
21. **Clinician:** A healthcare professional involved in diagnosing and treating infertility.
22. **Client-Centered Care:** A healthcare approach focusing on the needs and preferences of the patient.
23. **Cognitive and Emotional Representations:** Mental and emotional perceptions related to infertility.
24. **Cognitive Needs:** The need for information and understanding about infertility and its treatments.
25. **Commitment Theory:** The concept that individuals' commitment to a goal affects their behavior and coping mechanisms.
26. **Comprehensive Care:** A holistic approach to treating infertility, addressing medical, emotional, and psychological needs.
27. **Concomitant Medical Conditions:** Other health issues that may affect or be affected by infertility treatments.
28. **Consensus Statements:** Agreements among experts on best practices for treating infertility.
29. **Continuous Care:** Ongoing support and treatment for individuals undergoing infertility treatments.
30. **Context-Specific Measures:** Assessment tools tailored to the specific context of infertility treatment.

31. Continuity of Care: Ensuring consistent and coordinated care throughout infertility treatment.
32. Coping Methods: Techniques used to manage stress related to infertility.
33. Coping Skills: Specific abilities that help individuals handle infertility-related stress.
34. Coping Strategies: Plans or actions taken to manage infertility stress.
35. Couple's Relationship: The dynamics between partners dealing with infertility.
36. Counseling Services: Professional support provided to individuals and couples dealing with infertility.
37. Counseling Work: The tasks and processes involved in providing support to those facing infertility.
38. Counselling: The professional guidance offered to support individuals or couples dealing with infertility.
39. Cultural Concerns: Issues related to cultural beliefs and practices that affect infertility treatment.
40. Cultural Norms: Shared expectations and rules that guide behavior within a cultural group, impacting views on infertility.
41. Decision Making: The process of making choices about infertility treatments.
42. Decisional Conflict: The state of uncertainty about which course of action to take regarding infertility treatment.
43. Decisional Regret: The distress or remorse experienced after making a decision regarding fertility treatment.
44. Denial of Pregnancy: The psychological state where a woman is unaware of or denies her pregnancy.
45. Depression: A mental health disorder characterized by persistent sadness and loss of interest, common among those facing infertility.
46. Depression, Hopelessness, Distress, Emotional Stress: These are interrelated psychological conditions frequently observed in individuals undergoing infertility treatment.

47. **Desire:** The strong feeling of wanting to have a child, often a central motivator in infertility treatments.
48. **Diagnostic Procedures:** Medical tests and assessments used to determine the cause of infertility.
49. **Diagnostic Protocols:** Established procedures for diagnosing infertility.
50. **Diagnosis:** The identification of the cause of infertility through medical assessment.
51. **Diagnosis and Treatment:** The process of identifying a medical condition (such as infertility) from its signs and symptoms, and the subsequent care and management of the condition.
52. **Disclosure:** The action of making new or secret information known; revealing something previously unknown.
53. **Direct Communication:** Communication that is clear, straightforward, and unambiguous.
54. **Distress Screening:** The process of assessing and identifying psychological distress in individuals.
55. **Distressing Psychologic Symptoms:** Severe emotional reactions or symptoms related to mental health.
56. **Donor Oocyte Recipient:** An individual who receives a donated egg for fertility treatment.
57. **Drop-Out Rates:** The proportion of participants who withdraw or discontinue a course of treatment or study.
58. **Dropout:** A person who withdraws or discontinues participation in a course of treatment or study.
59. **Duration of Infertility:** The length of time a couple has been unable to conceive despite regular unprotected sexual intercourse.
60. **Dyadic Adjustment Scale (DAS):** A scale used to measure the quality of relationships between two partners.
61. **Dyadic Coping:** The mutual support and strategies used by couples to manage stress together.

62. **Dyadic Relationship:** The relationship or interaction between two individuals, especially within a romantic or familial context.
63. **Dyspareunia:** Painful sexual intercourse, typically due to medical or psychological causes.
64. **Egg Donors:** Individuals who donate eggs for use in assisted reproduction or fertility treatments.
65. **Elevated Depression Levels:** Higher than normal rates of depression symptoms or severity.
66. **Emotional Bonding:** The process of forming a close emotional connection with another person.
67. **Emotional Care:** The provision of support and assistance to address emotional needs or concerns.
68. **Emotional Crisis:** A period of intense emotional difficulty or instability.
69. **Emotional Distress:** Extreme emotional suffering or anguish.
70. **Emotional Needs:** Psychological or emotional requirements for well-being.
71. **Emotional Problems:** Psychological issues or difficulties affecting emotions or mood.
72. **Emotional Reactions to Infertility Treatment:** Responses or feelings experienced during fertility treatment.
73. **Emotional Representations:** Mental or cognitive perceptions and interpretations of emotional experiences.
74. **Emotional Rollercoaster:** A situation or experience involving extreme and unpredictable changes in emotions.
75. **Emotional Support:** Help or assistance provided to someone experiencing emotional difficulties.
76. **Empathy:** The ability to understand and share the feelings of another person.
77. **Embryo Transfer:** The procedure of placing an embryo into a woman's uterus during assisted reproduction.

78. Embryologists: Specialists involved in the study and manipulation of embryos in fertility treatments.
79. Empathy: The ability to understand and share the feelings of another.
80. ESHRE: The European Society of Human Reproduction and Embryology, an organization focusing on reproductive medicine.
81. Evidence: The available body of facts or information indicating whether a belief or proposition is true or valid.
82. Factors: Circumstances or elements contributing to a particular result or situation.
83. Failed Treatment: A lack of success in achieving the desired outcome in medical or therapeutic treatment.
84. Family Dynamics: The patterns of relating, connecting, and communicating within a family.
85. Family Life: The quality and stability of relationships within a family unit.
86. Family Structure: The composition and organization of a family, including roles and relationships.
87. Feelings of Guilt: Emotional experiences of culpability or remorse.
88. Female Factor Infertility: Infertility attributed to issues specific to the female reproductive system.
89. Female Feticide: The practice of selectively aborting female fetuses, particularly in cultures favoring males.
90. Female Sexual Dysfunction (FSD): Problems related to sexual function in women.
91. Female Sexual Function Index (FSFI): A questionnaire assessing female sexual function.
92. Female Sexual Health: The overall state of well-being related to sexual function and satisfaction in women.
93. Fertility Care: Medical services and treatments aimed at assisting individuals and couples in achieving pregnancy.



94. Fertility Problem: Difficulty in conceiving or achieving pregnancy despite attempts.
95. Fertility Staff: Healthcare professionals specializing in fertility treatment and care.
96. Fertility Treatment: Medical interventions intended to enhance fertility and promote conception.
97. Fertility Bad News: The communication of negative information regarding fertility.
98. Final Communication: Concluding discussions or exchanges, often regarding outcomes or decisions.
99. Financial Reasons: Motives or circumstances related to money or finances.
100. Focused Psychotherapies: Therapeutic approaches tailored to address specific psychological issues or concerns.
101. Garbh Sanskar: Traditional Indian practices aimed at prenatal education and influencing the mental and physical development of the unborn child.
102. Gender Differences: Variations in experiences and responses to a situation or condition, such as infertility, based on an individual's gender.
103. Gender-Neutral Counselling: Counselling approaches that do not assume or reinforce stereotypical gender roles or biases.
104. Gender Preference: The desire for a child of a specific gender, which may influence decisions regarding infertility treatments.
105. Generalized Anxiety Disorder-7 (GAD-7): A screening tool used to assess the severity of generalized anxiety disorder symptoms.
106. Grieving Process: The emotional journey of coping with loss, including the inability to conceive, experienced by individuals dealing with infertility.
107. Grief: Deep sorrow, especially caused by someone's death or loss, but also applicable to the emotional distress due to infertility.
108. Group Interviews: A qualitative research method where multiple participants are interviewed together to explore their experiences and perspectives on a specific topic.

109. **Health Care:** The maintenance and improvement of physical and mental health through medical services, including treatments for infertility.
110. **Healthcare Staff:** Professionals involved in providing medical and supportive services within the healthcare system.
111. **Hydroceles:** Fluid-filled sacs surrounding a testicle that can affect male fertility.
112. **Hypoactive Sexual Desire Disorder:** A sexual dysfunction characterized by a lack of sexual desire.
113. **Identifying Sexual Disorders:** The process of diagnosing and categorizing sexual dysfunctions that may contribute to infertility.
114. **Illness Representation:** How individuals perceive and understand their illness or condition, influencing their coping strategies and emotional responses.
115. **Increased Risk:** Higher likelihood of experiencing negative outcomes or events related to infertility.
116. **Infertility:** The inability to conceive after an extended period of unprotected sexual intercourse.
117. **Infertility Counseling:** Psychological support provided to individuals and couples dealing with infertility, helping them cope and make decisions regarding treatment.
118. **Infertility Diagnosis:** The process of determining the underlying causes of infertility through medical assessment.
119. **Infertility-Related Concerns:** Worries and anxieties specific to the inability to conceive or achieve pregnancy.
120. **Infertility-Related Stress:** Psychological stress caused by infertility and its treatment.
121. **Infertility-Specific Distress:** Emotional suffering directly linked to the experience of infertility.
122. **Infertility Treatment:** Medical interventions aimed at enhancing fertility and helping individuals achieve pregnancy.

123. **Infertility Treatment:** Medical and supportive care provided to individuals and couples experiencing infertility.
124. **Individual Interviews:** A qualitative research method where one-on-one interviews are conducted to gather detailed insights on a specific topic.
125. **Indirect Communication:** Communicating sensitive or difficult information through subtle or non-verbal means.
126. **Increased Risk:** Elevated probability of adverse outcomes or events related to infertility treatment.
127. **Indian Context:** Specific cultural, social, and economic factors influencing infertility and its treatment within India.
128. **Indian Population:** The demographic characteristics and specific challenges related to infertility within the Indian population.
129. **Informed Choices:** Decisions made by individuals or couples regarding infertility treatments, based on comprehensive information about options and risks.
130. **Intense Grief:** Overwhelming emotional distress experienced due to infertility, characterized by profound sadness and loss.
131. **In Vitro Fertilization with Embryo Transfer (IVF-ET):** An assisted reproductive technology (ART) procedure where fertilized embryos are transferred into the uterus.
132. **ICSI (Intracytoplasmic Sperm Injection):** An ART procedure where a single sperm is directly injected into an egg to facilitate fertilization.
133. **Invasive Procedures:** Medical interventions or techniques that involve entering the body to diagnose or treat conditions like infertility.
134. **IVF-ET with Donor Sperm:** In vitro fertilization procedure where donor sperm is used to fertilize an egg before embryo transfer.
135. **Lifestyle Behaviors:** Personal habits and choices that can impact fertility, such as diet, exercise, and substance use.
136. **Lifestyle Improvement:** Changes made to enhance fertility outcomes, such as adopting healthier habits and reducing stress.

137. **Long-term Partnership:** The enduring relationship between partners navigating infertility challenges together.
138. **Local Norms:** Sociocultural norms and expectations regarding fertility, infertility treatment, and family-building practices within specific regions or cultures.
139. **Long-term Psychological Adaptation:** Psychological adjustments made over time in response to the challenges of infertility and its treatment.
140. **Low Risk of Bias:** Research studies with minimal methodological biases that accurately assess the effects of infertility treatments.
141. **Male Factor Infertility (MFI):** Infertility attributed to issues with sperm production, motility, or morphology in male partners.
142. **Male Sexual Health:** The physical and psychological well-being of men concerning sexual function and fertility.
143. **Marginalization:** The social and emotional experience of being treated as insignificant or peripheral, often due to infertility status.
144. **Marital Relations:** The quality and dynamics of the relationship between spouses or partners, affected by infertility.
145. **Marital Satisfaction:** The level of fulfillment and contentment within a marriage or partnership, impacted by infertility stress.
146. **Masculinity:** The qualities traditionally associated with being male, including behaviors and roles that can affect how men experience and cope with infertility.
147. **Maternal Mental Health:** The psychological well-being of women during the reproductive phase, influenced by factors such as infertility.
148. **Maternal Wellbeing:** The overall health and happiness of women during the reproductive phase, influenced by factors like infertility.
149. **Medically-Assisted Procreation:** Techniques and procedures used to achieve pregnancy when natural conception is not possible, including ART methods.
150. **Mental Health:** The psychological well-being and emotional resilience of individuals undergoing infertility treatments, influenced by stress and treatment outcomes.

151. **Mental Health Problems:** Disorders or conditions affecting psychological well-being, such as anxiety or depression, often exacerbated by external factors such as infertility.
152. **Mental Health Professionals:** Healthcare providers specializing in psychological support and counseling for individuals and couples dealing with various challenges, including infertility.
153. **Mindfulness:** A mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique.
154. **Mood Disturbances:** Fluctuations or disruptions in emotional states, such as sadness or irritability, experienced by individuals coping with stressful conditions like infertility and its treatment.
155. **Moral and Ethical Concerns:** Issues involving principles of right and wrong behavior, particularly related to ethical dilemmas and moral considerations in medical practices, including infertility treatments.
156. **Multi-Cycle Planning:** Strategic planning involving multiple phases or attempts, such as in infertility treatments, taking into account various factors like financial resources and emotional resilience.
157. **Negative Coping Mechanisms:** Unhealthy or maladaptive strategies used to manage stress and emotional distress, such as avoidance behaviors or substance abuse, often seen in response to infertility.
158. **Negative Emotions:** Unpleasant or undesirable feelings experienced in response to challenging circumstances, including infertility, such as sadness, anger, or disappointment.
159. **Negative Self-view:** Poor self-perception or low self-esteem resulting from stressors associated with infertility, societal pressures, or perceived personal shortcomings.
160. **Neuropsychiatric Disorders:** Disorders affecting both neurological and psychiatric functioning, influencing emotional well-being and cognitive processes, potentially exacerbated by factors like infertility.
161. **Needs During ART:** Specific requirements and support systems necessary for individuals undergoing assisted reproductive technologies (ART), tailored to optimize treatment outcomes and emotional well-being.

162. **Network Analysis:** The systematic study and analysis of relationships and interactions among individuals or groups, particularly relevant in understanding support networks among those dealing with infertility.
163. **Non-Obstructive Azoospermia (NOA):** A condition in males characterized by the absence of sperm in the semen due to impaired production within the testes, contributing to infertility.
164. **Oocyte Donation:** The process of using donated eggs from a female donor in infertility treatments to facilitate pregnancy in recipients.
165. **Oocyte Retrieval:** Surgical procedure to retrieve mature eggs from the ovaries for use in assisted reproductive technologies (ART) such as in vitro fertilization (IVF).
166. **Online Support Groups:** Virtual communities or forums on the internet providing emotional support, shared experiences, and information exchange among individuals and couples facing infertility challenges.
167. **Optimism:** A hopeful and positive outlook toward future outcomes and possibilities, crucial in maintaining resilience and psychological well-being amid infertility challenges.
168. **Orgasm:** The climax of sexual excitement, characterized by intense physical pleasure and release of sexual tension.
169. **Orgasmic Dysfunction:** Difficulty or inability to achieve orgasm during sexual activity, affecting sexual satisfaction and potentially influencing fertility-related aspects of relationships.
170. **Outcome Measures:** Quantifiable parameters used to evaluate the effectiveness or success of medical treatments, including infertility treatments, in achieving desired results.
171. **Ovum Pick-Up:** Surgical procedure to retrieve mature eggs from the ovaries for use in assisted reproductive technologies (ART) such as in vitro fertilization (IVF).
172. **Partner's Coping Differences:** Variations in how individuals and their partners manage and adapt to the emotional and practical challenges associated with infertility.
173. **Partnered Mothers:** Women in committed relationships who are navigating motherhood, considering the social and psychological dimensions of fertility and family dynamics.

174. Patient-Reported Outcomes: Data collected directly from patients to assess their health status, symptoms, experiences, and quality of life related to medical treatments, including infertility treatments.
175. Pelvic Inflammatory Disease (PID): Infection of the female reproductive organs, typically caused by sexually transmitted bacteria, potentially leading to infertility due to damage to the reproductive system.
176. Pelvic Organ Prolapse (POP): Condition where pelvic organs like the bladder, uterus, or rectum descend into the vaginal space, often due to weakened pelvic floor support, potentially affecting fertility and sexual function.
177. Positive Coping Mechanisms: Adaptive strategies employed to effectively manage stress, emotional distress, and challenges associated with infertility, promoting psychological resilience and well-being.
178. Positive Coping Strategies: Practical actions and mental approaches used to effectively handle the emotional and physical stressors of infertility, supporting resilience and emotional well-being.
179. Post-counselling: Supportive psychological counseling provided after completing a cycle of infertility treatment, focusing on emotional adjustment, decision-making, and future planning.
180. Post-treatment: The period following completion of infertility treatment cycles, addressing recovery, emotional adaptation, and considerations for further treatment or alternative paths to parenthood.
181. Post-treatment Psychological Adaptation: Long-term psychological adjustments and coping strategies developed after completing infertility treatment, focusing on emotional responses and adjustment to outcomes.
182. Pre-treatment Distress: Emotional distress experienced by individuals or couples before initiating infertility treatment, characterized by anxiety, fear of failure, and uncertainty about treatment outcomes.
183. Pre-treatment Consultation: Initial evaluation and counseling sessions conducted before starting infertility treatment, assessing readiness, discussing options, and setting expectations.
184. Pre-treatment Interventions: Psychological, behavioral, or medical interventions implemented before starting infertility treatment to optimize emotional well-being, physical health, and treatment success.

185. Pre-treatment Mental Health Assessment: Comprehensive evaluation of psychological well-being conducted before initiating infertility treatment, ensuring adequate support and intervention.
186. Pre-treatment Consultation: Initial medical and psychological evaluation and counseling sessions conducted before starting infertility treatment, aimed at assessing readiness, discussing treatment options, and setting expectations.
187. Pre-treatment Distress: Emotional distress experienced by individuals or couples before initiating infertility treatment, often characterized by anxiety, fear of failure, and uncertainty about the outcome.
188. Pre-treatment Assessment: Comprehensive evaluation of medical, psychological, and reproductive health conducted before starting infertility treatment, guiding treatment planning and personalized care.
189. Pregnancy Rate: The percentage of treatment cycles resulting in a clinical pregnancy, used as a measure of success in infertility treatments such as in vitro fertilization (IVF) or intrauterine insemination (IUI).
190. Psychological Concerns: Emotional and mental health issues related to infertility, such as anxiety, depression, grief, and stress, which may require psychological support and intervention.
191. Psychological Counseling: Therapeutic interventions provided by mental health professionals to address emotional distress, coping strategies, and decision-making related to infertility and its treatment.
192. Psychological Interventions: Therapeutic strategies and psychological treatments aimed at addressing emotional distress, enhancing coping skills, and improving psychological well-being during infertility treatment.
193. Psychological Distress: Emotional suffering, anxiety, or depression experienced by individuals or couples undergoing infertility treatment, affecting overall well-being and treatment outcomes.
194. Psychological Problems: Mental health issues such as anxiety disorders, depression, or adjustment disorders exacerbated by the stress of infertility and its treatment.
195. Psychological Outcomes: Psychological effects and emotional responses experienced by individuals or couples following infertility treatment, including resilience, adaptation, and quality of life.



196. **Psychological Stress:** Emotional strain and pressure experienced during infertility treatment due to uncertainty, treatment demands, and psychological challenges.
197. **Psychological Adjustment:** The process of adapting emotionally and psychologically to the challenges and stressors of infertility, treatment outcomes, and future reproductive decisions.
198. **Psychological Adaptation:** Long-term psychological adjustments made in response to infertility, including acceptance, coping mechanisms, and emotional well-being.
199. **Psychological Concerns:** Emotional and mental health issues related to infertility, such as anxiety, depression, grief, and stress, which may require psychological support and intervention.
200. **Psychological Counseling:** Therapeutic interventions provided by mental health professionals to address emotional distress, coping strategies, and decision-making related to infertility and its treatment.
201. **Psychological Intervention:** Therapeutic strategies and psychological treatments aimed at addressing emotional distress, enhancing coping skills, and improving psychological well-being during infertility treatment.
202. **Psychological Problems:** Mental health issues such as anxiety disorders, depression, or adjustment disorders exacerbated by the stress of infertility and its treatment.
203. **Psychological Screening:** Assessment procedures used to identify emotional distress, mental health issues, or psychosocial factors impacting fertility treatment decisions and outcomes.
204. **Psychological Support:** Emotional and psychological assistance provided by healthcare providers or support groups to individuals and couples coping with infertility and treatment-related stressors.
205. **Psychological Symptoms:** Emotional and behavioral manifestations of distress or psychological disorders experienced by individuals undergoing infertility treatment.
206. **Psychological Therapy:** Therapeutic interventions and counseling sessions aimed at addressing emotional distress, enhancing coping skills, and improving overall psychological well-being during infertility treatment.

207. **Psychological Wellbeing:** The overall state of mental health, emotional stability, and life satisfaction experienced by individuals undergoing infertility treatment.
208. **Psychosocial Needs:** Emotional, psychological, and social support requirements of individuals and couples undergoing infertility treatment, including counseling, peer support, and educational resources.
209. **Psychosocial Care:** Holistic support and interventions addressing emotional, psychological, and social aspects of infertility and its treatment, aimed at improving overall well-being.
210. **Psychosocial Intervention:** Therapeutic strategies and supportive care aimed at addressing emotional distress, enhancing coping skills, and improving quality of life during infertility treatment.
211. **Psychosocial Needs:** Emotional, psychological, and social support requirements of individuals and couples undergoing infertility treatment, including counseling, peer support, and educational resources.
212. **Psychosocial Impact:** The emotional, social, and psychological effects of infertility and its treatment on individuals, couples, and their relationships.
213. **Psychosocial Outcomes:** The long-term effects and adjustments in emotional, psychological, and social well-being resulting from infertility treatment and its outcomes.
214. **Psychosocial Wellbeing:** The overall state of emotional, psychological, and social health experienced by individuals undergoing infertility treatment, influenced by coping mechanisms and support systems.
215. **Psychotherapy:** Therapeutic treatment involving psychological counseling and intervention aimed at addressing emotional distress, improving coping skills, and enhancing mental health during infertility treatment.
216. **Quality of Life:** Overall well-being and life satisfaction experienced by individuals undergoing infertility treatment, influenced by physical health, psychological well-being, and social support.
217. **Recurrent ART Failures:** Multiple unsuccessful attempts at assisted reproductive technology (ART) treatments such as IVF or IUI, which can lead to emotional distress and additional challenges.

218. **Relational Coping:** Strategies used by couples to navigate and manage the emotional and psychological challenges of infertility together, supporting each other through treatment.
219. **Relaxation Techniques:** Stress-reducing practices and methods used to promote relaxation, reduce anxiety, and improve emotional well-being during infertility treatment.
220. **Resilience:** The ability to adapt, cope, and maintain psychological well-being in the face of adversity and stress associated with infertility and its treatment.
221. **Risk Factors:** Biological, psychological, or environmental factors that increase the likelihood of infertility or affect the success of infertility treatment, influencing treatment decisions and outcomes.
222. **Screening for Psychological Distress:** Assessment procedures used to identify emotional distress, anxiety, depression, or other psychological issues in individuals undergoing infertility treatment.
223. **Screening Tools:** Assessment instruments and questionnaires used to evaluate emotional distress, psychological well-being, and coping strategies in individuals undergoing infertility treatment.
224. **Self-efficacy:** Belief in one's ability to successfully cope with and manage the challenges and demands of infertility treatment, influencing resilience and psychological well-being.
225. **Sexual Desire:** The emotional and psychological inclination or motivation towards sexual activity and intimacy, which can be affected by infertility-related stress and treatment.
226. **Sexual Dysfunction:** Difficulties or impairments in sexual function, arousal, or satisfaction experienced by individuals or couples undergoing infertility treatment.
227. **Sexual Function:** The ability to engage in and derive satisfaction from sexual activity, which can be impacted by physical, emotional, and psychological factors related to infertility and its treatment.
228. **Sexual Health:** The overall state of physical, emotional, and psychological well-being related to sexual activity and reproductive health, influenced by infertility and its treatment.

229. **Sexual Health-related Distress:** Emotional and psychological distress experienced due to sexual dysfunction, dissatisfaction, or concerns related to infertility and its treatment.
230. **Sexual Problems:** Difficulties, concerns, or dysfunctions related to sexual activity or satisfaction, which may arise or be exacerbated by infertility and its treatment.
231. **Sexual Response Cycle:** The stages of physiological and psychological responses during sexual arousal, which may be affected by infertility-related stress, treatment, or sexual dysfunction.
232. **Shame:** A painful emotion involving feelings of embarrassment, unworthiness, or inadequacy, which may be experienced by individuals or couples dealing with infertility and its societal perceptions.
233. **Situational Anxiety:** Temporary or acute feelings of apprehension, fear, or stress experienced in response to specific situations, such as infertility treatments or medical procedures.
234. **Social Needs:** Emotional and psychological requirements for social support, connection, and understanding from family, friends, and healthcare providers during infertility treatment.
235. **Social Norms:** Cultural, societal, or community expectations and standards regarding family, fertility, and parenthood that may influence perceptions and experiences of infertility.
236. **Social Norms and Stigma:** Cultural beliefs, attitudes, and prejudices surrounding infertility that contribute to social stigma, discrimination, and emotional distress for individuals and couples.
237. **Social Relationship:** Interpersonal connections, bonds, and interactions with partners, family members, friends, and support networks that provide emotional and practical support during infertility treatment.
238. **Sociocultural Influences:** Cultural, societal, and community factors that shape beliefs, attitudes, behaviors, and experiences related to infertility and its treatment.
239. **Sociocultural Factors:** Cultural, economic, social, and environmental influences that impact fertility, infertility treatment decisions, and outcomes, including access to care and support.

240. Socioeconomic Status: An individual or family's social and economic position within society, influencing access to healthcare, infertility treatment, and psychosocial support services.
241. Spirituality: Personal beliefs, values, and practices related to spirituality, faith, or religion that may provide comfort, guidance, and coping mechanisms during infertility and its treatment.
242. Spousal Involvement: The degree of emotional, practical, and decision-making participation of partners in infertility treatment and support, affecting relationship dynamics and outcomes.
243. Spousal Support: Emotional, practical, and psychological assistance provided by partners to each other during infertility treatment, enhancing coping, resilience, and relationship satisfaction.
244. Stigmatization: The process of labeling, stereotyping, or discriminating against individuals or couples experiencing infertility based on societal perceptions, beliefs, or misconceptions.
245. Stigma: Negative attitudes, stereotypes, or social disapproval towards individuals or couples experiencing infertility, influencing emotional well-being, self-esteem, and help-seeking behaviors.
246. Stressors: Physical, emotional, or psychological factors that contribute to stress, anxiety, or tension experienced by individuals or couples undergoing infertility treatment.
247. Stress: The physiological and psychological response to challenges, demands, or threats associated with infertility, treatment procedures, and emotional distress.
248. Strong Clinician-Patient Relationship: A therapeutic alliance and partnership between healthcare providers and individuals or couples undergoing infertility treatment, promoting trust, communication, and shared decision-making.
249. Study Designs: Research methodologies and approaches used to investigate infertility, treatment outcomes, psychosocial factors, and quality of life in affected individuals and couples.
250. Subjective Concerns: Personal, individualized worries, anxieties, or emotional challenges related to infertility, treatment decisions, and outcomes.

251. **Subgroup Analysis:** Statistical analysis and examination of specific groups or subpopulations within research studies or clinical trials investigating infertility and treatment outcomes.
252. **Supportive Partner:** A spouse or significant other who provides emotional, practical, and psychological support to an individual undergoing infertility treatment, enhancing coping and well-being.
253. **Supportive Care:** Holistic and compassionate healthcare practices and interventions aimed at addressing emotional, psychological, and practical needs of individuals and couples during infertility treatment.
254. **Support Systems:** Formal and informal networks, resources, and relationships that provide emotional, practical, and social support to individuals and couples coping with infertility and treatment.
255. **Survey Instruments:** Questionnaires, scales, and assessment tools used to collect data on fertility-related experiences, emotional distress, coping strategies, and treatment outcomes in research studies.
256. **Survey Studies:** Research investigations and studies using survey instruments and data collection methods to explore infertility prevalence, treatment efficacy, psychosocial impacts, and patient experiences.
257. **Systematic Review:** A comprehensive and structured synthesis of existing research literature and evidence on infertility, treatment modalities, psychosocial factors, and outcomes.
258. **Tailored Interventions:** Personalized and individualized therapeutic strategies, counseling approaches, and support services designed to meet the specific emotional, psychological, and practical needs of individuals and couples undergoing infertility treatment.
259. **Themes:** Common, recurring topics, issues, or experiences identified in qualitative research studies exploring the lived experiences, perceptions, and emotional journeys of individuals and couples dealing with infertility and treatment.
260. **Values:** Personal beliefs, principles, and priorities that influence decisions, attitudes, and choices related to family-building, fertility treatment, and reproductive health.

261. **Traditional Values and Norms:** Cultural, familial, or societal beliefs, customs, and expectations regarding family, parenthood, and fertility that influence individual and collective decisions and experiences related to infertility.
262. **Treatment Duration:** The length of time required for a complete cycle of infertility treatment, including preparation, procedures, recovery, and potential repeat cycles.
263. **Treatment Failure:** Unsuccessful outcomes or lack of success in achieving pregnancy following one or multiple cycles of infertility treatment, leading to emotional distress and reconsideration of treatment options.
264. **Treatment Outcome:** The result or effect of infertility treatment on achieving pregnancy, live birth, or other intended goals, influencing emotional well-being and future reproductive decisions.
265. **Treatment Planning:** The process of developing a personalized and comprehensive strategy for infertility treatment, considering medical, emotional, and logistical factors to optimize success and patient satisfaction.
266. **Treatment Stages:** Sequential phases or steps in an infertility treatment protocol, including assessment, preparation, procedures, monitoring, and follow-up care.
267. **Treatment Outcomes:** The results, effects, and success rates of infertility treatment modalities such as IVF, IUI, or ART, impacting emotional well-being, quality of life, and future reproductive decisions.
268. **Triangulation:** The methodological approach in research involving the use of multiple data sources, methods, or perspectives to validate findings, ensure reliability, and enhance understanding of infertility-related phenomena.
269. **Unmet Needs:** Unaddressed emotional, psychological, or practical requirements and challenges experienced by individuals or couples undergoing infertility treatment, influencing well-being and treatment satisfaction.
270. **Unmet Needs during ART:** Emotional, psychological, and practical challenges and deficiencies in support services, counseling, or resources experienced by individuals or couples undergoing assisted reproductive technology (ART) treatments.

271. **Wellbeing:** The overall state of physical, emotional, and psychological health and happiness experienced by individuals or couples undergoing infertility treatment, influenced by coping strategies, support systems, and treatment outcomes.
272. **Willingness to Adopt:** Openness and readiness of individuals or couples experiencing infertility to consider and pursue adoption as an alternative or complementary family-building option following unsuccessful fertility treatments.



## Annexure 4

Name	Designation	Affiliation	Suggestions	Action
Jayant Mehta	Person Responsible to HFEA, Sub-fertility Laboratory Director, and Quality Control Manager. Barking, Havering Redbridge University NHS Trust. Queen's Hospital. Rom Valley Way. Romford. Essex. RM70AG. UK Person Nurse			Thankyou for the editorial check. We have incorporated them into the document
Sunita Lamba	Director and Head, Department of Ob- Gyn.	Mata Chanan Devi Hospital New Delhi	This consensus statement on psychosocial care in ART provides a comprehensive framework for addressing the psychosocial needs of couples undergoing fertility treatment. This consensus statement provides practical recommendations for health care providers on how to address the	Thank you for your suggestions. We would be incorporating a GPP on multidisciplinary approach and individual sessions before combined session to under stand their personal, marital and domestic situation specially in India.

Name	Designation	Affiliation	Suggestions	Action
			<p>psychosocial needs of patients undergoing fertility treatment. This consensus statement is unique because it emphasises upon the importance of providing emotional support, counselling and education to the couple throughout the entire ART process, from initial consultation to post treatment and in successful outcomes it extends this support till post delivery followups.</p> <p>Also appreciate inclusion of psychosocial support in unfortunate cases of ART failure, which is the most traumatic phase of couple's life, as a part of this statement.</p>	<p>Also we would add importance of providing resources and references for further information and support</p>

Name	Designation	Affiliation	Suggestions	Action
			<p>This psychosocial counselling will give them the much needed support to cope and to overcome the grief.</p> <p><b>Suggestions:</b></p> <ol style="list-style-type: none"> <li>1. Dealing with Psycho social causes of distress especially couples living in joint families or otherwise , where they have immense family pressure to give an heir to family.</li> </ol> <p>Counselling of family members can be helpful in decreasing this stress. Provide guidance on how to address issues related to this stigma and social support within the context of ART.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>2. Majorly the stress in females is due to societal pressure, domestic fights, domestic violence and threat to divorce if not able to bear a child , females usually are not forthcoming about these fears in couple sessions. In couples with limited financial resources, the onus to arrange finances is on Male partner ,especially if female partner is not working. This stress of arranging finances is major cause of stress in male partner , and mostly he doesn't like to share this in couples session in front of his wife.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>Hence suggested to offer individual Counselling Session to know their individual reason of stress before embarking on Couple Sessions.</p> <p>Emphasise the need of multidisciplinary approach to psychosocial care , involving psychologist, fertility specialist and other relevant health care providers.</p> <p>Offer recommendation for self-care strategies and coping mechanisms like accepting the situation, engaging in mindfulness and seeking therapy for positive mindset,</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>in order to manage emotional distress during ART procedure</p> <p>Providing resources and references for further information and support is again a good clinical practice point .</p> <p>To summarise I must congratulate you for meticulously framing this Consensus statement on Psychosocial care in ART .Its going to be a great valuable resource addition for healthcare provider working with infertility treatment.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>By providing a comprehensive framework for addressing the emotional and psychological needs of patients, this statement can help improve the overall quality of care and support provided to individuals undergoing infertility treatment and make this a smooth process with overall high rate of satisfaction.</p>	

Name	Designation	Affiliation	Suggestions	Action
Prof Bindu Bajaj	Professor, HOD and Incharge IVF Center Department of Obstetrics and Gynaecology	Safdarjang Hospital and VM medical college, Delhi	The document "IFS consensus Statement on Psychosocial Care in Assisted Reproduction Techniques (ART)" is a comprehensive document and does justice to its aim. In Indian population illiteracy and resultant inherent communication gaps are a hindrance to psychosocial care delivery. Also, Low resource settings must have psychosocial care incorporated in the clinics.	Thank you for your review. We agree that illiteracy in India can be a communication gap and requires special care and more time. Low resource settings IVF centres must incorporate this



Name	Designation	Affiliation	Suggestions	Action
Rajvi H. Mehta	Embryologist	Joint Treasurer, Academy of Clinical Embryologists, India	<p>It is a very good and well written document. Some quick suggestions based on the summary of the survey and recommendations</p> <p>1. The extended family [in-laws] are highly involved in India, especially non-metro settings. so, maybe some sessions with them or some sessions with couple or the female on how to cope/explain/handle the extended family.</p> <p>2. -Like a clinic has nurses, embryologists and other staff, there needs to be an in-house psychologist whom is an integral part of the clinic and not an extra-paid services.</p>	<p>Thank you for highlighting indian scenario. As per recent law in India an in house counsellor is a must. There are studies on women and we have addressed it in 4.6 .The influence of extended family in India is a significant factor and needs to be part of counselling .This will be reemphasised in the recommendations .Sleep hygiene is an important part of lifestyle counselling;</p>

Name	Designation	Affiliation	Suggestions	Action
Prof. Meerambika Mahapatro	Professor and Head of the Department of Social Sciences	National Institute of Health and Family Welfare, New Delhi	<p>And right from the start, the couple spends more time with this counsellor - who can be briefed and updated about the pre-treatment and treatment by the clinicians.</p> <p>3. -Any role of embryologist - or maybe that can come later as we do not have much data on that.</p> <p>4. -About yoga, why only male - But, again we need to be careful - people may land up doing bhastrika and kapalbhati!!</p>	<p>the disturbed sleep is a very clear marker of stress .The emphasis and focus on this is important .Thankyou for pointing it out .It will be part of assessment by the psychologist and taken care of</p>
			<p>They are very well articulated and encompass all issues. I have very little observation.</p>	Thank You

Name	Designation	Affiliation	Suggestions	Action
Yash Shekhar	B.TECH ;LLB ;MBA	Mind development ,Mental health and emotinal intelligence , AICTE(Indian Govt );ADOT foundation ,London ,UK;chamber of Shipping ,Bodrum ,Turkey ;RJ wellness ,RADIO Adda	<p>Additional Recommendation :- Section 4.1.1 &amp; 4.1.2: Sleep disorder or sleep related issues can also happen in such cases and should be considered as a probable after effect</p> <p>Section 4.1.3:Men may have a more impatient, impulsive &amp; active response whereas women may have a more subtle passive response</p> <p>Section 7.1.4: Stressed emotional relationship causing sexual disorder or sleep related issues can also happen in such cases and should be considered as a probable after effect</p>	Thank you for your review. We will add the importance of sleep in the document

Name	Designation	Affiliation	Suggestions	Action
			<p>7.3.1: RISK PREDICTION can be done by studying the Behavioral change of the individual (both men and women) and developing Behaviour change indicator program for the same.</p> <p>7.3.2: Body language reading and Subliminal Body language reading program which give a great hint on behavioural change &amp; Health Risks can be used effectively and dared within the Fertility care team.</p> <p>7.4.1: Before giving information to the individuals who come for treatment, a detailed interview should be taken of the patients</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>7.4.2: Sleep disorder or sleep related issues can also happen in such cases and should be considered as a probable after effect hence Counselling should be done for this and Healthy Sleep program should be provided to them. Communication through interviews to be done with individuals encouraging them to ask questions and receive answers to their doubts and queries.</p> <p>7.4.3: Interview with view sharing and Counselling is must in such situation . Queries to be encouraged and doubts resolved with optimistic perspective through encouraging</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>questions and providing emotional support program.</p> <p>7.4.4: Healthy Sleep habits to be developed after successful completion of the procedure.</p> <p>7.5 &amp; 7.6.2 Lack of emotional communication by the Fertility team.</p> <p>Emotional Communication to be encouraged by the Fertility Care team.</p> <p>7.6.3 Long term Emotional Counselling &amp; Interviewing program</p> <p>7.6.4 Prescribing suitable Yoga Programs customized to the patients need to be suggested.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>7.7.1 Development of better emotional communication channel with the third party under proper counselling by Fertility Care team.</p> <p>7.7.2: Sleep disorder or sleep related issues can also happen in such cases and should be considered as a probable after effect</p> <p>7.8 11 Emotional Communication to be more profound with long term support. Encouraging QA sessions with doubt removals for the patient.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>7.8.2 Any communication should in sync with the legal perspective prevalent in the country.</p> <p>7.6.2: By recommending Sleep improvement programs the patient may get benefited and hence should be recommended during such treatments.</p> <p>Emotional Communication with interview to be encouraged for resolving queries of the patient. Yoga sessions customized to the patients to be encouraged .</p>	



Name	Designation	Affiliation	Suggestions	Action
Jahnvi Sindhu	Advocate, Delhi High Court and Supreme Court	Delhi	<p>The consensus statement on psychosocial care is a well-researched document covering all psychosocial issues arising from ART treatment. There is a strong need for such a statement since the enactment of the Assisted Reproductive Technology (Regulation) Act, 2021, as legal issues and quandaries are bound to come up. These queries can be a source psychosocial distress and mechanisms must be created for their understanding and resolution.</p>	Thank you for your review. We will add that judiciary support should be at hand if patient requires

Name	Designation	Affiliation	Suggestions	Action
			<p>As a lawyer, I would recommend that legal support be given to the women who may face psychosocial distress from legal issues arising from treatment as this may further increase psychosocial distress. Couples often have marital problems which increase after an unsuccessful result and often don't resolve even after a successful conception. In India the sociocultural norms often require infertile women to have legal support along with psychosocial support and in many ways, these are interlinked.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>Third-party reproduction requires affidavits and has intricacies regarding disputes on the rights of the child, surrogate rights, donor rights and couple rights. Hence legal support may help in these cases. Cases of surrogacy may require this support till the birth of the child to ensure that the birth certificate is in the commissioning parents' name. Single women undergoing IVF should be aware of the rights and legal status of their children. It is also possible that divorce and separation may occur during treatment owing to a variety of reasons, including family interference and financial issues.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>These too should be dealt with promptly to prevent these issues from adding to the stress and anxiety of the couple.</p> <p>Hence it is suggested that while giving psychosocial care the caregiver must always have a lawyer to whom they can refer the legal intricacies to as part of psychological support to the couple and to resolve issues which may cause further distress and anxiety.</p> <p>In the above paragraph, I have tried to address the following questions:</p> <p>7.6. What is the role of the fertility team in delivering psychosocial care to couples?</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>7.6.2 How can fertility staff address the needs of patients during treatment?</p> <p>7.6.3 How can fertility staff address the needs of patients after unsuccessful treatment and breaking bad news in infertility treatment?</p> <p>7.7 How can the fertility care team provide psychosocial care for couples undertaking third party reproduction?</p> <p>7.8.1. How is counselling for single women seeking motherhood through ART different?</p>	

Name	Designation	Affiliation	Suggestions	Action
Gaurav Kant	PhD Candidate, Humboldt University Berlin	Akanksha IVF Centre	<p>Thank you for the email. I have thoroughly reviewed the recommendations and found them to be exceptionally comprehensive and well-thought-out. Honestly, there isn't much more I can add to them. However, I would like to emphasize the critical importance of integrating psychological care into infertility treatment. Infertility can be an emotionally taxing journey, often accompanied by feelings of stress, anxiety, and depression. Providing them with coping mechanisms to manage the uncertainties</p>	Thank You for your review

Name	Designation	Affiliation	Suggestions	Action
			<p>and pressures they face. By prioritizing psychological care, we can significantly improve the overall experience and outcomes for patients navigating the complexities of infertility.</p>	

Name	Designation	Affiliation	Suggestions	Action
Poonam kashyap	Nurse	Akanksha IVF Centre	<p>Thank you for the email madam. I have carefully reviewed the recommendations and found them to be exceptionally comprehensive. They cover all the necessary aspects thoroughly, and honestly, I don't have anything to add. Incorporating psychological care into infertility treatment is of paramount importance. The emotional and mental health challenges faced by individuals and couples undergoing infertility treatments are often significant. Providing robust psychological support can greatly enhance their overall well-being,</p>	Thank You for the review



Name	Designation	Affiliation	Suggestions	Action
			<p>reduce stress, and improve coping strategies. This holistic approach ensures that patients feel supported not just physically, but also emotionally, which is essential for navigating the complexities and uncertainties of infertility. By addressing both the medical and psychological aspects, we can offer a more compassionate and effective treatment experience</p>	

Name	Designation	Affiliation	Suggestions	Action
SB	Female Patient	Delhi	<p>I as a first hand patient who have gone through IUI and IVF for a long period with a hope of conceiving and having a child came through to me as an emotional and physically straining journey.</p> <p>This is during the mid 90's. it was a long journey of few years, When we wanted to plan our second child and tried to conceive naturally for 2 years and when that didn't happen, we visited our Dr to consult. There were numerous tests from which finally we got to know that I have fibroids and hormonal imbalance. The long journey of tests,</p>	<p>Thank you for sharing your innermost feelings; It is to adress these very concerns that the clinical consensus guideline was developed ,to improve the quality of care and reduce emotional trauma for the couple</p>

Name	Designation	Affiliation	Suggestions	Action
			<p>medicines, injections and hysteroscopy and thereafter treatment began which concluded in IUIs and few cycles of IVF. The short of a long story is that we didn't know where we were heading to, we dint have a road map. I was emotionally drained and went thru a depressive phase. We were not guided that the medicines would give bouts of anxiety. The entire medical team were so mechanical that they lost out on seeing me as a young woman who was going thru an emotional battle and didn't know how to deal with it.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>My emotional or mental status to deal with all these things were not dealt with nor guided, which did take a toll on my physical &amp; amp; mental health. I was unable to sleep for days and would break down at the hat of a drop. I wish somebody would have counselled us and prepared us to deal with failed cycles and to deal with all the emotional upheavals I was going thru. Finally, when I was totally broken and gave up the treatment, I decided to gather myself physically and emotionally. My journey of self-realization began, I read a lot gathered information on overall good health and fertility.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>I worked on a good diet plan, exercise, meditation and lifestyle modification. This lead to a natural pregnancy after a year.</p> <p>In a treatment like A.R.T where it is just not dealing with two individuals (a couple) on a physical level but also on an emotional level of creating a new life, the individuals have to be treated differently. Here we are not talking about a product to buy from the store, but to create a human life, for which both the man and the woman go thru altogether a different perspective. They have to be Prepared mentally and emotionally to deal with the entire process.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>A specialized psychological counselling would help a great deal for the couple to open up freely to a third party and share their pains, anxiety and stress. The systematic counselling can be phase wise and guide and prepare the couple, with lifestyle modification, diet plans, exercise regimen and calming and ways to deal with anxiety at all level</p>	

Name	Designation	Affiliation	Suggestions	Action
AB	Patient	Delhi	<p>It was very challenging to go through this whole process. Uncertainty, Rays of Hopes, Getting initial success, and then shattered all of a sudden. Restart it all over again.</p> <p>Repeated failures was very draining, not only financially, but also mentally (for women, it is more physically than anything else).</p> <p>After every failure and pain, we thought not to do it again. But desire of having kids was too strong to numb the pain and keep going again. Thinking back now, I don't know how we did it!</p>	<p>Yes, Knowing your pain, we have taken up this initiative to help patients. Thank you for sharing your experience. It is very brave of you. It will increase the level of awareness of the fertility care team and enable them to provide more empathetic service</p>

Name	Designation	Affiliation	Suggestions	Action
			<p>Meeting several doctors, it felt like well oiled money-making industry. Here is recipe of treatments, go through it in order, make advance payment, no guarantee of success, just pure luck.</p> <p>No personal consultation on, what individual's situation is, what they have gone through (not just medically but overall), and whats best for them..</p> <p>I had to read up lot of details myself to understand what this is all about and how it is done and what are challenges. It kind of prepared me on whats coming. But when its actually happening,</p>	



Name	Designation	Affiliation	Suggestions	Action
			<p>it was still challenging to deal with. The stress, the anxiety, the uncertain outcome!</p> <p>Doctors usually are not available for after hours, non-clinic visit consultations. In this process, anything can go wrong any time. It did happen to us. We were lucky to have a doctor who was somewhat available (this was also result of seeing many doctors and rejecting them after first meeting due to their non-emotional attitude).</p> <p>But even then, there was no one else to talk about this. We cant talk to family or friends about it.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>So its just us couple who ended up tendering to each others need and consoling each other. There were times when we had our differences and things wasnt good all the times, but we somehow managed it and consider ourselves lucky to get out of it.</p> <p>When it was finally done, we felt so happier (not because we have baby now, but more because we dont have to deal with this again).</p> <p>Abroad, there are well-being classes, and consultations to make sure, you are prepared for it and able to manage it well.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>We were on our own. Stress &amp; depression is probably biggest factors, we had to repeated deal with and overcome with, in order to keep moving forward. We were financially ok, so we didn't have to worry about it. But if this wasn't the case, it would have multi-folded the stress.</p> <p>Men dont have to endure physical pain of this process. It is hard to imagine what women goes through on top of everything else.</p> <p>At the end, we are glad we did it. Pain was all worth it, as we had results. I wish it was easier, smoother &amp; stress-free to go through it!</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>This is so nostalgic to pen down my memory as a client, where me and wife went through the journey of IVF treatment. As a journalist I have written many articles, but this was different. When my wife asked me to write my part of experience about those years and when she shared how and what she was feeling at that time, I felt a bit guilty and anger dawned upon me, as I was merely present but did not contribute to my wife fully, as I was myself unaware of all the emotional and mental stress she went through.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>Yes it was very mechanical where I had to perform and collect the semen to be handed to the lab guy, or a particular time was decided to have a physical relation as per the doctors advise. Lot of time I would be anxious myself and not able to perform at all. It was a big financial burnout. A road map with step by step process, financial involvement and when to withdraw yourself if things didn't go as per your plan, could have made our life a bit more easier. A woman goes thru her journey of pregnancy in a different way and a man goes through it very differently.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>A psychological counselling for both the couple would have made it a team work, rather than the woman's work. Men could have been guided better to deal with their and the wife's challenges in a better way.</p> <p>It is a great initiative for IVF centres to start psychological counselling for couples. It would definitely help couples to do much better in dealing with the entire process and the journey less stressful.</p>	

Name	Designation	Affiliation	Suggestions	Action
Rajvi Mehta	Psychiatrist	Consultant Psychiatrist CMHT South West Parkwood Northamptonshire Healthcare NHS Foundation Trust Danetre Hospital, London Road, Daventry, NN11 4DY	<p>Thanks very much for sending the IFS consensus Statement on Psychosocial Care in Assisted Reproduction Techniques (ART). I have thoroughly reviewed as well as enjoyed going through the document.</p> <p>I found the document to be very thorough and comprehensive and it covers every possible aspect of psychological care related to ART. The document has very clear recommendations for patients as well as the Care teams and will serve as a clear guidance to improve the understanding of ART for both.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>The document is based on a thorough review of the available information, answers very specific questions relevant to this field and finally it makes specific recommendations on various topics related to ART.</p> <p>The recommendations cover psychological impact of sub fertility and ART on men and women, the differences in response and has separate recommendations on impact on sexual function.</p> <p>Further it gives clear guidance to the care team on important issues</p>	



Name	Designation	Affiliation	Suggestions	Action
			<p>e.g. risk prediction and impact of successful as well as unsuccessful treatments.</p> <p>Finally the document also provides guidance for specialised areas like psychological impacts of such treatments on single women/gender preferences ETC.</p> <p>In my opinion the consensus statement would be an extremely useful tool for the patients as well as healthcare teams and would be very positively received all over the world.</p>	

Name	Designation	Affiliation	Suggestions	Action
AB	Male patient	xxxxxx	<p>This is so nostalgic to pen down my memory as a client, where me and wife went through the journey of IVF treatment. As a journalist I have written many articles, but this was different. When my wife asked me to write my part of experience about those years and when she shared how and what she was feeling at that time, I felt a bit guilty and anger dawned upon me, as I was merely present but did not contribute to my wife fully, as I was myself unaware of all the emotional and mental stress she went through.</p>	Thank you .

Name	Designation	Affiliation	Suggestions	Action
			<p>Yes it was very mechanical where I had to perform and collect the semen to be handed to the lab guy, or a particular time was decided to have a physical relation as per the doctors advise. Lot of time I would be anxious myself and not able to perform at all. It was a big financial burnout. A road map with step by step process, financial involvement and when to withdraw yourself if things didn't go as per your plan, could have made our life a bit more easier. A woman goes thru her journey of pregnancy in a different way and a man goes through it very differently.</p>	

Name	Designation	Affiliation	Suggestions	Action
			<p>A psychological counselling for both the couple would have made it a team work, rather than the woman's work. Men could have been guided better to deal with their and the wife's challenges in a better way.</p> <p>It is a great initiative for IVF centres to start psychological counselling for couples. It would definitely help couples to do much better in dealing with the entire process and the journey less stressful. AB</p>	