Misguided hope: a narrative analysis of couples’ stories of childlessness despite treatment with assisted reproductive technology

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By
Kathleen Peters
Bachelor of Nursing (Honours) (University of Western Sydney).
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Abstract

Societal expectations for procreation often result in infertile couples accessing assisted reproductive technology (ART). In the current state of this technology, the successful outcome of the birth of a child does not always occur. This study contributes to nurses’ understanding of what it is like for couples to remain involuntarily and permanently childless after infertility treatment has ended, and aims to bring about change in attitudes and practice towards this group. Literature that acknowledges individuality as well as shared experience for couples who remain childless after infertility treatment is scarce. Health professionals may therefore encounter difficulties in providing this group with appropriate support.

This research used a qualitative approach informed by feminist perspectives to gather stories of five couples’ experiences of childlessness after accessing ART. Individual conversations with both members of the marital partnership were recorded, transcribed and analysed.

The study found that due to the societal expectation of procreation, and the falsely elevated ‘success rates’ of ART, couples often delayed decisions about whether they should persevere with treatment, hence reducing the possibility of exploring alternative methods of parenting. As well as highlighting the ambiguity of the term ‘success’, the study suggests that the hope that technology brings childless couples prolongs decision making and simultaneously serves to compound the sense of failure experienced by these couples. The couples’ engagement with ART, as well as their inability to conform to the normative family of parents and their biological children, also contributed to periods of isolation. Following the
decision to remain childless, the participants found that setting achievable and challenging goals assisted in re-building their self-esteem, and enhanced the process of adapting to their life without children. Although participant couples expressed obvious grief at remaining childless, they also showed resilience by managing attached difficulties and stigmatisation, and by creating positive future outcomes. For these childless couples, the strength of their relationships was seen as critical in the process of overcoming adversity. This study suggests ART clinics should provide more realistic information to individual couples regarding the likelihood of taking home a baby. Further to this, independent counselling support is recommended for couples prior to and during ART treatment, and when this treatment is ceased.
Declaration

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Kathleen Peters
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Above all I would like to thank the men and women who shared their stories so that I was able to undertake this research. I admire your courage and the capacity you have shown to successfully shape your lives despite the adversity you have encountered.
Glossary and abbreviations

**Artificial insemination (AI):** injection of semen into the vagina, uterus, or fallopian tube to assist fertility.

**Assisted reproductive technology (ART):** all treatments and procedures that include the *in vitro* handling of human oocytes, sperm and/or embryo with the intention of establishing a pregnancy.

**Azoospermia:** Absence of spermatozoa in the semen.

**Biochemical pregnancy:** pregnancy evidenced by raised levels of urine or serum human chorionic gonadotrophin (hCG).

**Bromocriptine:** (trade name Parlodel) a dopaminergic drug prescribed for men with hyperprolactinaemia. Found to be successful in reducing prolactin levels in these men, thereby enhancing sperm production.

**Clinical pregnancy:** Any type of pregnancy, apart from those diagnosed only by elevated βhCG levels, including ectopic pregnancy, blighted ovum and spontaneous abortion.

**Clomiphine Citrate:** (trade names Clomid, Serophene) a drug that indirectly stimulates secretion of FSH and LH by blocking receptors for oestrogen and testosterone in the hypothalamus. Prescribed for both male and female infertility. In men it aims to enhance sperm quality and production. In women it is used to correct irregular ovulation, stimulate ovulation and increase oocyte production.
**Controlled ovarian hyperstimulation (COH):** Treatment with medications that induces the development of multiple ovarian follicles to obtain multiple oocytes for aspiration. Also referred to as a stimulated cycle or ‘stim’ cycle.

**Dilatation and curettage (D&C):** Surgery where cervix is dilated to allow curettage of the endometrial lining Commonly performed after miscarriage to eliminate retained products and prevent infection.

**Embryo transfer (ET):** Procedure whereby one or more embryos is placed into the uterus or fallopian tube.

**Endometriosis:** The presence of endometrial tissue outside the endometrial cavity.

**Euspermic:** normal sperm count.

**Gamete intra fallopian transfer (GIFT):** A procedure that transfers both oocytes and sperm to the fallopian tubes.

**Human chorionic gonadotropin (HCG):** The hormone that maintains the corpus luteum for the first three months of pregnancy.

**Intracytoplasmic sperm injection (ICSI):** IVF procedure in which a single sperm is injected into an oocyte.

**In-vitro fertilisation (IVF)** – Fertilisation of an oocyte by a sperm in-vitro.

**Live birth:** A birth in which a foetus is delivered with signs of life after 20 weeks gestation.

**Oligoasthenospermic:** Low sperm count.

**Oocyte:** Ovum, an unfertilised egg.
**Ovarian hyperstimulation syndrome (OHSS):** A potentially fatal complication of ovarian hyperstimulation in which there is an enlargement of the ovaries, a large fluid shift from the vascular space into the peritoneum, increase in blood viscosity resulting in thrombosis, possible renal compromise and pulmonary oedema. Forms of this syndrome may be mild to severe.

**Polycystic ovary syndrome (PCOS):** A chronic syndrome or disorder characterised by the presence of multiple benign cysts on the ovaries.

**Preimplantation genetic diagnosis (PGD):** Examination and screening of cells from embryos prior to embryo transfer in order to detect genetic/chromosomal disorders.

**Tamoxifen:** a selective oestrogen receptor modulator, administered selectively to males with idiopathic oligospermia to increase levels of testosterone, luteinizing hormone and follicle stimulating hormone and therefore enhance sperm numbers and function

**Viable pregnancy:** A pregnancy of at least 20 weeks gestation.

**Zygote:** The cell that results from the fertilisation of an oocyte by a sperm.

**Zygote intrafallopian transfer (ZIFT):** A procedure in which a zygote is placed into the fallopian tube.
Transcription glossary

Participants have been provided with pseudonyms to ensure confidentiality

Participants’ stories directly quoted from interview transcriptions are presented in italics and take the form of the example below:

Rosemary (p. 2-3): I had my pregnancy confirmed on 19 December, I remember that.

[ ] square brackets indicate words or phrases that have been substituted for the names of people, places and other identifying material.

( ) parentheses indicate words or phrases inserted into the transcripts for clarification and/or to indicate emotions such as laughter or tears

**Bold italics** indicate words emphasised by participants

… three dots indicates a pause of approximately two to three seconds