

EXAMINING INFERTILITY-RELATED STRESS AND QUALITY OF LIFE IN WOMEN
WHO UNDERGO AND FORGO INFERTILITY TREATMENT

by

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Abstract

Infertility treatments are known to cause high levels of stress and low quality of life (QoL) in women who experience infertility, or the inability to conceive after a year of unprotected sexual intercourse. Women may discontinue infertility treatments for a variety of reasons; however, relationships between infertility-related stress and QoL have not been examined among women who discontinue or do not initiate treatments. The purpose of this study was to examine infertility-related stress and QoL among women in infertility treatments and women who discontinue, or do not follow through with infertility treatments. Using the parent study, infertility-related stress was measured with the COMPI-FPSS tool (marital, social, and personal stress), and the Fertility Quality of Life (FertiQoL) scale to measure 4 core QoL subscales (emotional, mind/body, relational, and social). Results were examined and compared among 70 women who were not receiving infertility treatments and 166 women receiving infertility treatments. Statistical analysis using SPSS software included descriptive statistics, crosstabs, independent t-tests, and a binary logistic regression analysis to examine variables that predicted treatment withdrawal. No statistically significant differences in infertility-related stress and QoL were found between the two groups. The logistic regression showed the Cox & Snell $R^2 = .115$ and the Nagelkerke $R^2 = .163$ for the full model. Three of the predictors were statistically significant, with odds ratios 2.50 for income, 2.49 for QoL dissatisfaction, and 2.40 for infertility duration 3 years or greater. Significant differences were found between the groups' QoL satisfaction rating and health rating. Findings from this study indicate infertility-related stress and QoL are similar among women who forgo infertility treatments and women receiving infertility treatments, highlighting the need for health care providers to offer emotional support services to women who are diagnosed with infertility regardless of their treatment status. Future

studies should explore psychological well-being of women who forgo or discontinue infertility treatments and further examine reasons for infertility treatment withdrawal.

Introduction

Infertility is estimated to affect every one in seven couples between the ages of 15-44 years old in the United States and is defined by the inability to achieve pregnancy after 12 months of unprotected sexual intercourse (Borghet & Wyns, 2018). Infertility is treated with medications, surgery, or assisted reproductive technology (ART) treatments such as in vitro fertilization (IVF). Infertility treatments are known to cause high levels of stress and low quality of life (QoL) in women experiencing infertility (Swift et al., 2021). Some women may discontinue or choose not to undergo infertility treatments for several reasons, including stress and financial, psychological or emotional burdens as common reasons for treatment withdrawal (Domar, 2018; Eisenberg, 2010; Gameiro, 2012; Lande, 2015). It is understood that psychological burden, such as stress, is a common reason for discontinuation among women seeking treatment (Neumann et al., 2018), however little is known about the relationships between infertility-related stress and QoL of women who discontinue or never initiate infertility treatments. This is important to understand in order to potentially expand nursing and medical care to improve mental health outcomes for women who discontinue or do not initiate infertility treatments.

Background and Significance

Treatment-seeking women with infertility have more physiological burdens, resulting in higher amounts of stress and lower QoL scores when compared to fertile women (Ashraf et al., 2014). There is little existing literature about women who decide to forgo treatments, which includes never starting, discontinuing, withdrawal, and dropout of treatments. Research on the reasons for discontinuation is ongoing. Gameiro et al. (2012) conducted a systematic literature review to determine the reasons and predictors of discontinuation in over 21,000 patients. The

most common reasons included postponement of treatment, physical and psychological burden, relational and personal problems, treatment rejection, and issues with an organization or clinic (Gameiro et al., 2012). Gameiro et al. (2012) also found that psychological burden was the most common reason across all stages of treatment, and that more research is required to better explain the predictors for discontinuation.

Literature Review

Methods

A literature review was completed to examine and synthesize existing knowledge. The databases searched included Public Medicine (PubMed), CINAHL, and PsycINFO. Keywords were selected and exclusion and inclusion criteria were agreed upon by the two researchers. The keywords included were: *women, infertility, fertility, infertile, sterility, stress, infertility-related stress, psychological stress, quality of life, forgo, discontinue, seeking treatment, give up, discontinuation, dropout, withdrawing, treatment-seeking, treatments, fertility/infertility treatment, IVF, assisted reproductive technology*. Inclusion criteria were articles within the past 15 years, in English, full-text, peer-reviewed, and included women. Studies that focused on men, cortisol, and couples that did not include sufficient demographic or results specific to women were excluded from the search. Out of the 17 articles found, ten articles were included in this review and relevant information was entered into a spreadsheet to create a literature matrix. Seven articles were excluded as they did not meet inclusion criteria.

Findings

Of the ten studies, three studies were conducted in the Netherlands, three in the US, and one study each from New Zealand, Israel, Iran, and Germany, with only one to provide detailed data on the women in the cohort's race or ethnicity (Brandes et al., 2009). Two studies included

participants who had previously underwent intrauterine insemination (IUI), and the other studies included women who were undergoing or previously underwent IVF. It is speculated that most of the research about discontinuing treatments is focused on IVF rather than IUI and other non-ART treatments, due to IVF being seen as the “last resort” option (Custers et al., 2013). Most studies in the review included data that was collected using a cohort, mixed methods, or systemic literature review. It is important to note that six of the nine cohort studies included cost-free treatments or insured participants (Brandes, 2009; Custers, 2013; Domar, 2018; Domar, 2009; Miller, 2021; Lande, 2015). Four studies eliminated cost as a variable to reduce barriers of treatment and understand more about why women are withdrawing from treatment other than from treatment costs (Domar, 2018; Domar, 2009; Miller, 2021; Lande, 2015). All cohort studies examining discontinuation had participants lost to follow-up, creating a space for bias because researchers cannot tell exactly their reason for withdrawal.

Psychological Distress

Several authors cited stress, emotional distress, or psychological burdens as the common reasons for dropout or discontinuation of infertility treatments (Brandes, 2009; Custers, 2013; Domar, 2009; Domar, 2018; Eisenberg, 2010; Lande, 2015; Miller, 2021; Mosalanejad, 2013). Depression was mentioned as a barrier for continuation of treatment (Domar, 2009; Domar, 2018; Eisenberg, 2010). Two main causes for high stress in US women who forwent fertility treatments were determined to be “relational/marital problems” and “being too anxious/depressed to continue” (Domar et al., 2009). Later research stated 40.2% of women withdrew from further treatment because treatment was too stressful, and 47.5% of women reported high levels of anxiety or depression as reasons for treatment dropout (Domar et al., 2018). Custers et al. (2013) found psychologic distress to be the main reason for dropping out of

IUI treatments. Brandes et al. (2009) found that the main reason for dropout from IVF treatments was emotional distress. Eisenberg et al. (2010) also found that stress was a common reason for discontinuation, and that women with higher Center for Epidemiologic Studies Depression Scale scores were more likely to end treatment prematurely or not pursue it. In Miller et al. (2021) 46% of the participants who chose to not pursue further treatment cited emotional stress as the main reason. Mosalanejad et al. (2013) gathered data that aside from cost, affective distress and poor prognosis of treatment outcomes are the main reasons one third of their cohort discontinued treatment for both women who had no previous treatments as well as those who had previous treatments and chose not to continue. Mosalanejad et al. (2013) found that women who had failed treatments may suffer from emotional distress leading to negative thoughts about the future, increasing the chance of discontinuation. Similarly, Lande et al. (2015) gathered that in cases where cost was not an issue for patients, discontinuation occurred due to lost hope for a successful treatment and psychological burden. Further, three studies found that even with counseling and stress-reduction services provided, most women did not participate or seek out help (Domar, 2018; Domar, 2009; Miller, 2021).

Quality of Life

There are very limited studies on QoL in women who forgo infertility treatments. Neumann et al. (2018) included 119 German women undergoing IVF treatment for the first time. FertiQoL questionnaires were used to examine if QoL could predict whether women would drop out of treatment. Of the 22 women who discontinued, there was not a significant difference in QoL scores when compared to the group that continued treatments. This was the only study found that examined QoL in women forgoing infertility treatments, indicating a gap in research. Neumann et al. (2018) acknowledged the need to assess emotional stress and QoL to provide

appropriate patient counseling. A limitation of this study was the small sample size of 22 women who dropped out of infertility treatments; therefore, future research should include larger cohorts to further understand the effect of infertility-related stress and QoL.

Hubens et al. (2018) conducted a systemic literature review investigating QoL or well-being of people with fertility problems. Although this review was broad, which may have led to inconsistent results, it did highlight the need for more research to gain a better understanding on QoL relating to fertility difficulties. Hubens et al. (2018) supported that little is known about QoL in women with infertility, and even less on the women who discontinue treatments. Having measurements of QoL using a suitable instrument like the FertiQoL questionnaire can provide researchers with the ability to compare women from various cohorts in different areas of the world (Hubens et al., 2018).

Discussion

Research has shown that women discontinue treatments due to financial reasons, medically advised reasons, or from psychological burdens (Brandes, 2009; Eisenberg, 2010; Gameiro, 2012). There were eight research articles included in this review that examined stressors or the emotional burden of women who stop treatment that did not report QoL data. On the contrary, one study examined QoL in women who discontinued treatment, but did not gather data on infertility-related stress (Neumann et al., 2018). Studies in women with infertility undergoing treatments indicate that women with higher infertility-related stress have lower QoL (Swift et al., 2021; Ashraf et al., 2014); however, it is difficult to assume women who forego treatments have similar experiences of infertility-related stress or have similar levels of QoL. Therefore, understanding how these variables relate is important and has not yet been addressed

in research. Further, there is a need for more research on women in the US and those who withdraw from IUI or other non-ART treatments.

Purpose

The literature review provided strong evidence that there is a need for more research on women who discontinue infertility treatments. There was no literature found, to the best of our knowledge, that measured the relationships between infertility-related stress and QoL of women who discontinued treatment. Therefore, the proposed research question is: What are the relationships between stress and quality of life in women who forgo infertility treatments?

Methodology

A secondary analysis was conducted using a parent study that focused on women who received infertility treatment, titled “Infertility stress, cortisol, coping, and quality of life in US women who undergo fertility treatments.” The parent study used a quantitative, descriptive, cross-sectional design examining infertility-related stress, hair cortisol concentrations, coping, and quality of life to determine relationships among the variables (Swift et al., 2021). The study was approved by the University and Medical Center Institutional Review Board at East Carolina University.

Study Sample

The secondary analysis included a sample of 70 US women with infertility that discontinued infertility treatments who completed the survey from the parent study compared with a sample of 166 women who received infertility treatments. The inclusion criteria for those in the group who discontinued infertility treatments included those diagnosed with infertility who identified as biologically female, between 18-50 years old, live in the US, speak and read English, and discontinued or stopped infertility treatments. For the treatment group, inclusion

criteria included those diagnosed with infertility who identified as biologically female between 18-50 years old, live in the US, speak and read English, were undergoing infertility treatments within the past 6 months, and had completed survey data. Exclusion criteria for both groups included individuals who were biologically male, women who are non-English speaking or reading, not living in the US, and did not have an infertility diagnosis.

Data Collection

The parent study included data collected between February and September 2019 via an online survey and included a sample of 500 survey responses (Swift et al., 2021). Participants were recruited using snowball and convenience sampling on infertility-related Facebook groups and pages. A link to the survey or to the Facebook study page was posted with administrator permissions. Women voluntarily completed the secure survey through REDCap (Harris et al., 2009) after being provided with a short description of the proposed research and consent form.

Measures

The Copenhagen Multi-Center Psychosocial Infertility Fertility Problem Stress Scale (COMPI-FPSS) was used in this study to measure infertility-related stress. The COMPI-FPSS consists of nine items that measure three subscales; personal stress, marital stress, and social stress, with three items for each subscale (Sobral et al., 2017). Sobral et al. (2017) established that the COMPI-FPSS is reliable to use across individuals from several countries, which allows for comparisons between infertility-related stress globally. Of the nine-item scale, seven items include a four option Likert scale that range from “not at all” (1) through “a great deal” (4), and two of the items with a 5 option Likert scale with responses ranging from “strongly disagree” (1) to “strongly agree” (5) (Sobral et al., 2017). Higher scores indicated higher levels of infertility-related stress. Internal consistency scores ranged from 0.65-0.93 for each item; however, in our

study Cronbach's alpha scores for the treatment group were 0.66 (personal stress), 0.72 (marital stress), and 0.70 (social stress). The Cronbach's alpha scores for the non-treatment group were 0.48 (personal stress), 0.79 (marital stress), and 0.83 (social stress).

The Fertility Quality of Life (FertiQoL) Scale was used in this study to evaluate the impact infertility has on the emotional, mind-body, relational and social domains of QoL (Boivin et al., 2011). The FertiQoL Scale is available in at least 46 languages and consists of 36 items, with 24 items to measure core QoL in four subscales: emotional, mind-body, relational and social (Boivin et al., 2011). Each of the four subscales include six items with responses including "very poor" (0) to "very good" (4), "very dissatisfied" (0) to "very satisfied" (4), and "not at all" (0) to "completely" (4) (Boivin et al., 2011). There are two unscored items measuring QoL satisfaction and overall health and a ten-item optional treatment subscale (Boivin et al., 2011). Results are converted to a 100-point scale where higher scores indicate higher QoL (Boivin et al., 2011). Original Cronbach's alpha scores ranged from 0.72-0.92 for each subscale, however in this study Cronbach's alpha scores ranged from 0.59-0.89 for both study groups.

Data Analysis

Statistical analysis was completed using SPSS software version 26. Descriptive statistics included means, frequencies, and standard deviation to examine demographic variables, and crosstabs were used to compare the differences between women who were not receiving infertility treatments compared to women who were receiving infertility treatments. Independent t-tests were used to group the differences in the FertiQoL and COMPI-FPSS subscales. The FertiQoL questions that are not scored asked participants how they perceived their QoL satisfaction and how they perceived their overall health. The QoL satisfaction rating was dichotomized on 1 = unsatisfied and 0 = satisfied and health rating was dichotomized on 1 =

poor and 0 = good. Additional crosstabs were used to compare QoL satisfaction and health ratings between treatment and no treatment groups. Eta-squared was used to determine the magnitude of differences between the two groups' scores. A binary logistic regression analysis was used to examine variables that predicted those not receiving infertility treatment, which included income, duration of infertility, QoL satisfaction, and mind/body QoL from the FertiQoL subscale. Though there was no significant difference between the two groups, the mind/body QoL subscale was added to the regression model because it measures the effect infertility has on physical health, cognition, and daily activities, which we felt was an important variable for potentially understanding treatment withdrawal.

Results

Demographics are presented in Table 1, which include the participants who were in treatment (n = 166) and those who were not in treatment (n = 70). The demographic variables that had statistically significant differences between the two groups included ethnicity, education, household yearly income, fertility insurance coverage, type of infertility, duration of infertility, and the participants' age in years. The mean age of participants in treatment was 32.2 years (SD = 4.1), and participants not in treatment was 33.6 years (SD = 5.5). Almost all the participants in both groups were non-Hispanic or Latino (92.7% in treatment, 100% not in treatment) and received a technical/associate degree or higher (94.6% in treatments, 90% not in treatments).

Table 2 presents comparisons among the COMPI-FPSS and Ferti-QoL scores between both groups. There were no significant differences in infertility-related stress scores between women who were in treatment and women who were not in treatment. There were no statistically significant differences in the Ferti-QoL subscale scores between both groups.

Significant differences were found between the groups' QoL satisfaction rating and health rating and are presented in Table 3. Over half of the participants not in treatment (52.9%) were dissatisfied with their quality of life, compared to only 31.9% of the treatment group who reported being unsatisfied with their quality of life. Participants who were not in treatments rated their overall health as good (65.9%) compared to 75.1% of participants in the treatment group who rated their health as good (Table 3)

In Table 4, binary logistic regression results are presented. In the analysis, the criterion variable was treatment status (coded 0 = in treatment, 1 = not in treatment) and included four predictor variables of income (coded 0 = >\$50,000, 1 = ≤\$50,000), years of infertility (coded 0 = ≤3 years, 1 = >3 years), satisfaction with quality of life (coded 0 = satisfied, 1 = not satisfied), and a quantitative variable mind/body quality of life. The logistic regression showed the Cox & Snell $R^2 = .115$, Nagelkerke $R^2 = .163$, and the Hosmer & Lemeshow $p = .826$ for the full model. Three of the predictors were statistically significant, with odds ratios 2.50 for income, 2.49 for QoL dissatisfaction, and 2.40 for infertility duration 3 years or greater.

Discussion

The results from this study found similar levels of infertility-related stress and QoL among women who forgo treatments compared to women who underwent infertility treatments, indicating similar levels of distress among women with infertility despite treatment status. Our findings provide evidence that women who experience infertility, regardless of their treatment status, have low QoL and high levels of stress. Like our study, other studies found significant correlations between longer duration of infertility and infertility treatment discontinuation, and no significant differences in QoL between women who continued treatments and women who discontinued treatments (Brandes, 2009; Custers, 2013; Neumann, 2018). Participants in

Neumann et al. (2018) study had notably higher total FertiQoL scores when compared to participants in our study, with means of 73.17 for the continued treatment group (n=44) and 74.27 for the treatment discontinuation group (n=20). In our study, total FertiQoL scores were 47.02 for the continued treatment group (n=166) and 47.06 for the treatment discontinuation group (n=70). This could be related cultural differences, differences in the number of treatment cycles, a small sample size, or different methods of data collection.

In our study, income of less than \$50,000, infertility duration of three or more years, and QoL dissatisfaction were significant predictors explaining 11.5-16.3% of the variance in treatment withdrawal. Although fertility insurance coverage was significant ($p=.017$), it was not included as a predictor in the logistic regression model because of the similarities to household yearly income. Eisenberg et al. (2010) found a lower income was not statistically significant for predicting infertility treatment discontinuation for women in the Western US ($p=.08$); however, our study found lower income to be statistically significant for predicting infertility treatment withdrawal ($p=.003$). More research is needed to better understand infertility treatment decisions of women with low household income in the US, and also compared to women in other countries who receive infertility treatments and have low household incomes. There is a general lack of research on low-income women experiencing infertility. Cross-cultural comparisons of infertility-related stress and QoL in low-income treatment-seeking women can provide insight on how socioeconomic status influences the decisions women make to follow through with infertility treatment. It is important for providers to be aware of socioeconomic status in order to provide appropriate support and resources to meet the needs of patients.

Providers should consider emotional support to women who forgo infertility treatments due to the high levels of distress experienced. Boivin et al. (2012) suggests an integrated

approach that considers the patient, clinic, and treatment stages to provide interventions for fertility problems to improve emotional, mind-body, relational, and social domains of QoL. Miller et al. (2021) found that low IVF dropout rates can be achieved when treatment coordinators are available, when patients make consistent visits to fertility doctors, nurses, and embryologists, and when funding is provided for counseling. Perhaps extending this level of support to women undergoing various types of infertility treatments and women who decide to forgo treatments would be beneficial for their emotional health and wellbeing.

It is important to note that future research should continue utilizing specific fertility-related measures, such as the COMPI-FPSS and FertiQoL scales, in order to maintain consistency and allow for comparisons across studies. Gamiero et al. (2012) found that the lack of coherence between research on women discontinuing infertility treatments results in confusion upon interpretation. For example, descriptors such as ‘infertility-related stress’, ‘psychological distress’, ‘emotional stress’, and ‘personal burdens’, often overlap or are used interchangeably. In addition, Boivin et al. (2012) found that identifying a specific marker for measuring QoL, such as FertiQoL, would be beneficial to understanding the predictors of discontinuation. It is recognized that more research on this topic is useful for providing information that can minimize bias and gather more understanding regarding limitations to the study.

Limitations

There were several limitations in this study. First, we were unsure of when participants discontinued treatments, withdrew, or if infertility treatments were never initiated. Another limitation to this study was that participants were not contacted for follow-up, which could have provided valuable information on how stress and QoL in women experiencing infertility may change over time. We are unsure of how infertility-related stress and QoL ratings fluctuate over

time, through the various stages of treatment, and leading up to decisions for treatment discontinuation. Gathering data on infertility-related stress and QoL following a single cohort over an extended period could provide more information on their decisions to follow through with treatment or to withdraw from infertility treatments. It is also important to note that the present study includes an online survey which creates response bias.

A limitation was noted in the personal stress scale for women not in treatment which had a low coefficient alpha of 0.48. This should be considered for future research to revise the tool for use in women not undergoing infertility treatments. The 3-item tool does not capture all points of personal stress in the US, such as financial stress, which should be considered in future studies. The COMPI-FPSS tool does not address factors like infertility type, stage of infertility treatment, or history of miscarriage that may impact a woman's infertility-related stress level and her experience undergoing infertility treatments (Sobral et al., 2017). Similarly, further revisions to the FertiQoL scale should be considered to improve inclusivity for women with infertility who are not in treatments, since the scale was originally designed to examine stress of those in infertility treatments. In addition, future research would benefit from approaches that broaden and diversify the demographics of sample groups to represent the QoL of minority populations who undergo or forgo infertility treatments. The impact of the COVID-19 pandemic on infertility treatment cessation should also be considered when further research is completed.

Conclusion

This study provides evidence that women with infertility experience high levels of stress and low quality of life regardless of their treatment status. These results help inform providers about the mental health needs of women who forgo or withdraw from infertility treatment and assist in the supportive interventions provided. More research on women who discontinue

infertility treatments is necessary to gain additional knowledge on the reasons for treatment withdrawal and to improve support for women initiating infertility treatments. Future studies should identify individual risk factors that would assist providers in evaluating patients who may not initiate or who may discontinue infertility treatments.

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Table 1

Demographic Characteristics of Participants Who Were in Treatment (N = 166) and Not in Treatment (N = 70)

Characteristic	Tx		No Tx		<i>p</i>
	n	%	n	%	
Ethnicity					.021*
Non-Hispanic or Latino	153	92.7	70	100.0	
Hispanic or Latino	12	7.5	0	0.0	
Education					.023*
Some college or less	9	5.4	7	10.0	
Technical/associate degree	37	22.3	19	27.1	
Baccalaureate degree or higher	120	72.3	44	62.9	
Marital status					.496
Married	160	95.4	65	92.9	
Committed relationship	5	3.0	4	5.7	
Divorced/separated	1	0.6	1	1.4	
Household yearly income (U.S. dollars)					.003*
<50,000	15	9.0	17	24.3	
51,000 – 100,000	72	43.4	32	45.7	
101,000 – 150,000	49	29.5	9	12.9	
>150,000	30	18.1	12	17.1	
Fertility insurance coverage					.017*
Full coverage	8	4.8	4	5.8	
Insured with partial coverage	81	49.1	29	42.0	
Insured with no coverage	76	46.1	33	47.8	
No insurance	0	0.0	4	5.8	
Infertility type					.007*
Primary	100	60.2	45	64.3	
Secondary	64	38.6	19	27.1	
Unknown/unsure	2	1.2	6	8.6	
Infertility duration					<.001**
<3 yrs	99	59.6	24	34.3	
>3 yrs	67	40.4	46	65.7	
Pregnancy loss					.731
Yes	83	50.0	34	50.0	
No	75	45.2	29	42.6	
Unsure	8	4.8	5	7.4	
Age years: M (SD)	32.2	(4.1)	33.6	(5.5)	.029*

*Note: crosstabs; *p < .05 ** p < .001*

Table 2

COMPI Fertility Problem Stress Scales and Fertility Quality of Life Between Tx (n = 166) and No Tx (n = 70) Groups

Variable	Tx		No Tx		t	p	η^2
	M	SD	M	SD			
COMPI-FPSS							
Personal stress	11.20	1.507	10.91	1.747	1.25	.21	.00
Marital stress	8.74	2.452	8.86	2.452	0.33	.74	.00
Social stress	6.98	2.293	7.07	2.620	0.28	.78	.00
FertiQoL							
Emotional	32.05	18.69	34.60	19.91	0.93	.35	.00
Mind/body	44.91	19.53	48.45	20.47	1.27	.23	.01
Relational	64.25	20.76	60.78	20.31	1.17	.24	.01
Social	47.33	18.33	46.50	17.66	0.32	.75	.00
Core total	47.02	14.70	47.06	14.50	0.02	.98	.00

Note: Independent t tests; Missing data. 3 in Tx group for personal & marital stress; 1 in No Tx group for all 3 stress variables.

Table 3

Personal Quality of Life Satisfaction and Health Ratings Between Tx (n = 166) and No-Tx (n = 70) Groups

Characteristic	Tx		Non-Tx		χ^2	p
	n	%	n	%		
QoL Satisfaction					9.14	.002*
Satisfied	113	68.1	33	47.1		
Unsatisfied	53	31.9	37	52.9		
Health Rating					5.06	.024*
Good Health	160	75.1	56	65.9		
Poor Health	53	24.9	29	34.1		

Note: Crosstabs

Table 4
Logistic Regression Predicting Not in Treatment

Predictor	B	SE	<i>p</i>	OR	95% CI
Income (<50k)	.92	.41	.026	2.50	[1.12, 5.61]
Infertility duration (>3 yrs)	.87	.31	.005	2.40	[1.30, 4.42]
QoL dissatisfaction	.91	.32	.004	2.49	[1.33, 4.69]
QoL mind/body	.01	.01	.057	1.01	[1.00, 1.03]

Note: Tx (n) = 166, No Tx (n) = 70