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Award Winners

A-1

Designing and implementation of mental health intervention for oocyte donor women

Adibmoghaddam E¹, Kazemi A¹, Kheirabadi G², Ahmadi S³.

1. Department of Reproductive Health, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

2. Department of Psychiatry, Faculty of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran.

3. Isfahan Fertility and Infertility Center, Isfahan, Iran.

Email: adibme921@gmail.com

Background: Oocyte donors face medical risks, socio-cultural challenges and the psychological consequences toward participating in assisted reproductive technology (ART). Developing a documentation-based intervention reduces the psychological burden from participation in this process.

Objective: The present study was conducted with the aim of designing and implementing a mental health intervention for oocyte donor women.

Materials and Methods: The present study was conducted by using mixed methods study in four stages. In the first stage, a qualitative study was conducted to explain the experiences of women who donate oocytes and providers of ART. In the second stage, the draft of mental health intervention plan for oocyte donors was designed based on qualitative study and review of literature, and a list of needs and strategies of the plan were provided to faculty members using a Delphi technique. Then the intervention was designed based on the strategies with the highest score. In the third stage, in order to review the content of the intervention, an expert panel was held and then approved by the panel members. The fourth stage of the study was a quantitative stage and was conducted as a two-group field trial with the aim of determining the effect of the intervention plan on

the mental health of oocyte donors. The study sample size was 72 participants (36 participants in each group). Data collection tool was depression, anxiety and stress scale (DASS-21) questionnaire which was completed in two stages before superovulation induction and after oocyte retrieval. Also, the researched made questionnaire for measuring worry and satisfaction with participation in ART which was completed after oocyte retrieval and data analyzed using SPSS software version 19.

Results: The findings of the qualitative study led to the formation of 7 main categories including "decision challenge", "donation complications", "challenges of the oocyte donation process", "emotional experiences", "donor perspective versus recipient perspective", "Needs and requests" and "structural defects" resulted. In designing the draft of the plan, the intervention was designed in the form of educational pamphlets, consultations and Instagram posts according to the strategies with the highest score. The results of the intervention showed before ovulation induction, the scores of DASS-21 in the intervention group were significantly lower than the control group. After oocyte retrieval, the scores of the DASS-21 and also, worry in the intervention group were significantly lower than the control group and the score of satisfaction with the donation process was significantly higher than the control group. The mean score of the depression and stress in the control group before ovulation induction and after oocyte retrieval were not statistically significant, but in the intervention group the mean score of the depression and stress after oocyte retrieval were less before ovulation induction ($p \leq 0.001$). After oocyte retrieval, the mean score of anxiety in the control group, was increased significantly ($p = 0.02$); while in the intervention group, there was decreased significantly ($p \leq 0.001$).

Conclusion: The results of this study showed the

designed intervention plan was effective on mental health in oocyte donors. Therefore, the implementation of the designed intervention in fertility centers could be useful in promoting the mental health of women who donate oocytes.

Key words: Mental health, Oocyte donation, Mixed methods study.

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