

CONCLUSIONS: Data suggests the EngagedMD MP improves patient education about treatment, gives them more control over their medical decisions, and better prepares them for consent. Providers/nurses appear to like it, and find it easy to implement.

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THE FATE OF SUPERNUMERARY CRYOPRESERVED EMBRYOS: INSIGHTS INTO COUPLES' DISPOSITION DECISIONS.

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OBJECTIVE: Great interest surrounds patients' decisions about surplus cryopreserved embryo disposition (ED) after death or dissolution of a current relationship (DCR). We report couples' decisions and influential factors.

DESIGN: Quantitative survey.

MATERIALS AND METHODS: A survey obtaining responses through forums & blogs from patients undergoing autologous IVF in the past 5 years. Questions addressed ED options following death or DCR including posthumous assisted reproduction (PAR), donation to another couple (EmD), research, or destruction. Data were grouped and analyzed based on age, primary income, IVF payment method, and number of IVF cycles.

RESULTS: Of 267 subjects ages 22-50, 78% provided a disposition following death and 63% with DCR. Following death, 55% preferred PAR compared to 19% after DCR ($p<0.001$). With DCR, more chose EmD (27% vs 11%, $p<0.001$), research (27% vs 18%, $p<0.001$) and destruction (22% vs 10%, $p<0.01$). Partners made a different choice 10% of the time. Income, IVF payment method, and number of IVF cycles were associated with disposition decision. Income, IVF payment method, and number of IVF cycles were all significantly associated ($p<0.05$) with some disposition decision. Compared with subjects making >100k, those from 50-100k were 60%, $p<0.05$ less likely to prefer PAR in the event of death. Those who paid cash were 2.3 times, $p<0.01$ more likely to choose PAR.

CONCLUSIONS: Patients' perceptions of their relationship play an important role in ED decisions. This suggests that thorough disposition information and counseling are needed during informed consent processes, given the associated economic, legal, ethical, and moral costs of ill-considered disposition decisions.

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CAN YOGA AFFECT IVF OUTCOMES?. P. Nayar, K. D. Nayar, R. Ahuja, M. Singh, G. Kant, N. Sharma, K. Nayar. Akanksha IVF Centre, New Delhi, India.



OBJECTIVE: To study the affect of YOGA on pregnancy rates in women undergoing frozen embryo transfer after failed fresh transfer cycle.

DESIGN: A randomized controlled trial conducted in a private Infertility centre from 1st December 2015 to 30th November 2016.

MATERIALS AND METHODS: Women with primary infertility of more than 5 years who did not conceive in the first IVF cycle and were to undergo frozen embryo transfer in subsequent cycle were enrolled (N=105). Women more than 38 years, Intramural fibroid > 4 cm, either side hydrosalpinx, adenomyosis were excluded. Women were randomised to two groups by using computer generated random number sequence -Group A (N=52) who attended 3 months of YOGA thirty sessions- involving asana (exercises) and pranayama (regulated breathing) before undergoing frozen embryo transfer and group B (N=53) who under went frozen embryo transfer in the subsequent cycle without Yoga therapy. All women in group A were asked to complete the Hamilton Depression rating Scale (HAM- D), Hamilton Anxiety Rating Scale (HAM-A) and FertiQoL questionnaire at baseline (S1) and after 3 months of YOGA sessions (S2) before embryo transfer. Primary outcome were Pregnancy rates, Clinical Pregnancy rates. Secondary outcomes were change in psychological test scores. Chi square test was applied for qualitative and student t test for quantitative data using SPSS software.

RESULTS: The Pregnancy rate and clinical pregnancy rate were significantly better in Group A compared to Group B (63.46% vs 43.39% : $p=0.039$, 59.61% vs 37.7%: $p=0.024$). There was a significant S1 to S2 reduction in depression and anxiety after YOGA therapy ($p<0.001$ for HAM-D and $p<0.001$ for HAM-A).

CONCLUSIONS: Stress negatively affects reproductive outcomes in IVF cycles and this study suggests YOGA can be an adjuvant to improve the pregnancy rates in couples undergoing ART.

Affect of Yoga on IVF outcome

Pregnancy rates	Group A, Yoga therapy (N=52)		Group B (N=53)		P value
	Percentage		Percentage		
Pregnancy rate	33	63.46%	23	43.39%	0.039
Clinical Pregnancy Rate	31	59.61%	20	37.7%	0.024

References:

1. Alice D. Domar et al. impact of group mind/body intervention on pregnancy rate in IVF patients. Fertility Sterility 2011;95:7:2269-2273.
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DO MENTAL HEALTH ASSESSMENTS OF IN-VITRO FERTILIZATION (IVF) PATIENTS DIFFER BY INFERTILITY DIAGNOSIS? A PROSPECTIVE STUDY.

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OBJECTIVE: To prospectively assess anxiety, depression, coping, and appraisal metrics by infertility diagnosis in female infertility patients undergoing IVF.

DESIGN: Prospective pre- and post-treatment survey

MATERIALS AND METHODS: Patients with a diagnosis of infertility were consented for this IRB approved study prior to starting their first IVF cycle. Patients completed a pre-treatment (T1) survey including Center for Epidemiologic Studies Depression Scale, State-Trait Anxiety Inventory, Ways of Coping-Revised scale, Appraisal of Life Events scale, and Fertility Problems Inventory. At the time of oocyte retrieval (T2), a second questionnaire was filled out. Patients were grouped using CDC infertility diagnoses. Non-parametric statistics were used to analyze data using SPSS software, including Spearman's correlations and chi squared tests.

RESULTS: 113 patients consented for the study, with a median age of 32 (SD 2.97 years) and AMH of 1.8ng/mL. The most frequent infertility diagnoses were: male factor (23.0%), male and female (17.7%), and decreased ovarian reserve (14.2%). Positive correlations were identified between measures of depression, anxiety, and coping at both T1 and T2; negative correlations were identified between these measures and fertility related stress. Chi squared analysis revealed significant differences ($p=0.038$) in the Ways of Coping-Revised scale at T1 among infertility diagnoses. Unexplained, male and female, and endometriosis diagnoses had lower levels of avoidance and cognitive restructuring while ovarian dysfunction, decreased ovarian reserve, and multiple female diagnoses were associated with higher levels. There were no significant differences at T2.

CONCLUSIONS: Patient levels of avoidance and cognitive restructuring differ based on infertility diagnosis. Although it is unclear what causes these differences, avoidance-based coping is a known risk factor for depression and is the greatest predictor of psychological distress among both men and women. Therefore, assessment of coping style among fertility patients, particularly those with ovarian dysfunction and decreased ovarian reserve is warranted.