

(IVF), a prospective study was designed. A previous study was performed in 50 patients of five different private and public French centres and the critical points raised by the patients have led to the development of a quality of life (QOL) questionnaire. The objectives are to validate this new questionnaire and to build the first scale of QOL in the IVF environment, useful for the patients as well as for the medical staff.

Material and methods: A total of 350 questionnaires were sent to seven IVF French centres, and given on the day of the embryo transfer to women undergoing an IVF attempt and willing to answer to this questionnaire. The participation in this study was completely anonymous. After completion, the questionnaires were directly sent by the patients to the statistics evaluation centre. The questionnaire contained 23 items divided into five main sections: IVF and treatment physical compliance; IVF and time schedule, IVF and environment; IVF and coping; other items.

Results: The first 31 questionnaires have been analysed and show that the most important items are: the local pain resulting from the stimulation drugs injection (human menopausal gonadotrophin and recombinant follicle stimulating hormone); the side-effects given by the long-term ovarian blockage; the time lost during the monitoring; the waiting for the results (number of mature oocytes, good embryos, pregnancies or not); the repercussions on private and professional life; the relationship and the availability of the medical staff; and, generally, the burden of the treatment and its monitoring.

Conclusion: Listening to the critical points raised by the patients, after the statistical analysis of 150 questionnaires, may enable the development of the first scale of quality of life in the IVF environment. This scale of QOL could contribute to determine the profile of the patients and whether or not it is necessary to take special care of these women. It will also evaluate the possibility of simplifying the constraining procedures, with the introduction of other treatments such as gonadotrophin releasing hormone antagonists, and increase at the same time the availability and the receptiveness of the medical staff. This new scale would help to enable comparison between the standard and the simplified treatments.

Appendix: List of the 'Cercle de la Fertilité' members: Dr A.Audebert (Bordeaux), Dr P.Barrière (Nantes), Dr S.Christin-Maitre (Paris), Dr P.Giacomini (Reims), Dr L.Janny (Clermont-Ferrand), Dr H.Letur-Könirsch (Paris), Dr B.Nicollet (Lyon), Dr F.Olivennes (Clamart), Pr. J.L.Pouly (Clermont-Ferrand).

R-183. Feelings after donation of recipient recruited oocyte donors

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Introduction: The aim of this study is to assess the feelings of recipient recruited donors 6 months to 1 year after their

donation. In France, since the bioethic laws of 1994, donation is anonymous. The couples accepted in the programme are encouraged, but not compelled, to find a donor whose oocytes will then be distributed anonymously to several recipients. In no case will the donated oocytes be attributed to the donating couple. Twenty-eight women were screened by a psychoanalyst in an in-depth interview. The following points were assessed: (i) physical and psychological reactions to donation; (ii) quality of the interactions with the clinical staff throughout procedure; (iii) confidentiality or non-confidentiality of the donation; (iv) fantasies concerning the outcome of their donation; (v) do they think that the child should know about the donation?; (vi) would they donate again?

Materials and methods: In each case, an interview with a psychologist is compulsory for the sterile woman and her spouse as well as for the donor and spouse, before the donation is attempted. We report here the results of 28 interviews conducted with donors, ~1 year after their donation. The in-depth interviews focused on spontaneous reactions expressed by the women. These were then analysed to answer the content of the items listed here.

Results: All the listed items have been checked with the donors. Fifty per cent of the sample would not donate another time.

Conclusion: Is there a necessity for the donor's benefit of a compulsory post-donation interview? It appears to us, after a doubtful period, that these interviews are useful to the in-vitro fertilization team and do not harm the donors. Some of them expressed their satisfaction about being able to talk to a psychologist about their feelings, during and after donation. So we intend to go on with this research which will lead us to improve the quality of care given to patients in oocyte donation programme.

R-184. Coping with psychosocial risks in infertility counselling: a multidisciplinary approach

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Introduction: The Unit of Reproductive Medicine aims to provide comprehensive care for infertile couples. The somatic and biological investigations are completed by an evaluation of the family background, of the impact of possible failure and of the way the couples view their future parenthood. This systemic, multidisciplinary approach evidently leads to a notion of complexity. A clinical case has been chosen to illustrate the role of counselling and to highlight the complexity of therapeutic care.

Materials and methods: The following case is presented in the framework of a request for IVF treatment. *Description of the patients' psychosocial problems:* The couple is from Eastern Europe and has been married since August 1998. Mrs X has three school-age children by two different fathers and underwent tubal ligation after the birth of her last child. The

children have been placed in an institution and are supported financially by the state. Mrs X is unemployed. Mr X has two adult daughters with whom he is not on speaking terms. He is on invalidity benefits for depression and epilepsy. *Description of the problems the medical team faces with this treatment request, the indication for IVF being evident:* The psychosocial problems in the family environment pose a risk for the future well-being of the child-to-be. *Application of a preventative model of counselling called 'taking stock of resources':* The counsellor deems that the mother has great difficulty in recognizing the distress of her three children. The parents cannot bear the responsibility for their existing family. Social injustice has pursued the spouses' lives and pushes them continually towards rebellion and violence. *Multidisciplinary teamwork and setting up of a network:* Our aim is to show the couple that we understand the complexity of the situation and that we would like to help accommodate the family environment by setting up a therapeutic support network.

Results: The multidisciplinary approach enables a collective decision to be taken (gynaecologist, psychiatrist, biologist, ethics specialist and counsellor). *The ethics specialist's point of view:* For the moment no convincing argument enables the couple to be considered fit to bring up another child. *The counsellor's point of view:* Convincing arguments could be obtained with social and psychological support through the network, for example, the mother's improved relationship with her three children. *Medical point of view:* The couple has a precise request, has the right to have further investigation and a treatment proposal. In order to apply this, the family environment will be re-evaluated in 6 months' time.

Conclusion: The prerequisite to this approach is that counselling is integrated into the biomedical team and that the decisions that are common to the medical, psychological and ethical level are approved by all the carers as well as the patients. In this clinical case, the couple made a precise request, which could have been answered immediately. The light thrown on the case by counselling postponed the treatment in the hope that the arrival of a new child in this family could take place in adequate conditions. Coherence is a possible answer to complexity, compatible with ethical honesty and the freedom of couples to have children.

R-185. Pair relationships in couples with male infertility

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Introduction: One in ten couples has difficulty achieving a successful pregnancy within a year of regular sexual intercourse without contraception. Male infertility can be found in 50%. The relationship of couples struggling with male infertility has seldom investigated. This study evaluated the difference between the self- and foreign concepts of female and male partners in couples with male subfertility.

Materials and methods: Independent variable: male subfertility. The subjects were a group of $n = 104$ couples requiring

treatment at the infertility unit of the University Hospital. Dependent variables: self-concept and the foreign concept of both male and female partners obtained from the Giessen test.

Results: Self- and foreign concept of subfertile men and their female partners are significantly different ($P = 0.0177$). Subfertile men describe themselves as hypomanic, meaning phlegmatic, not anxious or depressive. Their partners, however, describe the men as rather depressive. The female partners of subfertile men see themselves extremely (neg. soc. resonant), meaning disliked, unattractive and less respected by others. On the contrary, these women are described as beloved, attractive and socially respected by their male partners ($P = 0.0001$).

Conclusion: The differences between self- and foreign concept should be worked out and discussed together with both partners. These obvious discrepancies in the self- and foreign concepts indicate the tendency to idealize the interpersonal relation in these couples.

R-186. Unintended consequences and informed consent: lessons from former surrogate mothers

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Introduction: In the US, there is a growing number of healthy volunteers who serve as gamete donors, gestational carriers, and surrogate mothers. Given the lack of accepted and enforced practice guidelines, the absence of health insurance, the lack of laboratory certification, and the high costs of treatments, the need for more patient safeguards is clear. To assess the long-term risks and benefits of third-party reproduction, a qualitative, phenomenological study was conducted of surrogate parenting consequences for women who had experienced a surrogate pregnancy 10–15 yrs earlier. In a previous report we observed that eight of the 12 participants expressed some degree of dissatisfaction with the experience ranging from sadness to anger and betrayal (*Fertil. Steril.*, 1998, **70**, Suppl. 1, S28.). We report here on factors that may place a woman at risk of a negative experience or compromise her ability to adequately judge the benefits and trade-offs of serving as a compensated third-party participant.

Materials and methods: Twelve women who served as compensated surrogate mothers and gave birth to healthy single newborns before 1988 participated in face-to-face interviews after approval of the protocol by a University review board for the protection of human subjects. Subjects were drawn from three private surrogacy broker programmes located in the midwest and California and had met the adoptive couples on at least one occasion. Interviews were tape-recorded, transcribed, edited to render them anonymous, and analysed using an ethnographic approach. Text was organized into thematic codes and entered into the software program NUD*IST™, v. 4 for data management and analysis. Success-