

PERCEIVED STRESS LEVELS (PSLs) AND SPECIFIC STRESSORS IN PATIENTS UNDERGOING PLANNED OOCYTE CRYOPRESERVATION (OC)

Authors: Paxton Voigt¹, Carlos M Parra², Dona Jalili¹, Gwendolyn P Quinn¹, Frederick Licciardi²

Affiliations: (1) Dept. of Ob/Gyn, NYU Grossman School of Medicine, New York, NY, USA; and (2) NYU Langone Fertility Center, New York, NY, USA

Background

Planned OC utilization has exponentially increased over the past decade¹. However, data are lacking on the psychological experiences of patients undergoing planned OC². Understanding the role of psychological stress during the OC process is essential for developing interventions to improve patient experience.

Objective

To assess the PSLs and specific stressors in patients before and after planned OC.

Materials and Methods

First time planned OC patients were recruited during a pre-cycle orientation to participate in a pre- and post-OC online survey. A subgroup of participants were randomly selected to participate in a post-OC semi-structured interview. Modest compensation was provided. The survey included the validated Perceived Stress Scale (PSS)³ and open-ended questions assessing top 3 stressors. The interview aimed to develop a richer understanding of specific stressors. PSLs from the survey were from a composite PSS score and analyzed using the Wilcoxon signed rank test ($p < 0.05$ significant). Interview transcripts were coded by 3 independent coders using the constant comparative method⁴.

Results

Pre- and post-OC survey participants ($n=83$) were included in the analysis with 10 participating in the post-OC interview. Median age was 33 years (range: 26-42). Racial/ethnic identity included 62.7% ($n=52$) White, 21.7% ($n=18$) Asian, 6.0% ($n=5$) Black, and 4.8% ($n=4$) Hispanic. Sexual orientation included 89.2% ($n=74$) heterosexual and 10.8% ($n=9$) LGBTQ+. Partner status included 81.9% ($n=68$) single, 9.6% ($n=8$) domestic partnership, 4.8% ($n=4$) married, and 1.2% ($n=1$) divorced. All graduated college with 56.6% ($n=47$) holding a post-graduate degree. Financial coverage included 47.0% ($n=39$) private insurance, 27.7% ($n=23$) self-pay, and 20.5% ($n=17$) a combination. 12.1% ($n=10$) cited the COVID-19 pandemic as an influence in pursuing planned OC. Significant and unchanged PSLs were experienced by participants pre- and post-OC (mean scores 21.9 pre- vs 21.6 post-OC, $p=0.27$). When comparing individual question scores, participants reported being more nervous and stressed pre-OC ($p < 0.04$). The open-ended survey question revealed that procedural, work, and partner-related stressors were most common. Within procedural stress, the self-administration of injectable medications and the uncertainty of the monitoring schedule were predominant pre-OC. Post-OC, outcome-related stressors became more prevalent, including low oocyte number, uncertainty about pursuing another cycle, and future oocyte viability. The interview findings were in line with the open-ended survey responses but provided in-depth descriptions of the extent of the stress: *"They said I only had like 11 follicles, or something kind of low, and I really perseverated on it. I read about it and I actually cried. I was like, oh my God, I don't have that many follicles I felt mad at myself but then I didn't realize that sometimes they don't always all show up. And I ended up having 20 to 30 follicles... this is confusing to me like. I thought I had like nothing."*

Conclusions

First time planned OC patients suffer from significant levels of stress before and after cycle completion. Procedural, work, partner and outcome-related stressors were most cited by participants. These findings highlight the need for stress identification and reduction strategies in patients presenting for planned OC.

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References

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