

Review Article

Open Access

Psychosocial Impact of Infertility: Role of the Obstetrician-Gynecologist -A Study of 60 Cases

Karima Naceiri Mrabti^{1*}, Khadija Tahri Jouti¹, Majda Benhaddou El Idrissi², Chahrazad Bouchikhi³, Sanae Erraghay⁴, Nisrine Mamouni⁴ and Abdelaziz Banani⁵

¹Chu Hassan Ii De Fes Gynecology and Obstetrics I Département, Fes, Morocco

²University Hospital Hassani, Fez, Morocco

³Chu Hassan Ii De Fès Gynecology and Obstetrics I Department, Ent, Fes, Morocco

⁴Chu Hassan Ii De Fès Gynecology and Obstetrics I Department, Fes, Morocco

⁵University Hospital Hassan Ii, Fes, Morocco

*Corresponding author

Karima Naceiri Mrabti, chu hassan II de Fes gynecology and obstetrics I departement, Fes, Morocco.

Received: March 16, 2026; **Accepted:** March 23, 2026; **Published:** March 30, 2026

Introduction

The management of infertile couples remains one of the most complex and demanding areas in reproductive medicine. This complexity stems not only from the high financial costs and the often prolonged duration of treatments but also, and more critically, from the profound psychosocial impact that infertility imposes on individuals and their relationships. A holistic therapeutic approach must, therefore, extend beyond purely medical and surgical solutions to fully incorporate these psychosocial dimensions. In this paradigm, the obstetrician-gynecologist's role transcends the traditional boundaries of diagnosing organic causes and managing the technical aspects of treatment. They become a central figure in a couple's emotional journey [1,2].

This study aims to highlight the multifaceted role of the gynecologist in addressing the psychosocial needs of infertile couples. By examining the lived experiences of patients, we seek to underscore the specific difficulties encountered in the patient-provider relationship and to propose practical solutions for a more integrated, empathetic, and effective model of care [3-5].

Methodology

This report presents a descriptive case study conducted over a six-month period, from May 1, 2024, to October 31, 2024. The study included a cohort of sixty couples diagnosed with infertility and followed in the Obstetrics and Gynecology Department of Hassan II University Hospital in Fès. Data were collected through semi-structured interviews and clinical observations, focusing on the duration of infertility, the psychological symptoms experienced, the perceived quality of the patient-doctor relationship, and the influence of the social environment. The methodology was designed to capture both the clinical and emotional realities of the participants [6-8].

Results

Our findings reveal a significant and often overlooked psychosocial burden associated with infertility. The data indicate that 75% of the studied cases had been experiencing infertility for over five years, a prolonged period that exacerbates emotional distress. The majority of participants reported persistent feelings of sadness and anxiety, with many exhibiting clinical symptoms consistent with depression, such as sleep disturbances, social withdrawal, and hopelessness.

Furthermore, the psychosocial environment played a significant role in shaping the couple's dynamic. Pressure from family members, social stigma, and cultural expectations often intensified feelings of guilt and inadequacy, leading to marital stress and, in some cases, social isolation.

Crucially, the study highlighted a significant disconnect in the patient-provider relationship. While more than half of the participants described their overall interaction with their doctor as positive on a technical level, a striking 70% felt that their physician did not adequately address or even acknowledge their emotional concerns throughout the diagnosis and treatment process. This perceived lack of emotional support created a sense of being reduced to a medical case, rather than being treated as a person with complex needs [9,10].

Conclusion

Discontinuation of treatment represents a major cause of failure in infertility management. Our findings suggest that this dropout is frequently linked not to the technical challenges of the procedures, but to the cumulative weight of unaddressed emotional distress and a feeling of being misunderstood by the care team. It is therefore crucial for gynecologists to actively consider the emotional dimensions of infertility. By identifying at-risk couples—those

exhibiting signs of depression, anxiety, or relationship strain—clinicians can implement preventive strategies to mitigate the risk of dropout. Psychological support should not be an afterthought but an integral component of the care plan, considered at multiple levels, from the initial consultation through to post-treatment follow-up [11,12].

Disclosures and Recommendations

In light of these findings, the gynecologist's role must be re-envisioned to include specific psychosocial competencies. This involves:

- **Prioritizing Information and Communication:** Providing clear, honest, and realistic information about diagnoses, procedures, and prognoses to manage expectations and reduce anxiety.
- **Active Listening And Validation:** Creating a safe space where patients feel heard and their emotional struggles are validated. Simple acknowledgment of their pain can significantly strengthen the therapeutic alliance.
- **Systematic Identification of At-Risk Couples:** Integrating brief screening questions into routine consultations to identify couples who may benefit from additional psychological support and stress management strategies.
- **Establishing A Collaborative Network:** Recognizing the limits of the gynecologist's role and establishing a clear referral pathway. Ideally, consulting or collaborating with a liaison psychiatrist or a psychologist specializing in reproductive health is recommended for the effective management of at-risk couples. This multidisciplinary approach ensures that both the medical and emotional facets of infertility are treated with the expertise they deserve, ultimately improving patient well-being and treatment outcomes.

Here are the relevant references in English, formatted to align with the content and recommendations of your article.

References

1. World Health Organization (WHO) (2023) Infertility Prevalence Estimates, 1990–2021. Geneva: World Health Organization. (Cited in for global prevalence statistics). <https://www.who.int/publications/i/item/978920068315>.
2. Crespo E, Bestard J (2017) Psychosocial needs of women and their partners after successful assisted reproduction treatment in Barcelona. *Reproductive Biomedicine & Society Online* 3: 90-99.

3. Cousineau T M, Domar A D (2007) Psychological impact of infertility. *Best Practice & Research Clinical Obstetrics & Gynaecology* 21: 293-308.
4. Hammarberg K, Fisher J R, Wynter K H (2008) Psychological and social aspects of pregnancy, childbirth and early parenting after assisted conception: a systematic review. *Human Reproduction Update* 14: 395-414.
5. Verhaak C M, Smeenk J M, Evers A W, Kremer J A, Kraaimaat F W, et al. (2007) Women's emotional adjustment to IVF: a systematic review of 25 years of research. *Human Reproduction Update* 13: 27-36.
6. Peterson B D, Pirritano M, Christensen U, Schmidt L (2008) The impact of partner coping in couples experiencing infertility. *Human Reproduction* 23: 1128-1137.
7. Ben Messaoud K, Bouyer J, Guibert J, de La Rochebrochard E (2024) The burden of very early dropout in infertility care: a nationwide population-based cohort study. *Human Reproduction* 39: 102-107.
8. Gameiro S, Boivin J, Peronace L, Verhaak C M (2012) Why do patients discontinue fertility treatment? A systematic review of reasons and predictors of discontinuation in fertility treatment. *Human Reproduction Update* 18: 652-669
9. Quinlan M M, Carmack H J, Schambach E (2024) Bearing Witness to Joy and Sorrow: Narrative Medicine and Reproductive Endocrinologist and Infertility (REI) Providers' Journeys in Infertility Treatment. *Health Communication* 39: 808-817.
10. Stotland N L (1985) Contemporary issues in obstetrics and gynecology for the consultation-liaison psychiatrist. *Hospital & Community Psychiatry* 36: 1102-1108.
11. Tahir T A, Prew T, Mukit A (2025) Liaison Psychiatry and Maternity Services - An Essential Interface. *Journal of Pakistan Psychiatric Society* 22.
12. Ribeiro Neto B, Barreiro M, Tomé A, Vale-Fernandes E (2025) Psychosocial aspects of infertility and the impact of assisted reproductive techniques - a comprehensive review. *JBRA Assisted Reproduction* 29: 378-393.

Copyright: ©2026 Karima Naceiri Mrabti, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.