Approximately 15-18% of couples are affected by infertility [1]. The biological problems causing infertility vary greatly and involve both males and females.

- Traditional Artificial Reproductive Technologies (ART) include:
  - Induction of ovulation
  - Semen assessment
  - In vitro fertilization
  - ICSI
  - Cryopreservation of gametes/embryos

- Receiving treatments for infertility is a stressful process [2] and gaps exist in support and treatment for couples experiencing infertility.

- There is a rising trend in treatment options for couples in the area of Complementary and Alternative Medicine (CAM) [3]. CAM provides treatments that differ from or complement traditional allopathic medicine and are not administered by medical doctors. CAM involves:
  - Chiropractors
  - Traditional Chinese Medicine
  - Naturopaths
  - Acupuncturists
  - Homeopaths

- Preliminary results from a previous qualitative study on Canadian women with infertility reveal that participants have concerns with emotional support [3][4].

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### Introduction

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### Methodology

**Design** – An interdisciplinary, qualitative approach to include the social, biological and environmental aspects of health.

**Ethics** - Approval granted from University of Ottawa Research Ethics Board.

**Recruitment** - Began on March 2, 2011. A total of 5 CAM practitioners from the Ottawa area including naturopaths and acupuncturists/TCM, have been recruited to date and recruitment is ongoing.

**Data Collection** – Two female naturopaths have participated in semi-structured interviews that were recorded and transcribed for analysis; an assistant also took notes. The data collection is ongoing.

**Analysis** - The current analysis is very preliminary. Inductive coding is used, allowing themes to emerge from the data. Given that only two participant interviews have been analyzed, saturation has certainly not been reached. Thus, the preliminary results must be interpreted with caution.

### Preliminary Results

**“Naturopathy uses a broad scope of mind and body”**

**“[Patients] feel a greater sense of ease”**

**“Women will do almost anything [to become pregnant]”**

**“Men feel they are “supposed to manly” and tend to be more hesitant”**

### Conclusion

From the preliminary results gathered, a few recommendations stand out:

- There is a need for greater emotional and lifestyle support for couples experiencing infertility.
- It is recommended that an “integrative approach” be taken when treating patients with infertility. This involves simple steps like increasing referrals between ART and CAM to larger scale changes involving consolidation of ART and CAM practices under one roof [10], perhaps in the form of a clinic.

### Discussion

The major themes that emerged from the preliminary findings encompass a few areas.

- CAM tends to use a biomedical model (Table 2) similar to that of ART when describing infertility. Other non-biological factors were also mentioned, including stress in the patients’ lives, their diet and overall lifestyle.

- The participants identified unmet needs, as described by their patients, to be center around the concepts of increased emotional support and a patient-centered approach. These unmet needs are consistent with the literature [8].

- Also consistent with the literature is the idea that patients seek CAM options because they are unhappy with ART results or care, they feel like they have exhausted all other options, or they simply want to do everything they can to become pregnant. [9]

### Table 1: CAM treatment and support options

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herbs (hormones)</td>
<td>Acupuncture (blood flow)</td>
</tr>
<tr>
<td>Nutrition (hormones)</td>
<td>Massage (stress reduction)</td>
</tr>
<tr>
<td></td>
<td>Emotional support (stress reduction)</td>
</tr>
<tr>
<td></td>
<td>Chiropractic adjustment (nerves)</td>
</tr>
</tbody>
</table>

### Table 2: ART and CAM approaches to infertility

<table>
<thead>
<tr>
<th></th>
<th>ART</th>
<th>CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>-use biomedical model</td>
<td>-use biomedical model</td>
<td></td>
</tr>
<tr>
<td>-less patient centered</td>
<td>-individualized approach</td>
<td></td>
</tr>
<tr>
<td>-less time for patient questions</td>
<td>-holistic approach</td>
<td></td>
</tr>
<tr>
<td>-evidence based</td>
<td>-promote support as well as treatment</td>
<td></td>
</tr>
<tr>
<td>-very few CAM referrals</td>
<td>-referrals to other CAMs</td>
<td></td>
</tr>
<tr>
<td>-focus on treatment</td>
<td>-“soft” services; emotional and lifestyle support</td>
<td></td>
</tr>
<tr>
<td>-a more physiological approach</td>
<td>-Focus on the body and person as a whole</td>
<td></td>
</tr>
<tr>
<td>-Focus on reproductive system</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Acknowledgments

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