

Emotional Support for Clients Experiencing Infertility

Infertility and family-building challenges can cause clients emotional distress and feelings of shame, grief, and loss, which can result in depression and anxiety¹. This job aid guides sexual and reproductive health agency staff in counseling clients experiencing infertility. For additional resources, visit the [Infertility Services in Family Planning Care Toolkit](#).



When counseling a client experiencing infertility:

DO provide trauma-informed, client-centered support.^{1,2,3}

- Learn and affirm your client’s social identities (e.g., gender identity, sexual orientation) and family-building goals to provide client-centered, equitable, and culturally affirming care.⁴
- Establish trust. Show your interest. Focus only on your client when talking with them about their infertility. Look them in the eye, and listen without multitasking.



What questions do you have?

Tell me about your experience so far.

- Acknowledge that many clients experience emotional distress when navigating infertility and family-building pathways and treatment. Discuss how feelings of grief and shame can result in depression and anxiety. Emphasize that help is readily available.



Stress does not cause infertility, but the challenges of infertility can absolutely cause stress.

Experiencing infertility, and challenges in building your family, can be extremely hard. Some people experience depression and anxiety.

Please know that there is support available, and we can help.

- Ask your client if they would like to discuss their mental health and well-being, and how you can help.



How have you been doing?

How can I support you during this time?

I want you to know that you are not alone, and that there are options for support.

- Offer mental health and support services, such as: additional assessment, treatment, or counseling; and social, emotional, or spiritual support services, including LGBTQ+-specific services. Encourage your client to consider therapy. Offer referral to a therapist who has experience with clients struggling with infertility.

- ❑ Ask the client if and how they would like to involve their partner in discussions and care, if relevant. Infertility can affect relationships. While in some cases it brings people closer together, it can also cause stress, tension, and conflict. Partners may experience financial stress, a strain on intimacy, lack of communication, and differences in decisions and coping strategies.
- ❑ Offer culturally sensitive and gender-affirming educational materials and resources about infertility, infertility treatment, and fertility assistance.
- ❑ Be informed about your client’s options and potential next steps in evaluation and treatment. Support your client in pursuing the path that feels right for them.

DON’T cause harm by using statements that may feel insensitive, invalidating, and/or triggering to your client.^{1,2}

- ❑ **Don’t tell your client to “relax.”** This can come across as judgmental and minimizes your client’s experience.
- ❑ **Don’t highlight the supposed “upsides” of not having a child.** Avoid comments such as, “Just enjoy being able to sleep in right now,” or “Trust me, parenting is not all it’s cracked up to be.”
- ❑ **Don’t tell your client that “it will happen.”** There is no guarantee that this is true, and your client knows this. Such reassurances can feel dismissive.
- ❑ **Don’t use humor or be too casual to lighten the atmosphere.** Avoid comments such as, “Are you sure the little guys are swimming?”
- ❑ **Don’t push adoption or other options.** Your client needs to process many considerations before they’ll be ready to decide next steps in their family-building journey. Clients need the space to decide what feels right for them. This includes whether or not to continue treatment and/or to explore other options to grow their family.

Infertility: A condition of biology and biography

Physiological infertility is a disease of the reproductive system that prevents a person from becoming pregnant or carrying a pregnancy to delivery.⁵ An infertility diagnosis depends on the age of the person trying to become pregnant. Individuals under 35 years of age are diagnosed after 12 months of regular, unprotected heterosexual intercourse, while individuals 35 years of age and older are diagnosed after six months of regular, unprotected heterosexual intercourse.

Social infertility is when social or relational factors, such as being single or in a same-sex relationship, limit one’s ability to become pregnant.⁶

It’s possible for a client to experience both social and physiological infertility.

REFERENCES

- 1 [American Society for Reproductive Medicine. Micro-video: Decreasing the Emotional Burden of Care.](#)
- 2 [Resolve. Talking About Infertility.](#)
- 3 [Resolve. Patient-Centered Care: Changing the Game on Future Fertility Treatment.](#)
- 4 Note: RHNTC’s [Support LGBTQ+ Clients with Affirming Language Job Aid](#) can be used to guide appropriate and affirming care.
- 5 [American Society for Reproductive Medicine. FAQs About Infertility.](#)
- 6 [Lo W and Campo-Engelstein L. Expanding the clinical definition of infertility to include socially infertile individuals and couples. \(2018\) In: Campo-Engelstein, L., Burcher, P. \(eds\) Reproductive Ethics II. Springer, Cham.](#)