



LETTERS

INTERVENTIONS IN UK FERTILITY CENTRES

Time to put women at the centre of decisions about infertility care

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Heneghan and colleagues highlight the lack of evidence for claims made by fertility centres in the UK.^{1,2} These interventions are widely used and paid for, reflecting the huge psychological stress of infertility and the intense drive of women, their partners, and doctors to solve the problem.

The situation is exaggerated in sub-Saharan Africa, where childbearing is central to a woman's sense of respect and relevance in the community. She is commonly blamed for infertility and experiences tremendous stress and stigmatisation. We conducted a cross sectional study in a Nigerian hospital to determine the prevalence of psychological morbidities among 124 patients with infertility. The 12 item general health questionnaire showed that 46% of participants had a psychological morbidity, often linked with domestic violence.

Despite its importance, infertility is largely ignored by international researchers and funders, who focus instead on family planning and maternal health. Infertility can be seen as a convenient natural solution to overpopulation. But whose

health is it? The work of the James Lind Alliance, which includes lay people in the discussion of research priorities, needs to be extended to low resource settings. This could increase the focus on low cost medical and psychological interventions for infertility. But we also need high quality, publicly available evidence. Through this, couples are empowered with knowledge to make appropriate decisions when seeking private care.

Competing interests: None declared.

Full response at: <http://www.bmj.com/content/355/bmj.i6295/rr-0>.

- 1 Heneghan C, Spencer EA, Bobrovitz N, et al. Lack of evidence for interventions offered in UK fertility centres. *BMJ* 2016;356:i6295. doi:10.1136/bmj.i6295 pmid:27890864.
- 2 Spencer EA, Mahtani KR, Goldacre B, Heneghan C. Claims for fertility interventions: a systematic assessment of statements on UK fertility centre websites. *BMJ Open* 2016;356:e013940. doi:10.1136/bmjopen-2016-013940 pmid:27890866.

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