



Emotional burden of infertility can undermine lifestyle choices that may help women conceive

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The emotional burden of infertility actively undermines the capacity of many women to make sustained lifestyle changes, including weight loss and physical activity, that can improve their chances of becoming pregnant.

A global conference on assisted reproduction in Beijing heard today that the gap between lifestyle recommendations and action among women suffering the emotional stress of infertility was not a matter of willpower, rather a matter of psychology.

Infertility affects one in every six couples worldwide with the causes equally shared between men and women. Professor Anuja Dokras, an internationally renowned researcher and patient advocate in fertility health, said up to 60 per cent of affected women experience mental health challenges including anger, sadness, isolation, shame and guilt.

“Yet only about 20 per cent of them seek professional psychological support,” she told the 2026 Congress of the Asia Pacific Initiative on Reproduction (ASPIRE).

“Most of these women internalise blame for their inability to conceive and shame predicts emotional eating and health care avoidance.

“Women seeking fertility treatment show significantly higher levels of anxiety, depression and psychiatric disorders than men, and the severity of these conditions is influenced by the cause and duration of infertility, the treatment type and number of failed IVF cycles.”

Professor Dokras is the Executive Director of the Women's Health Centre for Clinical Innovation and the Founder's Professor of Women's Health in the Department of Obstetrics and Gynaecology at the University of Pennsylvania, Philadelphia. She is also the Director of the PENN Polycystic Ovary Syndrome (PCOS) Centre and specialises in understanding cardiometabolic risk and mental health co-morbidities associated with PCOS.

Professor Dokras said women who were obese or living with metabolic disorders associated with PCOS had significantly lower chances of conceiving than their healthy counterparts.

“In women with PCOS visible symptoms, including hirsutism and weight gain, intensify the dynamics of weight stigma with increased prevalence of disordered eating, anxiety and depression.

“Critically, the clinical encounter itself can reinforce barriers when lifestyle advice is delivered through a weight-centric lens without psychological scaffolding.

“A weight-centric consultation approach is perceived as stigmatising and counterproductive. Clinicians should speak the language of self-care, not weight targets.”

Professor Dokras said evidence-based, integrated lifestyle and psychological support was vital in helping women to overcome barriers to better outcomes in fertility treatment.

“Evidence from randomised controlled trials supports the integration of cognitive behavioural therapy and mindfulness-based interventions alongside lifestyle programs,” she explained.

“They demonstrate significant reductions in depression, anxiety and infertility-specific distress as well as improved quality of life.

“Effective support requires reframing lifestyle change as self-care, screening routinely for psychological distress throughout the treatment cycle, avoiding stigmatising language, and embedding mental health provision within fertility services as standard practice.”

Around 3,000 specialists in fertility health – including scientists, clinicians, nurses and counsellors – are attending the ASPIRE Congress at the China National Convention Centre in Beijing.

For further information, go to <https://www.aspire2026.com>

Interview

Professor Anuja Dokras is available for interview.

To arrange, please contact Trevor Gill, ASPIRE Congress Media Relations.

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