Welcome to the March-April 2012 Editor-in-Chief’s page. In this issue I will focus on three studies that address important laboratory and psychological issues associated with infertility.

In This Issue:

• *Does Assisted Reproductive Technology Itself or Polycystic Ovary Syndrome as a Cause of Infertility Have Any Effect on First Trimester Serum Screening Results?*  
  A. Köşiş, N. Köşiş, M. Duran and N. Ö. Turhan

It is now de rigueur that all pregnant women be offered some form of serum screening in the first trimester. This study looks at the possible influence of assisted reproductive technology (ART) and polycystic ovary syndrome (PCOS) on the results of this type of testing. Three groups were studied: patients undergoing in vitro fertilization (IVF) for male factor, those receiving IVF for PCOS and those with spontaneous conception. The investigators found that levels of pregnancy-associated plasma protein A (PAPP-A) and free β-human chorionic gonadotropin (β-hCG) appeared to be affected by ART. In particular, the PCOS group receiving ART had higher levels of PAPP-A and differed from the ART group with male factor only in β-hCG levels as well. Granted, the sample size was not sufficiently powered to establish statistical significance. The authors do raise important questions about clinical conditions that might affect analyte levels in first trimester screening. Such screening is potentially a high stakes exercise as it may trigger decisions to pursue invasive and risky diagnostic testing.
Should we consider ART pregnancy as a special condition, and should different standards be applied to the raw serum data before assigning new risk figures? While this study does not answer these questions, given the increasing number of pregnancies that result from this process, it might well be time to address them.

• **Personality and Emotional Adjustment in Infertility**  
  *V. M. Silva Lopes and I. M. Pereira Leal*

Anyone who has provided care to infertile couples quickly recognizes that this condition and its treatment are stressful. Various standard measures were employed for assessing personality, depression, anxiety, stress, and fertility problem and adjustment scales. Not surprisingly, men and women differed in their stress levels and adjustment. However, infertility patients of both sexes appeared to be emotionally well adapted, with relatively low levels of anxiety, depression and stress. The authors underscore the importance of psychological assessment of couples about to undergo infertility evaluation and therapy. Although the small sample evaluated in this investigation appeared to have lower maladjustment to their condition, it should be noted that such results may not be generalizable to populations in other countries.

• **Posttraumatic Stress Disorder, Anxiety and Depression Following Pregnancies Conceived Through Fertility Treatments: The Effects of Medically Assisted Conception on Postpartum Well-Being**  
  *J. C. Warmelink, C. A. I. Stramrood, K. M. Paarlberg, H. H. Haisma, A. J. J. M. Vingerhoets, W. C. M. W. Schultz and M. G. van Pampus*

Do the effects of medically assisted conception (MAC) carry over after pregnancy has been achieved and completed? While we do not think of such patients as being subjected to trauma, this question has seldom been asked. As in the study discussed above, infertility is a potentially stressful condition, and most fertility clinics require that couples seeking treatment have psychological evaluation prior to its initiation. In addition, infertile couples also tend to be older and more likely to have coexisting medical problems. In this context, such patients enter pregnancy with understandable stressors. Whether the course resulting in the desired outcome, i.e., delivering a healthy child, constitutes a “traumatic” experience may be debatable. However, given the relative dearth of information on this subject, it is certainly reassuring that women who delivered after MAC did not differ from their spontaneously conceiving counterparts with regards to posttraumatic stress disorder (a very rare outcome), anxiety or depression. As standard psychological assessment tools were used, it would be interesting and important for other groups to replicate this study as it would give needed reassurance to infertile couples at the beginning of their treatment.