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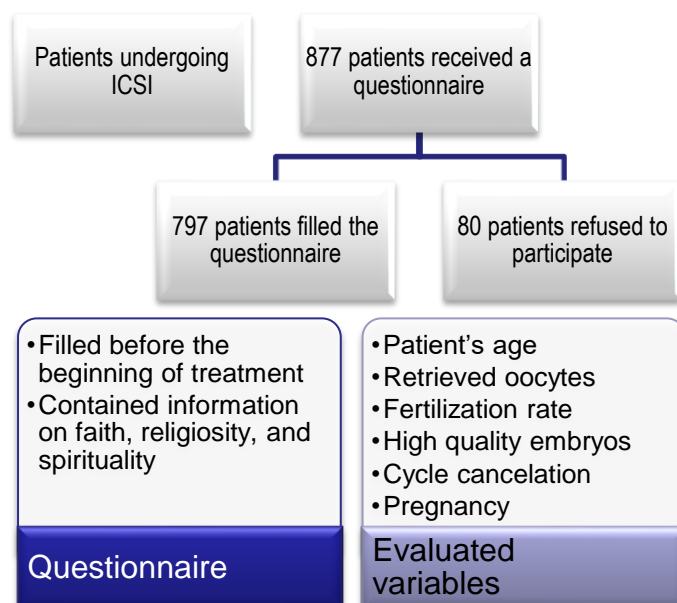
WHAT IS KNOWN ALREADY

Worldwide, more than eight in ten people identify with a religious group. Many patients seek religion or spirituality to relieve suffering and find a source of strength to cope with the disease. It has long been documented a positive association between religious involvement and better adaptation to medical illness as well as an increased level of well-being and quality of life. Lately, there has been considerable interest in exploring the impact of the spiritual and religious issues on the health of people with infertility diagnosis.

OBJECTIVE

To assess the impact of the patient's faith, religion, and spirituality on the outcomes of ART cycles..

MATERIALS AND METHODS



RESULTS

Table 1: Effect of patient's religion on ICSI outcomes

Variables	Patient's religion					P-value
	Catholic	Spiritist	Evangelical	Other	No religion	
Fertilization Rate	82.0±1.7 ^{a,d}	89.9±9.3 ^b	87.0±3.5 ^c	72.4±3.7 ^{d,e}	70.6±3.5 ^e	0.007
High quality embryos	2.6±0.2 ^a	3.6±0.4 ^b	3.0±0.3 ^{b,d}	0.9±1.3 ^c	1.2±0.6 ^c	0.043
High quality embryos rate	32.6±2.3 ^a	47.1±3.3 ^b	45.1±4.3 ^b	36.3±9.7 ^c	43.1±5.1 ^b	0.063
Pregnancy Rate	32.9% ^a	58.0% ^b	33.9% ^c	31.2% ^a	23.0% ^d	0.047

Table 2: Effect of patient's religion on ICSI outcomes, controlled for patient's age.

Variables	Contact with religion leader			Including infertility diagnosis and treatment in the prayers			Faith affected by the infertility diagnosis		
	Yes	Not	P-value	Yes	Not	P-value	Yes	Not	P-value
High quality embryos rate	33.37±30.6	41.3±27.4	0.069	38.3±29.5	32.8±24.8	0.416	29.9±28.5	39.2±28.1	0.050

Table 3: Linear regression models of the effect of the frequency of attendance at religious meetings and prayers on ICSI outcomes.

Variables	Frequency of meetings of the religion			Frequency of prayers		
	B	IC	P-value	B	IC	P-value
Number of follicles	-0.008	-0.035; 0.020	0.581	-0.160	-0.314; -0.007	0.041
Number of oocytes	0.009	-0.033; 0.051	0.679	-0.227	-0.423; -0.030	0.024

CONCLUSION

Spirituality plays a role in adjusting psychological aspects of an infertile patient. Given that spiritual approaches are safe and low-risk strategies, ART professionals need to be aware of the use of these strategies as non-pharmacological, non-invasive adjunct therapies.