TOPIC 4 · EFT TAPPING IN FERTILITY, IVF AND REPRODUCTIVE WELL-BEING

What we know about infertility stress, the psychological burden of IVF, and the use of EFT during pregnancy and the perinatal period.

Why 6 core sources?

For EFT, six is the ideal number for the website's initial evidence page. Direct fertility-specific research is still sparse, so creating a longer list would give a misleading impression of the evidence base. These six sources reflect what actually exists today: one directly relevant published IVF study, one registered infertility-stress trial, three randomized studies in pregnancy/perinatal care, and one systematic review of anxiety as broader scientific context.

The evidence in context

The strongest current case for EFT in fertility care concerns psycho-emotional support rather than increasing the probability of conception. Direct evidence in women undergoing IVF now suggests reductions in psychological distress and improvements in treatment-related well-being. Studies in pregnancy also report interesting findings for anxiety, fear of childbirth, nausea and well-being. There is not, however, sufficient evidence that EFT improves clinical pregnancy, implantation or live-birth rates. The scientifically responsible position for Holistic Fertility® is therefore to present EFT as a complementary tool for emotional burden and well-being, not as an infertility treatment.

1. Coşkun & Aslan (2026)

Emotional freedom techniques-based counseling with breathing exercises in in vitro fertilization: effects on psychological distress and well-being

Original source

What it studied → A randomized, controlled, single-blind study in women undergoing IVF. A total of 112 women were initially recruited and 85 were included in the analysis. The intervention combined EFT-based counseling with breathing exercises and primarily assessed psychological distress and treatment-related well-being.

What it found → The intervention was associated with reduced psychological distress and improved treatment-related well-being compared with the control group.

What it means in practice → This is the most directly relevant published study of EFT in an IVF setting. It supports EFT as a form of psycho-emotional support during treatment, not as an established intervention for increasing pregnancy or live-birth rates.

Limitations → The intervention was not EFT alone but a combination of EFT-based counseling and breathing exercises; there was loss to follow-up; and the principal outcomes were psychological rather than clinical pregnancy or live birth.

2. ClinicalTrials.gov, NCT05358392 (Registered 2022)

Effect of Emotional Freedom Technique Application on Infertility Stress in Women Undergoing Infertility Treatment

Original source

What it studied → A registered clinical study designed specifically to investigate the effect of EFT on infertility-related stress in women undergoing infertility treatment.

What it found → The registration confirms that EFT is now being studied directly in an infertility population. A trial registration, however, is not a result and does not demonstrate effectiveness.

What it means in practice → It is useful as evidence of the direction of current research: moving from general anxiety applications toward fertility-specific outcomes such as infertility stress.

Limitations → This is a trial registry rather than a peer-reviewed publication of results. It should not be used to support effectiveness claims until results are available and critically evaluated.

3. Okyay & Uçar (2023)

The effect of Emotional Freedom Technique and music applied to pregnant women who experienced prenatal loss on psychological growth, well-being, and cortisol level: A randomized controlled trial

Original source

What it studied → A randomized controlled trial in pregnant women with a history of prenatal loss. It compared EFT, music and a control condition, assessing anxiety, psychological growth, well-being and salivary cortisol.

What it found → Both EFT and music were associated with lower subjective anxiety and cortisol and improved well-being. The EFT group showed the lowest anxiety and greater improvement in well-being in some comparisons.

What it means in practice → The study is particularly relevant to women who have experienced pregnancy loss, a population with substantial emotional burden. It supports a possible role for EFT in psycho-emotional care following prior loss.

Limitations → A single study in a specific population and setting. It did not test whether EFT reduces the risk of another miscarriage or improves pregnancy outcome. Reduced cortisol should not be equated with improved fertility outcomes.

4. Güven Santur & Özşahin (2024)

The Effects of Emotional Freedom Techniques Implemented During Early Pregnancy on Nausea-Vomiting Severity and Anxiety: A Randomized Controlled Trial

Original source

What it studied → A randomized controlled trial in early pregnancy examining the effects of EFT on nausea, vomiting and anxiety.

What it found → At the end of treatment, nausea intensity was lower in the EFT group than in controls, with reported improvements in anxiety and overall nausea-vomiting symptoms.

What it means in practice → It suggests that EFT may have value as a non-pharmacological supportive technique for selected early-pregnancy symptoms and anxiety.

Limitations → This is not a fertility or conception study; it concerns symptom support after conception. Replication in larger and more diverse samples is needed before broader conclusions are drawn.

5. Emadi et al. (2024)

Effect of emotional freedom technique on the fear of childbirth in Iranian primiparous women: a randomized controlled trial

Original source

What it studied → A randomized clinical trial of 116 primiparous women. The intervention group practised EFT daily for 12 weeks and was compared with a control group. Fear of childbirth was assessed before and after the intervention and postpartum.

What it found → Mean fear-of-childbirth scores fell significantly in the EFT group while increasing in controls. Postpartum fear scores also remained substantially lower in the EFT group.

What it means in practice → The study supports the potential use of EFT as psychological support for specific fears and concerns during the perinatal period.

Limitations → It involved a specific cultural and clinical population and relied on self-reported outcomes. It did not study infertility or IVF and cannot support claims about reproductive outcomes.

6. Clond (2016)

Emotional Freedom Techniques for Anxiety: A Systematic Review With Meta-analysis

Original source

What it studied → A systematic review and meta-analysis of EFT for anxiety across different populations, rather than specifically in women experiencing infertility.

What it found → The analysis reported a significant reduction in anxiety scores following EFT, even after accounting for changes observed in control conditions.

What it means in practice → It provides broader context for why EFT is now being studied in fertility populations: the area with the larger evidence base is psychological distress and anxiety.

Limitations → It is not fertility-specific. Included studies varied in populations, comparators and methodological quality, and applying these findings to infertility or IVF requires direct research in those populations.

Library conclusion

EFT has a growing but still limited evidence base specifically in fertility care. The strongest current message is that it may have a role in reducing psychological distress and supporting well-being during IVF and in selected perinatal situations. It has not been established as a method that independently increases conception, implantation or live-birth rates. This distinction should remain explicit throughout the website.

Template for future maintenance

Review this topic whenever a new fertility-specific RCT, systematic review/meta-analysis is published, or when registered trials such as NCT05358392 report results. For every new source, keep the same structure: Full citation + link → What it studied → What it found → What it means in practice → Limitations → Date last reviewed. Prioritise infertility/IVF populations and keep psychological outcomes clearly separate from reproductive outcomes.