

Role of Nurse in Invitro Fertilization

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“A mother’s joy begins when new life is stirring inside... when a tiny heartbeat is heard for the very first time, and a playful kick reminds her that she is never alone”

Infertility is a crisis of the deepest kind. Not everyone has the goal of becoming a parent, but for those who do, being unable to conceive a child is an exquisitely painful reality. Many of us spend a portion of our lives attempting to avoid unplanned pregnancies, and assume that once we are ready to conceive, it will happen with little difficulty. We tend to think that shifting gears from preventing pregnancy to planning conception and childbirth will proceed in a relatively smooth and orderly fashion. A failure to conceive, then, is a major life stressor, which can wreak havoc on otherwise well-adjusted couples. It threatens many aspects of a couple’s life - not only the partners relationship to each other, but it also effects them individually and their relationship with friends and family.

Infertility therapy is now highly successful, with pregnancy rates obtained with most treatment comparable to natural pregnancy rates. For those couples who do not become pregnant after several treatment cycles, the decision to continue treatment is made depending on their individual wishes and needs in consultation with experts. The incidence of infertility in men and women is almost identical. After thorough medical investigations, the causes of the fer-

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tility problem remain unexplained in only a minority of infertile couples (5-10%).

The role of the infertility nurse is continually expanding and changing to meet the demands of couples undergoing assisted reproduction. Infertility nurses play a major role in ovulation induction programmes. The extended role of infertility nurse practitioners allows more continuity of care and better understanding of patients’ needs and results in the involvement of fewer people in the overall care.

One of the more positive aspects of IVF is actually having regular contact with the IVF nurse. The nurse takes the client through the whole IVF treatment process step by step. She will repeat everything that she has told to make sure that the client understands everything that is going on. The nurse is the person who will check blood test and ultrasound appointments. She will be the client’s first port of call if anything goes wrong during the treatment – like breaking a vial of medicine, like having unusual pain when client shouldn’t. The nurses offer solace and advice when unusual things happen during the treatment process. They will lend their ear in times of distress. They will recognize when client is close to breaking point and arrange to meet with a counselor if need be.

The nurses are the unsung heroes of the whole process.

The successes achieved in this still evolving field are in large part attributable to the pivotal role played by nurses. IVF nurses are bright, intelligent, and compassionate individuals who have found their calling helping those in search of family achieve their long-held dream of parenthood. Nurses are problem solvers and multitaskers who take on a multitude of responsibilities. IVF nurses must wear many hats. They must understand embryology, andrology, endocrinology, gynecology, obstetrics, genetics, oncology, information technology, and of course psychology. They are the most important bridge between highly technical information and physician prescriptions and their patients’ ability to understand and implement the treatment. IVF nurses must learn not just the science of reproduction but also the art of telling a patient empathically of her pregnancy test is negative.

Roles

As a fertility nurse: As a fertility nurse she bears an extensive background in the fertility industry. Nurses have access to the information and the latest research in a field that is ever-changing. They can provide informed, medical, timely support so that options and decisions are not overwhelming. They are a complement and an integral part of client care.

As a fertility coach: As a fertil-

ity coach, nurses utilize their experience of coaching thousands of patients through infertility journeys to bring the right word, the right nudge, the right question, the right challenge. They'll not so much give the answers, but listen well and question effectively and draw out from clients the right decisions regarding care. And in the process clients gain clarity, insight and confidence.

As a fertility consultant: As a fertility consultant, they advance client's decision-making process by researching treatment plans, reporting on and explaining success statistics, investigating the best ART centers, exploring pharmacy options, and much more.

As a fertility liaison: As a fertility liaison, they can be client's connection to clinic. They will ask the important questions client may not know to ask. On client's behalf, they will explore the intricacies of treatment op-

tions and alternatives that may otherwise be overlooked.

As a fertility advocate: As a fertility advocate, they will engage with physician and nurses on client's behalf, advocate decisions, desires and constraints. They will stand for client in the event of problems and work on client's behalf to solve them successfully. Nurse will advocate client's wishes as they proceed with treatments and assure their best interest.

As a fertility confidant: As a fertility confidant, nurse always know what is going on with client care. It is often difficult to fully share struggles, difficulties, setbacks and successes because the journey client is on are a very intimate one. People do not always understand or empathize with client's experience; the end result is these clients sometimes feel alone with nobody to confide in. Nurses listen, understand, empathize in a way that encourages, energizes

and directs.

Members of the nursing staff are involved in initial consultation, transvaginal ultrasound scanning, intrauterine inseminations, and administration of medication, sperm preparation and pregnancy tests. Management of infertility includes both the physical and emotional care of couple. Improving skills and understanding of reproductive endocrinology and reproductive medicine will translate into a feeling of competency. This should further the nurse's sense of satisfaction as she provides care to the IVF patients who rely so heavily upon her. This is a calling to all nurses to further explore the opportunity to work as a Fertility Nurse.

References:

1. Barber D (1994). Continuity of Care in IVF: the nurse's role. Nursing Times. 9-15; 90(45):29-30.
2. www.theivfclub.com/role-ivf-nurse
3. www.mivf.com.au/fertility-doctors/nur
4. www.thefertilitynurse.com

CORRIGENDUM

In first inside cover of NJI Vol CII, No. 2 (February 2011 issue), the Mobile No. of Mrs. Anita Malik, Hony Secretary, Midwives and Auxilliary Nurses' Midwives Association, New Delhi, has been inadvertently printed as 981002206. The same may be read as 9810022066. The error is regretted.

Editor

Revision of Life Membership Fee

It is to bring to the notice of all concerned opting for becoming Life Member of TNAI that following decision of EC, the revised subscription for Life Members shall be Rs. 3300/- (Rupees Three Thousand Three Hundred Only), w.e.f. 1 April 2011 (from Rs. 3000/- earlier). The aspiring members may kindly note the same.

Princess Srinagarindra Award 2011

The State/UT Branch Presidents, Secretaries and Members of the Council, TNAI may kindly note that the Headquarters has received information about the Princess Srinagarindra Award to commemorate the Centenary Birthday Anniversary of Her Royal Highness Princess Srinagarindra Mahidol.

An individual registered nurse or group of registered nurses may be nominated by national nursing authorities or by individual or group of individuals in non-government capacity as candidates for the Award.

For detailed eligible criteria and selection procedure, please download from the TNAI website: www.tnaionline.org or contact TNAI Headquarters. The last date for receiving the filled in applications is April 15, 2011.