

## Introduction

- ❖ Infertility and ART treatment have been shown to have emotional, psychosocial, and psychological impacts [1, 2]. While the effect of these impacts on pregnancy rates is not conclusive [3] lasting emotional and psychological effects on patients have been documented [2].
- ❖ Psychological counselling has been shown to be beneficial to patients undergoing ART [4]. The benefits described range from improved quality of life [5], to a decrease in depressive symptoms [4, 6], to improvements in pregnancy rates [4].
- ❖ Despite these findings there is generally low uptake of counselling services amongst patients noted in the literature [4].
- ❖ Nurses working in the fertility clinic are often the primary contact for patients and are uniquely situated to assist patients with the emotional and psychological effects and stress of IVF [7, 8]. Facilitating access to trained counselors is one way in which nurses can assist women and families as they undergo ART treatment.

## Objectives

- ❖ To examine the utilization of counselling services amongst patients undergoing IVF/ICSI
- ❖ To review current nursing practice in regards to support and encouragement of accessing psychological counselling
- ❖ To examine ways in which the nursing care team might facilitate the use of counselling service amongst this population

## Methods

- 1) Assessing patient utilization of counselling services
  - ❖ Each IVF/ICSI cycle undergone includes 1 hour of counselling services for the patient. The patient can see the counsellor/psychologist of their choice and submit the invoice for reimbursement or they can see an affiliated counsellor/psychologist who will bill the clinic directly.
  - ❖ Using the fertility clinic's accounting department records, the number of patients who availed themselves of the complimentary psychological counselling session was determined.
- 2) Reviewing current nursing practice
  - ❖ A review of current nursing practice regarding psychological counselling within the clinic was undertaken through nursing team meetings and one on one discussion with nursing staff.
  - ❖ A review of current literature regarding psychological & emotional impacts of ART; counselling during ART; nursing role in the fertility clinic.
  - ❖ Discussions with nursing team members to strategize ways to facilitate patient uptake of counselling services.

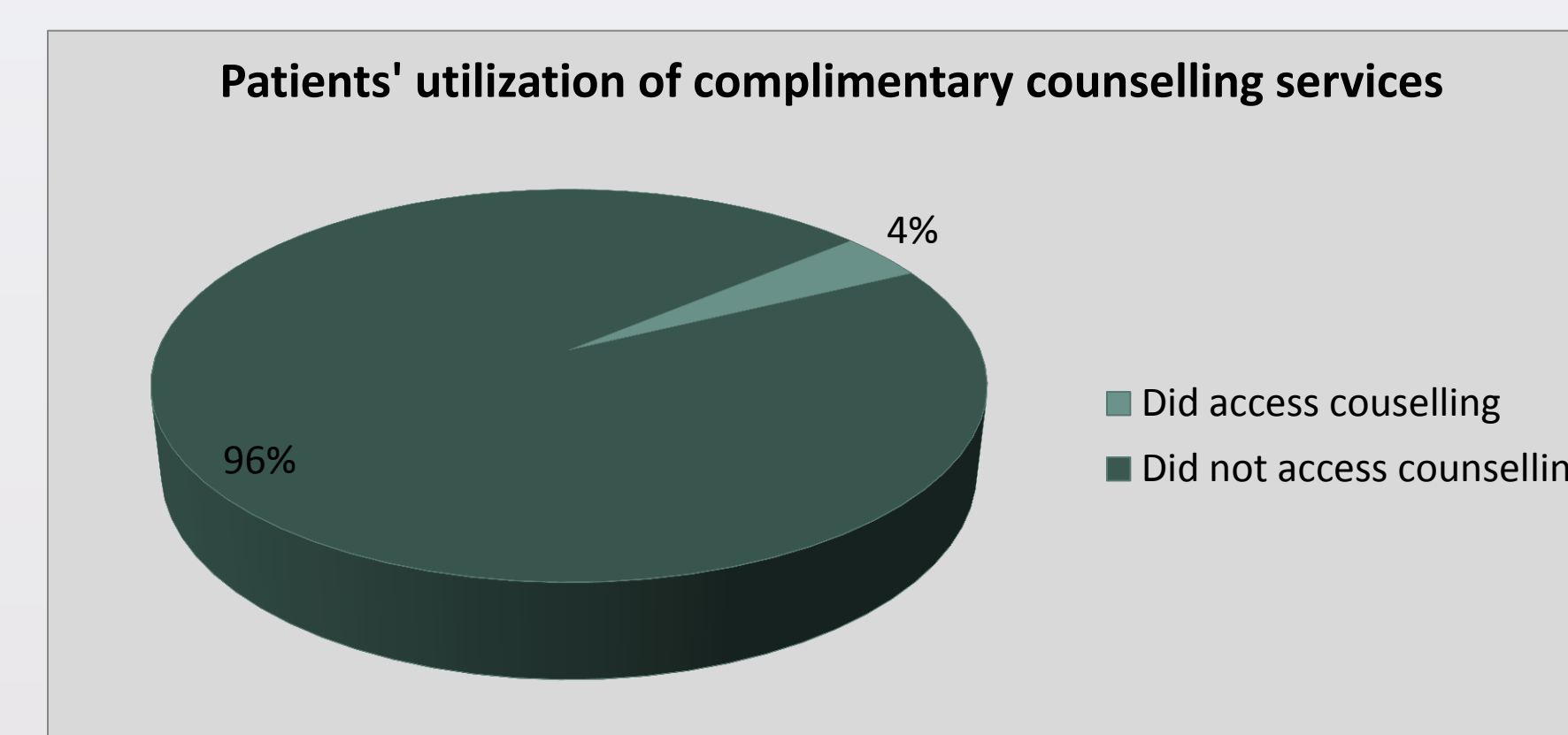
## Acknowledgments

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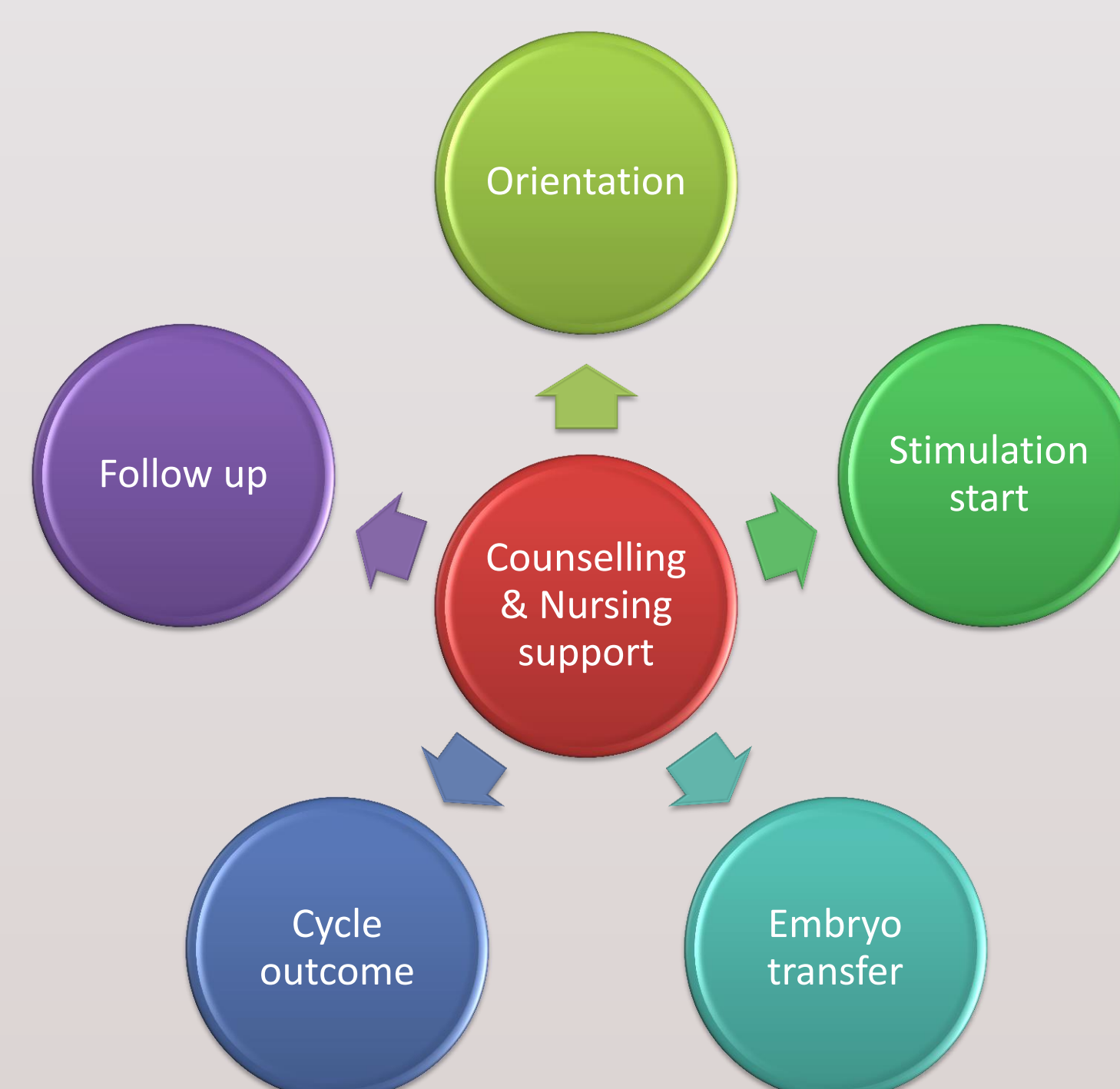
## Findings

### Patient Utilization of counselling services

- ❖ Each patient undergoing an IVF/ICSI cycle has one hour of counselling available to them at no cost. The finance department tracks the usage of this counselling services as patients themselves or counsellors directly submit their invoices for compensation / reimbursement.
- ❖ The finance records for a period of 1 year (August 1, 2013 – July 31, 2014) were reviewed; the total number of eligible cycles (n=956) and the number of counselling sessions billed (n=39) were identified.
- ❖ Only 4% of eligible cycles claimed the complimentary counselling session



### Review of nursing practice



- ❖ All nursing staff voiced their understanding of the importance of attending to the emotional and psychological impacts of IVF and their commitment to do so.
- ❖ There is currently no protocol to indicate when/how nurses should discuss the available counselling services. However, every nurse on the team indicated they informed patients of the complimentary counselling session during their IVF orientation session.
- ❖ Further, most nurses stated that they reminded patients of the complimentary counselling services when they felt individual patients were having a difficult time coping.
- ❖ Some nurses indicated that they routinely remind patients of the counselling services at specific time points during the IVF/ICSI cycle, most often at embryo transfer and treatment outcome.
- ❖ All nurses felt it was part of their role to support the patients' emotional well-being and to facilitate access to counselling services.
- ❖ All felt they could make practice changes and routinely remind patients of the complimentary counselling available at defined time-points throughout the IVF cycle; these included: prior to or at treatment start, at embryo transfer, at treatment outcome, and at follow up.
- ❖ Nurses felt the addition of a facilitated peer support group offered at the clinic was a particular strength of the care provided.

### Peer support group: women supporting women

- ❖ The clinic offers a peer support group for women undergoing or who have undergone ART treatment at the clinic.
- ❖ The group was initiated by one of the clinic nurses in response to what she identified as a need amongst the patient population.
- ❖ The support group is co-facilitated by an experienced fertility nurse and a registered clinical counsellor who specialises in the care of women and couples experiencing infertility.
- ❖ The support group is offered every 6 weeks at the clinic and is attended at maximum capacity ( 12 women/session)



## Discussion and Next Steps

- ❖ Despite evidence that counselling is beneficial for those undergoing ART treatments [4,5,6] there was very little uptake of the complimentary counselling session provided. At 4% of eligible cycles using the counselling services this was below what has been previously reported in the literature [9,10].
- ❖ There are timepoints during the IVF/ICSI treatment cycle that have been identified by the nursing team as being good opportunities for reminding patients of the counselling services available; these timepoints are also noted to be rated as points of higher stress in the literature [2,3].
- ❖ Nurses are uniquely positioned to provide support for patients emotional well-being. Facilitating access to trained counsellors and psychologists to assist patients with the strains of infertility and ART was seen as an important role for the fertility nurse. The implementation of a standardized approach to supporting patients in accessing counselling services is recommended.
- ❖ The peer support group is well attended and a strength of the care provided; this is reflected in a recent study where patients indicated that group support is preferred [11]. Consideration of expansion of the group support structure is suggested.
- ❖ Areas of future research include descriptive and exploratory studies to understand reasons patients choose to access counselling or not; perceived benefits and perceived barriers to counselling services; preferred methods of accessing counselling services eg. group vs private sessions, onsite vs offsite services.

## Limitations

- ❖ Eligible IVF/ICSI cycles identified not patient. Some patients may have undergone more than 1 eligible cycle and may have accessed counselling with each.
- ❖ Some patients may have established therapeutic relationships that predate the IVF treatment and may choose to not submit claims for reimbursement to the clinic
- ❖ Patients who access psychiatric care billable to the provincial health services plan would not be captured here.

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