

THE ROLE OF THE NURSE in Your Fertility Treatment Team

By SYLVIA T. PARRETT RN, MSW

Hillary Clinton said, "It takes a village to raise a child"... I say it takes a team to make one. The most important part of the fertility team is the intended parents. Another crucial part of that team is the nurse.

The best news is that there is a nurse for every patient, someone who you relate to and connect with. There is a nurse who can meet your needs, whether that is to just have information, to have simple questions answered or a nurse who will hold your hand every step of the way. You and your partner will feel cared for and, most importantly, you will not feel alone.

What Your Nurse Does for You

When you arrive at a fertility clinic, the nurse comes out to introduce herself. After that, you meet with the doctor. Following your consult with the doctor, the nurse will sit down with you and explain, in detail, what to expect. She will reassure you that nothing you have done is the cause of your infertility, and that there is hope. The nurse will explain how and why you will need certain important tests to determine how your ovaries are functioning and how to evaluate your partner's semen. There may also be tests to evaluate your fallopian tubes or uterine cavity.

Perhaps you are coming for a second opinion and are a little less trusting after your recent failed attempts. One of the nurse's many jobs is to hear your concerns, and make sure all of your questions are answered. She will be a conduit of communication between you and the doctor, setting up additional consult times with the doctor to make sure you understand what the results of your tests mean and what your best options for successful treatment are.

The Nurse's Daily Routine

The nurse begins her day with a schedule of patients. You may be at the clinic to have blood drawn to learn if your ovaries are still functioning, or you may be in the middle of treatment to have a baby. The nurse will prepare a calendar for your treatment cycle. She will explain and teach you about your medications. The nurse can at times

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give you your medication should you not have someone to assist you. She assists the doctor with the ultrasound. In some clinics, the nurse may do the ultrasound, the insemination and on occasion prepare the semen for the insemination. In moving from the exam room to the office, the nurse will give daily instructions about what is next in your plan of care. Perhaps an intrauterine insemination or an egg retrieval and embryo transfer are in order. The job of the nurse is varied through out each step of your journey. Each future parent is unique with his/her own unique set of circumstances and needs.

The nurse ends her day by charting what she did that day, answering phone calls to explain results, making follow up appointments and giving additional instructions. The nurse will prepare everything for the next day for the doctor so care continues efficiently.

The most important job that the nurse has

is to make sure that you can trust that you are cared for and cared about. She must make sure that you feel as if you are the only patient in the clinic. You are partners in your care. Ask questions, ask for resources and make sure to speak up even when you are not sure what the question may be. Many individuals have been through the same journey you are on, and the nurse wants to make sure she or he meets you on your road of infertility.

A Personal Story

My references for this article came from the teachings of the thousands of patients I have had the privilege to care for. In addition, the many nurses with whom I have worked and attended conferences have influenced my daily activities. I have learned from my friends who I met, and have rejoiced and grieved

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with them during my ten years of fertility treatment.

I remember the day when I went into the exam room in the fertility clinic where I learned that I may not be able to ever have a child. I was told that my only chance was a brand new procedure called the Hope Procedure where, during in-vitro fertilization, they give the mother a few intramuscular meds to make her ovaries produce better eggs. They then take the egg or eggs out and unite them with the husband's semen.

I sat there waiting for my exam, crying. A young woman walked in and asked me why

I was crying and then left the room. At that moment, I knew I would never let a patient of mine cry alone in an exam room. This was the beginning of what — and who — I thought a fertility nurse should be. The nurse is the person who reaches out and holds on when a patient feels alone and scared. The nurse is the person who makes sure that every fertility patient and her partner understands what is going to happen. The nurse holds out her arms when the news is good or bad. The nurse is the resource for information and referrals. The nurse is the voice of hope!

**SYLVIA T. PARRETT'S
BOOK RECOMMENDATIONS**

*Conquering Infertility
A Guide for Couples*
by Stephen L. Corson, MD

A Few Good Eggs
by Julie Vargo and
Maureen Regan

Infertility Journeys
by Lesley Vance



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