

New review recognizes the importance of counselling in those affected by infertility

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The psychological impact and private agony of infertility must be carefully considered by healthcare professionals, suggests a new review, published today (Friday 10 April) in *The Obstetrician & Gynaecologist* (TOG). The review identifies infertility as a complex state and life crisis and sets out the dangers of neglecting the emotional impact of involuntary childlessness and viewing it solely in biological or medical terms.

The article provides an introduction to <u>infertility</u> counselling in the UK, within the context of <u>fertility treatment</u>. This includes an explanation of the differences between the three main types of counselling, implications, support, and therapeutic counselling, and the role of various bodies, including the Counselling Service, Human Fertilisation and Embryology Authority and British Infertility Counselling Association.

Counselling plays a major complementary role in providing holistic patient-centred care by multidisciplinary staff in fertility clinics, emphasises the review. It also explains that counselling is an amalgam of medicine and mental health, which should be viewed as a continuation of the medical process, where the medical and psychological aspects of infertility treatment are integrated.

At present, the counselling role occupies a unique and diverse position within the infertility field, including that of patient advocate, gatekeeper, researcher, educator, supportive resource to colleagues, confidante and



point of liaison.

As reproductive laws continue to develop, these will influence the role of the counselling provider. However, whatever the extent of these changes, counselling practitioners must continue to work within the boundaries of acceptable practice as outlined by their professional body, state the authors. They must also continuously engage in training and professional development, comply with additional available credentialing and be subject to the laws and standards within this specialist field of infertility.

The article summarises the often complex assisted reproductive technology (ART) options for infertile patients, including gamete/embryo donation, egg/sperm sharing, surrogacy, adoption and fertility preservation. It also explores the under-recognised and unregulated phenomenon of fertility tourism. It explains the current legal and regulatory situation regarding these options, as well as highlighting related important considerations, such as the welfare of the child or children when surrogacy and adoption are considered options. Counselling practitioners play a critical role in explaining some or all of these options to patients and in ensuring that they are well informed before making any treatment choices, conclude the authors.

Jolly Joy, Consultant Gynaecologist and Subspecialist in Reproductive Medicine, Origin Fertility Care in Belfast and co-author of the article says: "It is vital that clinicians focus on the changing psychosocial needs of their patients, as well as on the advances in infertility treatment, if they are going to fully meet the needs of people affected by infertility."

Jason Waugh, TOG Editor-in-chief adds: "It is important that all the interested statutory and professional bodies that produce guidelines on standards of multidisciplinary practice within the field of infertility continue to communicate with each other. This will help achieve the best standards of practice. It will also have a positive and active influence on



the growing global nature of infertility counselling and treatment."

More information: Jolly Joy and Patricia McCrystal. The role of counselling in the management of patients with infertility. *The Obstetrician & Gynaecologist* (TOG) 2015; DOI: 10.1111/tog.12174

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