



COUNSELLING SERVICES

At City Fertility Centre counselling is an essential part of the service provided to all of our patients undergoing treatment. It is quite common for people to experience a range of emotions after the diagnosis of a fertility issue. Emotions may be heightened before, during and after treatment. Counselling is available to our patients at any stage.

Counselling is not a requirement prior to commencing treatment however counselling is encouraged. Emotional responses vary from person to person, ranging from disbelief, blame, guilt, anger, isolation, grief and loss. Dealing with infertility and its treatment may be demanding and stressful. Counselling can support coping processes, reduce levels of stress and foster coping skills before, during, after treatment and even after all treatment has ceased. Counselling may also be beneficial for a variety of other concerns including relationship difficulties, issues with friends and family, depression and anxiety. Counselling allows thoughts and feelings to be explored and discussed privately.

PSYCHOLOGICAL HEALTH AND INFERTILITY

Infertility and its treatment is widely recognised as a highly stressful life event, for both women and men. For this reason, mental health professionals can provide an essential component of infertility treatment. Unfortunately, while there is widespread agreement regarding the role of mental health support during fertility treatment, it seems that only a minority of patients actually participate in counselling sessions.

The association between stress and general health has been widely demonstrated. Poorer mental health can influence a patient's vulnerability to physical illness, as well as their perception of the nature and meaning of symptoms. Stress is implicated as the cause of a diverse range of physical illnesses

and has been found to influence the course and outcome of illness. A relationship has been clearly demonstrated between stress and fertility rates, and also between stress and success in assisted reproductive technologies. Higher levels of stress, depression and anxiety have been related to lower pregnancy rates. Unfortunately, for many couples, stress results from the infertility itself, but often also as a result of its treatment.

There are a number of direct biological mechanisms through which psychological distress might increase the risk of infertility. These relate to psychoendocrinology (such as elevated prolactin or cortisol levels), psychoimmunology (such as impaired immune defences) and maladaptive behaviours (such as smoking, alcohol consumption and poor nutrition). The clearest associations have been demonstrated in regards to the effect of stress altering levels of corticotrophin-releasing hormones and decreasing levels of luteinising hormones, thereby impacting on fertility.

Infertility treatment has been demonstrated to contribute to stress, depressed mood, increased rates of anxiety, problems with relationships, feelings of guilt and isolation, social adjustment problems, and sexual dysfunction. Higher than realistic expectations of treatment success can specifically contribute to the development of depression in IVF patients. Many studies have demonstrated that the stress associated with infertility treatment is a major cause of patients ceasing intervention.

Fortunately, treatment studies demonstrate that it is possible to reduce stress in individuals diagnosed with infertility. A range of studies have demonstrated that psychotherapeutic interventions, such as counselling, psychotherapy, hypnotherapy, relaxation, cognitive therapy and cognitive behavioural group interventions can reduce the stress of infertility and its treatment, and even result in improved rates of pregnancy.

If you are concerned that the infertility you are experiencing, or its treatment, is causing you stress, or if you have other significant stress occurring in your life, you may benefit from contact with a counsellor. Counselling offers the potential to learn more effective strategies for managing your stress, and an opportunity to problem solve your way through some of these stresses. The goal of counselling is to improve your general level of emotional and psychological functioning and assist in your goal of creating a family. For more information, contact CFC for an appointment with the counsellor.

Treatment which involves the use of donor gametes (egg, embryo or sperm) requires counselling prior to commencing treatment. Donors, recipients and spouses/partners must attend counselling to discuss the legal and psychosocial issues relating to this type of treatment.

Our experienced counsellors are registered psychologists or social workers and members of the Australian and New Zealand Infertility Counselling Association (ANZICA).

TYPES OF COUNSELLING

Therapeutic counselling: Aims to help people cope with the consequences of infertility and treatment and to help resolve issues which may be caused from a diagnosis of infertility. It includes helping people adjust expectations and move towards acceptance of their individual situation.

Decision making counselling: At significant points during treatment, people may require counselling to help them make decisions involving their management of their treatment.

Supportive counselling: Provides emotional support and assistance to people at times of high stress.

Crisis counselling: Is available to people who experience a crisis or adverse outcome whilst undertaking treatment.

Implications counselling: Counselling is available to enable people to understand the implications of their treatment involving themselves, their family or children born as a result of treatment.

APPOINTMENTS

To make a counselling appointment please contact City Fertility Centre. A counselling appointment can be made by telephoning the Administration department to arrange a suitable time.

Our Counselling services are available for both patients and non-patients. For our fully stimulated cycles, we offer one session at no cost to our patients.



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