

IVF Nursing

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NEWSLETTER SERIES

NATIONAL NURSES WEEK, MAY 6-12, 2013

Four IVF nurses share compelling stories of joys, tears, and determination

In celebration of National Nurses Week, Carol Lesser, Editor of this newsletter series, interviews 4 IVF nurses about their most meaningful experiences as reproductive medicine professionals.

EDITOR'S NOTE

National Nurses Week: Reflections on Florence Nightingale, IVF nursing, and the “dream of family”



Carol B. Lesser,
MSN, RNC, NP

Most of us who work in the world of in vitro fertilization (IVF) began our careers as nurses in another capacity. We spent many years in school and training and eventually our journeys brought us to reproductive medicine.

We have witnessed rapid and impressive changes in the delivery of IVF care in just 2 decades. However, the monumental change in the nursing profession in general is often overlooked or forgotten by nurses today and deserves our attention.

Nursing has come a long way since the days of Florence Nightingale, the most notable name and iconic figure of modern nursing. During Nightingale's lifetime, nursing was considered a dark and dirty job and not an appropriate area of pursuit for a respectable young woman. Thanks to her dedication and hard work, the nursing profession was born, emerging from the filth and impoverishment of the 1800s into the desirable and well-respected field of today that employs more than 3.1 million registered nurses, according to the American Nurses Association (www.nursingworld.com).

Carol B. Lesser, MSN, RNC, NP, is a Nurse Practitioner at Boston IVF, Boston, MA.

In recognition of Nightingale's hard-fought battles to advance the nursing profession, National Nurses Day, May 6, is celebrated annually as part of National Nurses Week, May 6 through May 12—Florence Nightingale's birthday. Nurses of the past century lobbied for a day to honor her in tribute to this courageous and visionary woman.

The theme for National Nurses Week this year is “Delivering Quality and Innovation in Patient Care,” which celebrates the role of nurses at the forefront of effecting change and improvements in the care delivered to patients. Recalling the times of Florence Nightingale reminds us just how far we have come.

IVF nurses, in particular, are asked to wear so many hats. We are trained to understand embryology, obstetrics, gynecology, psychology, urology, oncology, and information technology. Increasing complexity and challenging questions await us every day. We must care for and educate our patients in their pursuit of family through assisted reproductive technologies (ART).

At the same time, we must consider ethical questions that evoke our opinions regarding the origin of personhood and the ethics of ART-related technologies, such as stem cell research. Our patients depend on us for daily

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EDITOR'S NOTE *continued*

support and see us as the bridge between complex technologies and the team of IVF experts that works on their behalf. We help make sense of their treatment regimens and provide a daily lifeline that sustains them.

It has been said that the human child is the greatest miracle of creation. While the challenges are obvious, it is the satisfaction we experience in accompanying our patients through the maze of tests and treatments that fuels our commitment to work with those in search of family, profoundly influencing such important chapters in their lives.

In this issue, we will hear from 4 IVF nurses who will tell us how they came to work in reproductive medicine. Their personal stories will illustrate why they feel so passionate about this field. In the words of Florence Nightingale, whom we honor with this issue along with all of you, "Rather, 10 times, die in the surf, heralding the way to a new world, than stand idly on the shore."

I am so pleased that we IVF nurses share a common mission of service to those who want to make the tender dream of family a reality.

Nurses draw inspiration and passion for their work from IVF patients

Interviews by Carol Lesser with Karen R. Hammond, DNP, CRNP; Susan Gordon-Pinnell, RN, BSN; Andrea Speck-Zulak, RNC; and Gail Colvin, RN



Karen R. Hammond, DNP, CRNP

OB/GYN Nurse Practitioner
Alabama Fertility Specialists
Birmingham, AL

Ms Lesser: Please tell us how long you have worked in reproductive medicine and in your current center.

Ms Hammond: I began my career in reproductive medicine in early 1985 at the Division of Reproductive Endocrinology and Infertility at the University of Alabama at Birmingham. I continued there until leaving with Dr Michael Steinkampf to establish Alabama Fertility Specialists in 2004.

Ms Lesser: With all of the choices a nurse faces when deciding to specialize, what attracted you to this branch of medicine?

Ms Hammond: I had worked second shift at the local county hospital in labor and delivery and in the emergency room from 1981 to 1985 and wanted to work more "normal" hours. I heard that a reproductive endocrinologist at the University of Alabama at Birmingham was looking for an RN and thought that would be a good opportunity to practice my interview skills. Needless to say, he hired me, and I've never looked back! All these years later, I'm still in awe of the opportunity I was given.

Ms Lesser: Tell us what you especially love about the challenges of IVF nursing. Also, please share one stand-out experience that has inspired you to stay in this field, despite the challenges.

Ms Hammond: So many aspects of reproductive medicine challenge me in very positive ways. First of all, I love the patient interaction. It is an honor to be part of such an important, life-changing journey in the lives of others. I also love the science, the skill, the interdisciplinary nature, and the art of reproductive medicine. I have been very fortunate to work with Dr Steinkampf, an amazing physician and friend who has mentored me beyond measure. I have also had the opportunity to work with awesome coworkers along the way.

The science inspired me to return to school for master's and doctoral degrees and my curiosity still continues. I've been able to travel extensively, present at countless nursing and medical meetings, author manuscripts and book chapters, and even edit a book. I keep a notebook with ideas for research, practice improvement, patient satisfaction, patient education, and staff satisfaction.

I have wonderful experiences in this field every day. A few standouts have included being invited to the graduations and weddings of children I've helped to be conceived and having "grandpatients" – children born to children I helped conceive. My heart is warmed with every birth announcement and I love to attend baptisms of our babies. Patients who do not conceive impact my life too because I have learned so much from their persistence and bravery.



Susan Gordon-Pinnell, RN, BSN

Program Director of
Third Party Reproduction
Boston IVF
Waltham, MA

Ms Lesser: Please tell us how long you have worked in reproductive medicine and in your current center.

Ms Gordon-Pinnell: I have worked in reproductive medicine for 18 years, including 13 years at Boston IVF. Even as a nursing student, I was aware of my interest in women's health. In college I learned about Joyce Clifford, a nursing leader who created the primary nursing model, a holistic approach to nursing that fostered nurse autonomy and promoted interdisciplinary respect for nurses.

My first nursing position was on a general medical floor at Beth Israel Hospital, where Joyce Clifford was chief nurse. I learned how to be a primary nurse, following a patient from admission to discharge, and gained an invaluable tool there that I still use every day: empathy. Two years later, I moved to a position in labor and delivery and could then focus on women's health.

Ms Lesser: With all of the choices a nurse faces when deciding to specialize, what attracted you to this branch of medicine?

Ms Gordon-Pinnell: After 7 years at Beth Israel, I accepted a position at a very large OB/GYN practice, where I was introduced to fertility treatment. I joined Boston IVF 5 years later, in July 2000.

I worked with the IVF patient population, including third-party patients (donor egg/gestational carrier). At first I was intimidated by the third-party patients because they usually had an extensive unsuccessful treatment history. I discovered that such a history can produce a lot of sadness, fear, anger, sense of loss of control, and hopelessness.

Ms Lesser: Tell us what you especially love about the challenges of IVF nursing. Also, please share one stand-out experience that has inspired you to stay in this field, despite the challenges.

Ms Gordon-Pinnell: I vividly remember one patient whose doctor suggested she use donor eggs to increase her chances of success; but at that point, she felt that she could never do that. After another year of unsuccessful cycles, she was at a very different place emotionally and decided to attempt a donor egg cycle. She became pregnant and confided in me that she was scared. She wondered if she would feel the same way about her child, knowing that she had used donor eggs to conceive.

I acknowledged her fear, but explained that the embryo that had implanted in her uterus was now part of her. It was

being nourished by her blood supply through her placenta and umbilical cord. She would feel it move inside of her. She would then labor and push that baby from her body and it would have to be separated from her by cutting her umbilical cord. She would then put that baby to her breast. She started to cry and said that she felt hope for the first time in a long time.

That same patient called me after the birth of her son. She told me that, when she looked at him, it was clear that this had always been the plan for how she was to become a mother.

This experience helped me realize that my empathy and my background as a primary nurse made me well-suited to work with third-party patients. At Boston IVF, I am lucky to lead a 9-person team that provides excellent holistic care.



Andrea Speck-Zulak, RNC

Director of Nursing
Oregon Reproductive Medicine
Portland, OR

Ms Lesser: Please tell us how long you have worked in reproductive medicine and in your current center.

Ms Speck-Zulak: I've worked at Oregon Reproductive Medicine for nearly 10 years, but my career in reproductive medicine spans several decades. Before moving to Oregon, I was clinical nursing director at Stanford Fertility and Reproductive Medicine Center.

Ms Lesser: With all of the choices a nurse faces when deciding to specialize, what attracted you to this branch of medicine?

Ms Speck-Zulak: From my earliest interest in nursing, my focus has always been women's health, from menarche to menopause and beyond. As a nurse practitioner in women's health, I found fertility patients especially challenging and interesting. I became drawn to their stories, their struggles and their frustration as well as their joy when there was success. I was "hooked" and eventually specialized in reproductive medicine.

Ms Lesser: Tell us what you especially love about the challenges of IVF nursing. Also, please share one stand-out experience that has inspired you to stay in this field, despite the challenges.

Ms Speck-Zulak: IVF nursing has afforded me the opportunity to expand my knowledge and tax my training in ways I never could have imagined. I've spent countless hours researching and asking for answers about such issues as medications, treatment protocols, embryo growth, types of media, and retrieval and transfer processes.

The IVF nurse has a unique opportunity to use all of her nursing skills. I find it an honor as well as a calling to help fertility patients reach their goal.

Of the myriad experiences I've had in my decades in this field, my time spent with cancer patients has been the most memorable. At Stanford Medical Center, I worked with young cancer patients who were preparing for bone marrow transplant. The full-body radiation and chemotherapy they needed would render them sterile – a shocking side effect for a young woman to understand.

Explaining IVF options in the 1990s was painful. At the time, only embryos could be frozen, which of course presupposed the thoughtful selection of a sperm donor. That was an unsatisfactory option for a young woman in shock and grief over the double-barreled, life-altering news of cancer and sterility. Her sole fertility option required her to harvest her eggs and immediately select a sperm donor.

Perhaps the most gratifying experience I ever had in IVF practice was the day we could finally offer young women the opportunity to freeze eggs rather than embryos. It was life-changing, both for them and for us.

One young patient came to our practice with recurrent tongue cancer. She told us of the research she had done to find us; she believed that IVF fertility-preserving options were well-kept secrets. At 22, she wanted to preserve her fertility but, since she had no partner, she froze eggs with us. The experience so changed her that she took up the mission of informing other young cancer patients about fertility preservation. She went on to develop a national program known as Fertile Hope (www.fertilehope.org).



Gail Colvin, RN

Director of Clinical Services
Long Island IVF
Melville, NY

...the most gratifying experience I ever had in IVF practice was the day we could finally offer young women the opportunity to freeze eggs rather than embryos. It was life-changing...

of the Clinical Director, I assumed my current role as Director of Clinical Services at Long Island IVF.

Ms Lesser: With all of the choices a nurse faces when deciding to specialize, what attracted you to this branch of medicine?

Ms Colvin: While working on a high-risk pregnancy unit at North Shore University Hospital, I was approached by a friend who asked if I would be interested in reproductive medicine. I have always worked in

women's health care, so it was easy for me to say "yes" to exploring a new area of women's health. I loved it from day one.

Ms Lesser: Tell us what you especially love about the challenges of IVF nursing. Also, please share one stand-out experience that has inspired you to stay in this field, despite the challenges.

Ms Colvin: There is never a day that I don't love doing what we do in this field. The challenge is always the hormonal changes the patients experience and helping them cope with the highs and lows, the happy feelings and the disappointments, that each month can bring. In this field, because we see our patients so frequently, they depend on us and we become very close. We cry with them for their disappointments and laugh and happy-cry with them when the result is a pregnancy. We encourage patients to return while pregnant, so we can see how they're growing, and after delivery too.

Patient care and teaching are parts of my job that I never want to lose. Because my current position involves less direct patient care, I make myself available every morning for patient exit sessions.

For me, standout experiences are when patients send me pictures of their growing children and when they follow me! I changed jobs for a short while and found that patients Googled my name to find out where I was and even changed facilities. When patients want to keep me as their nurse, I hope this means that I have done my job as a nurse, teacher, and consultant.

Ms Lesser: Please tell us how long you have worked in reproductive medicine and in your current center.

Ms Colvin: My career in reproductive medicine began at Stony Brook University Hospital in May 1991. In March 1994, I was asked to take a position at Long Island IVF as a Nurse Manager in one of their satellite offices. From that position, I eventually left with one of the physicians to open a new practice, where I served as IVF Nurse Coordinator. In July 2012, with the merger of 2 practices and the departure

DISCLOSURES

Carol B. Lesser, MSN, RNC, NP, reports that she has served as a consultant and on the Speakers' Bureau for Watson Pharma, Inc. She received compensation from Watson Pharma, Inc. for her participation in preparing this newsletter.

Karen R. Hammond, DNP, CRNP, Susan Gordon-Pinnell, RN, BSN, Andrea Speck-Zulak, RNC, and Gail Colvin, RN report that they received compensation from Watson Pharma, Inc. for their participation in preparing this newsletter.