

Health & Research Journal

Vol 10, No 3 (2024)

Volume 10 Issue 3 July - September 2024



Volume 10 Issue 3 July - September 2024

EDITORIAL

THE ROLE OF TRAINING AND SKILLS FOR THE CLINICAL TEAM (FERTILITY MIDWIVES/NURSES) IN MEDICALLY ASSISTED REPRODUCTION UNITS (M.A.R.U.)

RESEARCH ARTICLES

COVID-19 FEAR AND COVID-19 ANXIETY AS PREDICTORS OF EXERCISE BENEFIT-BARRIER PERCEPTION IN TYPE 2 DIABETES PATIENTS PROCESS

THE EFFECTS OF THE DARK TETRAD OF PERSONALITY BY GENDER ON ANIMAL ABUSE: A MODERATION ANALYSIS

THE EVALUATION OF THE QUALITY OF LIFE IN SURVIVORS OF CRITICAL ILLNESS AFTER DISCHARGE FROM INTENSIVE CARE UNIT: A PROSPECTIVE COHORT STUDY

DANCERS IN THE DARK: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF THE IDENTITY PERCEPTION OF FEMALE SEX WORKERS

SUITABILITY, USABILITY AND SAFETY OF FULLY IMMERSIVE VIRTUAL REALITY APPLICATIONS FOR MOTOR AND COGNITIVE REHABILITATION IN STROKE PATIENTS: PRELIMINARY DATA

LETTER TO THE EDITOR

THE CASE OF "NATURE-DEFICIT DISORDER" (NDD) AND ITS COMPLICATIONS IN THE ABSENCE OF A UNIVERSALLY RELIABLE AND VALID SELF-REPORTED TOOL

SPECIAL ARTICLE

A CRITICAL DISCUSSION OF THE DEVELOPMENT OF ANXIETY DISORDERS EXPLAINED BY BIOLOGICAL AND PSYCHOLOGICAL RISK FACTORS

Published in cooperation with the Postgraduate Program "Intensive Care Units", the Hellenic Society of Nursing Research and Education and the Helerga

The role of training and skills for the clinical team (Fertility Midwives/ Nurses) in Medically Assisted Reproduction Units (M.A.R.U.)

Konstantina Gaitanou

doi: [10.12681/healthresj.38334](https://doi.org/10.12681/healthresj.38334)

To cite this article:

Gaitanou, K. (2024). The role of training and skills for the clinical team (Fertility Midwives/ Nurses) in Medically Assisted Reproduction Units (M.A.R.U.). *Health & Research Journal*, 10(3), 136–139. <https://doi.org/10.12681/healthresj.38334>

EDITORIAL ARTICLE

THE ROLE OF TRAINING AND SKILLS FOR THE CLINICAL TEAM (FERTILITY MIDWIVES/NURSES) IN MEDICALLY ASSISTED REPRODUCTION UNITS (M.A.R.U.)

The history of nurses and midwives in the field of In Vitro Fertilization (IVF) is rich and significant, dating back to the pioneering work of individuals such as Muriel Harris and the team of Patrick Steptoe, Bob Edwards, and Jean Marian Purdy.

Research into Medically Assisted Reproduction, including IVF, began in the late 19th century and gained momentum in the 1960s and 1970s. One of the most notable milestones in IVF history was the birth of Louise Brown on July 25, 1978, the world's first "test-tube baby," as a result of the groundbreaking work of Patrick Steptoe, Bob Edwards, Jean Marian Purdy and Muriel Harris.

In the early days of IVF, nurses and midwives played crucial roles in supporting the research and clinical procedures. Muriel Harris, head of surgery at various hospitals including Bourn Hall, the world's first IVF clinic, led a team of dedicated nurses and midwives. These healthcare professionals worked tirelessly, often volunteering their personal time to assist with IVF procedures and patient care.

Despite numerous challenges and setbacks, Muriel Harris provided essential administrative support and encouragement to the IVF team, fostering a positive and supportive environment that ultimately led to the successful birth of Louise Brown. Her leadership and dedication exemplified the vital role that nurses and midwives play in the field of IVF.

The history of nurses and midwives in the IVF field is a testament to their unwavering commitment to patient care, scientific advancement, and the pursuit of reproductive health solutions. Their contributions have been instrumental in shaping the landscape of assisted reproduction and have paved the way for countless individuals and families to realize their dreams of parenthood.

The training and development of Fertility Nurses/Midwives in the field of Assisted Reproduction are crucial for the successful operation of a Medically Assisted Reproduction Unit (M.A.R.U.).

The structure of training for these healthcare professionals typically involves several levels and key roles within the unit:

Clinical Fertility Midwife/Nurse: This role involves direct patient care and support throughout the assisted reproduction process. Responsibilities may include initial patient assessments, providing information on medical tests and procedures, administering medications, and ensuring compliance with applicable legislation. The Clinical Fertility Midwife/Nurse plays a vital role in guiding couples through the IVF process and providing ongoing support.

Operator Room Nurse: Responsible for assisting in surgical procedures within the operating room, including tasks related to pre-operative, intra-operative, and post-operative care. This role requires specialized knowledge, experience, and training in perioperative nursing to ensure patient safety and well-being during surgical interventions.

Clinical Educator: Plays a key role in enhancing the knowledge and skills of nursing/midwifery staff within the M.A.R.U. This involves developing training plans, implementing clinical practice protocols, and monitoring compliance with established procedures to improve the quality and safety of patient care.

Coordinator/Head Nurse: Oversees the management, organization, and coordination of the M.A.R.U. unit. Responsibilities may include clinical management of patient cases, ensuring systematic control of medical records, providing education on medical terminology and treatment protocols, and staying updated on the latest evidence-based practices in assisted reproduction.

Training for Fertility Nurses/Midwives typically progresses through different stages, including:

First Contact and Orientation: Introducing couples to the IVF unit and providing initial information on procedures and tests. **Adaptation Stage:** Offering guidance and support as nurses/midwives familiarize themselves with the unit's protocols and procedures. **Competency Stage:** Allowing nurses/midwives to work independently while still receiving support and supervision as needed. Finally, the **Specialization Stage:** Encouraging nurses/midwives to develop expertise in specific areas of assisted reproduction and potentially become clinical instructors.

By following a structured training program and emphasizing ongoing education and development, Fertility Nurses/Midwives can enhance their skills, provide high-quality care to patients undergoing assisted reproduction, and contribute to the overall success of M.A.R.U. operations.

Additionally, the Assisted reproduction, particularly in the context of In Vitro Fertilization (IVF), requires a specialized approach that demands a unique skill set from IVF nurses and midwives. These individuals serve as integral members of the healthcare team, providing crucial support and care to patients undergoing fertility treatments. In order to excel in this complex and sensitive field, IVF nurses and midwives must possess a diverse range of skills, abilities, and criteria.

Effective communication lies at the core of their practice, enabling them to establish strong relationships with patients, collaborate with colleagues, and engage with external stakeholders. Clear and empathetic communication is essential in guiding patients through the emotional and physical challenges of infertility treatments. Moreover, maintaining strict confidentiality is paramount to protect the privacy and dignity of individuals seeking fertility assistance.

Empathy emerges as a fundamental trait that distinguishes exceptional IVF nurses and midwives. The ability to understand and empathize with the emotional turmoil experienced by patients undergoing fertility treatments is crucial in providing compassionate and personalized care. Decision-making skills are equally vital, as these healthcare professionals navigate complex care scenarios and operational processes within the IVF unit, always prioritizing the well-being of their patients.

Continuous training and education in assisted reproduction are imperative for IVF nurses and midwives to stay abreast of the latest advancements in the field. This ongoing learning ensures that they are equipped with the knowledge and expertise needed to deliver optimal care to patients. Collaboration and teamwork are also key components of their role, as they work alongside a multidisciplinary team to provide comprehensive and holistic care to individuals seeking fertility treatments.

Quality assurance and management skills are essential for upholding high standards of care within the IVF unit and ensuring patient safety. Proficiency in documentation is critical for maintaining accurate records of patient information, treatment protocols, and quality assurance measures in compliance with regulatory standards. By embodying these skills

and criteria, IVF nurses and midwives contribute significantly to the success and effectiveness of the IVF unit, ultimately supporting patients on their journey towards achieving their fertility goals.

The cycle of the IVF process is called a «JOURNEY» and the Assisted Reproduction specialization is considered challenging, demanding but also emotionally rewarding. The role of IVF nurses and midwives in assisted reproduction is multifaceted and demanding, requiring a diverse skill set and a commitment to excellence in patient care. By honing their communication, empathy, decision-making, and quality assurance skills, these healthcare professionals can enhance the overall patient experience and contribute to positive outcomes in the field of reproductive medicine.

References

1. Gameiro S., Boivin J., Dancet E., de Klerk C., Emery M., Lewis-Jones C., Thorn P., Van den Broeck U., Venetis C., Verhaak C.M., Wischmann T., Vermeulen N., ESHRE guideline: routine psychosocial care in infertility and medically assisted reproduction—a guide for fertility staff, *Human Reproduction*, Volume 30, Issue 11, November 2015, Pages 2476–2485, <https://doi.org/10.1093/humrep/dev177>
2. Wilson C, Leese B. Do nurses and midwives have a role in promoting the well-being of patients during their fertility journey? A review of the literature. *Hum Fertil (Camb)*. 2013;16(1):2-7. doi: 10.3109/14647273.2013.781687. PMID: 23548090.
3. Allan HT. The anxiety of infertility: the role of the nurses in the fertility clinic. *Hum Fertil (Camb)*. 2013;16(1):17-21. doi: 10.3109/14647273.2013.778423. PMID: 23548092.
4. Allan HT, Mounce G, Crespo E, Shawe J. Preconception care for infertile couples: Nurses' and midwives' roles in promoting better maternal and birth outcomes. *J Clin Nurs*. 2018;27(23-24):4411-4418. doi: 10.1111/jocn.14586. Epub 2018 Jul 23. PMID: 29943889.
5. Wang J, Li L, Zhou J, Pan X, Qi Q, Sun H, Wang L. Patient satisfaction with nursing care in infertility patients: A questionnaire survey. *Glob Health Med*. 2024;6(2):141-148. doi: 10.35772/ghm.2023.01044. PMID: 38690135; PMCID: PMC11043125.
6. Park J, Shin N, Lee K. [Nursing needs assessment scale for women with infertility: development and validation]. *Korean J Women Health Nurs*. 2020;26(2):141-150. Korean. doi: 10.4069/kjwhn.2020.03.31.1. Epub 2020 Jun 2. PMID: 36310578; PMCID: PMC9328595.
7. Ashcroft S. Developing the clinical nurse specialist's role in fertility: do patients benefit? *Hum Fertil (Camb)*. 2000;3(4):265-267. doi: 10.1080/1464727002000199101. PMID: 11844389.
8. Tsonis O, Gkrozou F, Siafaka V, Paschopoulos M (2019) The role of a midwife in assisted reproductive units. *Clin Obstet Gynecol Reprod Med* 5: DOI: 10.15761/COGRM.1000269
9. Younger M, Hollins-Martin C, Choucri L. Individualised care for women with assisted conception pregnancies and midwifery practice implications: an analysis of the existing research and current practice. *Midwifery*. 2015;31(2):265–270.

10. Allan HT, Finnerty G. The practice gap in the care of women following successful infertility treatments: unasked research questions in midwifery and nursing. *Hum Fertil (Camb)* 2007; 10(2): 99–104.
11. American Society for Reproductive Medicine (ASRM) (2014).
12. Shoham, Z. (Eds.). *Textbook of Assisted Reproductive Techniques Laboratory and Clinical Perspectives*. Informa Health Care Tylor & Francis, London. Libraro, J. L. (2012). *The evolving role of the ART Nurse: A contemporary review*. Gardner, D. K., Weissman, A., Howles, C. M.,
13. Gürhan N, Oflaz F, Atici D, Akyüz A, Vural G. Effectiveness of nursing counseling on coping and depression in women undergoing in vitro fertilization. *Psychol Rep.* 2007 Apr;100(2):365-74. doi: 10.2466/pr0.100.2.365-374. PMID: 17564210.
14. Sandall J, Devane D, Soltani H, Hatem M, Gates S. Improving quality and safety in maternity care: the contribution of midwife-led care. *J Midwifery Womens Health.* 2010;55(3):255-61. doi: 10.1016/j.jmwh.2010.02.002. PMID: 20434086.
15. Bjuresten K, Hreinsson JG, Fridström M, Rosenlund B, Ek I, Hovatta O. Embryo transfer by midwife or gynecologist: a prospective randomized study. *Acta Obstet Gynecol Scand.* 2003;82(5):462-6. doi: 10.1034/j.1600-0412.2003.00128.x. PMID: 12752077.

Commodore Konstantina Gaitanou,
RN, PhD, MSc, MMPH, Chief Nursing Officer (CNO)
Athens Naval Hospital