# when hello becomes goodbye

—

# grief in art

KELLI PEIRCE

thank you

and

acknowledgement

trigger warning

# about me

- Graduated UWA 1997 - BSc (Honours)

- Trainee Embryologist 1998 - aged 21

- Small cog, enormous machine that is ART

# what is infertility?

The inability to conceive after one year of unprotected intercourse, or after 6 months in those aged ≥35,

OR

The inability to carry a pregnancy to term (live birth).

# prevalence

- Infertility affects at least 1 in 6 people

- 186 million people worldwide or 17.5% of adult population

- Major health challenge globally

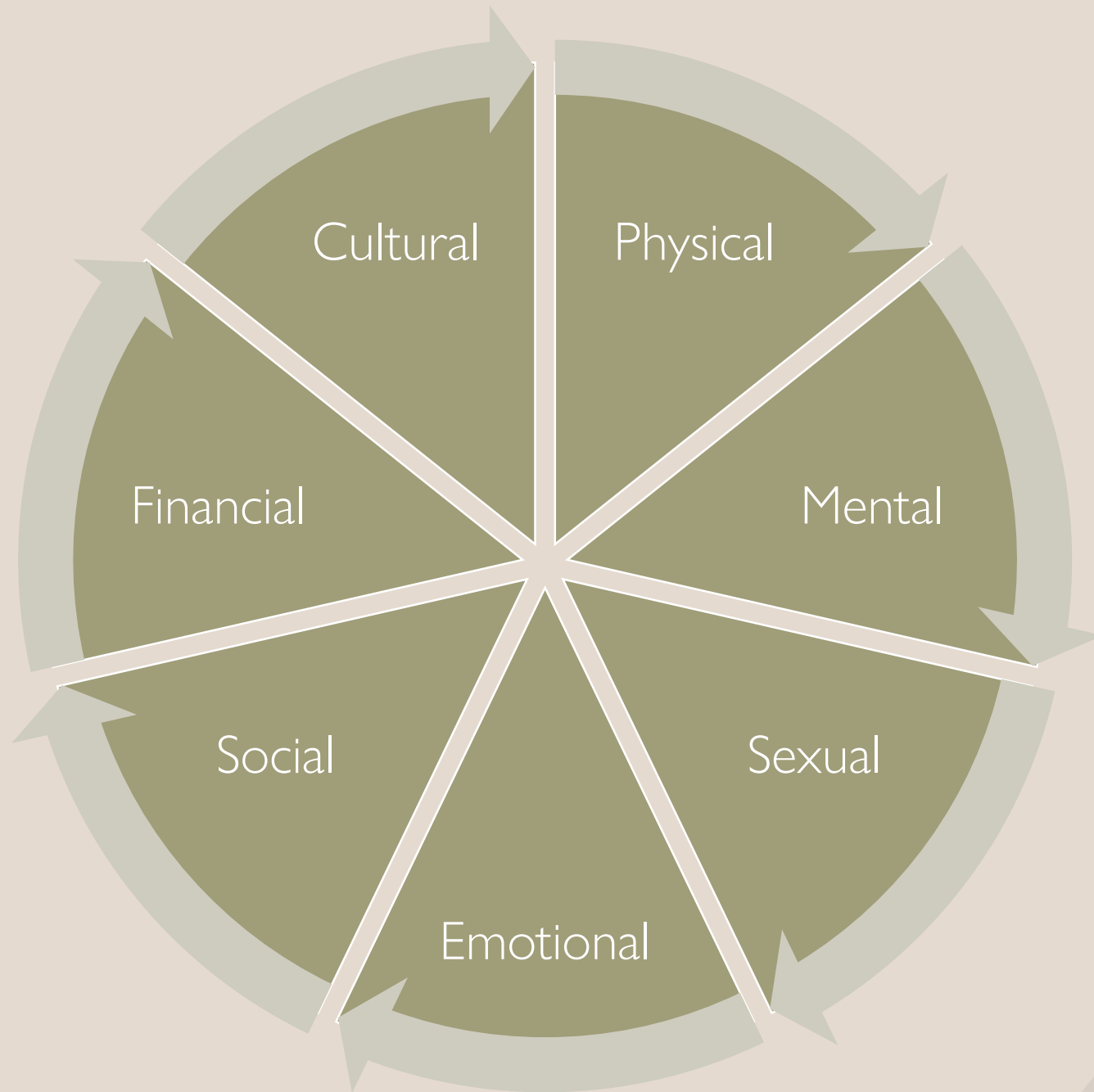- Significant inequity in access to treatment persists

*https://www.who.int/publications/i/item/978920068315*

# impact



- Infertility = **reproductive trauma**

- High incidence of anxiety & depression

- Invisible condition

  - invisible loss

  - repeated mourning

- Deprivation of basic reproductive right

# recognition

- WHO acknowledge impact of infertility not well recognized (industry or society)

- Focus on:

  - STD

  - Unwanted pregnancy

- Little to no acknowledgement of:

  - Fertility

  - Preconception health – epigenetic effects

# physical impact

- Physical pain & discomfort associated with treatment and/or cause of infertility.  Eg – Endo

- Post-operative pain & discomfort

- Risk of illness secondary to treatment

- Hormonal side-effects of treatment. Eg – bloating, constipation

# mental impact

- Sense of uselessness

- Identity & purpose in life undermined

- Hopelessness

- Feelings of inadequacy

  o All my fault

  o Not enough of a man / woman

# sexual impact

- Diagnosis & treatment can lead to sexual dysfunction.

- Sex becomes perfunctory

- Spontaneity is lost to mechanics

- And then the mechanics fail!

- Guilt + inadequacy

# emotional impact

- Roller-coaster of hope and grief through seeking help, diagnosis, treatment and unsuccessful treatment

- Grief
  - Involuntary childlessness
  - Loss of an embryo at any stage

- Uncertainty
  - No guarantee of success
  - Lack of control over treatment OR outcomes

# social & cultural impact

- Pressure from well-meaning family & friends

- Lifestyle modifications to fit in treatment

- Sociocultural status

  o Child-bearing is essential for women

  o Infertility = grounds for divorce or infidelity

- Social isolation

# financial impact

- Bulk-billing / public fertility treatment

  **very** limited – treatment not accessible to all

- High cost of treatment

  o Medicare Funding – significant OOP

  o Private Health Insurance – limited coverage

- Missing out

- Accessing superannuation

# loss & grief

- Loss within loss:
  - o Loss of reproductive choice
  - o Loss due to diagnosis
  - o Loss when treatments fail
- Lack of control & privacy
- Despair, fear & anxiety surrounding treatment & outcomes
- Mourning & grief akin to loss of a loved one

# industry role

- >40 years in - grief & support still not done well!

- Multifaceted approach to treatment, but approach to support remains less cohesive

- Clinical and detached
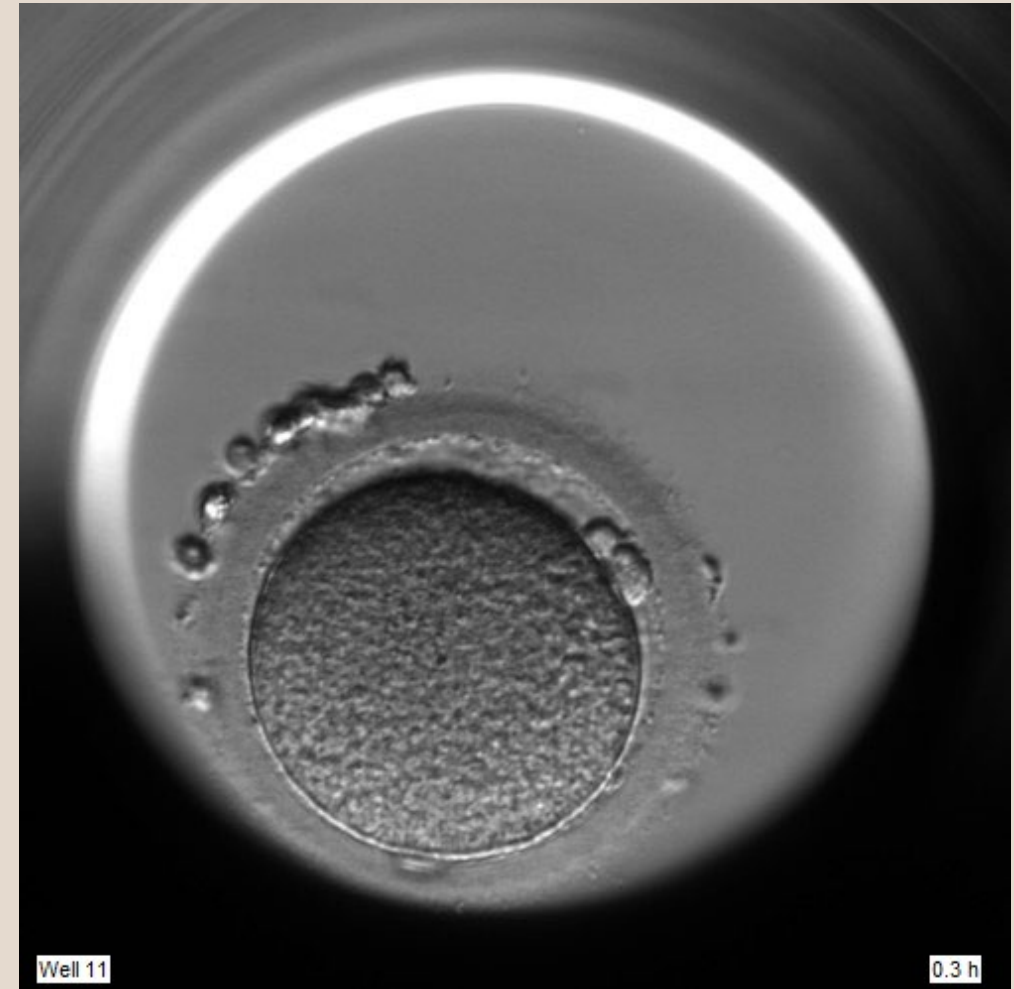
embryologist role

# egg collection

- Meet patients in theatre
    - Sometimes for the first time!
    - Bright lights + stainless steel
    - Scary, embarrassing

- Anaesthetic + legs in stirrups

- Cast of many!

- Risk of failure, risk of complications
    - Fewer eggs / no eggs
    - Anaesthetic risk
    - TVOA risk

# embryo culture

- 1 to 6 days
- Variable – can be awful!
- Looking for milestones and significant events
  - Cell numbers
  - Cleavage pattern
  - Abnormalities



Well 11                                          0.3 h

# embryo transfer

- Day 1 to day 6

- Confronting

"*pap smear with an audience*"

- Information overload

- Not always good news

# embryo freezing

- Embryos in storage for ≤10 years

- Survival not guaranteed

  o Grief over lost 'baby'

  o Grief over lost chance at conception

- What to do with surplus embryos?

- Donate or discard?

# breaking bad news

- Career started 1998

  o 21

  o Green!

  o Delivering life-changing results to patients

- No training in BBN until 2008

- Nothing further since then!

Bad News a

OW CAN YOU TRY AN

**Who** should tell them

- **How** should it be don

- **When** to do it?

- **Who** should be with t

**What** does / should th

hat to say and wh

# loss beyond the laboratory

- Failed cycles

- Biochemical & failed pregnancy

- Second and third trimester pregnancy loss

- Foetal abnormalities
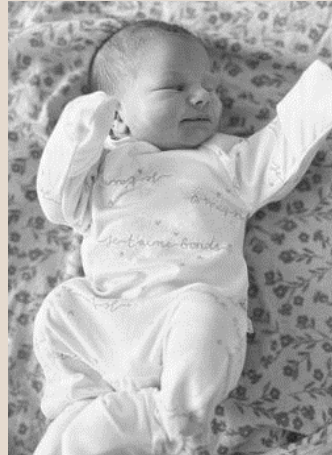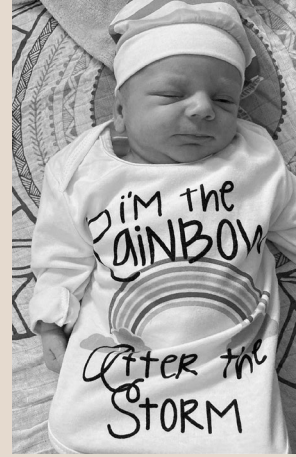
- Stillbirth & NND

# compassion fatigue

- Repeated delivery of bad news

- Managing patient emotions

- Acknowledging distress and upset

- Maintaining professional approach

- Negative feedback

# making a difference

thank you