

Fertility Counseling: Clinical Guide

Fertility Counseling: Clinical Guide

2nd Edition

Edited by

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Every effort has been made in preparing this book to provide accurate and up-to-date information that is in accord with accepted standards and practice at the time of publication. Although case histories are drawn from actual cases, every effort has been made to disguise the identities of the individuals involved. Nevertheless, the authors, editors, and publishers can make no warranties that the information contained herein is totally free from error, not least because clinical standards are constantly changing through research and regulation. The authors, editors, and publishers therefore disclaim all liability for direct or consequential damages resulting from the use of material contained in this book. Readers are strongly advised to pay careful attention to information provided by the manufacturer of any drugs or equipment that they plan to use.

My passion for the field of fertility counseling derives from what family means to me –

the family created with the love and unwavering support from my dear husband of over 50 years, Barry T. Covington, and the energy, enthusiasm, common values and bond shared with the children we were blessed with and their growing families:

Michelle Covington Harmon, her husband Scott and their children Sean, Michaela and Liam;

Brendan Truitt Covington, his wife Darlene and their children Luke and Elaina;

Laura Covington MacNevin, her husband Tom and their daughter Margaret

Family is more than just a word . . . it is something that exists within your heart.

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Preface

Fertility Counseling: Clinical Guide Volume

The formulation of the second edition of *Fertility Counseling* occurred during the time of COVID-19. As the world changed dramatically and instantly, so did we. Our mental health services were never more important. My dear friend and colleague Linda Applegarth and I were teaching a year-long training program, The Fertility Counseling Postgraduate Course, via live video conference to an international group of clinicians eager to learn this field. When COVID-19 hit in March 2020, and despite the worldwide shut down, we were able to continue our course without missing a beat. Hearing the stories of what mental health professionals from India, the Philippines, Mexico, Greece, Australia, the Middle East, Africa (to name a few countries), as well as across the US and Canada, were experiencing in their work and personal lives was both heartbreaking and awe-inspiring.

In teaching this course and listening to my students over the last five years, the vision for a second edition was realized: a two-volume approach consisting of a clinical guide and an in-depth exploration of the concepts presented through case studies. In class, I often use the analogy that we will be building a house over the year. As it relates to this edition, the foundation starts with a thorough understanding of the medical and psychosocial issues of infertility and theoretical context of reproductive psychology. The framing of the house includes the therapeutic approaches to providing fertility counseling – individual, couple and group therapy, and supporting methods pertaining to sexual therapy, the intersection of psychiatric disorders with infertility, and the use of spirituality in treatment. Then we explore the rooms – counseling gamete/embryo donors and recipients, gestational surrogate participants, as well as issues related to disclosure and family life after donor conception. Understanding the needs of all our patients, including diverse groups who may or may not be infertile and, yet, often feel marginalized, is imperative – LGBTQ+,

transgender people requesting fertility preservation and/or family building assistance, patients of races or cultures different from their healthcare professionals, and the often-overlooked experience of men in treatment. Additional issues to consider, such as reproductive loss, trauma and resiliency, can “shake or shape” the structure of treatment for both patients and fertility counselors. Pregnancy and postpartum adjustment can present new challenges for our patients as well as unanticipated conflict when the fertility counselor becomes pregnant. Last, the roof of the house pertains to issues in clinical practice that help hold the structure together and protect it: legal framework, practice management and competency including telemental health which has shifted the way most fertility counselors practice, and the ever-changing complexities in reproductive medicine that continue to present ethical challenges for all clinicians. Having a strong ethical platform to address these issues provides both a roof and a foundation in fertility counseling.

With the encouragement of my long-time, wonderfully supportive editor at Cambridge, Nick Dunton, who recently retired, the scope of the second edition expanded to twenty-seven chapters in each volume – fifty-four chapters in all, a calculation I failed to make when first committing to the revision! In considering the necessary updates and additions, I thought about feedback from readers, changes in reproductive medical care over recent years, and how terminology in this field continues to evolve and change, reflecting today’s culture. What is accepted today may be considered antiquated or inappropriate tomorrow. The most prominent example, “anonymous” has been eliminated from our reference since anonymity no longer exists as a result of direct-to-consumer DNA testing.

I am honored to have had an esteemed group of clinicians, researchers, academics, advocates, and colleagues write chapters in these volumes – forty-eight contributors in all. Many are cherished friends as well as

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pioneers in the field of fertility counseling, while others are talented young practitioners whom I got to know as students in my course. While the list is too long to mention each by name, I hope all know how much I appreciate their support and admire their work and dedication to this field. I am so grateful for these authors'

enthusiasm, support, shared vision and willingness to commit to this project during the demands presented by COVID-19. Thank you all!

Sharon Covington
December 2021

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