

# Who's who in fertility clinics?

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**British Fertility Society Factsheet**



[www.fertility.org.uk](http://www.fertility.org.uk)

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**N**ot surprisingly, many couples feel anxious and apprehensive when they first contact a fertility clinic. In this factsheet we hope to start to familiarise you with the clinic structure. Of course, each will vary in its exact set-up, but hopefully we can provide a general introduction.

When choosing a clinic couples should consider its convenience to both home and work. If seeking treatment privately of course there is a wide choice, but even when using NHS-funded services there is often more than one clinic on offer.

Once treatment gets under way a couple may need to visit the clinic at least five times and it can be quite stressful to juggle appointments with travelling, work and home commitments. Fertility clinics are only too aware of this and will be keen to help treatment go as smoothly as possible.

The aim of any fertility clinic team is to try to help couples become pregnant and to give birth to a live healthy baby. Or to help couples come to terms with the fact that they may not be able to have children.

Every member of the team has their specific part to play but will work together to ensure that the best possible care and treatment is given to couples. A friendly and professional team can advise and support couples throughout the whole treatment making this potentially stressful time a more positive experience.

**The following is a list of staff that makes up the team**

## **Secretary/ Receptionist**

The administration team in a fertility clinic are usually the first point of contact and are very experienced in giving general information and advice. They will be happy to talk about what is involved in each appointment and will also be able to provide basic information about the sorts of tests, investigations and treatments which may be undertaken as well as how long they may take and how much they will cost.

## **Gynaecologist**

The consultant or doctor will be a gynaecologist who has undertaken specialised training in this area of medicine and is very experienced in dealing with couples who are trying to conceive. They will take a history from both partners, check the results of any tests previously undertaken and ensure that any outstanding investigations or examinations are completed in order to make the correct diagnosis. This will be discussed with the couple and treatment can then be arranged. The doctor will carry out many of the procedures that need to be undertaken. The initial consultation will take between ½ -1 hour.

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## Nursing team

Nurses working in fertility clinics will have received specialist training and be very experienced in this area of medicine. They will be the main point of contact providing support to the couple as they go through treatment, coordinating the various investigations and treatments and explaining what the results might mean. They will often explain the consent forms in detail, as well as undertaking some of the procedures which might be necessary, such as scanning.

## Embryologists and Andrologists

Andrologists are specialists in male reproductive matters and undertake the examination of sperm to give detailed information to the doctors, nurses and patients regarding diagnosis and treatment options. In some units the andrology service is provided by the embryologists.

In the IVF laboratory embryologists use their specialist skills to assess sperm, eggs and embryos and advise the doctors, nurses and patients about their quality. They are also responsible for freezing, storage and thawing of eggs, sperm and embryos as necessary.

## Counsellor

All fertility clinics must be able to provide an independent counsellor for patients. It can be quite stressful undertaking treatment and whilst the doctors and nurses can help it is often very useful to spend some dedicated time with the counsellor where emotions and feelings can be discussed in an informal setting. He or she will also offer advice to couples who may be considering treatment with donated eggs, sperm or embryos particularly about the longer term implications of those treatments.

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