### Preparing Persons for Obstetrical & Infertility Procedures: Clinical Strategies to Improve Patients' Experience

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# Tonya Wood, PhD



Tonya Wood, PhD, is a licensed psychologist who has nearly 20 years of clinical and teaching experience. She earned her PhD at the University of Virginia. Since 2015 she has served as the Director of Clinical Training in the PsyD Clinical Psychology program in GSEP and in January 2021 took on the role of Director of Assessment for Psychology Division. Throughout her career Dr. Wood has worked in a variety of academic, community, and public sector settings with a particular focus on providing quality services to marginalized populations. She has extensive supervision and teaching experience and has provided numerous presentations on subjects such as cultural diversity, clinical supervision, community violence, self-care, and reproductive psychology. She was the 2020 President of the California Psychological Association. She has a private practice in the greater Los Angeles area, with an emphasis on relationships, women's health, and infertility.



# Disclosures/Conflicts of Interest

I have no conflicts of interest to disclose.

Generative AI was not used for the development or content of this presentation.



# Learning Objectives

- 1. Discuss challenges with current communication practices related to obstetrical and infertility procedures.
- 2. Describe key elements to prepare patients for obstetrical and reproductive medicine procedures.
- 3. List two communication strategies with OB and reproductive medicine providers to improve patients' experience before, during, and after procedures



# Agenda

Welcome & Introduction

- Patient Experiences
- Interventions
  - System/Institutional Level
  - Individual Level



# Patient Experiences With Healthcare Providers

"When I told her I didn't feel right on my medication, I always had anger issues. Heart was palpitating a lot. She kept telling me all the symptoms were in my head and I didn't like it very much and I haven't been back to see her..."

"The treatments make you feel horrible. My body reacts poorly to hormone treatments and it made the infertility worse than not being able to get pregnant in the first place."



# **Fertility Treatment Related Stressors**

#### Access to Care

- Finances
- Geography
- Healthcare Provider Factors

#### Infertility Treatment Challenges

- Side Effects
- Painful, embarrassing & confusing medical treatments
- Failures to fully address client's holistic needs.



#### Four Themes of Stress in Online Peer Support Groups

1. Interpersonal Relationships

2. Partner Support

3. Uncertainty and Lack of Control

4. Negativity and Stress



# **Vulnerabilities & Risk Factors**

- 1. Pre-existing Medical Conditions (e.g. PCOS)
- 2. Prior Medical Traumas
- 3. History of Sexual Trauma



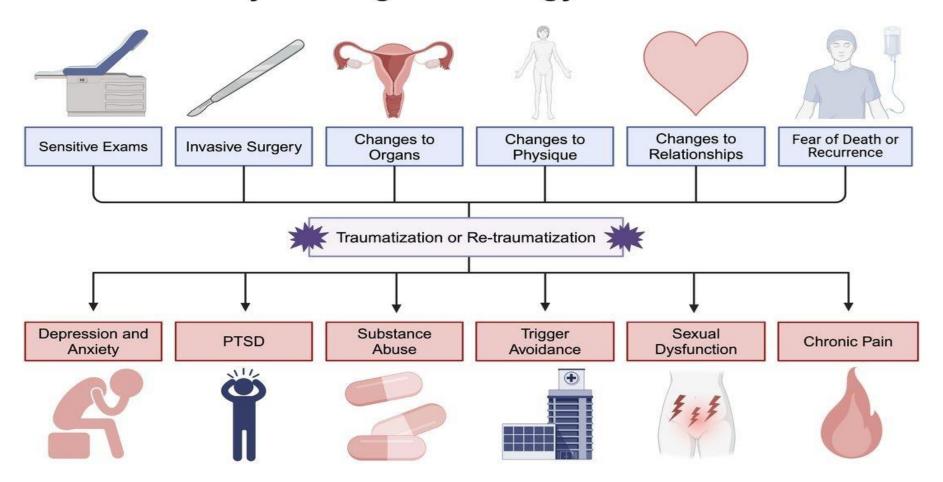
# Trauma Informed Care

"a systems-level approach that integrates trauma-informed practices (acknowledging that potentially traumatic exposures have taken place) throughout a delivery system" such as the healthcare system.

- SAMHSA



#### Causes and Effects of Re-traumatization in Gynecologic Oncology Patients





# Barriers and Challenges for Diverse Groups

- Obstetric Racism
  - Intersectional identities
  - Medical mistrust
  - Pregnancy trauma

• Obstetric Resistance: Advocacy and Autonomy



# Patient Centered Care – 3 Themes (Kitson, 2012)

- Patient participation and involvement
- Emphasis on relationship between the patient and the healthcare professional
- Attention to the context where care is delivered



### Patient Centered Care Outcomes

- Improves emotional well being of clients
- Lowers maladjustment post procedure
- Increases compliance with medical/fertility treatments



## Patient Centered Care – 2 Factors (Dancet, 2011)

#### **HUMAN FACTORS**

- Attitude and relationship with Staff
- Communication
- Patient involvement and privacy
- Emotional support



#### SYSTEM FACTORS

- Information Sharing
- Competent clinic staff
- Coordination and integration of administration and services

- Accessibility (especially during crisis)
- Continuity and transition between and across treatments
- Physical and environmental comfort



### Developing Patient Centered Care: Information Sharing

Information Sharing

- Prepare to answer common questions
- Provide resources about clinic processes and treatments

 Provide written materials & resources on coping and stress (which reflect diversity)



### Developing Patient Centered Care: Integrate Psychosocial Care

- Integration of psychosocial care as part of routine service with other medical treatments
  - Incorporate screeners or mental health functioning into intake (e.g. FertiQOL, SCREENIVF, ACE, PHQ-9, EPDS)
- Provide written materials & resources on coping and stress (which reflect diversity)
- Increase access to low cost mental health counseling or access to support groups

• Provide supports after distressing events (e.g. caring contacts)



## Before Infertility Treatments (Approaching The Clinic)

- Assess prior medical history or trauma
- Provide knowledge and information about treatment processes and protocols
- Address health beliefs and attitudes
- Encourage lifestyle changes to enhance reproductive health
- Assess emotional needs of patients (e.g. FertiQOL, SCREENIVF)
- Provide referrals as necessary to mental health provider



### During Treatments (Relatedness Within & Around The Clinic)

- Active engagement of all related parties in decision making discussions
- Offer care and decision-making support
- Address psychosocial concerns
- Appropriate and timely referrals for counseling and psychotherapy



# After Treatments

Increased risk for depression for some medical treatments (e.g. failed IVF cycles, gynecological cancers, etc.)

Provide information and help prepare for worries associated to outcome of medical procedures (including pregnancy)

Coordinate Mental Health Counseling for highly distressed individuals after a failed cycle; at risk for substance abuse, depression, separation



# **Cognitive Strategies**

- Acceptance Strategies
  - Willingness to experience unwanted thoughts and emotions
  - Self Compassion

- Cognitive Reappraisal
  - What is your perception of birth? What are the origins of those perceptions?
  - Listen to or read positive birth narratives
  - Flexibility in birthing plans
- Cognitive Reframe
  - Positive affirmations
  - Create the narrative of your birthing story "pain is progress"



#### **Behavioral Strategies: Assertiveness & Communication**

#### ASK

- 1. What are my options?
- 2. What are the possible benefits and harms of those options?
- 3. How likely are each of those benefits and harms to happen to me? Including 'What will happen if I do nothing?'

#### SHARE

Prepare the patient to share more information with their medical provider (e.g. family history, reproductive history, etc)

#### KNOW

Encourage patients to ask questions and share information so they have as much knowledge as possible to make informed decisions



# Behavioral Strategies: Guided Imagery

- Practice In Advance
- Practice in Different Settings
  - Engage all 5 senses

#### EXAMPLES

- 1. Water Visualization
- 2. Flower Opening UP





# **Behavioral Strategies: Meditation & Music**

- Noisli: <a href="https://www.noisli.com/playlists">https://www.noisli.com/playlists</a>
- HealthJourneys: <u>https://www.hayhouse.com/shop/audio/health-journeys</u>

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# **Emotional Preparation for Labor and Delivery**

- 1. Assess patient needs/supports before, during and after procedures
- 2. Asses prior experience with invasive procedures or medical trauma history
- 3. Practice and rehearse relaxation techniques
  - a) Deep breathing
  - b) Progressive muscle relaxation
  - c) Visualization, guided imagery
- 4. Prepare/Empower patients to ask questions



# **Special Issues for Single Persons**

- 1. Perinatal support system
  - 2. Smaller groups and discussion with like minded persons
  - Doula or another nonmedical person available during delivery





# Individualize Coping Strategies

- Identify Client's Coping Style
  - Brief Coping Orientation to Problems Experienced Inventory
  - Coping Inventory for Stressful Situations
  - Dyadic Coping Inventory

• Tailor Interventions based on Coping Style

• Look out for patients with inflexible birthing plans



# Individual Treatment Interventions

- Collaboration with medical providers
- Grounding Exercises
- Mindfulness techniques
- Expansion of social support system
- Increase social support
- Provide psychoeducation about medical procedures
- Cognitive reappraisals and reframing
- Birthing Plan
- Postpartum supports



# Clinical Case Vignette #1

Ann Marie is cisgendered female in second trimester of pregnancy. She presents for services with complaints of increased anxiety secondary to an unplanned pregnancy. Specifically, Ann Marie complains of severe anxiety in the days leading up to medical exams. Anxiety centers around health of the baby and anticipated delivery.

At intake, Ann Marie was administered the following measures

- ACE:
- PHQ 9:
- GAD 7:



## Clinical Case Vignette #1

- Additional Information?
- Case Formulation?
- Treatment Interventions?



### **Patient Resources**

- American College of Obstetrics and Gynecology
- <u>American Society for Reproductive Medicine</u>
- <u>Centre for Perinatal Excellence</u>
- Noisli
- Health Journeys
- Spotify: <u>IVF & Fertility Meditations</u>
- Trans Fertility Co



# Q&A With Dr. Wood



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.



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