

**Minutes of the International Infertility Counseling
Organization (ICCO)
ESHRE, Lyon
Monday, 2 July 2007
9.30 am to 11.00 am
Room T Saint Claire 3B.**

start: 9.40

Introduction of the participants:

Attendance:

Jacky Boivin	UK
Janet Takefman	Canada
Petra Thorn	Germany
Johannes Bitzer	Switzerland
Yukari Semba	USA/Japan
Jan Norre	Belgium
Pip Reilly	UK
Sari Tuomaala-Koskinen	Finland
Isabelle Stugvoe	Belgium
Ana Olivera Pereira	Portugal
Ushi Vandenbroeck	Belgium
Rosario Dominguez	Chile
Marysa Emery	Switzerland
Andrea Braverman	USA
Chris Verhaak	the Netherlands
Patricia Baetens	Belgium
Hana Konecna	Slovak
Tineke Vanhaecke	Belgium

Call to order: Linda Hammer Burns, chair

- Current Executive Committee Officers elected in Madrid, 2003:
Chair: Linda Hammer Burns (USA)
Co-vice-chairs (volunteered 2007) Petra Thorn (Germany) and Sheila Pike (UK)
Treasurer: Janet Takefman (Canada)
Secretary: Jacky Boivin (UK)
By-law Committee: Jacky Boivin, Petra Thorn, and Johannes Bitzer
Fund-raising Committee: vacant
Internet advisory Committee: Linda Applegarth
- Linda Hammer Burns gave a short review of current and new infertility counseling organizations. IICO was founded at ESHRE in Madrid in 2003. At the first meeting there were five founding member organizations (ANZICA, Australia/New Zealand; ASRM/MHPG, USA; BICA, UK; Bkid, Germany; and ESHRE/PSIG, Europe). There are now sixteen organizations worldwide: Canada Belgium, Czech Republic, Finland, France, Greece, Japan, Portugal, South America, and Switzerland. Due to time constraints the reports of each organization were not read out during the meeting but will be posted on the website.

Treasurer's report: Janet Takefman, treasurer

- \$3079.97 US or 2286 Euros

Old Business:

IICO is collaborating with the various organizations worldwide in creating and offering more educational opportunities (courses, symposia, roundtables) for infertility counselors with particular emphasis on reproductive tourism and cross-cultural issues. Upcoming educational courses in infertility counseling were noted:

- **ASRM Course Washington, DC. October 13 and 17, 2007 (www.asrm.org)**
 - *Men and Women: The Missing Voice* two day postgraduate course chaired by William Petok with Peter Chan, MD; Nanette Elster, JD; Marcia Inhorn, PhD, and Mark Womack, EdD as faculty on Saturday and Sunday, October 13 and 14, 2007
 - *The Impact of Infertility on Male and Female Sexual Function* interactive session chaired by Paula Amato, MD with Carin Hopps MD and Sheryl Kingsberg, PhD as presenters; Monday October 15, 2007
 - *It takes a Village: Medical, Legal, and Psychological Aspects of Gestational Surrogacy* symposia chaired by Melissa Brisman, JD with Judith Kottick, MSW and Susan Trienser, MD as presenters, Monday October 15, 2007
 - *All God's Children: Faith Stories of Suffering and Blessing in ART* symposia chaired by Cynthia Ziemer, Psy D with Marcia Inhorn, PhD, Maura Ryan, PhD, Rabbi Gideon Weitzman as presenters, Monday October 15, 2007
 - *FERTIQOL: Development and uses of the International Quality of Life Questionnaire* symposia chaired by Jacky Boivin, PhD with Janet Takefman, PhD and Andrea Braverman, PhD as presenters, Monday October 15, 2007
 - *Anonymity and Disclosure: Balancing the interests of donors and offspring* symposia chaired by Robert Brzyski, MD with Andrea Braverman, PhD and Heather Rone, BS as presenters, Tuesday October 16, 2007
 - *Rolling the Dice: Counseling in the face of Uncertainty—Helping Patients Make Sense out of Genetic Risk* symposia chaired by Kris Bevilacqua, PhD with Sara Zornetzer, MS as presenter, Wednesday October 17, 2007
 - Various Roundtable topics
 - IICO Clinical Consultation *Multicultural Cases: Treatment Challenges and Dilemmas* is on Tuesday, October 16, 2007 from 3:15 p.m. to 4:15 p.m. in room 301 at the Washington Convention Center.
- **Canadian Fertility and Andrology Society Meeting Halifax, Canada Sept 26-29, 2007 (www.cfas.org)**
 - *Communication, CBT. Complementary Medicine* one day symposium about
- **ESHRE Barcelona Spain, July 6-9, 2008 (www.eshre.com)**
 - SIG Psychology and Counselling – International Infertility Counsellors Organization (IICO) pre-congress course: *Psycho-social counselling in fertility treatment* **course co-ordinators:** Patricia Baetens, chair ESHRE/PSIG and Linda Hammer Burns, chair IICO with Johannes Bitzer MD; Elizabeth Grill PhD; Joelle Darwische PhD; Uschi Van den Broeck PhD; Petra Thorn PhD; Dianna Guerra

PhD; Anne Brewaeys PhD; Diana Guerra, PhD and Michaela Hynie, PhD as faculty

- Additional courses are being offered by ANZICA and BICA. Representatives of the organizations were asked to provide additional information on their educational opportunities for the IICO website to facilitate international attendance.

New Business: Educational Goals

- It is hoped that IICO/MHPG can co-sponsor a post-graduate course at ASRM October 17-21, 2009 in Atlanta, Georgia, USA. This course is still in the planning stages so suggestions and ideas would be appreciated (burns023@umn.edu).
- IFFS 20th World Congress on Fertility & Sterility, September 11-16, 2010, Munich Germany, www.iffs2010.com. Ideas and propositions are welcome by Petra Thorn who, as Bkid chair, has begun planning this course. Feel free to contact Petra at thorn
 - Suggested topics for courses included:
 - Andrea Braverman: international ethics and implications for counseling.
 - Pip Reilly: Surrogacy
 - Johannes Bitzer: adoption
 - Professional standards of counselors and how that connects with counseling
 - Infertility counseling and consumer support organizations

Affiliation with the International Federation of Fertility Societies (IFFS)

- Linda Hammer Burns contacted the IFFS executive committee and received reassurance and support of IICO's efforts including collaboration with IICO. IFFS is moving in similar directions to ICCO including more autonomy (e.g., different organization of IFFS World Congress with less local organization) and greater emphasis on education and credentialing. The chairman of that congress hosted by the German society is Hans Tinneburg; President of IFFS, Bazil Tarlatzis; President elect, David Healy; Secretary General, Richard Kennedy; Director, Medical Education, Ian Cooke; and Chairman, Scientific Program Committee, Bernard Hedon.

Collaboration with support organizations

- It was suggested that collaboration with consumer support organizations is one way to increase the visibility of infertility counseling and assist patients. The various support organizations will be added to the website with links to patient advocacy groups. Janet Takefman volunteered to send a letter of invitation to the various support organizations which would be sent to the various countries to be used as a template for them to use in asking if the consumer organizations in their area if they would like to be collaborate with IICO via the website, speaker list, and/or listing on the website. Sandra Dill, chair of the International Consumer Support in Infertility supported this idea. It was suggested that a list of consumer support organizations and materials could be added to the website. No one volunteered for this project but it was widely supported.

Website

- Infertility counseling organizations (current and/or newly organized) were encouraged to check the IICO website to make certain that the information posted about their organization is accurate. New organizations were asked to use the template on the website for providing information developed by Jean Hasse and Eric Blyth in order to make the information readily available and comparable and can be readily accessed through their weblink. An issue to be considered is whether each organization would like a 'page' or 'space' for additional information e.g., upcoming educational events.
- It was also suggested that a 'sign-on' method for using the website be used similar to that of the *Ethnicity and Reproduction* website. This could also be the way for registration of individual members, and use it as a bulletin board. Pip Reilly suggested there could be issues of inappropriate content. After some discussion of a fee for website access, it was generally agreed that this would not be required.
- Sylvia Jadur asked whether the website would be translated into other languages. Johannes Bitzer said that in his experience, translation is associated with great cost and minimal benefit. Linda Hammer Burns asked whether the ESHRE course in Barcelona would be translated. Jacky Boivin and Patricia Baetens stated that it was highly unlikely. This led to general discussion about language in counseling. Petra Thorn suggested that information about international congresses should be posted in English on the IICO website while national conferences could be posted in English and the national language. Everyone agreed that this was a good idea allowing the greatest access to course information.
- Advertising and sponsorship on the website was discussed. It was agreed that advertising should be refused but sponsorship accepted. At this time, IICO has no independent financial support and no one has taken up the job of fundraising.

Research committee

- IICO was asked Nicola Hudson and colleagues from the UK to provide support for their research project on cross-cultural issues in third-party reproduction. Jacky Boivin and Chris Verhaak agreed to serve on the Research Committee and to review and consider Hudson's request. They will notify her of their decision.

Newsletter

- Members were asked if they would like a formal IICO newsletter and if so, what would they like and who would do it. It was generally agreed that the current practice of 'updates' was satisfactory and an additional newsletter unnecessary.

Accreditation

- There was considerable discussion of credentialing in infertility counseling including passing a questionnaire test and/or gaining additional credentials or education in the field through, for example, science academies or similar to other organizations (e.g. BICA). Janet Takefman brought up the issue of liability and IICO not in a position to take on liability/responsibility in credentialing professional infertility counselors. Johannes Bitzer suggested that perhaps IICO could limit accreditation/certification to only cross-cultural issues in infertility counseling provided that the individual has passed a specific number of IICO courses on cross-cultural issues. Jacky Boivin mentioned using certificate of attendance as one criterion. Mary Emery mentioned accrediting existing courses. Sylvia Jadur and Hana Konecna discussed on-line courses noting that professionals in Eastern Europe and developing countries worldwide face special

challenges in attending courses and obtaining accreditation in the field due to the cost of attending courses which are typically in English only. Patricia Baetens stated that the Barcelona course speakers have already been invited but in the future it might be useful to ask authors to submit their syllabus earlier so that materials could be translated and IICO provide the course online in 'real-time' or even accessed whenever the counselor would like to 'take the course' on-line. The ASRM nurses special interest group have already considered putting their courses online with a post-test that would offer an educational opportunity and certification of taking the course (for a fee). This idea may be particularly helpful for IICO members particularly helpful if speakers could translate their own presentation into a second language—saving time and money. Linda Hammer Burns stated that there may be enough courses (through IICO, ESHRE, MHPG and other organizations) if these syllabi are available and could be put online as line educational opportunities with a questionnaire as a means of accreditation. This seems appropriate as it is IFFS, BICA and MHPG are at different stages of development in a similar process and goal. Johannes Bitzer mentioned that he has worked on accreditation in a different organization and would be willing to offer his expertise from this for IICO. This is a project that the vice chairs will take responsibility for using the expertise of Johannes Bitzer and any other volunteers.

By-laws and Executive Committee Roles

- Petra Thorn and Sheila Pike have agreed to be IICO co-vice-chairs. They have discussed their role and outlined their responsibilities which will include collaboration and communication with the national infertility counseling organizations and spearheading a credentialing process—perhaps coordinating this with BICA, IFFS, and/or other organizations as well as Johannes Bitzer. Petra and Sheila have done an excellent job of outlining their job roles and responsibilities which will be included in future updates.
- IICO's initial goals were to increase the number of national/area infertility organizations and write by-laws. These goals have been accomplished, particularly the completion of the executive committee with Petra Thorn and Sheila Pike agreeing to share the vice-chair position.
- After some discussion, it was agreed that the current slate of officers should remain in place until 2010 at which time an election of new officers will take place. Current officers are:
 - Linda Hammer Burns, chair
 - Petra Thorn and Sheila Pike, vice chairs
 - Janet Takefman, treasurer
 - Jacky Boivin, secretary
 - Jacky Boivin and Chris Verhaak, research committee
 - Linda Applegarth, internet consultant

Next IICO meeting

- The next IICO meeting will be held at the ASRM 2007 in Washington, DC at 8:00 a.m. – 10:00 a.m. on Monday, October 15th at the Washington Convention Center in a room yet to be determined.

Submitted by Jacky Boivin, secretary
July, 2007

Infertility Counseling Organization Reports: ESHRE 2007

FERTIFORUM (Switzerland) Swiss Society of Reproductive Medicine

Since 2006, FertiForum operates as a Commission in the Swiss Society for Reproductive Medicine. Two meetings, open to all members, take place in Bern each year. The topics cover clinical questions (interviews) and administrative issues. The first projects were to be visible on internet (www.sgrm.org) and to compose a list of all members which can be acquired on request from the chair. FertiForum now has 36 members, all working in psychosocial counselling for infertility. About one third are medical doctors, one third are psychologists, and one third are family planning counsellors. We wish to appear on the IICO web page in 2007!

Marysa Emery

ASRM/MHPG Report 2007 Peggy Orlin, MS MHPG Chairperson

The MHPG, in collaboration with IICO, will be offering a Clinical Consultation: Challenging Cases in Cross-Cultural Infertility Counseling at ASRM 2007 in Washington, DC. The intention is for this to become a yearly event.

Each year as the MHPG plan our symposia and post-graduate courses for the ASRM meeting, we view it as a priority to address and include cultural issues. Although proposals have not yet been made, the MHPG is strongly considering an MHPG/IICO collaboration on a postgraduate course for the 2009 ASRM program.

The MHPG plans to continue its support of IICO and to continue to include cross cultural issues in our educational opportunities for our members.

Course 2 (Saturday & Sunday)

Men And Art: The Missing Voice

Developed in Cooperation with the Mental Health Professional Group (MHPG)

Faculty:

William D. Petok, Ph.D., Chair
Peter Chan, M.D., C.M., M.Sc.
Nanette R. Elster, J.D., M.P.H.
Marcia C. Inhorn, Ph.D., M.P.H.
Mark A. Womack, Ed.D.

Needs Assessment and Course Description

Approximately 50% of cases of infertility involve at least some degree of male-factor infertility, a diagnosis with distinct emotional and social implications. Since the first reported use of donor insemination in 1884, a variety of techniques have been developed to overcome male-factor infertility. It behooves healthcare professionals in reproductive medicine to understand both the medical and the psychosocial issues presented by male-factor infertility patients since they invariably will encounter men with reproductive difficulties.

This course is designed for a wide range of health care professionals who care for men and their partners who wish to become parents. The focus is decidedly on the man's perspective. Faculty members will discuss male sexuality, male-factor infertility and male-specific psychological issues; controversial ethical issues impacting men, e.g., gay or single men seeking to become parents or sperm donors, or seeking for surrogate carriers; gender-specific issues of culture, role and stigma; the genetics of male infertility; and medical diagnoses and treatments for male-factor infertility.

Learning Objectives

At the conclusion of this course, the participant should be able to:

1. Summarize putative causes and evidence-based treatments for male infertility.
2. Describe the role of genetics in male-factor infertility.
3. Explain the range and significance of male psychosocial concerns regarding infertility.
4. Discuss the issues in effective counseling of men with malefactor infertility and their partners.
5. Summarize the ethical, psychological and legal issues that impact men using ART.

GLASMI LATIN AMERICA Corrine Palatchi

During this past year GLASMI has been working in their organization and getting membership. A difficult task as the distance between countries makes the possibility of reunion almost impossible. Currently in communication with the executive board of the FLASEF, in the organization of a mental health educational activity in their 2009 reunion to be held in Ecuador. This participation can give us the possibility of reunion and educational opportunities for our members.

Corinne Palatchi

ANZICA REPORT JUNE 2007

**Anne Graham
President**

Midyear workshop

This was held in Auckland, New Zealand in April and, as usual, was not only professionally stimulating, but also a great opportunity to catch up with colleagues.

The theme was Cultural Issues and not only did we hear about such things as the Maori attitudes to Assisted Human Reproduction, but also female genital mutilation, working through an interpreter and Asian women's perspective.

FSA Conference

This will be held in September in Hobart, Tasmania.

The psychosocial plenary will be given by Diane Ehrensaft and Diane will also present at the ANZICA workshop which will precede the conference.

FSA Constitution review

This is occurring at the moment. One of the main implications for counsellors is that, while historically, there has always been a counselling representative, this is not enshrined in the constitution. This though is proposed in the review and is a way of ensuring that the counsellors have a voice in the function of the Fertility Society.

GERMANY

Beratungsnetzwerk Kinderwunsch Deutschland e.V.

BKiD

Report compiled by Petra Thorn

BKiD continues to carry out biannual meetings which incorporate training aspects for infertility. Some of the more recent training areas included:

- Holistic approaches for infertility counselling
- Psychosocial interventions: what works and what does not?
- A programme for couple counselling in a hospital setting
- Educational group work for donor insemination#
- Professionally facilitated group work
- Medical developments in ART
- Approaching a life without children

We have also compiled guidelines for infertility counselling and are currently putting together counselling guidelines for gamete donation. In order to maintain high qualification of our accredited members, we have introduced ongoing qualification guidelines. All of these are available in English on our website (<http://www.bkid.de/engl/welcome.html>).

Furthermore, the first Handbook for Infertility Counselling will be available in Germany this autumn. The book is edited by BKiD board members Dorothee Kleinschmidt, Petra Thorn and Tewes Wischmann. It includes counselling strategies and concepts, case reports as well as empirical data: The German title is: Kinderwunsch und professionelle Beratung, published by Kohlhammer Verlag. 2007.

We would like to discuss with IICO members a joint IICO-BKiD event at IFFS 2010 in Munich.

British Infertility Counselling Association

REPORT to IICO Meeting July 2007

Submitted by Sheila Pike

BICA has had a productive and challenging year with developments both internally and externally that will affect the shape of counsellor accreditation and regulation in the future.

Training and Education

The BICA Training Group continues to offer a variety of opportunities to learn more about fertility counselling and is dedicated to perpetuating good practice. A further introductory course for practising fertility counsellors, was held in Birmingham and continues BICA's commitment to educate new members. It allows (mainly) counsellors to look at the specialism of Fertility Counselling in some depth and develop the appropriate standards in their work. A course aimed at counsellors practising in alternative health settings, 'Hard to Conceive', was held in London in early June. Another course, to be run in Manchester, will be focusing on the development of counselling skills for nurses working in a fertility setting.

The BFS Summer College in Glasgow in September 2006 hosted a half day BICA Workshop on surrogacy in HFEA licensed centres. The workshop attracted a large multi-disciplinary audience and we are grateful to each of the presenters whose range of topics appeared to cover most aspects of surrogacy.

The annual BICA Study Day was held in London in May and brought together a number of topical themes under the heading of 'Is there a crisis in fertility?'

Regional Groups

Regional groups in the North West, North East, Central England, London, South East and South West continue to hold regular meetings, providing a valuable network of support for BICA members. The Scottish Infertility Counselling Group, affiliated to BICA, continues to provide a similar resource for Scottish members.

Communication

Our website has recently undergone a change to make it interactive, allowing more interesting access for clients and members and linking them with other professionals as well as each other. The Journal of Fertility Counselling, the more traditional way of spreading our ideas, continues to raise its standard and profile. An extremely valuable fifth BICA Practice Guide has been published, *Surrogacy and Counselling in Licensed Clinics in the UK*. Additionally, this year has seen the publication of version 2 of the *Guidelines for Good Practice in Infertility Counselling* which includes a number of important revisions and additions. These Guidelines set out authoritative, clear standards for the work of infertility counsellors to which practitioners, clinics, regulatory bodies, other professionals and politicians can now confidently make reference.

Accreditation

Another area where BICA aims to maintain and encourage the highest standards of good practice is through the accreditation of counsellors. The BICA Accreditation Scheme was agreed after consultation with the membership in 2005/6 and has now been agreed by the Executive Committee. Work continues on developing the associated procedures and regulations, including the formation of an Accreditation Committee. It is hoped that the scheme will be in operation by the end of 2007. For a limited period, accreditation will be offered to established and experienced infertility counsellors via a grandparenting scheme.

External Links

BICA continues to have representation on a number of related committees and advisory groups within the broad field of reproductive medicine and health (British Fertility Society, National Gamete Donation Trust, PROGAR, International Infertility Counselling Association, Human Fertility Editorial Board, The British Society of Psychosomatic Obstetrics and Gynaecology and UK Donorlink). BICA also attends vital and regular meetings with the Human Fertilisation and Embryology Authority, the UK assisted conception regulatory body

In this last year, BICA has maintained its consultative role, responding to both the review of the Human Fertilisation and Embryology Act and to the Draft Human Embryo and Tissue Bill. Sheila Pike and Judith Baron have continued to represent BICA on the joint psychology, psychotherapy and counselling associations' Regulation Reference Group which is consulting with the Department of Health and the Health Professions Council over the future of regulation of the psychological therapies professions in the UK.

JASPCRM-JAPAN

Brief report IICO meeting in France in 2007

In Japan, research was conducted in 2005 of 187 patients (113 wives, 74 husbands) who were undergoing infertility treatment.

They replied wife 91%(103), and husband 66%(49) want to need a counselor in a clinic.

1. Want explanation and information of infertility treatment
wife 81%(83) husband 78%(38)
2. Want a counselor to listen to anxiety and worries
wife 89%(91) husband 61%(30)
3. Want talk about our marital relationship wife 7%(7) husband 2%(1)
4. Want talk about our relationship wife 10%(10) husband 6%(3)
5. Want talk about my friend relationship wife 7%(7) husband 2%(1)
6. Want talk about our sexual life wife 13%(13) husband 10%(5)
7. Want talk about infertility treatment costs wife 33%(34) husband 18%(9)
8. Want adoption information wife 7%(7) husband 6%(3)
9. Want overseas infertility treatment system information
wife 9%(9) husband 4%(2)
10. Want help with feeling a sense of order wife 50%(52) husband 27%(13)
11. Want help deciding treatments wife 48%(49) husband 43%(21)
12. Want help deciding continue of infertility treatment ,or deciding stop of it
wife 36%(37) husband 31%(15)
13. Want counseling after pregnancy reaction of minus
wife 19%(20) husband 10%(5)
14. Want counseling after miscarriage wife 20%(21) husband 16%(8)
15. Want talk about life without children wife 9%(9) husband 4%(2)
16. Want talk about other wife 3%(3) husband 4%(2)

Patients want a counselor who has knowledge about infertility and infertility treatment. When a counselor has it, becomes a help to be able to empathize with patients who are undergoing infertility treatment.

Patients want a counselor, and want various information. Doctor's information, nurse's information, clinical psychologist's information, social worker's information, we must respect specialty of each work, and it is necessary to clearly divide the work, also each work might often overlap.

CANADA

COUNSELLING SPECIAL INTEREST GROUP (CSIG) REPORT TO CFAS BOARD, JANUARY 2007

Submitted by Jean Haase

Acting Chair, Counselling Special Interest Group
Sept 26-29, Halifax

2006 ACTIVITIES and ACHIEVEMENTS

1. Development and growth

In 2005 at the joint CFAS/ASRM meeting, members of the Canadian Infertility Counselling Association (CICA) decided to seek affiliation with CFAS. Beginning in January, the process of drafting Terms of Reference was completed, following which they were submitted to CFAS, and officially accepted. At this point, Counselling became an official Special Interest Group of CFAS. Therefore 2006 was the inaugural year for this group, which is still 'a work in progress'.

Given that there were less than 5 counsellors who were members of CFAS at that time, it was agreed that increasing membership was the initial priority. This has been quite successful in that there are currently 22 Counsellors that are members of CFAS.

2. Policy consultation

In April, several members of CSIG participated in a consultation workshop hosted in Gatineau by staff from the Assisted Human Reproduction Implementation Office (AHRIO) of Health Canada. This addressed proposals for the Counselling Regulations which are required to be developed under the terms of Section 14(b) of the new Act. The report from this facilitated workshop has now been made available, and some of the ideas and issues discussed will assist AHRIO in developing the Public Consultation on Counselling.

2 members of AHRIO staff met with CSIG members who attended the Ottawa CFAS meeting in November, and indicated that the consultation process for Counselling regulations will be launched soon. (Note: At the time of writing this report, the consultation had just been released).

3. Professional activities

CSIG members and other counsellors were encouraged to attend the CFAS meeting in Ottawa in November. This was considered very successful in that at least 10 members of CSIG participated, which is the highest number of infertility counsellors to ever attend a CFAS Annual meeting.

During the Ottawa meeting, CSIG took advantage of the half day set aside in the program, to hold their first official meeting. It was decided that selection of the CSIG executive committee should include all CSIG members (not just those in attendance), and that this would be best accomplished by means of voting using a Listserv. It was further suggested that *Treasurer* be added to the committee roles, but for the present time, the

Vice-chair would also incorporate this role. C. Newton agreed to serve in the initial executive position of *Communications* in the interest of establishing and moderating the new Listserv. Although the CSIG Yahoo group list serv has now been set up, encouraging members to sign on is taking some time, and currently, less than half of CSIG members belong to it. Selection of the executive committee has therefore not yet taken place.

While infertility counseling is still a comparatively underdeveloped field within Canada, a number of CSIG members play a very active role in terms of: academic activities; teaching; publishing; research; program development; and policy consultation- within Canada, and at an international level.

A few examples of the contributions made by CSIG members in 2006 include:

-J. Haase and J. Takefman were faculty members at the CFAS meeting, and S. Franz had a poster presentation.

-J. Takefman and J. Daniluk were faculty members for the ASRM Post graduate course for Mental Health Professionals.

-S. Yee and J. Haase gave oral presentations and posters at an international symposium in Hong Kong.

-J. Takefman and J. Daniluk attended and presented at ESHRE in Prague.

-C. Newton, J. Takefman, and J. Haase are contributors to a newly published text on Infertility Counselling.

2007 GOALS AND OBJECTIVES

1. CSIG development

Growing the membership of CSIG is an ongoing goal for 2007.

Establishment of the CSIG executive committee will formalize roles that are currently being fulfilled on a volunteer basis.

CSIG will continue to promote attendance by counsellors at future CFAS meetings. One way that CFAS can play an active role in supporting opportunities for professional development of counsellors is by ensuring that annual meetings continue to reflect the multidisciplinary dimensions of Assisted Human Reproduction.

Revamping and development of the CFAS website will help to address ongoing concerns about increasing membership and communication, as will greater use of the Listserv by the CSIG counsellors.

2. Policy consultation

One of the primary goals of CSIG is to assist in the development of standards of practice for counselling within the scope and context of the Assisted Human Reproduction Act.

CSIG therefore anticipates ongoing collaboration and consultation about such standards, being mindful of the discipline-specific requirements associated with professional colleges in each province.

3. Training and Professional development

Although not a CFAS- sponsored initiative, some CSIG members are currently working in partnership with the Michener institute in Toronto on the development of a training course for Infertility counsellors. This does not preclude the possibility of offering further educational opportunities for counsellors in conjunction with CFAS. CSIG is open to further exploration of this issue, especially in light of legislative requirements for counselling services, and the anticipated increased in demand for counsellors with appropriate skills and training.

In regards to the 2007 program for the Halifax meeting, CSIG members will continue to develop ideas as to how best to utilize the half day set aside for Special Interest Groups. Besides the business meeting which will be open only to CSIG members, it is hoped to offer either a guest speaker or an educational session centred on a specific issue. CSIG would like to explore how communication between counsellors and between counsellors and other AHR professionals can be improved. The possibility of holding regional meetings, or of organizing an interactive tele-conference (similar to that of the Nursing SIG) are 2 possibilities that have been raised. CSIG is well aware of the significant challenges that lie ahead with regard to regulation, and anticipated demands for training and education. Increasing the membership and participation in CSIG is therefore a priority so that that the work ahead does not rely on too few people. CSIG welcomes the recent changes in CFAS by-laws that allow for representation at the Board level, and looks forward to a productive and collaborative partnership with CFAS colleagues, and with the Executive.

GREECE

Zaira Papligoura

However, The Hellenic Society for Mental health in Assisted Reproduction is doing very well. We have planned for October 31st the first public appearance having as goal to reach out to the medical people. Therefore we will have a one day conference on the topic of Stress in Reproduction. Furthermore, the French Psychoanalyst specialized in the field Genevieve Delaisi de Parseval is invited to come in November for small group discussion between the mental health professionals.

We are also preparing out web page and I will send you details.

During the past year the Society has set the following goals: First to make ourselves known to

1. infertility patients
2. doctors specialized in ART
3. pediatricians

In order to attain our goals we decided :

1. to create a site. This will be ready soon
2. to organize symposiums. The first will take place in Thessaloniki on October 31st on the topic “ Stress in ART”.
3. to bring people from other places and have workshops only for mental health professionals. The first to come to Greece will be Genevieve Delaisi De Parseval. An expert on the psychological aspect of ART.

FRANCE

thank you for sending me this message. Unfortunately, I wont' t be able to come to Lyon this coming July since I have to give my futurebook to my publisher by the end of

August, but I have colleagues who will attend and report to me. This text to give you an idea of what I am working at.

Very cordially

Geneviève Delaisi de Parseval [genevieve.delaisi@wanadoo.fr]

Report of activity of Maternity Hope Foundation Czech Republic

Hana Konecna

The Maternity Hope Foundation was founded in Prague in 1995. The founder is the physician Dr. Eva Domorazkova, paediatrician who is involuntarily childless. Today it is a lady in pension. The members of administration board consist mainly of physicians. The Maternity Hope Foundation is member of Czech association of patient organizations “Coalition for Health”, member of ICSI and IAPO.

The aim of the foundation is to help people whose wish to have a child does not come true. As people engaged in the foundation are mainly different medical experts (physicians and psychologists), the foundation activities combine activities of a patient and expert organization. The help is provided at several levels:

- Information assistance. We offer patients and other interested person – lays – complex information of the possibilities of solution of the problem, both from the sphere of reproduction medicine and from the sphere of adoption. The information assistance has the form of personal contact, e-mail, letter or issue of different information materials. The experience of our work lead to the publication of the book On the Quest for a Child.
- Psycho-social assistance. This assistance has different forms as well - personal contacts or anonymous e-mails, phone calls or written form - and is provided both to couples and to individuals.
- Information to the public about the broad topic related with the solution of involuntary childlessness and of the prevention possibilities. We cooperate with radios, magazines, we participated in creation of several TV documents. We have joined the yearly worldwide campaign called “World Infertility Month” for the third time already; our activity is called Day of Reproduction Health. Each year results in the publication called Reproduction health, which is freely available to interested persons.
- Assertion of interests of involuntarily childless people on medical and scientific field. We assist and help in cooperation of different expert workplaces in diagnostics and therapy of particular couples. We cooperated in the preparation of the new Act regulating the conditions of execution of assisted reproduction in the Czech Republic; we take part in negotiations held with health insurance companies. We have created and go on updating the database of physiotherapists working with the Mojzis Method, which is the original Czech method curing some types of infertility. The interest for contact to a physiotherapist is the most frequent reason for contacting the Maternity Hope Foundation.

- Support to interdisciplinary cooperation and information of experts from different professional branches. We take active part in a number of expert conferences (gynaecological, immunological, andrological, demographical, from the sphere of primary prevention, psychological, ...). We have asserted psychosocial topics (psychological, ethical, concerning adoption, ...) into postgraduate education of health care workers. We try to assert the Mojzis Method into the current algorithm of infertility therapy. We cooperate in researches on psycho-social topics.

The Maternity Hope Foundation is a non-governmental, non-profit organization based on volunteer work. The costs related with operation (phones, secretary, postage, ...) are paid by the founder. Financial help for individual particular activities can be successfully found in some companies. Our activity is limited by the fact that we are a small and volunteer organization.

FINLAND

Kaija-Leena Kajaluoto

Two pieces of good news from Finland:

1. I have the joy to tell You, that we started Finnish Infertility Counselling Organisation, FICO 11.10.2006 in Tampere. We were seven members in the first meeting.

2. 25.10.2006 Finnish Parliament voted for the legislation about Infertility treatments and Fraternity law! 104 for and 54 against, some 40 were absent!

SPAIN

Grupo de Interes de Psicología y Counselling de la Sociedad Española de Fertilidad

Submitted by Diana Guerra

Our group just celebrates his first year with the following events:

Objectives:

To write our own Spanish Guidelines on Evaluation, Counselling and Psychological Intervention for ART patients.

To present and publish the Guidelines to other professionals

Method:

Several meetings being held in Madrid where we developed the chapters and divided them to all the working group components- 8

We presented the Guidelines in a SEF Meeting in Sevilla

They will be at the SEF web in few days

The Guidelines:

Several chapters:

-POR QUÉ UNAS GUÍAS DE CONSEJO, APOYO E INTERVENCIÓN PSICOLÓGICA AL PACIENTE INFÉRIL Y ESTÉRIL

-PROCESOS EMOCIONALES EN PACIENTES SOMETIDOS A TÉCNICAS DE - REPRODUCCIÓN ASISTIDA

-EVALUACION PSICOLOGICA EN UNIDADES DE REPRODUCCION ASISTIDA

-INTERVENCION PSICOLOGICA EN MEDICINA REPRODUCTIVA

- INTERVENCIÓN PSICOLÓGICA GRUPAL EN REPRODUCCIÓN HUMANA ASISTIDA
- HOMOPARENTALIDAD Y TÉCNICAS DE REPRODUCCIÓN ASISTIDA
- MUJERES SOLAS QUE ACUDEN A TÉCNICAS DE REPRODUCCIÓN ASISTIDA
- APOYO PSICOLÓGICO EN PACIENTES QUE RECURREN A TRATAMIENTO DE REPRODUCCIÓN ASISTIDA CON DONACIÓN DE GAMETOS
- PROTOCOLO DE INTERVENCIÓN PSICOLÓGICA EN UN SERVICIO DE MEDICINA DE LA REPRODUCCIÓN

GERMANY

Beratungsnetzwerk Kinderwunsch Deutschland e.V.

BKiD

Report compiled by Petra Thorn

BKiD continues to carry out biannual meetings which incorporate training aspects for infertility. Some of the more recent training areas included:

- Holistic approaches for infertility counselling
- Psychosocial interventions: what works and what does not?
- A programme for couple counselling in a hospital setting
- Educational group work for donor insemination#
- Professionally facilitated group work
- Medical developments in ART
- Approaching a life without children

We have also compiled guidelines for infertility counselling and are currently putting together counselling guidelines for gamete donation. In order to maintain high qualification of our accredited members, we have introduced ongoing qualification guidelines. All of these are available in English on our website (<http://www.bkid.de/engl/welcome.html>).

Furthermore, the first Handbook for Infertility Counselling will be available in Germany this autumn. The book is edited by BKiD board members Dorothee Kleinschmidt, Petra Thorn and Tewes Wischmann. It includes counselling strategies and concepts, case reports as well as empirical data. The German title is: Kinderwunsch und professionelle Beratung, published by Kohlhammer Verlag, 2007.

We would like to discuss with IICO members a joint IICO-BKiD event at IFFS 2010 in Munich.

28 June 2007

(For IICO)

Transnational Reproduction: Travelling Abroad for Fertility Treatment

Lorraine Culley

Nicola Hudson

De Monfort University, Leicester, UK

Background

This proposal is concerned with the issue of international travel in the pursuit of ARTs, or 'reproductive tourism' (Knoppers & LeBrius 1991) as it has come to be popularly known. The extent of reproductive tourism (RT) is unknown, but personal communications from clinicians, media articles and surveillance of internet sites suggests a significant increase in people travelling abroad for treatment in recent years (Gunning & Szoke 2003).

Authors have suggested a number of possible factors which are promoting a growth in RT from the UK. These include extensive waiting lists, shortage of donor gametes; a desire for known or anonymous donors; restrictions on treatment for certain categories of individuals; a desire to select the sex of the child or to select gametes with specific characteristics; cost and the attractiveness of combining a holiday with fertility treatment (Blyth & Farrand 2005, Pennings 2004). It is an issue which has received considerable media coverage and headlines such as "Wealthy couples head to US to pick baby's sex", 'designer babies' "surrogates in saris" "passport, tickets, suncream, sperm..." are commonplace in newspapers and magazines.

There is, then, a growing global, competitive marketplace for ARTs in which there are many actors (Becker 2000). ARTs are an example of the assemblage of biomedical and business interests which is increasingly played out on an international stage and characterised by hierarchical relations and power constellations. While RT is a phenomenon of growing interest to several theoretical areas at the interface of technology, health and globalisation, and of growing concern to clinicians, regulators, policy makers and infertility support groups (HFEA 2006, HOC 2006, Deech 2003, Leather 2006), little is known about the motivations, experiences or needs of those most closely involved in the process: users, providers and regulators of infertility services. There is no research evidence on how personal and political landscapes are interwoven in this phenomenon, or how would-be parents and professionals see their involvement in the process. Conceptualising transnational aspects of ARTs entails not only examining these in the context of wider social relations, institutions, practices and moral orders, but studying individual desires and choices, motivations and experiences in their articulation with globalising processes. This proposal therefore, seeks to address this gap in knowledge and poses the following research questions:

Research Questions: What are the social, economic and political relations which produce and constrain reproductive tourism? Why and how are individuals negotiating the consumption of ARTs in a global context? What are the possible personal and social implications of reproductive tourism? How do the providers and regulators of ARTs understand their role and responsibilities? Is international/EU regulation of reproductive

tourism and the trade in human gametes and embryos perceived as desirable, possible or necessary?

Research Aim: To explore the motivations, understandings and experiences of those engaged in transnational reproduction as consumers, producers and regulators.

Research Outcomes:

- ❑ An international comparison of the legislative and regulatory context of assisted reproductive technologies
- ❑ A greater understanding of the expectations, experiences and support needs of people who travel abroad from the UK for infertility treatment
- ❑ An enhanced knowledge base and recommendations for clinical practice, user support and regulatory policy in the UK
- ❑ A contribution to the enhancement of the theoretical underpinning of globalising tendencies and the scapes and flows of global transactions in human body parts.

Research Design

The proposed design, developed in consultation with a range of potential end users, will provide a framework for accessing and understanding the multiple and competing claims surrounding the developing phenomenon of reproductive tourism.

Phase one will include: i. a review of literature on RT; ii. a review/mapping of the current legal and regulatory context for infertility treatment in the UK and Europe, together with data relating to India and the USA (fieldwork sites, see below) ; iii. A postal survey of UK and European fertility clinics to ascertain the nature and extent of their engagement in this phenomenon (as senders and as receivers of patients from overseas).

Phase two will consist of: i. In-depth interviews with individuals/couples who are planning to, or have already undertaken, travel abroad for fertility treatment; ii. interviews with key stakeholders to include UK clinicians who are sending patients abroad for treatment and clinicians in specified overseas clinics who are receiving patients from the UK, representatives of the HFEA, user support groups in the UK, other fertility related organisations and members of the British Infertility Counsellors Association (BICA).

Data collection for this phase will primarily take place in the UK. In addition, it will include short fieldwork visits to 3 international locations: USA, India and Spain. Spain has been selected due to the perceived volume of travel from the UK to this destination. The US and India are relatively unregulated contexts which represent possibilities to explore treatment options for travellers not widely available in the UK or Europe (e.g. PGD for social selection purposes). Furthermore, India is an important destination for South Asian couples from the UK (who are particularly affected by a shortage of donor gametes) and for reproductive surrogacy for UK couples. This builds on our earlier work with British South Asian communities (Culley et al 2004, 2006) and the PhD work of Hudson, which has included several interviews with couples who have travelled to India for fertility treatment.

Phase Three: A stakeholder workshop. There is a great deal of debate about the current policy context of reproductive technologies among interested parties. This workshop is intended to enhance engagement with end users of the research, by bringing together key stakeholders to discuss emergent findings of the project.

Timetable: Two years to begin Spring 2008.

Attendance:

Jacky Boivin	UK
Janet Takefman	Canada
Petra Thorn	Germany
Johannes Bitzer	Switzerland
Yukari Semba	USA/Japan
Jan Norre	Belguim
Pip Reilly	UK
Sari Tuomaala-Koskinen	Finland
Isabelle Stugvoe	Belgium
Ana Olivera Pereira	Portugal
Ushi Vandenbroeck	Belguim
Rosario Dominguez	Chile
Marysa Emery	Switzerland
Andrea Braverman	USA
Chris Verhaak	the Netherlands
Patricia Baetens	Belguim
Hana Konecna	Slovak
Tineke Vanhaecke	Belgium