

COMMENTS AND QUESTIONS THAT THOSE EXPERIENCING INFERTILITY OFTEN FIND INSENSITIVE

Asking when they are going to have a baby or have another child.

Asking monthly what is happening or alternatively never asking about how they are going.

Assuming it is the woman who has the fertility problem and offering solutions.

Telling them to relax, adopt; have a holiday; not try so hard.

Talking about how lucky they are that they do not have children; how easy it was to fall pregnant, that it was unplanned or unwanted.

Minimising the pain and loss of infertility, failed cycles or miscarriage in an attempt to help them feel better.

Indicating that people who do not have children are selfish.

Being judgmental – "I could never do that!"

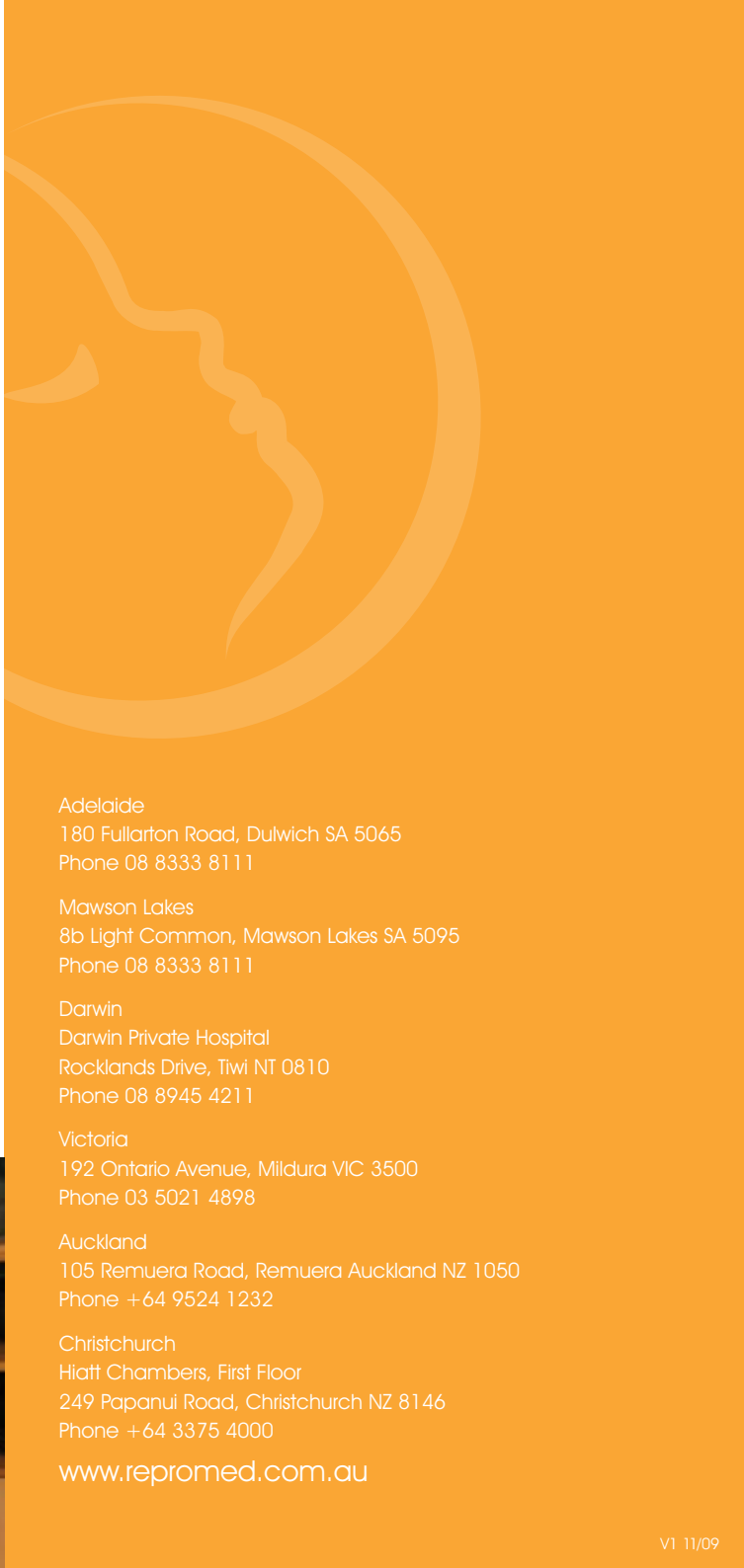
Being upset with those who may not want to hold your children or spend a lot of time with them.

Telling them they have to be positive to achieve a pregnancy otherwise they minimise their chances of success.

Telling them they'll get pregnant naturally and eventually – he may not have sperm!

Telling others about their fertility problem or the use of a donor or adoption.

Speaking of adoption as a lesser choice.



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For relatives
and friends

Clients with infertility issues need the support of friends and family. Supporting your friend or family member can make a vital, positive difference to how they manage the ups and downs of treatment and the losses associated with infertility.



People who have fertility issues also often find it difficult to talk about it with others, even those closest to them.

They may fear:

- Upsetting and distressing others by the news
- That they will then have to deal with other's upset as well as their own
- That they will not understand how they feel
- That they may give unsolicited advice while not fully appreciating their particular medical condition
- That they may be continually asked questions and they may not want to talk about their intimate, private life
- That they will therefore feel an obligation to keep other's updated after each treatment cycle or unsuccessful outcome
- That they will have to relive the pain as they report this news to others.

It is therefore common for people to give their relatives and friends selected information or no information to protect themselves or others from pain.

YOU CAN HELP ALLEVIATE THEIR CONCERNS BY:

Firstly, understanding some basic facts about the medical aspects of infertility.

(Additional information is available on the Repromed website – www.repromed.com.au)

- That about 15% of couples of reproductive age have a fertility problem
- Infertility is not just a female problem. Statistics show that 40% is equally attributed to either a male or female medical issue and 20% is a joint issue or the cause is unknown
- In most cases there is a known medical reason to do with the production of sperm or eggs, fallopian tubes, uterus, endometriosis, polycystic ovaries, frequent miscarriage, poor sperm quality, or hormonal and autoimmune disorders in both men and women
- Treatments can be physically, emotionally, mentally and financially demanding on individual and couple life
- Infertility treatments are not successful for all people.

Secondly, understanding some basic facts about the emotional aspects of infertility:

- The grief of infertility is often a more traumatic experience than the loss of a loved one as it is an 'in-limbo' grief – ongoing, indefinite, with no recognition of the loss or social rituals to acknowledge the loss
- It is common for anxiety and depression to accompany ongoing, long-term infertility as people lose hope that they can fulfill their life dream and meaning for life
- If the news of their infertility distresses you as well, share in their loss but be careful not to burden them with your feelings or place undue pressure on them to conceive
- Seek help from other supports or professionals if necessary
- Listening and "being there" for them is most helpful

- Ask how it is for them and try to understand their feelings as everyone is different
- Asking, not presuming, how you can best help and support them
- Not giving unsolicited advice about how to achieve a pregnancy
- Most people are glad for others who are pregnant and talk about their children but remember it is painful too, so be sensitive about what you say. And make sure you talk about things other than your pregnancy, children and childbirth. You can indulge those topics with others
- Miscarriage after waiting and enduring many months, years of treatment is usually a very significant loss, not to be made light of
- Christmas day, mother's day, father's day, anniversary of a miscarriage, potential birth dates can be upsetting times. Understand if they do not want to partake in the usual family events or celebrations during this time.

