

Principle/Introduction

Every infertility treatment center, especially those that include assisted reproductive technologies (ART) and/or the use of donor gametes, shall have a perinatal social worker as an integral part of the treatment team. The services of the perinatal social worker shall be available to all clients entering these programs and aimed at assisting adjustment to the emotional demands of infertility and its treatment; maximizing the client's potential for optimal growth and development; and identifying situations which are at risk for psychosocial problems and complications both before and after treatment. Services should seek to alleviate the stress of infertility by assisting clients with the grief work that accompanies the diagnosis and the treatment; by educating clients about the nature of their circumstances and the options available to them; and by establishing supportive networks in the community for ongoing/follow-up services.

Approved by the Board of Directors, National Association of Perinatal Social Workers, May 1991.

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Standards for Social Work Services in Infertility Treatment Centers Offering Assisted Reproductive Technologies and the Use of Donor Gametes

*Every baby, every family...
supported with competent
and compassionate care*

Standards for Social Work Services in Infertility Treatment Centers

Offering Assisted Reproductive Technologies and the Use of Donor Gametes

Standard 1

Every infertility treatment center incorporating ART and/or the use of donor gametes shall maintain a written plan for the provision of specialized social work services. This plan shall be developed by a Master's prepared perinatal social worker and it shall include clearly defined responsibilities and functions. The perinatal social worker to provide service shall have a Master's degree in Social Work from a school accredited by the Council on Social Work Education.

Standard 2

In recognition of the fact that infertility represents a life crisis which may severely tax clients' coping skills, social work services shall be offered to all individuals in infertility treatment, ART programs such as in vitro fertilization and treatment using donor gametes. Individual, couple or group counseling, crisis intervention, casework or referral to community resources shall be available with the goal of reduction of psychological stress and promotion of client functioning.

Standard 3

The perinatal social worker in the infertility treatment setting including but not limited to those settings that include the use of ART and donor gamete programs, shall have the responsibility, and the freedom, to case find. Social work participation shall not be dependent upon or limited to referrals.

Standard 4

The perinatal social worker shall be available to assist all participants in the education and understanding of the psychological, social, moral, ethical, and legal implications of treatment in the following situations: 1) infertility treatment which includes the use of assisted reproduction technologies such as IVF and GIFT; 2) infertility treatment which includes donor gametes; and 3) infertility treatment resulting in multiple pregnancy in which the option of pregnancy reduction is offered.

Standard 5

The perinatal social worker in the infertility treatment center shall document involvement with the client in the medical record. Documentation shall include the social worker's observations, assessment and plans for treatment and shall be limited to information essential to the overall health plan, thus protecting client confidentiality.

Standard 6

The perinatal social worker shall function as an integral part of the health care delivery team in the infertility treatment center. The perinatal social worker shall also be involved in decision-making and policy-formulation for the treatment center.

Standard 7

Adequate budget allocation shall ensure a reasonable social worker/client ratio as well as an environment conducive to the therapeutic intervention; the perinatal social worker in the infertility treatment center must be able to provide a private place in which individuals and couples can respond to their situation and express their concerns.

Standard 8

There shall be an accountability mechanism in terms of clinical and administrative issues written into the plan for provision of services. It shall include procedures incorporating peer review for evaluating job performance as well as program effectiveness.

Standard 9

The perinatal social worker in the infertility treatment center shall include support and teaching to medical, nursing and auxiliary staff to maximize job performance/satisfaction and to develop a complete view of the client within his or her medical/social situation.

Standard 10

The perinatal social worker in the infertility treatment center shall be committed to the pursuit of continuing education and to contributing to the knowledge base of perinatal social work. The social worker shall actively participate with peers in an effort to expand that knowledge base and to ensure quality services to families. The infertility setting shall support staff development and attend to the stress of the social worker by providing opportunities for clinical supervision/consultation and facilitating attendance at workshops, institutes, seminars, and post-graduate courses.