Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Welcome to Nightintales. This podcast was created during the international year of the nurse and nurse midwife and what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage to find your true passion within this work. I'm your host, Jessica Spruit and I'm so glad you're here.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Welcome to another episode of Nightintales. We have such a special guest with us today, I'm so excited for you guys to hear from Eonet Brown. Eonet has a really interesting job in nursing and interesting story that was maybe not something that she envisioned as she was going through nursing school and she'll be telling us about that today. Eonet comes to us, she's a registered nurse in reproductive endocrinology and infertility, and her specific role is as the IVF coordinator with the Wayne State physician group and so Eonet, thanks so much are spending some time with us today and sharing this really specific and really interesting role with us.

Eonet Brown, BSN, RN:

Thank you so much for having me Jessica, I'm so super [inaudible 00:01:12], I'm so happy to be reunited because we have not had a chance to catch up very much since we graduated from nursing school, so this is super exciting for me. So I'll just start off telling a little bit about myself if that's okay.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That would be great, so yeah. As Eonet just shared, we went to nursing school together, so we can start back at our time together in East Lansing and where you've been since then Eonet.

Eonet Brown, BSN, RN:

So one thing that has never changed is I always knew way back in East Lansing that I wanted to work in women's health. I've always been absolutely fascinated by everything that the woman body can do and that literally is what continue and continue to keep me interested in women's health. So I feel like I'm like super well around it there, but going back to Michigan State, soon as we did our OB rotation, I knew that's where I wanted to go and when we got into that, like last semester of leadership, I forgot the name of the class, but leadership and we had to do that, I ended up pairing up with a wonderful nurse educator at Henry Ford by the name of Cynthia Bailey and she took me on for my leadership class, and I just decided from there that that's for sure what I wanted to do because every time you think that you're amazed about what the woman's body can do, produce milk or carry a baby or whatever it is, is just it never ceases to amaze me, so I love the field.

Eonet Brown, BSN, RN:

Since Michigan state, I've been working as a registered nurse continuously, I've never had a break in my career and I did break away from women's health for one short moment, but my love for it drew me back. So I started off as a nurse in postpartum at Henry Ford in Detroit, Michigan, which was great because I grew up in Detroit, I'm from Detroit originally, so it's really good to be back to my community and be in that demographic of people that I was very, very used to and just like... It was a change from East Lansing of course, but like a welcome change, because I got to see people that grew up in my neighborhood and surrounding areas and just be a part of it and I also come across a lot of people that I know, so it's great to run up and down the street with someone and then you're delivering their baby.

Eonet Brown, BSN, RN:

So it's been an amazing journey, but I stayed in postpartum for just about two years and then I decided, you know what, I like this part of it, but I really like to see the other side and I... At Henry Ford it's split up, there's postpartum then there's labor and delivery. A lot of hospitals do what we call LDRPs, where it's labor, delivery, recovery, postpartum is all and one, it's not like that there. So I switched over to labor and delivery, I love that, but midnights did not love me and after I think, I actually logged my deliveries 127 deliveries-

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh my God, I love it.

Eonet Brown, BSN, RN:

...I decided to go away from inpatient when we started a family, midnights is rigorous, pregnant with a new baby as a newer wife, so I went over to utilization review and management processing admission, discharge and if you remember my personality, I was like, "This is boring, I need to talk to people." I was working from home, I'm like, "I need contact." So I was so lucky Jessica to stumble upon this position at Henry Ford and it called for a nursing supervisor in reproductive endocrinology and infertility. So, and stop me if you need to.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

No.

Eonet Brown, BSN, RN:

But when I saw the position, I was still a very young nurse, I think at that time I would've been about 27 and it was a leadership position in Henry Ford, which is a huge health system here in Detroit. I wasn't sure if I was qualified or yet ready, but I saw that you needed some women's health background, had normal business hours. I know that I have been a great leader as far as constantly being in charge nurse in labor and delivery prior to and then switching over to the utilization review and management portion. So I went for it and a funny part to it, this is completely separate because as we're here talking about nursing, I think everybody should know even as much as being a nurse, you should try other things in multiple streams of income and doing multiple things are awesome and one of the things you probably know I did over the years is that I was a professional makeup artist for quite some time.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Eonet Brown, BSN, RN:

So I thought to myself, are they going to give me this job? Because I'm so young, this is a leadership role at Henry Ford. So I felt like I aged my makeup for that day, to make me my more mature and I don't know if that's what did it or not, but I got the job and I quickly fell in love with being a great leader, because I thought that I had some great leaders at Henry Ford prior to and I just wanted to carry that on. I never was like a boss to my staff and I just dove head first into reproductive medicine and fell in love with it, it's a whole different facet.

Eonet Brown, BSN, RN:

So as nursing students are out here listening, it's just really important to know, when you think you've learned a specialty, there's a subspecialty and then there's a subspecialty for that, so I feel like you've got your GYN and then you've got your obstetrics and then you get a little bit into labor and delivery, maybe some gen op, but nothing prepared me, nothing I had done prepared me for reproductive endocrinology and infertility, because it's just so much you have to understand about physiologically what's happening when a woman is trying to get pregnant. All of the factors that can affect trying to get pregnant, things that you don't even think of in regards to pregnancy that made me realize one thing, even though I felt like every time I looked up, I saw someone pregnant, it's not that easy to get pregnant.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure.

Eonet Brown, BSN, RN:

And then what we sometimes take for granted. I went into reproductive medicine with one child, very sure that I only wanted one and that was one and done and now I have another one and it just brought a greater appreciation for the ability to reproduce, but learning how it all happens, all of the different things can affect it, were absolutely amazing. So you heard me say that I'm constantly intrigued by how the woman's body functions and the things that we can do?

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Eonet Brown, BSN, RN:

I became even more intrigued when I started seeing so many women whose bodies couldn't do what naturally was supposed to do and that's produce a child, you're supposed to be able to have a baby, so what's wrong? And I think that reproductive medicine is a one area in which there is almost no separation between physician and nurse there. I feel equally respected and valued as a nurse in reproductive medicine as I would feel like our physicians or our nurse practitioners, our medical assistant, anybody would, but the level of respect and how much your opinion counts to the physicians and the fellows, the residents, when you're a nurse in that field, it's pretty cool.

Eonet Brown, BSN, RN:

I feel like we collaborate, but at the end of the day, nothing really happens, if the IVF coordinator isn't, if it's not general... Well, and I really appreciate that because while at Henry Ford, if you recall my role that I took was a nursing supervisor, but at Henry Ford it's a split role, so there's a 70% leadership and 30% nursing. I definitely flipped it and was 70% nursing probably more 30% leadership to my boss. It was like, "We've got to pull you more on that Eonet." But I don't know, just because I love it and there's so many layers and pieces to it that I don't even know where to begin, so you ask me.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

No, I think that's such a good overview and such a good start. One thing I'm hearing and that I love is that you were able to continue to work as a nurse, despite the changes that were going on in your family and the different balance that you needed to achieve. So when working midnights was no longer working for you, you found another role in nursing and then when that didn't match your personality, well, you found another role in nursing, so I love hearing that because I think it's a good reminder that just because things aren't fitting perfectly into our lives at that time, nursing still has more to offer us. Even if we don't always see it, as you were describing, you didn't even really know that this world of reproductive endocrinology and infertility was even out there for you necessarily. Coming out of school, I know we laughed about it a little bit earlier, but I know that this was not something we talked a lot about in school.

Eonet Brown, BSN, RN:

No.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

And so it's taken a really, maybe, unexpected path that it sounds like you really love.

Eonet Brown, BSN, RN:

Yeah. I think that point that you bring is really great for the students to hear because the very, very, very tiny, tiny piece of two lines worth of information, three to be exact, three hormones we learned, and the crazy thing is, I don't know how I remember that, but I literally know that once I learned as much as I knew about [inaudible 00:11:43] as I know now about reproductive medicine, I knew that this was all that I was taught in nursing school. So I say that to the students to... Sometimes you have to think outside the box and seek other opportunities and I'm one of those people that even though I've remained in women's health, there are a few other areas that I found interest in, I just never jumped to, but I say all the time like, "100% of the shots that you don't take." I was just like, "I'm going to go for this." But learning reproductive medicine was as similar as I believe it would be as returning back to school.

Eonet Brown, BSN, RN:

Now for me, some others went on to get advanced degrees, I remained with just my bachelor's and it served me so well. I say that too because even in my role at Henry Ford, when I question being chosen for it, I'll question, "Oh, I don't have a master's." But I can go back to my application status and try to get into college and nursing at Michigan state. There is not anything normal or average or usual about me for my name being Eonet. So trying to get into college of nursing they were like, "Not the best grades." You know that great page on the back that lets you talk about yourself on that application? I was like, "Look, this is me, I'm ACE student, but I'm supposed to be a nurse, I have a passion in it an RA student won't have, so give me a chance and let me show you that I can be a great nurse."

Eonet Brown, BSN, RN:

And it was the same thing with the leadership role at Henry, I think when I went in and I interviewed it, my manager just saw that I could do it and once I decided it's something that I want to do, I'm like, "I can do it." So I feel like it is never any role you can't do, but I just love reproductive medicine, but I do want to say, that it is by far the hardest, the hardest subspecialty I believe to train someone in who does not have a passion for it. You cannot come in to reproductive and because you see a job and you want that job, even though it seems that that's exactly what I said happened, once I got there, I really realized, "Wow, this is something that I'm really interested in." And I learned because you have to really know everything that the docs know and be able to plan the different way for them.

Eonet Brown, BSN, RN:

So I had to take a lot of initiative outside and I say this part because I love it so much that people can just hear it and be like, "I would love to be a part of helping people get pregnant, I love to do that. That would be so cool to help people get pregnant." But it's really tough because there is a huge level of self-study, you have to take the initiative outside of the office to learn and really understand it because one thing that we have not mentioned here that reproductive medicine and endocrinology and infertility specifically, and to use the word infertility, is often one of those things that health insurances and people do not necessarily deem as medically necessary, which means a lot of times people are paying for these things out of pocket, and if you know anyone who's ever gone through IVF, it's very, very expensive.

Eonet Brown, BSN, RN:

So I say that to say, you have to learn and understand how to manage these patients because you have their sanity in your hands, their mental wellbeing, these people are trying to grow a family and then you have thousands and thousands of dollars that you don't want to make error with. But what I will say this and this is what I can tell you hands down, being a nurse in reproductive medicine makes you marketable at a whole different level. There is probably not a single clinic for reproductive medicine in this local to Southeast Michigan that has not at some point in time at least invited me to lunch, you understand? "Come on over, see the clinic." But I went [inaudible 00:16:07], "Right, I don't worry about not being able to find a job in reproductive medicine because when you get a good IVF nurse and you train a good IVF nurse and she's good, everybody wants her."

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Eonet, I am thinking of a few different things as you say this one. I'm think thinking that I'm so glad that they read that last page of your application because your enthusiasm and your passion for this work is so evident in our conversation and I'm so glad that despite not being an ACE student that Michigan state did take you and that we had the opportunity to be classmates and I just think of, and I really do, I think of all of the families whose lives you've changed based on your passion and your dedication to this work and I just wanted to say that because I do love that.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

The other thing I was thinking is that you've obviously, when you made this move, you really had to dedicate yourself to feel well prepared to learn this brand new content to you to basically gain an entire new set of specialty knowledge that you didn't have and I'm curious if you were advising students or newer nurses who ended up in the same boat where they need to learn an entirely new set of knowledge, they need to take on a specialty that wasn't reviewed in school or isn't readily available to them, what tips would you have of, how do you learn something brand new when you're not in school and you really want to be great at it?

Eonet Brown, BSN, RN:

So I think that the first thing, that's obvious something that we've always done is that good old shadowing. If you think that you are interested in an area and you want an opportunity to take a deeper look at it, find someone you notice in that field, talk to them and if you talk to them and they have the ability and the permission to do so ask, "Can you shadow?" I did not have that opportunity prior to doing this, but I just quickly knew this is totally my thing, but there are so many people that are open to that. I know that in several subspecialties where you still can ask, "Can I spend a day, can we go out to lunch, can we talk about it?" Because you really want to know what you're getting yourself into.

Eonet Brown, BSN, RN:

You really do because if on the other end you get into this and you don't really love it, it'll show and I've seen that and I still see that with people that still continue to work in the field, but it's like they're doing a job and I'm helping build families.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Eonet Brown, BSN, RN:

Sometimes I forget that it's even a job because I become so many different roles to the patient, psychologists, whatever, so back to your question, because I always like to make sure I'm answering the question. You have to make sure you seek opportunities for you to advance your learning. I don't like when I see people say, "Well, I'm trying to do this, but I can't get any help." You have to sought out all opportunities and avenues to be able to do that. It's called pounding the pavement. I had to get a superior textbook and get online and find resources that would help me understand because I realize, I'm a whole woman and I don't even understand my menstrual cycle because you think you do until you work in reproductive medicine, you're like, what do you mean when you say, what day am I, cycle am I? Like, "I'm not having a cycle." But there's just so much to learn.

Eonet Brown, BSN, RN:

It's so much to learn, but if you want to go into a field that you weren't taught in nursing school because please know that, it's just very, very, very much the tip of the iceberg when we get in nursing school. I had an interest in being a nurse for plastic surgery, I never took a chance to like go out and do it because I really still love what I do, but I would just have to seek a clinic here or somebody that I can't find in that role and then pick their brain, so start off by shadowing, it's a old thing, but it never really gets old.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. It does work and I love your point too, that you obtained a textbook, you read at home, you studied as if you were still in school, but to learn a new specialty, which I think is also very... With no one with no one to teach you, exactly, yeah. And I think we do identify mentors and people at our jobs who we recognize have specialized knowledge we don't have, but but really we own a lot of that responsibility in trying to become good at something new and a specialty like that. So Eonet, I would like to hear about, and I know, everyone I interview and I always say this too, but there is no "Typical day in nursing." Because I think so many unexpected things can come our way and there are always surprises, but what does it look like being the in vitro fertilization or IVF coordinator, what do your days tend to look like? How long are they, what do you do from start to finish? Just general, like I said, I know how hard that is to summarize, but if you don't mind, tell us a little bit about it.

Eonet Brown, BSN, RN:

No, I can summarize it, I'm just laughing because there is never a dull moment in reproductive medicine. I'll tell you that I've tried to ask two different clinics I work, you can actually do a reality show. You got these plastic surgery shows, you've got botched and all of that, try a day in reproducing because I had to [inaudible 00:22:20] in this role and when I say that I mean, being 27, I'm starting off, you still have a little bit of immaturity, some things are funny that aren't funny. Things you find humor in that aren't humorous, but I mean, I think that people only think IVF and I have to remind them that I'm the IVF coordinator, but I'm still a nurse in reproductive medicine and endocrinology, which covers everything from female infertility, sometimes male infertility, sometimes people want to do things.

Eonet Brown, BSN, RN:

We get people who wanna switch gender roles, that's part of things. We're taking care of adolescents who have premature ovarian failure, they're going into menopause very early, all kinds of things I see at work is definitely never a dull moment, but my typical day and I put my quote fingers up I start off pretty early and there is no start or finish really. You won't believe this and some clinics probably have a big start time, but I usually start anywhere from six in the morning to about eight in the morning and my day goes until about three or four in afternoon. We work at IVF and it's time to do actual IVF cases, you're needed to be on call, not for hours, but seven days a week.

Eonet Brown, BSN, RN:

So I'll give you the shortest understanding of that statement, but back to just a typical come in to work. We have patients that come in in the morning, we do blood work and ultrasound on those patients, we give them medication and we are monitoring how the medication is affecting the development of follicles in their ovaries in which we hope to have eggs in, in which we hope to help ovulate and match up with some sperm to create a beautiful embryo and then attach and become a baby. So what happens is on a day to day, those blood works and ultrasound in the morning, we're checking at the beginning of a woman's menstrual cycle to see what her baseline is. What does she look like when she starts her cycle? This is where the beginning is of the cycle. So we want to know where that is, so that when we give her the medication we know what's developed. Do you understand?

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Eonet Brown, BSN, RN:

So what I mean by that is if you get pregnant, because you have ovulatory dysfunction, you aren't ovulating and I don't know if your nursing students are at this point where they understand like they don't want to take for granted that they understand anything I'm saying, but you need to ovulate to get pregnant, so that's usually the main thing that we're helping people do. So sometimes we start off with oral medications to try to stimulate ovulation. When that doesn't work and it's still a few months, then we may move onto the next step of treatment which is trying to incorporate maybe an intrauterine insemination, where we take the males sperm and it can be a partner, it can be a donor and place that into the uterus at the time of what we think it is patient to produce a pre pregnancy.

Eonet Brown, BSN, RN:

And when that's been tried and failed we move on to in vitro, which is where we go in and we retrieve the woman's eggs from her ovaries, from her follicles and her ovaries to put it with the man's sperm, to create an embryo, to develop into a stage in which we call cleave stage or blastocyst and then place it back in the uterus at the appropriate time to hopefully result in pregnancy. So there's a lot that goes in between there, that I'm happy to speak to any nursing student that remotely things they might be interested in it, but yeah, that's pretty much how it goes. We have to see the patients early in the morning because we have to do blood work to turn it around as a stat lab, to get results back that same day, so that I can give them their plan that same day.

Eonet Brown, BSN, RN:

So it's like, you're coming in in the morning, we're going to draw you, we're going to look at what we see on ultrasound, can't make the decision on ultrasound alone, I'll wait for that blood work. Get the blood work, let's talk to the docs, the fellows, we all work together. Once we get those results and decide, what are we going to do with them today? I contact the patient, give them their plan and then they do what we say and we hope that they get pregnant and that's ultimately what happens. Hiccups, things come up, delays, the lab, the machine is down and things, but we adjust. There is no exact science to reproductive medicine which is a good thing and a bad thing because you have flexibility to change things at any time and get to hung up on if you did something wrong, but because there's no exact science, we don't get to promise people that they're going to leave with a baby.

Eonet Brown, BSN, RN:

So that's what my day is like. I spent a good portion of my day talking to people on the phone, reeducating, I can only imagine... I sit in for consults sometime, but they get so much information thrown at them that goes over their heads and then they call me and I just break it down and try to make them understand. I do still work in an office that handles OBGYNP, so occasionally I assist there. That's the usual, the students, they're going to get that part.

Eonet Brown, BSN, RN:

But the majority of my day is spent on patient education, teaching them what to expect, teaching them the psychosocial effects that becoming a reproductive medicine patient is going to have on their life, it's going to recount on their schedule. When I say, "Hey, I need you to come in today." It doesn't matter what you're doing, if we need to take a look at you that day, we need to take a look at you that day and that's why I said, my passion for it allows me to be totally open with the fact that I need to be flexible. That when it comes time for these patients, they may call me and need me on a Sunday morning and I just got to be ready for that, but when you love it, you love it and it doesn't even bother you.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right, some sentiments, right? I imagine on it, that there are some families that you were working with for a long period of time when you describe that process of oral medications to IUI, to IVF, do you get to know your patients pretty well and what are your thoughts about that?

Eonet Brown, BSN, RN:

Oh my gosh. I just realized that one of my patients text me on my birthday and I forgot to call her back. Yes, I still need to know my patients because I just thought about that, right then and there. So my favorite saying to say to my patients when I meet them is, "I hope that I never see you again." And it's like, you get it?

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I get it.

Eonet Brown, BSN, RN:

So it's like, when you say, [inaudible 00:29:39], no, when I see a patient, I don't want to see, I don't want to get to know them too well the longer and the more I get to know them, the longer they are without their baby, the longer that they are trying to start a family. It's one more cycle, one more period, one more negative pregnancy test, one more disappointment. So I joke with every patient when I see them and especially when we've had a treatment cycle and now they're just to go home and wait that two week period for results, I'm like, "I hope I never see you again, I never, ever want to see you again in life. Unless you bring a cute little baby to visit."

Eonet Brown, BSN, RN:

So yeah, I do really get to know my patients. I've started off with patients who come in as a couple, I've watched going through IVF and constantly having, remember it's not just IV, sometimes we have recurrent pregnancy loss patients, that after your fourth or fifth miscarriage and your husband, that husband really wants that baby and it just diminishes the marriage, then the next time I'm seeing this patient she's coming in single and choosing to use donor sperm this time or has a new partner, I've saw all those cycles.

Eonet Brown, BSN, RN:

And what I saw more often and I don't talk about it a lot is that, I bump into a lot of people that I know and it just lets you know that people are really affected, more people are affected than you understand and that Infertility, it has no prejudice. I get asked often, "Do you often see a lot of black people?" I see everyone, everyone across the board has issues in infertility, black, Asian, Indian, Caucasian, an old ex, you never know who you're going to bump into in my field, but yeah, I do really get to know the patients and I enjoy that because I feel like, if they don't ever leave with a baby, that I just still hope that they'll at least be a able to say, they had a really great experience with me as a part of their care team.

Eonet Brown, BSN, RN:

It doesn't always work so well, when people come in they're trying to start a family and they can't and I'm a woman that has two children that I didn't really have any significant issue with, I'm not always well received. "Did you have a problem getting pregnant, do you have any kids, do you understand what I'm going through?" So sometimes I have to crack players relationships and let them know I do not understand, I love my children so much and adore them that I can only hope that everybody is able to experience what I get to experience every day. So while I don't understand, I know what I love and have and I'd love for you to be able to have that. So it's a cycle, I think people are grieving something that they never had because we have people who just never even been pregnant.

Eonet Brown, BSN, RN:

I often see women who come in year after year, no pregnancy never, ever been pregnant. Get pregnant and they have a loss, they have a miscarriage and I'm devastated for them and they are like, "I'm devastated, but do you understand how it feels to get pregnant?" Wow. So I'm up here drawing sympathy and their strength is like, "Wait, I did it once, so now I have hope that I can do it again." And that's why I said it's the most fulfilling field to work in, I always try to stick with what I'm being asked at that moment and when I'm being asked, do I get close to my patients? Absolutely yes, but for so many different reasons, but I have patients that are now my friends, that I built relationships with. I actually just bumped into a that I was her nurse when she was preterm laboring, postpartum, a three weeker with a ruptured membrane, we are trying to just keep that baby in and I was her nurse until she delivered. Unfortunately, her first child did not survive, I was there when a baby passed and I bumped into her last week.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh my God.

Eonet Brown, BSN, RN:

And she now has two or three children after that, but we talked about that day like it was yesterday and I remember being there. So, you know working in pediatrics, I'm sure you have similar stories, but I know that like an ER nurse may not get to know their patients, I'm very blessed and happy that I work in the field, I definitely get to know my patients and I tell them all the time. "I know you guys don't think that I could [inaudible 00:34:53] baby more than you do, but we really [inaudible 00:34:57] you all to get pregnant." Because they feel like no one wants to help sometimes. So yeah, definitely make friends.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh my gosh. As I'm hearing you, I can hear how desperately you want that for these families and when you talk about every month, the disappointment that they experience, it's so genuine in the way that you are describing how desperately you are right with them in wanting this, and I imagine that that makes your role in their lives so powerful and that it's so important to have support and know that in something that is so trying and so challenging and so beyond their control really, that they've got someone who's equally at least as passionate about the same goals.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I think that this is such an interesting role, I think that it really highlights how valuable a nurse can be, especially a nurse with a specialized set of knowledge that you can fill in all those education gaps. It's like you said, when patients have a new consult and they're learning something new, it's so overwhelming and the amount of information that's coming to them, really during what's kind of a traumatic time, is really impossible to digest and so I can't imagine how valuable it is to be that nurse who's filling in all of those gaps and reinforcing all of that education. And I bet your best days are really good days when those patients don't ever come back.

Eonet Brown, BSN, RN:

Yeah. I'm sorry, I mean I know that everyone's hearing me, but you can see I'm smiling because I do, I'm thinking about just recent, post COVID getting back started, I have to say that during this pandemic, IVF clinics were closed down for some time, so I was home and I was off of work for nine weeks, just home because they weren't doing IVF and they asked people that needed to be in the building and that was a really tough time, it was the most time I had never not been actively serving as a nurse, I almost didn't know what to do with myself, but once we got back, when they called me back to work and we got back started, the first person we got transferred on, she got pregnant and it's her second baby with us, and she's actually a nurse also and I [inaudible 00:37:22] that without giving up anything else.

Eonet Brown, BSN, RN:

But it's just a really good feeling, it truly is a really good feeling and everything that went into me being able to be knowledgeable enough to serve the patients the way that I do at this point, I appreciate, it was hard work, it was hard work. I did have good preceptors and train trainers. I have to shout out Donna Pascaretta and Pam Hutchins because they took me under their wings as their boss, as their leader and still train me to be a leader in the field that I knew nothing about, but once I got it good, I got it good. I'm actually in a process of trying to work on some sort of educational tool for nursing and reproductive medicine because I can't find anyone ever I'm trying to train or help people, so I'm working on developing that because I want you guys to know that reproductive medicine, can I talk a little bit about what an active medicine nurse kind of looks like?

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Yeah, absolutely, that would be great.

Eonet Brown, BSN, RN:

So when I got into it, there's a huge net... Well, there's a small network here in Michigan, so you get to know everyone. We have monthly meetings and quarterly dinners and education things we're asked together, the nurses, the doctors, the support staff. And when I just survey the room, I love my seasoned nurses reproductive medicine needs, like more nurses that are younger and coming in to continue it because what happens is we get into medicine and we don't leave the role and then it doesn't create a ton of opportunities for new employment, and with people not knowing about it a lot, I feel like that, for me, from my observation here in Michigan, I'd say that the average reproductive medicine nurse is probably probably 55.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh wow.

Eonet Brown, BSN, RN:

Mm-hmm (affirmative). I happen to know most nurses that work in reproductive medicine here, I was from the Michigan Reproductive Nurse Association and it's something that I speak passionately about because I want people to come, more people to join in the field. So yeah, there is definitely opportunity, because when reproductive medicine nurses are leaving their jobs, they're usually leaving because they're retiring and not that they're leaving to go somewhere else. So then that just leaves a hole there, there's not a huge pool of reproductive medicine nurses, so yeah. So it's definitely a field that, like I said, makes you marketable, but that I hope younger nurses, new nurses, will gravitate towards.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. Eonet, you cut out just for a second. What did you say the association was that you recommend as a starting point or a reference if someone's interested in this?

Eonet Brown, BSN, RN:

Oh, no. I said that I was on a board of Michigan Reproductive Nurses Association.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Okay.

Eonet Brown, BSN, RN:

It's called MRNA. They haven't been in operation in quite some time, I've actually been talking to a nurse educator about trying to revive it because of the very reason that I gave, like how do you keep the profession and the specialty going if we're not creating opportunities to congregate and talk about it and further education in it? So yeah, so it is Michigan Reproductive Nurses Association and I really hope to get it back up and running pretty soon.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, got it. Okay, that makes sense. I was curious, is there a certification for being a reproductive nurse? Do you have to maintain certain education outside of the regular RN license?

Eonet Brown, BSN, RN:

Actually, you don't. Outside of the fact that I have a CLS, BLS, things like that, with me still working in OBGYN at times, still doing things like fetal monitoring. But no, there's [inaudible 00:41:46] certification for reproductive medicine, it is all on job training. But I do feel like there a need there, and that's what I said I've been working to develop because what's happened is there's been a few practices outside of the area, they have reached out to me when they're the physicians building a practice and they're starting with nurses, so they're asking me for help and I'm like, "I'm doing this and maybe I can create some tools, some educational material that really is specific to reproductive medicine nursing."

Eonet Brown, BSN, RN:

Now, remember I told you [inaudible 00:42:24] nothing cut and dry, there's no specific science, but there is still broad education in reproductive medicine that's going to still touch every clinic. So even though you can have your own specific way to do things and protocols, there are some basics that every REI nurse needs to know. And I'm sorry because I'm using some some abbreviations interchangeably, so when you here me say REI, that's reproductive endocrinology and infertility, and at the basis, whether you're a IVF coordinator, donor egg coordinator, because we didn't even touch on that, whether you could be the person who literally does all the procedure scheduling and then still work as a nurse, even either way you go, your title is that you are a nurse in REI.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Got it.

Eonet Brown, BSN, RN:

Gosh, we didn't even talk about the donor egg part, there's just so much to talk about.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

There is so much here, I agree with you. I think though what it highlights is I think that this is, I imagine, a fairly new element of medicine, right? We are learning more and more about reproductive endocrinology and infertility and I think that maybe what we will start to see is more of a nursing association presence and more certifications or training or specializations.