

Scope:

This guideline is intended for the use of all medical, nursing and other hospital staff involved in the management of fertility patients.

Legal Liability (standard UHL statement):

Guidelines issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional' it is fully appropriate and justifiable – such decision to be fully recorded in the patient's notes.

Background:

One in seven couples suffer from fertility problems (subfertility/infertility). This can be primary where there has never been any conception or secondary where the woman has conceived before. All couples, including those in same sex relationship are eligible for basic fertility investigations; however, there are specific criteria to be eligible for NHS funded assisted conception treatment. The baseline investigations are commenced in the primary setting by the GP.

Aim:

To ensure that appropriate investigations are carried out in presence of fertility problems.

Purpose:

This guideline describes the initial investigation for couples referred with fertility problem and the criteria to be eligible for NHS funded assisted conception treatment.

Recommendations:

Recommendation One:

Investigation should be instigated for couples that have not conceived after one year of regular sexual intercourse in absence of known factors.

- Where there is a history of predisposing factors or the woman is ≥ 36 years, earlier investigation should be offered.
- Known predisposing factors for infertility include: amenorrhoea, oligomenorrhoea, pelvic inflammatory disease (PID), serum follicle stimulating hormone (FSH) ≥ 10 (done on day 2 or 3 or 4 of menstrual cycle), polycystic ovarian syndrome (PCOS), endometriosis, prior chemo/radiotherapy, vaginismus, HIV, Hepatitis B or C infection, azoospermia, oligozoospermia, undescended testes.

Recommendation Two:

All couples must be given infertility advice in line with the NICE Guidance;

- Information on natural conception
- Advice on frequency and timing of sexual intercourse
- Impact of alcohol, smoking, caffeinated beverages, body weight, tight underwear for men, occupation, prescribed, over-the-counter and recreational drugs
- Importance of folic acid supplementation
- Confirmation that psychological effects of fertility problems have been addressed
- Check if couple have failed to conceive after regular unprotected sexual intercourse for 1 year

Recommendation Three:

All couples must be made aware of the local CCG NHS funded assisted conception treatment criteria:

Criteria for NHS funded Tertiary Care:

- Age of woman 23-42.5 years
- BMI woman: 19-30, male no limit unless undergoing surgical procedure for sperm retrieval. The BMI then needs to be ≤ 35
- Both non-smokers
- No living child for either partner from current or previous relationship and/or including adopted children
- Couples in stable relationship for 2 years
- Lives in Leicestershire GP registered area
- No previous NHS funded IVF or <3 private IVF cycles
- Serum FSH <15 IU/L
- For same sex female couples: if they meet all the above criteria, they need to self-funded six cycles of donor sperm insemination treatment and if not successful are eligible for NHS funded IVF treatment.

Recommendation Four:

All couples must have their BMI measured in the clinic on the first attendance

- If BMI is greater than 29, advise weight loss. If BMI is less than 19, advise weight gain.
- Those women or men requiring a weight loss programme should be referred to the Dietician and given advice regarding exercise. They can also be referred to the weight loss clinic at the Leicester Fertility Centre and an information leaflet be given.
- There are no weight limits for men unless undergoing surgical sperm retrieval procedure.

Recommendation Five:

Baseline investigations should be performed in the primary care prior to referral

- Female: Blood tests

Day 2 or 3 or 4 of period: serum FSH, LH, oestradiol

Day 21 of period: serum progesterone (if 28 days cycle)

Rubella immunity: Women should be asked if they received 2 MMR vaccines in the past or not:

- a) Woman confirms that she has received two MMR vaccines: No action needed.
- b) Woman unsure: check Rubella IgG
- c) Woman confirms has not received two vaccines or those with a negative Rubella IgG: contact GP to be vaccinated. Consultant to send a letter to both GP and woman.

Endocervical swabs for Chlamydia/Gonorrhoea & High vaginal swab

Screen for haemoglobinopathies: if found to be a carrier, partner should also be screened

If oligomenorrhoea or suspicions of PCOS do hormone profile: TSH, Prolactin, SHBG, Testosterone, Free Androgen Index, Androstenedione, DHEA

For couples eligible for NHS funded fertility treatment request Anti-Mullerian Hormone (AMH) test for ovarian reserve: if value 5.5 pmol/L and more- will be eligible for NHS funded treatment; below 5.5 pmol/L is indicative of significantly reduced ovarian reserve (NICE CG156) and success rate for fertility treatment would be <10%, therefore will not eligible for NHS funded fertility treatment.

- Male: Semen analysis

Valid for 12 months, if results suboptimal, repeat in 8-10 weeks from last sample.

Recommendation Six:

A Hysterosalpingogram (HSG) should be arranged for all women unless they have one of the following conditions

- Suspected endometriosis,
- Previous PID
- Previous ectopic pregnancy
- Other pathology

In the presence of these conditions they should be offered laparoscopy & dye test under anaesthesia.

Recommendation Seven:

Perform or organise a transvaginal ultrasound scan of the pelvis

Ultrasound scan of the pelvis can be done from the primary care or in the secondary care fertility clinics to assess for uterus, ovaries and any obvious pelvic pathology. Antral follicle count scan is done in the IVF unit. Ideally, should be a transvaginal ultrasound scan, however, in some patients with severe vaginismus, this is not possible. In those cases, transabdominal ultrasound scan can be considered.

Recommendation Eight:

Welfare of the Unborn Child

If you are aware of anything in the past medical or social history of the patient/partner, which may be of concern with regards to the welfare of the unborn child and you still wish to refer the couple, please provide full details of any relevant concerns/extenuating circumstances in an accompanying letter to the Tertiary Unit/Leicester Fertility Centre.

Key reference:

NICE Guidance CG156. Fertility Problems: assessment and treatment
<https://www.nice.org.uk/guidance/cg156/chapter/1-Recommendations#investigation-of-fertility-problems-and-management-strategies>

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