NHS
Dorset
Clinical Commissioning Group

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GP Guidance for Infertility Investigation



Supporting people in Dorset to lead healthier lives

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Guidance for General Practitioners

Assessment and treatment of Couples with Fertility Problems

Whilst criteria apply to fertility treatments, it is appropriate for all people experiencing fertility problems to be investigated and, if necessary, referred to a specialist with an interest in fertility so that they can have more complex investigations and be informed as to the causes of their fertility problems. This will allow them to decide on the options they may wish to pursue.

- Infertility investigation can commence at any age, couples must be Dorset residents in a stable relationship and registered with a Dorset GP.
- Infertility Investigations should not be undertaken until couples have been attempting to conceive for at least a year (NICE Clinical Guideline156).
- Prior to this time general lifestyle advice should be offered; weight management, alcohol intake, smoking, frequency and timing of intercourse etc.
- Please do not refer patients who have undergone previous sterilisation or vasectomy.

NB: NHS funded assisted conception (IVF/ICSI) is not available for individuals that have children from current or previous relationships, this includes adopted children. Sterilisation or vasectomy excludes patients from assisted conception treatments.

Where there are treatments planned that may result in infertility, clinical causes or history of present or predisposing factors for infertility (e.g. undescended testes, known bilateral tubal disease) assessment may be undertaken sooner.

Where an urgent referral is required for a patient needing treatment for cancer that may affect fertility, this can be made directly to the Dorset CCG Commissioned provider of assisted conception. This would usually be referred via the oncology services.

Please note referral to Assisted Conception will be made by secondary services following infertility investigations for patients meeting the eligibility criteria as defined within the NHS Dorset CCG Assisted Conception policy

http://www.dorsetccg.nhs.uk/Downloads/aboutus/Policies/Clinical/Policies%20from%20Sept%202014/Criteria%20Based%20Access%20Protocol%20-%20Fertility%20Policy.pdf

To see NICE Clinical Guideline156 please click here:

http://www.nice.org.uk/nicemedia/live/14078/62769/62769.pdf

NICE Clinical Guideline 156: summary of the main points applicable to general practice when considering referral for fertility investigations:

Defining infertility

- Couples should be informed that over 88% of couples in the general population will conceive within 1 year.
- People who have not conceived after 1 year of unprotected sex intercourse (UPSI) should be offered further investigation.
- If there is a history of predisposing factors for infertility [such as pelvic inflammatory disease (PID), oligomenorrhoea, amenorrhoea, and undescended testes] investigation should begin immediately and early referral offered.

Principles of care

- The management of infertility should involve the couple. The care should be sensitive, informed and backed by patient information literature, and couples should be informed of a patient support group.
- A specialist team should treat couples. An expert not directly involved with the infertility management should offer counselling before, during and after treatment.

General advice

- Couples should be advised to have regular UPSI every 2 – 3 days.
- Couples should be advised to limit the use of alcohol.
- Couples should be advised to stop smoking.
- Couples should be offered specific advice in relation to recreational drug use where appropriate.
- Men should be advised to avoid tight fitting underwear and avoid testicular hyperthermia.
- Women should be advised to lose weight if their body mass index is greater than 29 kg/m2.

Preconception advice

- Women should be advised to take 400 mcg folic acid before conception and up to 12 weeks' gestation. Women on anticonvulsants, or with diabetes, or with a history of a child with a neural tube defect should be offered 5 mg folic acid per day.
- Attention should be paid to any medication e.g. statins, ACEI (changing medication if needed) to ensure risk is minimised
- Optimise physical and mental health conditions prior to conception e.g. diabetic control, stopping smoking, ensuring BMI within normal range

- Rubella status should be determined and if seronegative, they should be offered immunisation and should avoid pregnancy for 1 month.

Initial assessment prior to referral to infertility investigations

- Semen analysis should be performed on behalf of all couples presenting with infertility. If the first sample is abnormal a second sample should be taken 3 months later.
- For the assessment of ovulation, a menstrual history should be taken. If women have regular menses, they should be informed that they are ovulating. Confirm ovulation with mid- luteal (Day 21 of a 28-day cycle) progesterone. Depending on the timing of the menstrual periods, this test may need to be conducted later in the cycle (e.g. Day 28 of a 35 – day cycle).
- Temperature charting is not recommended.
- Follicle-stimulating hormone (FSH) can be used to predict the likely ovarian response to gonadotrophin stimulation.
- Women with irregular cycles should have serum FSH and luteinising hormone measured. High levels may indicate ovarian failure.
- Women who have symptoms of thyroid disease or oligo/amenorrhoea should have their thyroid function checked.
- Women who have galactorrhoea, a pituitary tumour or oligo/amenorrhoea should have their serum prolactin measured.
- Before undergoing uterine instrumentation, women should be offered chlamydia trachomatis screening and treatment where necessary.
- For the assessment of tubal damage, women who are not known or thought to have co-morbidities (such as PID, previous ectopic pregnancy, known endometriosis or symptoms suggestive of endometriosis eg dysmenorrhoea, dyspareunia, pelvic pain) should be offered hysterosalpingography or hysterosalpingo-contrast-sonography (HyCoSy). Women with co-morbidities should be offered laparoscopy and dye as other pelvic pathology can be assessed at the same time.

Fast Track Early Referral to infertility investigations

- Early specialist referral should be offered where the woman is aged ≥36 years, or there is a known cause or history of predisposing factors for infertility.
- For women to be eligible for assisted conception treatment they have to complete a cycle of IVF treatment before age 43.

For GPs: Please look at the Information required column and consider if you should refer or need to offer additional advice

Couple Question	Information required prior to referral	Supporting comments/information
Are the couple both registered with your GP practice?	Gain agreement from other practice to be lead on the referral. Lead practice to obtain relevant information from other practice to include in the referral. Provide both names and DOBs Please ensure that you have documented in the referral medical histories for both parties including all medications and any known allergies	Yes/No Yes/No Yes/No Advise the couple need to attend the initial consultation appointment together.
Has the couple been attempting to conceive for one year (defined as regular unprotected intercourse) in this relationship? i.e. not taking contraceptive	Duration of attempting to conceive Consider earlier referral if any of the following apply: 1. Has there been previous cancer/other treatment that may affect fertility? 2. Have you evidenced anovulation? 3. Is there evidence of severe/bilateral tubal disease? 4. Have you evidenced severe male factor deficiency? 5. If there is a history of sexual dysfunction – consider referring to psychosexual services	Time frame: Tick if applicable and provide details
Has history of existing children from current or previous relationships been documented in referral (for both individuals)?	Include details Please document any obstetric problems **NB: NHS funded assisted conception (IVF/ICSI) is not available for individuals that have children from current or previous relationships, this includes adopted children.** **Sterilisation or vasectomy excludes patients from assisted conception**	Yes/No
If there has been previous fertility treatment? Is this documented? This is for both individuals.	Amend referral and include details, including private investigations and treatments and include full details	Yes/No Details:
Have you RISK assessed for Sexually Transmitted Infection?	Think about offering test prior to referral and document any previous chlamydia, HIV, or other screening test performed	Yes/No

Female factors		
Is the woman's BMI: • below 30 • over 19 19 Are they a Non-Smoker? Alcohol intake should be moderate	**Do not refer** until BMI is under 30 - Consider referral for weight management If BMI is lower than 19, discuss exercise and moderate this if there are high levels of exercise If BMI is lower than 19 but the woman is ovulating, then this is considered physiologically ok in terms of normal fertility. If no eating disorder discuss referral with secondary care **Do not refer** unless they are a non-smoker for a period of 3 months (must be non-smoker for 6 months before referral to fertility assisted conception service). **Do not refer** until intake decreased for three months. Discuss the importance of no binge drinking and discontinue all alcohol consumption at conception	State weight, height and BMI: Tick if applicable:
Has assessment of ovulation in line with best practice guidance (NICE 156) been undertaken and documented in the referral?	Irregular menstrual cycle see NICE 156. p19 for hormone profile. This could include one of the following measures to predict likely ovarian response to gonadotrophin stimulation in IVF: • mid luteal progesterone (day 21 of a 28-day cycle) this might be conducted later if there are longer cycles • FSH level take day 2- 5 of cycle • Oestradiol take day 2-5 of cycle	If irregular menstrual cycles perform serial progesterone. Results:
Is the woman's rubella status documented in the referral?	Ascertain status and amend referral including details. If rubella susceptible, offer vaccination and advise not to become pregnant for a month following vaccination	Yes / No
Has folic acid been commenced?	• Advise to commence 400 mcg daily. • Women who have had a baby with neural tube defect, who are receiving antiepileptic treatment or are diabetic should be offered a higher dose of 5mg folic acid daily (NB: consider referral to epilepsy specialist for advice on drugs pre-conceptually.	Yes / No Yes / No
Co-existing long term conditions	• Consider diabetic specialist referral if control is not optimal (normal HBA1C)	Yes / No Yes / No

	• Patient on teratogenic drugs e.g. statins, ACEI should have medication reviewed and changed prior to conception	
If there has been a history of miscarriage, is it documented in the referral?	Include details of any miscarriages	Yes / No
Male Factors		
Is the man's BMI: BMI < 30?	BMI over 29 can affect semen quality **Do not refer** until BMI under 30 - Consider referral for weight management	Yes / No Yes/No
Are they a Non-Smoker?	Should be a non-smoker for at least 3/12 months (must be non-smoker for 6 months before referral to fertility assisted conception service). Men who smoke should be informed that there is an association between smoking and reduced semen quality (although the impact of this on male fertility is uncertain), and that stopping smoking will improve their general health	Yes/No
Alcohol intake should be moderate	Excessive alcohol intake is detrimental to semen quality. Alcohol intake should be less than three/four units per day.	Yes/No Results:
Has semen analysis been undertaken in line with best practice guidance NICE 156 and is recorded in the referral? The results of semen analysis conducted as part of an initial assessment should be compared with WHO reference values (NICE Guideline 156 p 18): •Semen volume: 1.5 ml or more •Ph: 7.2 or more •Sperm concentration: 15 million spermatozoa per ml or more •Total sperm number: 39 million spermatozoa per ejaculate or more •Total motility (percentage of progressive motility and non-progressive motility): 40% or more	Do not refer until analysis taken and recorded Repeat Semen analysis if very low values within 1 month, and at 3 months following lifestyle advice if borderline	

motile or 32% or more with progressive motility •Vitality: 58% or more live spermatozoa •Sperm morphology (percentage of normal forms): 4% or more		

Any additional supporting information