SSOT ICB Subfertility Pathway

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Primary Care Initial Assessment, advice and referral

Patient / couple[1] present to GP unable to conceive

History: • Length of time trying to conceive • Past gynaecological, obstetric and menstrual cycle history **For both Partners** • Previous surgeries, relevant medical history, sexually transmitted infections • BMI

Examination: • Testicular and physical / vaginal examination (as determined by symptoms / history)

Investigations: • Chlamydia screen (if clinically appropriate), request initial semen analysis, consider hormone blood tests (FSH/LH ideally between days 2- 6 in the menstrual cycle)

Initial advice and management in Primary Care

• **Preconception advice leaflet** • Advise patient to buy over the counter **folic acid** 400mcg per day (Consider 5mg if BMI >30 or PMH of diabetes, epilepsy, personal or family history of NT defects, Coeliac disease, sickle cell)

• Confirm female patient has had MMR vaccination (or **check Rubella Immunity**) and up to date with **cervical screening**

• **Both partners** Smoking cessation advice • Weight management, where appropriate – exercise and dietary advice, BMI ideally 19-29

• **Lifestyle advice** regarding alcohol, moderate exercise prescribed, over-the-counter & recreational drug use, vitamin supplements

Criteria for consideration of Secondary Care referral [2]:

1. Failure to conceive after regular unprotected sex for **a period of not less than 1 year** in the absence of known reproductive pathology. For single people and same sex couples, the equivalent evidence would constitute 6 cycles of IUI, unstimulated artificial insemination at a HFEA accredited clinic (privately funded) **OR**

2. Refer without delay if known or suspected reproductive issue diagnosed in either partner (e.g. sperm disorder, ovarian or severe endometriosis, pelvic inflammatory disease, salpingectomy) **OR**

3. Refer without delay if: i. History of chronic viral infection (HIV, HBC, HCV) ii. Patient awaiting treatment (e.g. chemotherapy, radiotherapy) that may result in infertility

Patient Information

Infertility - NHS

Referral Proforma

Couples *to be referred via e-RS to NHS Trust fertility clinic*

Local Policy

SSOT ICB Assisted conception policy

Please share with couple

National Guidance

Scenario: Management | Management | Infertility | CKS | NICE

Guidance Notes

1. *Couples must be seen together and both be assessed. Where couples have different GPs the female patients GP will usually take the lead for the referral to secondary care*
2. *Please see policy for eligibility criteria. Please note couples who have children from previous relationships will not be entitled to NHS funded assisted conception treatment. Also, patients and / or partners that are subject to* ***NHS surcharge payment*** *are not usually entitled to NHS funded assisted conception. Please check the patients* ***NHS Care Record*** *for status* Charging overseas visitors in England: guidance for providers of NHS services - GOV.UK

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Secondary Care Assessment and Investigation

Couple[3] referred to secondary care for sub-fertility

Male Investigations and treatments

If semen sample is Normozoospermic, no further investigations required

Azoospermia

Genetic tests, blood tests, microbiological tests, sperm culture, endocrine tests, imaging of the urogenital tract, testicular biopsy

- Non-Obstructive → Surgical sperm retrieval PESA, MESA, TESA, and TESE → NHSE commissioned pathway in selected NHS Trust urology departments ONLY
  Consultant to Consultant referral Surgical-sperm-retrieval-for-male-infertility.pdf
- Obstructive → Surgical sperm retrieval PESA, MESA, TESA, and TESE → NHSE commissioned pathway in selected NHS Trust urology departments ONLY
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Asthenozoospermia / Teratozoospermia / Oligozoospermia

Genetic tests, blood tests, microbiological tests, sperm culture, endocrine tests

- Other Surgical procedure → No improvement or patient declines → Intra-Cytoplasmic Sperm Injection (ICSI)
- Drug treatments (e.g. gonadotrophin, antibiotics etc...) → No improvement or patient declines → Intra-Cytoplasmic Sperm Injection (ICSI)
- Drug treatments (e.g. gonadotrophin, antibiotics etc...) → In vitro fertilization (IVF)

If male does not want a surgical procedure - Donor sperm with IVF

Female Investigations and treatments

- Hormone profile to assess for any imbalance (Inc AMH test for women 35 years) and over
- Hysteroscopy to check for fibroids / polyps (if clinically indicated)
- Ultrasound to check uterus and ovaries
- Hysterosalpingo-gram to check tubal patency — Patients with no known co-morbid conditions
- Laparoscopy and dye — Patients with PID / endometriosis/ previous ectopics

For ovulatory disorders, prescribe medication (BMI<35) e.g. Letrozole, Clomiphene to stimulate ovulation, Follicular tracking scan for first cycle

Consider surgical procedures for polyps, fibroids, endometriosis, blocked tubes

- Male and female factor infertility issues → Intra-Cytoplasmic Sperm Injection (ICSI)
- All investigations normal - unexplained infertility → In vitro fertilization (IVF)

No improvement or patient declines

- Donor eggs with IVF

premature ovarian failure | Gonadal dysgenesis including Turner Syndrome | Bilateral oophorectomy | Ovarian failure following chemotherapy or radiotherapy)

3. *In about 40% of infertility cases; disorders are found in **both** the man and the woman*
4. *Definitions: azoospermia' (the absence of sperm in the ejaculate), 'oligozoospermia' (a low sperm count –usually below 15 million sperm per millilitre of semen), 'asthenozoospermia' (reduced sperm motility), and 'teratozoospermia' (reduced number of normal looking sperm)*

Secondary Care Consultant must request prior approval for NHS funding, before onward referring the couple for assisted conception treatment