

Fertility Assessment and Treatment Pathway

Primary Care Phase including initial investigation

Patients with fertility problems go to the GP

GP Advice and Assessment
GP to inform patient of access criteria for NHS-funded assisted conception.

Investigations and tests:

Refer for advice Couples who experience problems in conceiving should be seen together Female Same Sex couples refer after a period of 6 Donor Insemination attempts in a clinical setting (self funded)
Exclusions : Couples who have been sterilised and couples who have been treated with a successful live birth

Female Tests
Rubella (provide results if taken in the 5 years prior to referral)
Chlamydia swab (provide results if taken in the last 6 months prior to referral).
Basic haematology screen, Serum LH, Serum FSH Day 1-4, Serum TSH, Prolactin, Mid-luteal Progesterone (taken within 6 months of referral)

Male Tests
Semen analysis (if abnormal then repeat semen analysis FSH/LH/testosterone and prolactin)

Rejected referrals sent back to GP

Secondary Care Investigation Phase

Referral accepted by chosen NHS Fertility Clinic or Obstetric and Gynaecology consultant

1st Outpatient appointment
(Couples seen together)

Additional investigations (in accordance with agreed protocols)

Tests in Secondary Care
Tubal patency tests (HSG/HyCosy/Laparoscopy-Dye) Pelvic Scan
Other Tests - Mandatory only when couples are being referred for IUI or IVF and **should be done only if within 3 months of handling/ mixing of gametes**
Hepatitis B surface antigen
Hepatitis B core antibody
Hepatitis C serology
HIV screening

Referral – Clock starts

Follow up appointment arranged to discuss further test results and diagnosis

Male Factor (sperm issues) Endometriosis Ovulation Issues Unexplained Tubal/Uterine defect Primary Ovarian Failure

Severe Mild

Clinical Management

Clinical Management

Clinical Management

Tubal Surgery as appropriate

Treatment Phase

Donor Insemination (DI)

Intrauterine Insemination IUI

IVF/ICSI Tertiary Fertility Provider

Criteria is applied for DI, IUI and IVF treatments, please refer to local CCG policy for access to these treatments.



Treatment started - Clock stops

Guidance: Fertility Assessment and Treatment Pathway

Primary Care Phase – including initial investigations – GP Practices

GP actions/responsibilities prior to referral to NHS Fertility Clinic and Tertiary Fertility Provider

GP advice and assessment : GP to inform couples of access criteria for NHS Funded Assisted Conception and treatments which include:

- For same sex couples – the couple will need to meet the definition of infertility which for women in same-sex relationships, NICE Guideline recommends that 6 unsuccessful (self-funded cycles) of artificial insemination (AI) at one of the HFEA licensed fertility centres should be attempted, before they would be considered to be at risk of having an underlying problem and be eligible to be referred for assessment and possible treatment.
- Intrauterine Insemination (IUI) – undertaken in secondary care – access criteria applies
- Donor Insemination (DI) – undertaken in secondary care – access criteria applies
- IVF/ICSI – undertaken at Tertiary Fertility Providers – access criteria applies :
 - For women BMI less than 30
 - For women age range – no lower age limit – upper age limit 40-42 years
 - One cycle of IVF/ICSI funded for those eligible for NHS funding.

Exclusions

Fertility treatment is not available following sterilisation or vasectomy.

Referrals must be sent with the Referral Proforma to secondary care providers for further investigations to ascertain reasons for fertility problems. Patients will be accepted for assessment following initial investigation by the GP. All referrals must be made in the name of the woman being referred.

The following test results will be requested by NHS Fertility Service along with the referral.

Where the woman has **regular** menstrual cycles

- Serum FSH/LH (day 1-4) (taken in the 6 months prior to referral **for IVF treatment**)
- Serum Progesterone (Mid luteal eg Day 21 of a 28 Day cycle) i.e. 1 week before expected period
- Rubella (provide results if taken in the 5 years prior to referral)
- Chlamydia (provide results if taken in the last 6 months prior to referral)
- Basic Haematology screen

Where the woman has **irregular** menstrual cycles

Do additional tests

- Serum TSH
- Prolactin
- Testosterone and SHBG ordered when total testosterone results do not seem consistent (not done routinely or frequently)

For the male

- Semen analysis (taken in the 12 months prior to referral)
- FSH/LH/testosterone and prolactin (if semen analysis is significantly abnormal, azoospermia or severe oligo spermia)

Referrals will be returned to the GP where the required test results are not provided as these are essential for the first outpatient appointment to take place.

Secondary Care Investigation Phase

NHS Fertility Clinic – Responsibilities

Patients will be accepted for assessment following initial investigation by the GP. All referrals must be made in the name of the woman being referred. The fertility referral proforma must be attached to the referral to confirm discussions held with the couple being referred.

18 week referral to treatment pathway

It is the responsibility of the provider to understand the 18 Week Principles and Definitions. They must be applied to all aspects of the individual's pathway, and referrals and waits will be managed and measured accordingly.

1st definitive treatment within specialist fertility services should commence within 18 weeks of the referral into secondary care. Where further tertiary treatment is required, this should be completed within 18 weeks of the decision to treat.

Investigation Phase

In addition to tests carried out by GP, further tests in Secondary Care or NHS fertility clinic will be provided, these may include:

- A full hormone profile taken between days 2 - 4 of a period to assess for any hormone imbalance.
- Blood tests to find out if ovulating.
- An ultrasound scan to look at the uterus and ovaries.
- Hysterosalpingogram – an x-ray to check fallopian tubes or Hysterosalpingo-contrast sonography (HyCoSy) – a vaginal ultrasound probe is used to check the fallopian tubes for blockages.
- Laparoscopy – an operation in which a dye is injected through the cervix as the pelvis is inspected via a telescope (laparoscope) with a tiny camera attached to check for tubal blockage.
- Hysteroscopy – a telescope with a camera attached is used to view the uterus to check for conditions such as fibroids or polyps.
- Occasionally, a tissue sample may be taken from the endometrium lining of the uterus to be analysed.

For men

- Semen analysis to check sperm numbers and quality.
- Sperm antibody test to check for protein molecules that may prevent sperm from fertilising an egg.
- FSH/LH/testosterone/Prolactin

If Sperm Analysis results are significantly abnormal, azoospermia or severe oligospermia:

- Karyotyping
- Cystic Fibrosis Screening

For males with diagnosis of significantly abnormal azoospermia, refer to Specialist Urologist for consultation and possible Surgical Sperm Retrieval treatment.

Please note that IVF can be offered to women up to the age of 42. When making a referral to IVF Fertility Providers please note the timescales, and that ovarian stimulation must be completed before the woman's 43rd birthday

Treatment Phase

IUI and Donor Insemination – depending on contractual arrangements will be undertaken in Secondary Care and/or at Tertiary Fertility Providers

IVF/ICSI – referrals onwards to Tertiary Fertility Providers – For NHS Funded IVF/ICSI

Information on Treatment

In the East Midlands there is choice of IVF Providers, once a couple has chosen their Provider they will be provided with further information on IVF/ICSI treatment from the Fertility Provider of their choice.

Screening of patients

Before processing patient sperm, eggs or embryos for treatment and/or storage, the NHS fertility clinic must carry out a number of screening tests to assess the risk of contamination. The following tests should be done within 3 months of handling/mixing of gametes prior to referral to the IVF Provider.

HIV 1 and 2: Anti-HIV 1, 2

Hepatitis B: Surface antigen and Core Antibody - HBsAg/Anti-HBc

Hepatitis C: Serology Anti-HCV-Ab

Testing for HTLV-1, malaria and other conditions may also be performed if a patient's medical and/or recent travel history indicates they may be at risk.

Patients who donate their eggs, sperm or embryos must also be screened for according to professional body guidelines (http://www.fertility.org.uk/news/pressrelease/09_01-ScreeningGuidelines.html).

Couples will progress to the treatment phase for IUI, DI and IVF/ICSI following discussion with GP and Consultant, following tests and investigations and once eligibility criteria has been confirmed.

For all referrals, please complete the Referral Form for Fertility Assessment and Treatment.

