

Infertility Pathway

This pathway has been developed from published guidance, in collaboration with local gynaecologists
This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.

A woman of reproductive age who has not conceived after one year of unprotected vaginal sexual intercourse or 6 cycles of artificial insemination, in the absence of any known cause of infertility
(80% couples will conceive after 1 year of unprotected intercourse if woman under 40 years)

FEMALE ASSESSMENT

History:

- Age
- Occupation
- How long trying to conceive
- Regular unprotected intercourse 2 – 3 times per week
- Cycle ?? Regular/oligomenorrhoea or amenorrhoea
- Pelvic pain/dyspareunia
- History of pelvic or abdominal surgery/PID/sterilisation
- Previous pregnancies/existing children
- PMH e.g. diabetes, hepatitis b/c or HIV, cancer treatment
- Medication
- Smoking, alcohol and recreational drugs

MALE ASSESSMENT

History:

- Occupation
- How long trying to conceive
- Regular unprotected intercourse 2 – 3 times a week
- History of undescended testes, varicocele or scrotal
- Surgery (surgery to varicocele does not improve fertility)
- History of erectile dysfunction
- History of mumps, orchitis or STD
- History of hypo gonadotrophic hypogonadism
- Previous pregnancies achieved/existing children
- PMH e.g. hepatitis b/c or HIV, cancer treatment
- Medication
- Smoking history, alcohol and recreational drugs (cannabis)

Examination:

- Weight
- Height
- BMI (aim for BMI 19 – 30)

Examination:

- Weight / height/ BMI
- Blood pressure
- Scrotal examination

Suspicion of testicular cancer
A solid intra-testicular lump
Non-painful enlargement or change in shape or texture of the testis

Investigations:

- Rubella status (immunise if IgG negative)
- Haemoglobinopathy screening if indicated
- Cervical screening if due
- Chlamydia test – self taken vulvovaginal swab
- Day 2 – 7 (if having periods or random if not): FSH/LH/ oestradiol/prolactin (if amenorrhoea or galactorrhoea)/TFT/ testosterone/SHBG/ androstenedione
- Mid luteal progesterone to confirm ovulation if having regular cycle (day 21 of 28 day cycle, adjust for longer or shorter cycles)
- Offer HIV, hepatitis B/C testing
- Pelvic scan if irregular cycle to check for polycystic ovaries, dysmenorrhoea, dyspareunia, history of fibroids, myomectomy or suspicion of pathology
- AMH and follicle tracking are provided by secondary care, can't be ordered in primary care

Investigations:

- Refer for [semen analysis](#)
- Normal semen parameters:
 - volume > 1.5ml, PH > 7.2
 - sperm concentration > 15 million per ml
 - total sperm number 39 million per ejaculate
 - > 40% total motility or > 32% progressive motility
 - 4% normal morphology
- If abnormal, repeat at 3 months unless azoospermia or severe oligospermia – repeat earlier.
- Offer HIV, hepatitis B/C testing

2 week referral

Patient Advice:

- Timing and frequency of intercourse (sexual intercourse every 2-3 days optimises chances)
- Avoid basal body temperature charts
- Lifestyle re diet, exercise, weight loss, smoking status. Caffeine does not affect fertility.
- Alcohol consumption
- Folic acid pre-pregnancy advise (0.4mg od prior to conception until 12 weeks or 5mg if previous neural tube defect, anticonvulsants or diabetic)
- Offer hepatitis B vaccination if partner is positive.

Offer referral earlier than 1 year of infertility for specialist consultation if woman over 36, known clinical cause of infertility (including PCOS), predisposing factors for infertility, embarking on treatment

If >1 year infertility – [refer infertility service](#) in secondary care for further investigation e.g. tubal investigation and treatment. Refer to local fertility policy
Advise patients at point of referral that fertility medicines will not be prescribed in primary care and must be provided by the specialist (NHS or Private)

[Fertility treatment eligibility criteria](#)

Pathway created by NCL led by Camden CCG Clinical Cabinet + GB July 2016
Clinical Contact for this pathway for queries: Dr Elizabeth Bradley
Elizabeth.Bradley@camdenccg.nhs.uk
Comments & enquiries relating to medication: CCCG Medicines Management Team
mmt.camdenccg@nhs.net
Refer to current BNF or SPC for full medicines information

Review due – March 2020

Links

[NICE Fertility guidelines](#)
[NHS Choices Infertility](#)
[HFEA website](#)

Introduction

Camden Clinical Commissioning Group (CCG) is responsible for commissioning a range of health services including hospital, mental health and community services for the local population. The CCG has a statutory duty to maintain financial balance, which means that it must make judgements about the affordability of any proposed service for local patients.

This clinical policy is intended to support individuals and couples who want to have a baby, but who have a clinical problem which means that they are potentially infertile. The CCG's aim through this policy is to offer the opportunity to have a baby to as many patients as possible within the context of its overall financial position.

This policy has been developed following discussions with stakeholders, including local GPs and lead clinicians from fertility units in local hospitals. In developing this policy, the CCG has also considered and adopted relevant NICE guidance wherever feasible. However, the need to balance service access demands with affordability has meant that in some sections the policy may vary from the full recommendations made by NICE.

The relevant NICE Clinical Guidance 156, *Fertility*, can be accessed at

<http://www.nice.org.uk/guidance/CG156>.

Individual Funding Requests

This policy cannot anticipate every possible individual clinical presentation. Clinicians are invited to submit Individual Funding Requests for patients who they consider to have exceptional clinical circumstances and whose needs are not fully addressed by this policy. The CCG will consider such requests in accordance with its policy on Individual Funding Requests, you can read this at

<http://www.camdenccg.nhs.uk/about/individual-funding-requests.htm>.

Eligibility Criteria

Couples will **only** be referred for assisted conception if they meet the eligibility criteria below and when all appropriate tests and investigations have been successfully completed in primary and secondary care in line with NICE guidelines.

Patients accessing IVF should be fully informed of likely success rates and alternative approaches to parenting, including fostering and adoption.

1. Definition of a treatment cycle	For the purposes of this policy, an IVF cycle will be defined as the process which starts with ovulation stimulation and ends with the implantation of either a fresh embryo/ blastocyst or the implantation of a frozen embryo/ blastocyst.
2. GP registration status	Patient should be registered on the medical list of a Camden GP.
3. Age of the female patient	IVF is offered to women aged under 42 years old. Women should be referred so that they can commence a treatment cycle before their 42 nd birthday. Women aged 40-41 will only be offered treatment if they have never previously had IVF treatment. Referring clinicians should be aware of the work up time required by the providing trusts, and ensure that referrals are made in time for women to start their first treatment cycle before their 42 nd birthday.
4. Lifestyle factors	The woman must have a body mass index (BMI) of between 19 and 30 at the time commencement of treatment. Patients must be non-smokers in order to access any fertility treatment and continue to be non-smokers throughout treatment.
5. Children from previous relationship	IVF will not be offered to couples who have a child together or single applicants who already have a child. IVF will be offered to couples where one of the partners has a child from a previous relationship, but the other does not. Foster children are not included in these restrictions.

6. Number of cycles to be funded for women aged up to 39 years old	Camden CCG will fund up to three full cycles of IVF with or without ICSI. The full IVF cycle will consist of one fresh and one frozen embryo/ blastocyst transfer. The CCG will not fund further IVF treatment when the woman has had three or more previous IVF cycles, whether these have been funded privately or by the NHS. Camden CCG will fund a total of three fresh, and three frozen embryo transfers. It will be for the patient, in consultation with her clinician, to decide the best way to maximise these funded cycles. For example, if good quality embryos are available then the patient may choose to use the three funded frozen embryos before proceeding to a second fresh ovulation induction cycle.
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6.1 Number of cycles to be funded for women aged 40 to 41 years old	Women aged 40-41 years old will be offered a maximum of one fresh embryo transfer and one frozen embryo transfer, provided they have not previously undertaken IVF.
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7. Cancelled and abandoned cycles	NICE guidelines define a cancelled cycle as occurring when egg collection is not undertaken following ovarian stimulation. An abandoned cycle is not defined by NICE but is defined by this policy as including treatment leading to a failed embryo transfer. Occasionally there may be good clinical or non-clinical reasons why a cycle needs to be cancelled or abandoned. For this reason the first two abandoned/ cancelled cycles will not count towards the total number of funded cycles in section 6 above.
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8. Subfertility – Heterosexual couples	Individuals/couples with a known cause of infertility should be referred without delay for appropriate assisted conception assessment. Women who have not become pregnant after one year of regular unprotected vaginal intercourse two to three times per week should be referred with their partner for further assessment and possible treatment. If the woman is aged 36 or over then such assessment should be considered after 6 months of unprotected regular intercourse. If a cause for infertility is found, the individual should be referred for appropriate treatment without further delay. IVF treatment can be offered to women with unexplained infertility who have not conceived after 2 years (this can include up to 1 year before their fertility investigations) of regular unprotected sexual intercourse (or 12 months for women aged 36 and over).
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8.1 Subfertility – Same-sex female couples and single women	Female same sex couples and single women who have not become pregnant after 6 cycles of IUI undertaken in a clinical setting should be referred for further assessment and possible treatment. If a cause for the infertility is found, the individual should be referred for appropriate treatment without further delay. Where no cause of infertility can be identified women should be offered access to assisted conception if they have subfertility demonstrated by a further 6 cycles of IUI (12 in total). If the woman is aged 36 or over then such assessment should be considered after 6 cycles of IUI. As per section 9 below, the CCG will not routinely fund the IUI cycles described above. As per section 14 below, the CCG will not routinely fund the use of donated sperm used in the IUI cycles described above.
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8.2 Same-sex male couples and single men	Male same sex couples and single men will be referred for infertility investigation if no pregnancy results following six cycles of IUI for which the man's donated sperm has been used.
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9. Intra Uterine Insemination (IUI)	Camden CCG will not routinely fund the use of IUI. IUI will, however, be offered as a treatment option for the following groups as an alternative to vaginal sexual intercourse: People who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm. People with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive). As per section 14 below, whilst paying for the IUI procedure, Camden CCG will not fund the use of donor sperm. A woman who has not become pregnant following 6 cycles of IUI carried out within a clinical setting should be referred for further assessment and appropriate treatment for infertility.
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10. Ovarian reserve testing for low ovarian response	Low Ovarian Reserve Women with low ovarian reserve are less likely to achieve pregnancy through IVF. Women referred for IVF assessment shall be offered an ovarian reserve test as per NICE guidance to identify and exclude those with low chance of conception. NICE guidance describes three tests which may be used: Total antral follicle count (AFC) Anti-Müllerian hormone (AMH) Follicle-stimulating hormone (FSH) Camden CCG will fund IVF for women whose scores fall within the limit for low ovarian reserve on one of the three tests described in the NICE fertility guidance: Total antral follicle count (AFC) of less than or equal to 4 or Anti-Müllerian hormone (AMH) of less than or equal to 5.4 pmol/l or Follicle-stimulating hormone (FSH) greater than 8.9 IU/l for a low response Ovarian reserve testing should only be conducted within the overall context of a fertility assessment carried out by a specialist centre. GPs should not order these tests prior to referral to a fertility unit.
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11. Number of embryos to be transferred – 'One Child at a Time'	Camden CCG will require provider Trusts to adhere with the HFEA multiple birth restriction strategy. Provider Trusts will be expected to counsel patients about the risks associated with multiple births, and advise them that they will receive a single embryo/blastocyst transfer unless there is a clear clinical justification for not doing so.
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12. Fertility Preservation	Camden CCG will fund the collection and storage of eggs, embryos and sperm for individuals with cancer or other illnesses which may impact on their future fertility with the following conditions: Camden CCG will fund the storage for first ten years only. Camden CCG will not fund for the continued storage of eggs/embryos for a woman aged over 42. Camden CCG will not fund for the storage of sperm for a man aged over 55. The eligibility criteria set out in this policy must be applied to any subsequent use of the stored material.
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13. Egg Donation	Camden CCG will not fund the use of donated eggs and will not fund associated IUI/IVF/ICSI treatments for those patients using donated eggs. Patients wishing to use donor eggs treatments must make their own arrangements to access these and are advised to check with the treating provider unit to ensure compliance with best practice guidelines.
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14. Sperm Donation	Camden CCG will not fund the purchase of donor sperm and will not fund associated IUI/IVF/ICSI treatments for those patients using donated sperm. Patients wishing to access donor sperm treatments must make their own arrangements to access these and advised to check with the treating provider unit to ensure compliance with best practice guidelines.
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15. Reversal of sterilisation	Camden CCG will not fund treatment for couples where subfertility is the result of a sterilisation procedure in either partner. Camden CCG will not fund the surgical reversal of either male or female sterilisation.
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Surgical sperm retrieval	Camden CCG will not fund treatment where sub fertility remains after a reversal of sterilization treatment. Surgical sperm retrieval will be funded in appropriately selected patients, provided that the azoospermia is not the result of a sterilisation procedure.
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16. Sperm Washing	Camden CCG will fund sperm washing for IUI/IVF/ICSI for couples where the male partner is HIV positive and the female partner is HIV negative in order to prevent the transmission of HIV to an unborn child.
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17. Surrogacy	IVF using a surrogate mother will not be funded by Camden CCG.
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