

Patient presents with Subfertility. Initial assessment to include:

History:

- Length of time trying to conceive
- Past gynaecological, obstetric and medical history (both partners)
- Menstrual cycle, previous surgeries and infections
- Other medical history, Co-morbidities and BMI (both

partners)

- **Examination:**
- As determined by symptom history

Investigations:

- Chlamydia screen

Initial advice and management in Primary Care

- Preconception advice leaflet
- Advise / prescribe folic acid 400mcg per day (5mg if BMI >30 or PMH of diabetes, epilepsy, personal or family history of NT defects, Coeliac disease, sickle cell)
- Confirm has had MMR vaccination (or check Rubella Immunity)
- Smoking cessation advice (both partners)
- Weight management, where appropriate – exercise and dietary advice (both partners). BMI ideally 19-25
- Lifestyle advice regarding alcohol, moderate exercise prescribed, over-the-counter & recreational drug use

Criteria for consideration of Secondary Care referral when:

1. Failure to conceive after regular unprotected sex for a period of not less than 1 year (or 6 months in patients aged 36+), in the absence of known reproductive pathology. For single people and same sex couples, the equivalent evidence would constitute 6 cycles of unstimulated artificial insemination **OR** 2. Known or suspected reproductive issue diagnosed in either partner (refer without delay) **OR** 3. Refer without delay if: *i. Patient over 39 years ii. History of chronic viral infection (HIV, HBC, HCV) iii. Patient awaiting treatment that may result in infertility*

Referral to Hospital Fertility Clinic

If Central Manchester GP, please order anti-mullerian hormone blood test (result will be reviewed in clinic)

Please refer women who have been trying to become pregnant:

- o for more than one year if aged less than 36 years
- o for more than 6 months if aged 36 years or more

unless there is an 'obvious' cause (e.g. irregular cycles, history of PID, endometriosis, suboptimal semen analysis), in which case please refer straightaway

PLEASE USE REFERRAL PROFORMA – SEE LINK BELOW

Eligibility Criteria For Assisted Conception Treatment In Tertiary Care (e.g. IVF)

All patients meeting the fertility clinic referral criteria should be referred, but please make them aware that they may not be eligible for all NHS treatment unless criteria decided by their CCG are met

Patient Information

[NHS website](#)

Referral Proforma

[Subfertility Referral Form](#)

Local Guidance

[Fertility Pathway Guide](#)

National Guidance

[NICE Guidance](#)