

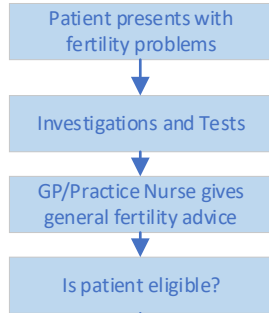
# Fertility Assessment and treatment – NHS pathway

Primary Care

Policy Criteria for Assisted Conception Treatments  
**INSERT LINK TO POLICY**  
 Please note access criteria may be different for self funding patients depending on the provider.

Age: upper age limit 43 years:  
 3 cycles for females <40. 1 cycle for Patients >=40 and <43. Refer in time for egg retrieval to commence.  
 For same sex couples – 6 unsuccessful (self-funded cycles) of IUI, before being considered to be at risk of having an underlying problem.  
 BMI >=19 and <30  
 Both partners non smokers  
 Couples where one partner does not have a child or a single person who does not have a child.  
 Exclusions - Fertility treatment is not available following sterilisation or vasectomy.

Paying the Health Surcharge does not entitle a patient to assisted conception treatment.  
<https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide>



GP should wait 12 months for patients <35 years or 6 months for patients >35 before making a referral

Referral made using standard referral form

**Female assessment**  
 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  
 Genetic history (carrier or disease e.g but not limited to Cystic Fibrosis, Sickle Cell, Thalassaemia, Polycystic Kidney Disease)  
 Medication  
 Smoking, alcohol and recreational drugs  
 Mental health/ depression screen  
 Enquiring about social circumstances (support network/ work /housing).

**Female Investigations**  
 Rubella (provide results if taken in the 5 years prior to referral)  
 Chlamydia test – self taken vulvovaginal swab  
 HIV, Hep B/C  
 Cervical Screening  
 Basic Haematology screen  
 Serum FSH and LH ideally day 2-5m, Serum TSH and prolactin (if period cycle is irregular)  
 Mid Luteal Progesterone if period cycle is regular(taken within 6 months of referral)  
 Pelvic scan if irregular cycle to check for polycystic ovaries, dysmenorrhoea, dyspareunia, history of fibroids, myomectomy or suspicion of pathology

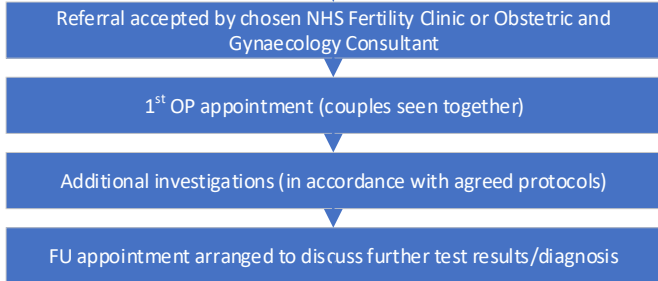
**Male Assessment**  
 Occupation, how long trying to conceive  
 Regular unprotected intercourse 2 – 3 times a week  
 History of undescended testes, varicocele or scrotal Surgery (surgery to varicocele does not improve fertility)  
 History of erectile dysfunction  
 History of mumps, orchitis or STD  
 History of hypogonadotrophic hypogonadism  
 Previous pregnancies achieved/existing children  
 Genetic history (carrier or disease e.g but not limited to Cystic Fibrosis, Sickle Cell, Thalassaemia, Polycystic Kidney Disease)  
 PMH e.g. hepatitis b/c or HIV, cancer treatment  
 Medication  
 Smoking history, alcohol and recreational drugs (cannabis)  
 Mental health/ depression screen  
 Enquiring about social circumstances (support network/ work /housing).

**Male Investigations**  
 Semen analysis results if available, if not then refer to secondary care for analysis prior to referral.

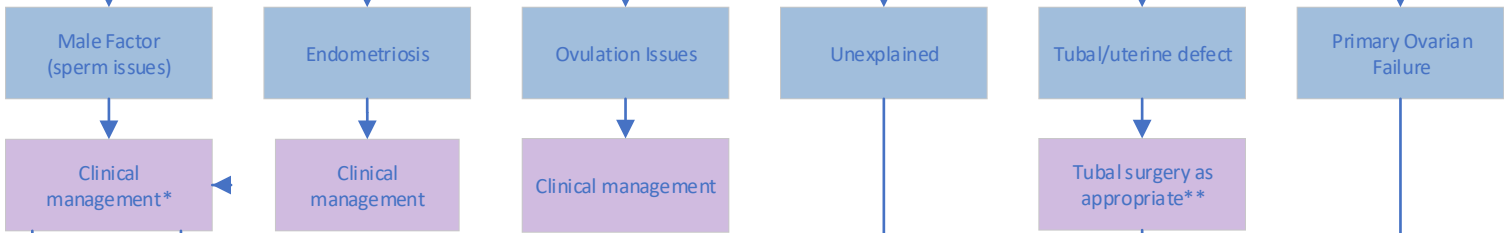


Clock start

Secondary Care



\*Includes management of obstructive azoospermia, ejaculatory failure, hypogonadotrophic hypogonadism  
 \*\* Includes tubal microsurgery and laparoscopic tubal surgery, tubal catheterisation or cannulation, surgery for hydrosalpinges, uterine surgery  
<https://www.nice.org.uk/guidance/cg156/chapter/Recommendations#investigation-of-fertility-problems-and-management-strategies>



Treatment start Clock stop

Treatment

