**INITIAL INVESTIGATIONS PRIOR TO REFERRAL FOR FERTILITY TREATMENT**

When a couple presents with a delay in conceiving you may find it helpful to refer to the NICE fertility pathway for assessment and treatment of fertility problems: <http://pathways.nice.org.uk/pathways/fertility>

A modified version of the algorithm has been agreed for the sake of consistency throughout the Devon/Cornwall Peninsula and has been in operation for several years.

**Briefly, unexplained infertility is defined as failure to conceive after 2 years regular intercourse in the absence of reproductive pathology.**

NICE guidance, however, is that people who are concerned about delays in conception should be offered an initial assessment, clinical investigation and lifestyle advice after 1 year of regular unprotected sexual intercourse.

We recommend that when the couple presents to your surgery, that you carry out the investigations listed below in order to identify ovulation disorders, pelvic pathology, sperm dysfunction or increased risk of tubal blockage. These investigations will help you to identify those patients who may simply need lifestyle advice and may wish to consider trying to conceive naturally for a little longer and those that need earlier referral to the fertility clinic.

The disadvantage of referring too early is overtreatment which increases the risk of multiple pregnancy (*5% of clomifene conceptions, 25% of IVF conceptions*) or other complications of fertility treatment.

The disadvantage of delay is that increasing female age is one of the most important factors in determining success from treatment, should it prove to be necessary.

**Early referral is indicated for:**

* Any situation where there is a known reason for infertility
	+ Not ovulating: irregular/absent periods or luteal progesterone <30nmol/l
	+ Sperm dysfunction: see semen analysis report
	+ Tubal disease: Chlamydia titres (blood test) of 1/512 indicate >70% chance of tubal damage, however titres <1/64 have a 6% chance of tubal damage. Early referral is therefore indicated if Chlamydia antibody titres are raised
* Where there is a history of predisposing factors (e.g. Pelvic inflammatory disease or undescended testes)
* Pelvic pathology identified on ultrasound scan (Radiology department)
* Where the woman is aged >35 years old)

*Consider sending a referral as soon as you identify any of these factors*

**Lifestyle advice according to NICE guidelines:**

BMI 19-30

Sexual intercourse every 2-3 days

Smoking cessation

Review of drugs (prescribed and recreational)

Alcohol intake ≤1-2 units per week for the woman, ≤3-4 units per week for the man

Pre-conception folic acid 400 mcg (5mg for women at high risk of NTD)

**PLEASE COMPLETE THIS FORM WITH THE RESULTS OF ALL THESE INVESTIGATIONS AND INCLUDE IT WITH YOUR REFERRAL LETTER**

**Female Patient Name:
NHS no:
DOB:**

BMI (mandatory):

**Smoking Status** (not mandatory but helpful)

**Patient has had two doses of MMR** **[ ]** *(GP electronic signature)*

**Patient has NOT had two doses of MMR, date to be vaccinated**

**Or Vaccination declined [ ]**

|  |  |
| --- | --- |
| **BLOOD TESTS**  | **RESULT** |
| **FSH/LH (days 1 – 5 of cycle)** | FSH:       LH:        |
| **CHLAMYDIA SEROLOGY FOR ANTIBODY TITRE****As per CRG** |       |
| **PROGESTERONE (7 days before expected period e.g. D21 in 28 day cycle)**Only required if woman has regular cycles (26-36 days, less than 5 days variation cycle on cycle) |       |

 **Male Patient Name:** **NHS Number:** **DOB:** **BMI:**  (Not mandatory but helpful)
 **Smoking Status**  (Not mandatory but helpful)

**SEMEN ANALYSIS**

**NB: If the first semen analysis is abnormal, ensure patient has understood instructions about abstinence period and collecting a complete sample and repeat a minimum of six weeks later.**

 **Please attach result or results to UBRN with this proforma.**