

**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:**

- Female Tests**  
Hepatitis B surface antigen, Hepatitis B core antibody, Hepatitis C serology, HIV screening, Rubella, Chlamydia serology, basic haematology screen, Serum LH, Serum FSH, Serum TSH, Serum Prolactin, Serum Progesterone
- Male Tests**  
Semen analysis, FSH/LH/testosterone

**Refer for advice** Couples should be referred together.

Rejected referrals sent back to GP

Referral accepted by chosen NHS fertility services



Referral – Clock starts

Secondary Care Phase  
Investigation Phase

**1<sup>st</sup> Outpatient appointment** (Couple seen together)

**Additional investigations** (in accordance with agreed protocols)

**Follow up appointment** arranged to discuss further test results and diagnosis

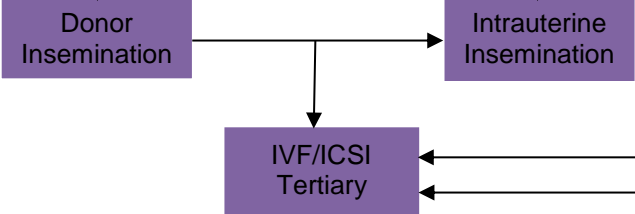
- Male Factor (sperm issues)
- Endometriosis
- Tubal defect
- Ovulation Issues
- Unexplained
- Primary Ovarian Failure

- Drug Therapy i.e Gonadotrophin
- Laparoscopy + Surgery
- Tubal Surgery
- E.g. Clomifene



Treatment started - Clock stops

Treatment Phase



## 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:

1. Intrauterine Insemination (IUI) – undertaken in secondary care – access criteria applies
2. Donor Insemination (DI) – undertaken in secondary care – access criteria applies
3. 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.

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 must be received by the 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)
- Serum Progesterone (Day 21) i.e. 1 week before expected period
- Rubella (taken in the 5 years prior to referral)
- Chlamydia (taken in the 12 months prior to referral)

For the male

- Semen analysis (taken in the 12 months prior to referral)
- FSH/LH/testosterone

Where the woman has **irregular** menstrual cycles

- Serum FSH/LH (taken in the 6 months prior to referral)
- Serum TSH
- Serum Prolactin
- Serum Rubella (taken in the 5 years prior to referral)
- Chlamydia (taken in the 12 months prior to referral)

For the male

- Semen analysis (taken in the 12 months prior to referral)
- FSH/LH/testosterone

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.

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

## 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.

1<sup>st</sup> 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
- Karyotype
  - Cystic Fibrosis Screening

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 43<sup>rd</sup> 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**

The couple will be provided with further information from the Fertility Provider of their choice.

**Screening of patients**

Before processing patient sperm, eggs or embryos for treatment and/or storage, the fertility clinic must carry out a number of screening tests to assess the risk of contamination. The clinic will test patients for:

- 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](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.**