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1. Introduction and who this guideline applies to:

This guideline is intended for the use of all medical, nursing and other hospital staff involved in the management of fertility patients.

This guideline describes the initial investigation for couples referred with fertility problem and the criteria to be eligible for NHS funded assisted conception treatment.

Background:

One in seven couples suffer from fertility problems (subfertility/infertility). This can be primary where there has never been any conception or secondary where the woman has conceived before. All couples, including those in same sex relationship are eligible for basic fertility investigations; however, there are specific criteria to be eligible for NHS funded assisted conception treatment. The baseline investigations are commenced in the primary setting by the GP.

Aim:

To ensure that appropriate investigations are carried out in presence of fertility problems.

2. Investigations

Investigation should be instigated for couples that have not conceived after one year of regular sexual intercourse in absence of known factors.

- Where there is a history of predisposing factors or the woman is ≥ 36 years, earlier investigation should be offered.

- Known predisposing factors for infertility include: amenorrhoea, oligomenorrhoea, pelvic inflammatory disease (PID), serum follicle stimulating hormone (FSH) ≥ 10 (done on day 2 or 3 or 4 of menstrual cycle), polycystic ovarian syndrome (PCOS), endometriosis, prior chemo/radiotherapy, vaginismus, HIV, Hepatitis B or C infection, azoospermia, oligozoospermia, undescended testes.

3. Patient information

All couples must be given infertility advice in line with the NICE Guidance;

- Information on natural conception
- Advice on frequency and timing of sexual intercourse
- Impact of alcohol, smoking, caffeinated beverages, body weight, tight underwear for men, occupation, prescribed, over-the-counter and recreational drugs
- Importance of folic acid supplementation
- Confirmation that psychological effects of fertility problems have been addressed
- Check if couple have failed to conceive after regular unprotected sexual intercourse for 1 year

4. Criteria for NHS funded Tertiary Care:

All couples must be made aware of the local CCG NHS funded assisted conception treatment criteria:

Criteria for NHS funded Tertiary Care:

- Both partners should have indefinite leave to remain or British passports.
- Age of woman 23 - 42.5 years
- BMI woman: 19 - 30, male no limit unless undergoing surgical procedure for sperm retrieval. The BMI then needs to be ≤ 35
- Both non-smokers
- No living child for either partner from current or previous relationship and/or including adopted children
- Couples in stable relationship for 2 years
- Lives in Leicestershire GP registered area
- No previous NHS funded IVF or <3 private IVF cycles
- AMH >5.5 pmol/L and Serum FSH <15 IU/L
- For same sex female couples: if they meet all the above criteria, they need to self-funded six cycles of donor sperm insemination treatment and if not successful are eligible for NHS funded IVF treatment.

5. BMI

All couples must have their BMI measured in the clinic on the first attendance

- If BMI is greater than 29, advise weight loss. If BMI is less than 19, advise weight gain.
- Those women or men requiring a weight loss programme should be referred to the Dietitian and given advice regarding exercise. They can also be referred to the weight loss clinic at the Leicester Fertility Centre and an information leaflet be given.

- There are no weight limits for men unless undergoing surgical sperm retrieval procedure (BMI in these cases will be required 35 and below, safety reasons).

6. Baseline investigations

Baseline investigations should be performed in the primary care prior to referral

- **Female: Blood tests**

Day 2 or 3 or 4 of period: serum FSH, LH, oestradiol

Day 21 of period: serum progesterone (if 28 days cycle)

Rubella immunity: Women should be asked if they received 2 MMR vaccines in the past or not:

- a) Woman confirms that she has received two MMR vaccines: No action needed.
- b) Woman unsure: check Rubella IgG
- c) Woman confirms has not received two vaccines or those with a negative Rubella IgG: contact GP to be vaccinated. Consultant to send a letter to both GP and woman.

Endocervical swabs for Chlamydia/Gonorrhoea & High vaginal swab

Screen for haemoglobinopathies: if found to be a carrier, partner should also be screened

If oligomenorrhoea or suspicion of PCOS do hormone profile: TSH, Prolactin, SHBG, Testosterone, Free Androgen Index, Androstenedione, DHEA

For couples eligible for NHS funded fertility treatment request Anti-Mullerian Hormone (AMH) test for ovarian reserve: if value 5.5 pmol/L and more- will be eligible for NHS funded treatment; below 5.5 pmol/L is indicative of significantly reduced ovarian reserve (NICE CG156) and success rate for fertility treatment would be <10%, therefore will not be eligible for NHS funded fertility treatment.

- **Male: Semen analysis**

Valid for 12 months, if results suboptimal, repeat in 8-10 weeks from last sample.

7. Hysterosalpingogram

A Hysterosalpingogram (HSG) should be arranged for all women unless they have one of the following conditions

- Suspected endometriosis,
- Previous PID
- Previous ectopic pregnancy
- Other pathology

In the presence of these conditions they should be offered laparoscopy & dye test under anaesthesia.

8. Transvaginal ultrasound scan

Perform or organise a transvaginal ultrasound scan of the pelvis

Ultrasound scan of the pelvis can be done from the primary care or in the secondary care fertility clinics to assess for uterus, ovaries and any obvious pelvic pathology. Antral follicle count scan is done in the IVF unit. Ideally, should be a transvaginal ultrasound scan, however, in some patients with severe vaginismus, this is not possible. In those cases, transabdominal ultrasound scan can be considered.

9. Welfare of the Unborn Child

If you are aware of anything in the past medical or social history of the patient/partner, which may be of concern with regards to the welfare of the unborn child and you still wish to refer the couple, please provide full details of any relevant concerns/extenuating circumstances in an accompanying letter to the Tertiary Unit/Leicester Fertility Centre.

10. Education and Training

None

11. References

NICE Guidance CG156. Fertility Problems: assessment and treatment
<https://www.nice.org.uk/guidance/cg156/chapter/1-Recommendations#investigation-of-fertility-problems-and-management-strategies>

12. Key Words

Fertility, Subfertility, Infertility, NHS funding criteria

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) Neelam Potdar Consultant Gynaecologist			Executive Lead
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
March 2021	V2	Neelam Potdar	Baseline investigations section updated
Jan 2025	V3	Neelam Potdar	<p>Criteria for NHS funded Tertiary Care updated; Both partners should have indefinite leave to remain or British passports. AMH >5.5 pmol/L and Serum FSH <15 IU/L</p> <p>BMI section updated; There are no weight limits for men unless undergoing surgical sperm retrieval procedure (BMI in these cases will be required 35 and below, safety reasons)</p>

Guideline for investigation of new referral infertility patients

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