

# Referral Support Service

## Gynaecology

### GY20 Subfertility

#### Definition

- Failure to conceive after a year of regular unprotected intercourse in the absence of any known reproductive pathology

#### Clinical Exclusions

- Subfertility treatment is not commissioned for females with BMI >35 due to risk of pregnancy complications
- Secondary care fertility treatment is restricted to women with BMI <30 complying with the Optimising Health Outcomes criteria.
- Smoking increases miscarriage risk and active smoking is an exclusion criteria.

#### Management

- All couples should be offered clinical investigations in primary care after 1 year of trying to conceive.
- Secondary care referral after 2 years of subfertility for further investigations
- Consideration for earlier referral should be given to:
  - Women over 36
  - Identified cause for subfertility or history of subfertility

#### Referral Information

##### Information to include in referral letter

- Length of subfertility
- Parity, past pregnancies outcomes
- Cycle (e.g. K 5/28)
- Past contraception – not uncommon for up to 9m amenorrhoea to follow **Depo-provera®** cessation, up to 6 months for COC
- Significant past medical history and drug medical history
- BMI (must be <35 for referral)
- Results of the above investigations

##### Investigations prior to referral

- Chlamydia screening required.
- High Vaginal Swab only if symptomatic with PV Discharge.
- Men should have Chlamydia and Gonococcal screening (consider [self swab kit](#) from YorSexual Health)
- Pelvic USS (please request **antral follicle count**) **ONLY AVAILABLE AT YORK HOSPITAL**
- Smear test (ensure up to date)

- D1-5 FSH/LH and Estrogen level
- D21 Progesterone (or 7d prior to predicted next period)
- Rubella serology only if no GP record of 2 MMR vaccinations.
- If cycle irregular: TFTs and Prolactin
- Semen Analysis – if abnormal repeat in 3m. (please ensure result available even if partner registered with another GP).

### Desirable Information

Pre-conceptual advice given:

- Regular intercourse (every 2-3 days) throughout the cycle
- Alcohol advice - <2 Units/week for females, <4 Units for males
- Referral for smoking cessation prior to subfertility treatment
- **Folic acid 400mcg daily or 5mg (if high risk e.g. Epileptics), ideally a multi-vitamin for pregnancy containing iron and Vitamin D. eg. Pregnacare® or Sanatogen Pronatal® OTC.**
- BMI >30: encourage group therapy for weight loss (shown to increase pregnancy rates)
- Rubella immunization if needed (contraception required for 4weeks post MMR)

### Assisted Conception:

- **IVF** is funded for couples meeting the CCG's criteria [link](#)
- There is a proforma to complete to confirm these criteria and attach supporting documents.

### Patient information leaflets/ PDAs

- Patient UK leaflet: [click here](#)

### References

- NICE CKS: <https://cks.nice.org.uk/infertility#!scenario:1>