

SUBFERTILITY

(Defined as involuntary failure to conceive within 12 months with regular coitus)

Clients attending with fertility concerns should have a medical, drug, menstrual, contraception, social and sexual history plus the following discussion:

- Length of time the client has been trying to conceive (>80% couples will conceive within 1 yr if the woman is under 40 years, >90% will conceive within 2 years)
- Coital frequency, any sexual problems
- Partner's medical history (including testicular problems/surgery), drug, social, family history and whether fathered any pregnancies
- Appropriate knowledge of how and when to conceive
- Advise folic acid supplementation – 400 micrograms tablet daily
(Women with a BMI >30 or higher risk of NTD need a 5mg tablet available on prescription from their GP - see Sandyford Preconceptual Care protocol)
- Lifestyle factors for both partners (see criteria in appendix for NHS funded treatment and Sandyford Preconceptual Care protocol).
- Offer STI screening (Chlamydia test required before tubal patency tests, full screen required for IVF)
- Rubella serology is no longer a routine test. Advise client to contact GP if rubella vaccination status uncertain
- Weight (see Factors Affecting Fertility in appendix)
 - Optimal BMI 20-25
 - Subfertility treatment within NHS GGC restricted to those with BMI < 30
 - Consider referral to GGC weight management service if BMI ≥ 40.
 - Consider delaying conception until weight reduced

Single people and same sex couples:

Lesbian couples can be referred to NHS assisted conception services providing they are within the service's criteria for assisted conception.

Single individuals and GBMSM couples are not eligible for NHS assisted conception.

Transgender individuals are eligible for NHS funded cryopreservation of gametes and they may be eligible for subsequent assisted conception if they meet the general NHS criteria

Clients with Blood Borne Virus Infection:

Decisions about fertility management should involve discussions between the couple, a fertility specialist and an HIV specialist or BBV specialist. If a patient with a BBV comes through Sandyford requesting assistance with conception speak to the relevant HIV and/or BBV Consultant.

Referral to Assisted Conception Services

Clients should be encouraged to seek referral via their GP. If this is not possible or there are other gynaecological or sexual health problems, referral can be arranged via the Sandyford Sexual & Reproductive Health Service.

Private Fertility Treatment

Patients undergoing fertility investigations within the private sector may attend our services requesting some tests. Unfortunately we can no longer provide this service unless the tests are clinically indicated for another reason.

References

National Institute for Health and Care Excellence. Clinical Guideline CG156 Fertility: Assessment and Treatment for people with Fertility Problems. February 2013.

<https://www.nice.org.uk/guidance/cg156/resources/fertility-problems-assessment-and-treatment-pdf-35109634660549>

[Accessed 19 June 2023]

Glasgow Royal Infirmary Assisted Conception Service

[NHSGGC : Referral, acceptance criteria](#)

[Accessed 19 June 2023]

APPENDIX

Access Criteria for NHS Funded IVF Treatment for patients in all NHS Boards in Scotland from 1 July 2013

Referral for treatment can be made if **all** access criteria are fulfilled, as noted below.

Definition of infertility for couples

Infertility with an appropriate cause, of any duration

OR

Unexplained infertility of two years – heterosexual couples

Unexplained infertility following six-eight cycles of donor insemination – same sex couples

Age

Less than 42 years on the day of the initial referral

Sterilisation

Neither partner to have undergone voluntary sterilisation or who have undertaken reversal of sterilisation.

Stable Relationship

Couples must have been co-habiting in a stable relationship for a minimum of two years.

Children

Couples with children are eligible for IVF provided one of them has no biological child

Lifestyle*

There is a responsibility on patients to follow these access criteria listed below* which are in the interest of the welfare of the child and the effectiveness of treatment. Clinicians may conduct testing to ensure that patients adhere to the criteria and in the event of a positive test, patients will not be given treatment.

Body Mass Index (BMI)*

The female partner must have a BMI above 18.5 and below 30. Couples should be aware that a normal BMI is best for both partners.

Smoking*

Smoking status must be assessed prior to referral for treatment and again in the tertiary centre before treatment commences.

Both partners' must be non-smoking for at least three months before treatment (including e-cigarettes) and couples must continue to be non-smoking during treatment.

Alcohol and Drugs*

- ☐ Both partners must abstain from illegal and abusive substances
- ☐ Both partners must be Methadone free for at least one year prior to treatment
- ☐ Neither partner should drink alcohol prior to or during the period of treatment