FERTILITY CARE PATHWAY FOR GPs

A quick guide to managing patients who are experiencing a delay in conception

PATIENT HISTORY

Explore the couple's history for known risk factors and counsel, investigate or refer accordingly:

- Patients' age – the most important factor in a couple's fertility
- How long they have been trying to conceive
- Frequency and timing of intercourse
- Sexual dysfunction, e.g. impotence or dyspareunia
- Previous pregnancies or miscarriage
- Medication use
- Menstrual history:
  - Cycle interval
  - Duration of bleeding
  - Irregular bleeding
  - Dysmenorrhoea
  - Oligomenorrhoea
  - Amenorrhoea
- Medical comorbidities – management and stability
- Family history of hereditary conditions
- Smoking, alcohol and recreational drug use
- Occupational exposure to harmful chemicals

INVESTIGATIONS FOR WOMEN

Patients can be referred to a fertility specialist for review and investigations – these tests do not need to be ordered prior to referral.

- Ovulation assessment:
  Normal cycle – perform one week before the expected period date (e.g. day 21 in a 28-day cycle)
  Irregular cycle – perform between days 3–7
  - Progesterone
    - >30 ng/mL = confirmed ovulation
    - 15–30 ng/mL = late or early ovulation
    - <5 = ovulation unlikely
  - Hormone assessment – perform between days 2–4:
    - FSH
    - Low FSH/LH = hypothalamic (low BMI, stress etc)
    - High FSH = ovarian insufficiency
    - Normal FSH in an anovulatory cycle = ovarian dysfunction (PCOS)
    - LH
    - Oestradiol
    - TFTs
    - Prolactin
    - Anti-Müllerian Hormone (AMH) to gauge ovarian reserve
- Imaging – pelvic ultrasound, antral follicle count (AFC) or hysterosalpingogram if pelvic pathology is suspected
- FBE, EUC, iron studies*
- HbE screening for thalassaemia
- IVF screening tests (optional):
  - Hepatitis B, C
  - HIV
  - VZV
  - Syphilis
  - Rubella
  - Chlamydia
  - Gonorrhoea
  - CMV**
  - Karyotype **^
  - Blood group & antibody*
- Genetic carrier screening (if woman/couple desires)*

*If not already performed, as part of routine prenatal screening

**CMV and karyotype are required for patients before IUI and IVF

^Karyotype is only partially funded by Medicare once per lifetime, with an out-of-pocket cost of $100–200

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OPTIMISING FERTILITY IN WOMEN

Counsel women on the following topics if you have identified clear goals for lifestyle intervention and referral is otherwise not yet indicated:

- Daily supplements – folic acid: at least 400 mcg; iodine: 150 mcg
- Appropriately timed intercourse – 2–4 days before ovulation up until the day of ovulation (every second day)
- Alcohol – abstain; no level of intake considered safe for developing foetuses
- Smoking – avoid; no safe limit
- Body weight – ideal BMI is between 19–25; optimise diet and exercise where indicated
- Caffeine – uncertain impact on natural conception; limit to ≤2 cups/day
- Drug use – avoid
- Immunisations – varicella, rubella and influenza
- Optimisation of pre-existing medical conditions
- Cervical screening tests

REFERRAL

Refer to a fertility specialist if:

- Age <35 years – refer after 12 months of trying
- Age >35 years – refer after 6 months
- Menstrual irregularities, e.g. oligomenorrheoa, dysmenorrhoea
- Irregular hormonal assessment, e.g. low progesterone or AMH
- Pelvic pathology
- Multiple miscarriages
- Risk management or genetic counselling is required for known hereditary conditions
- Patient wants to explore options for specialist management of a medical condition with potential to impact fertility, e.g. endometriosis
- Patient is seeking a specialist opinion
- Referral indicated for male partner

NEWLIFE IVF

FERTILITY CARE PATHWAY FOR GPs

INVESTIGATIONS FOR MEN

Patients can be referred to a fertility specialist for review and investigations – these tests do not need to be ordered prior to referral.

- Semen analysis (volume and sperm concentration, motility and morphology)
  - Minor abnormalities – optimise diet and lifestyle factors and repeat the test in 6–12 weeks
- Genetic carrier screening if the female partner is a carrier of a genetic condition or if extended couple screening is selected*
- IVF screening tests (optional):
  - Hepatitis B, C*
  - HbE screening for thalassaemia
  - HIV*
  - Genital infections*
  - CMV**
  - Karyotype**^

**CMV and karyotype are required for patients before IUI and IVF

^Karyotype is only partially funded by Medicare once per lifetime, with an out-of-pocket cost of $100–200

OPTIMISING FERTILITY IN MEN

Counsel men on the following topics if you have identified clear goals for lifestyle intervention and referral is otherwise not yet indicated:

- Normalise weight where indicated
- Exercise 1–2 hours per week
- Smoking – avoid
- Alcohol – decrease intake
- Consider male preconception support, e.g. Menevit or equivalent
- Coenzyme Q10 – 600 mg/d

REFERRAL

Refer to a fertility specialist if:

- Poor semen analysis
  - If no sperm is found, refer immediately
- Presence of sperm antibodies
- Genital pathology
- History of urogenital surgery, testicular cancer, chemotherapy/radiation treatment, trauma or infection/ STDs
- Varicocele
- Risk management or genetic counselling is required for known hereditary conditions
- Referral indicated for female partner

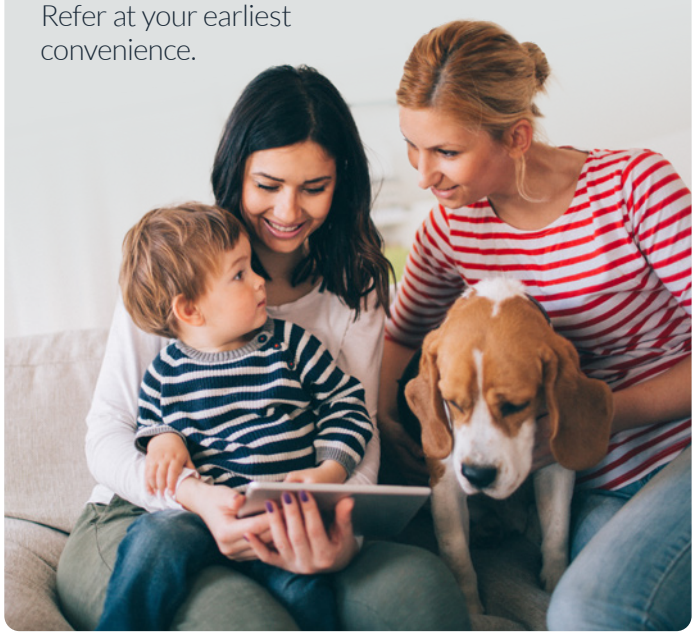
It is not necessary to arrange all investigations before referral. Our fertility specialists are happy to arrange these investigations.

MODERN FAMILY BUILDING

Newlife IVF is committed to inclusive fertility care.

We support assisted conception for LGBTQI+ couples and single women wishing to embark on solo parenting, including access to donor sperm.

Refer at your earliest convenience.



With an expansive suite of treatment options, each patient's treatment plan is uniquely designed to meet their fertility needs.

Our fertility specialists:

- Dr Nicole Hope
- Dr Sameer Jatkar
- Dr Chris Russell
- Dr Hugo Fernandes
- A/Prof Martin Healey
- Dr Amber Kennedy
- Dr Lauren Hicks

Contact us:

T. (03) 8080 8933
E. hello@newlifeivf.com.au

BOX HILL | CLAYTON | EAST MELBOURNE

newlifeivf.com.au