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SUBFERTILITY – QUICK REFERENCE GUIDE FOR PRIMARY CARE

(Practice nurse or GP to arrange tests/referral – Please complete Fertility Referral Form)

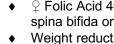
FEMALE

Refer following 1 year of sub-fertility

MALE

BEFORE a referral is made please provide the couple with the following information leaflets obtained from:

- www.womenshealthpeterborough.co.uk
- 'Best practice fertility advice'
- 'Timing Intercourse to the Fertile Time'



♀ Folic Acid 400mcg daily (5mg if diabetic, epileptic, coeliac disease, BMI over 30 or the couple have spina bifida or family history of NTD)

- Weight reduction if either BMI > 25
- Record cycles (normal 25 42 days)
- Consider impact of current & past medication
- Accurately calculate length of subfertility
- Advise to guit smoking and or recreational drug use

TESTS

- Rubella
- Progesterone (Ideally 7 days before predicted period, if cycles irregular test on Day 21, 28, & 35).
- Baseline hormones day 1-3 of cycle FSH, LH, Oestradiol, TSH, prolactin, testosterone (if amenorrhoea, test randomly).
- Chlamydia screen
- HBA1c for Diabetics or patient has PCO with BMI over 30, relative with diabetes, previous gestational diabetes or over 40 years of age.

TESTS

- Semen Analysis If first semen analysis entirely normal a second is not required.
- Chlamydia Screen

History and examination

Consider earlier referral if:

- Amenorrhoea / oligoamenorrhoea (Cycle lengths shorter than 25 days or longer than 42 days)
- Abnormal pelvic examination
- Subfertility with previous partner.
- Same sex couples

History and examination

Consider earlier referral if:

- Azoospermia
- Abnormal genital examination
- Subfertility with previous partner.
- Same sex couples

Any queries about referral or results please call the Fertility Nurses Tel 01733-673750 (voicemail)

Interpreting results – please contact one of the fertility nurse specialists with any queries.

FEMALE REFERENCE RANGE		HINCHINGBROOKE HOSPITAL	PETERBOROUGH CITY HOSPITAL
	PROGESTERONE	11 – 81 NMOL/L	≥ 20 NMOL/L
	FSH	2.9 – 8.4 U/L (FOLLICULAR PHASE)	≤ 8.9 U/L
	LH	1.3 – 8.4 U/L (FOLLICULAR PHASE)	≤ 10 U/L
	OESTRADIOL		≥ 98 PMOL/L
	PROLACTIN	59 – 619 mU/L	≤ 500 MU/L
	TSH	0.35 – 5.5 MU/L	0.30 - 4.2 MU/L
	TESTOSTERONE	0.0 – 1.8 NMOL	< 3 NMOL/L

Semen analysis

At least one semen analysis result must be available before we are able to see the couple in the clinic. Please repeat 3 months later if abnormal.

REFERENCE RANGE THE SAME FOR BOTH HOSPITALS
VOLUME: ≥1.5ML
SPERM CONCENTRATION: ≥15 MILL / ML
PROGRESSIVE MOTILTIY: ≥32%
NORMAL MORPHOLOGY: ≥4%

<u>Rubella</u>

If rubella not detected, offer vaccination.