1. Referral – Primary to Secondary/Tertiary Care

Referral Criteria

- Refer after 1 year of trying or
- After 6 months if previous PID, ectopic pregnancy, pelvic surgery, age>35 years

Immediate/Early Referral

- Suboptimal semen analysis
- Irregular/no periods
- Severe endometriosis
- Blocked tubes
- Same sex couples
- Family history of early menopause

Female Partner - Initial Checks

Height, weight - BMI

Rubella status or MMR

Cervical screening (smear) up to date & negative Sterilisation (either partner, even if reversed) patient not eligible for NHS funded treatment but may self-fund treatment.

Male Partner - Initial checks

If oligo (<5 million / ml) or azoospermia (OAT) repeat

check US testes, prolactin,

testosterone, LH/FSH, Cystic

Fibrosis, Y-microdel, karyotype

samples ~4 weeks apart

if available

Semen analysis (Highlands and Islands – refer directly to - Aberdeen)

²Abnormal <u>and</u> GP ability to perform tests

Female Partner Investigations Prior to Referral

(For same sex couples, partner who wishes to become pregnant)

All patients

Low vaginal swab/urine for chlamydia (within one year and in current relationship)

¹Thyroid Function Test within 1 year

Women with regular cycles

Mid-luteal progesterone (7 days prior to expected period)

Women with irregular cycles (<21 - >35 days)

 Day 1-5 (preferably, if has periods) FSH, LH, Oestrodiol, Prolactin, Testosterone/Androgen profile. If age >45 no onward referral

If BMI >35 Women to be given lifestyle advice and no onward referral

If no MMR, refer to vaccination centre or check Rubella immunity

If sterilized, no NHS funded treatment available like reversal / IVF. Can self-fund at NHS Centre.

Initial Management (for General Practitioners)

Provide general information e.g. leaflets, relevant websites and NHS accessibility.

Commence ³folic acid (0.4 or 5mg/day) and ⁴vitamin D (10mcg daily).

Advise women that no IVF or Intrauterine insemination meet NHS eligibility criteria e.g. BMI >18.5 and <30.

Advise sexual intercourse 2-3 days a week.

Advise both partners to quit smoking, E-cig, vaping (otherwise not eligible for NHS assisted conception), Reduce alcohol intake (and quit recreational drugs, if applicable).

Initial information on NHS Eligibility

In referral letter please include concerns which may pose a serious risk of harm to a child resulting from treatment

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2. Appendix 1

¹Thyroid Function Test

Thyroid test should be completed within one year at time of referral.

- 1) https://www.rcog.org.uk/guidance/browse-all-guidance/scientific-impact-papers/subclinical-hypothyroidism-and-antithyroid-autoantibodies-in-women-with-subfertility-or-recurrent-pregnancy-loss-scientific-impact-paper-no-70/
- 2) https://www.fertstert.org/article/S0015-0282(15)00379-9/fulltext

²Abnormal semen counts

The expectation is that all additional tests in cases of severe OAT will be performed at the Secondary/Tertiary centres unless the GP has the ability to request the appropriate tests and competent with managing the results.

³Folic Acid (Vitamins and minerals in pregnancy | Ready Steady Baby! (nhsinform.scot))
Daily 400 mcg (0.4 mg) folic acid tablet. Prescribe 5 mg folic acid if:

- •a baby with a neural tube defect previously or a close family member with neural tube defect
- On anti-epileptic medication
- •Diabetes, Coeliac disease, Sickle-cell anaemia or thalassaemia
- •BMI > 30

⁴Vitamin D

Everyone should consider taking a daily supplement containing 10 micrograms (10μ) of vitamin D (400 IU), particularly during the winter months (October to March).

https://www.gov.scot/publications/vitamin-d-advice-for-all-age-

 $\frac{groups/\#:^\sim:text=Healthy\%20Start\%20vitamins\%2C\%20which\%20contain,health\%20visitor\%20for\%20furtherw20information}{}$

Appendix 2

Confidentiality

GPs should obtain consent (expressed or implied) from the patient's partner if referring both the patient and partner. In the absence of this evidence the secondary/tertiary centre should obtain consent (expressed or implied) from the partner (see attached letter for example).

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