

Fertility/IVF referral pathway involving primary care (part 1)

Couple sees GP with failure to conceive
See [NICE guidelines](#)

Primary Care investigation of all couples STARTS with

Male investigations

- **Analysis of seminal fluid.** This should be the first step in the investigation of infertility since in the absence of sperm the fertility appointment is not required.

Method

- 3 days abstinence from intercourse
- collection of specimen of semen in a sterile plastic container after masturbation
- examine within time set by clinic prior appointment

NICE guidance: [Fertility problems assessment and treatment](#)

Referral forms available as templates on your software

Female investigations also required

Female investigations

- Assessment of ovulation - mid-luteal progesterone - taken seven days prior to menses e.g. day 21 of 28 day cycle or day 25 of 32 day cycle. For **amenorrhoea** just state this at the time of the tests.
- Other hormonal tests – LH, testosterone, TSH
- FSH, Prolactin - performed on day 2 – 5 of cycle. See above for amenorrhoea.
- Rubella status (if not already known)
- In date cervical smear
- Chlamydia swab
- Pelvic/TV USS if available

NO SPERM
Or previously proven inability to conceive
Azoospermatic couples who meet **the funding criteria** go straight to IVF with the female partner's tests, which are required prior to referral.

Normal/Low sperm count

- Normal / low sperm count
- Abnormal bloods and/or
- Abnormal scan and/or
- No conception after one year of regular SI

Referral made to IVF UNIT of CHOICE ([see part 2](#))
Please use OCCG guidelines for eligibility criteria for NHS funded treatment and the referral form
Provider options are [here](#)

Patients seen and treated in
NHS FERTILITY CLINIC
(see part 2)

Refer all couples to NHS Fertility Clinic (Via C&B) with above test results

CONCEPTION and/or END OF TREATMENT

