NICE National Institute for Health and Care Excellence

NICE Pathways

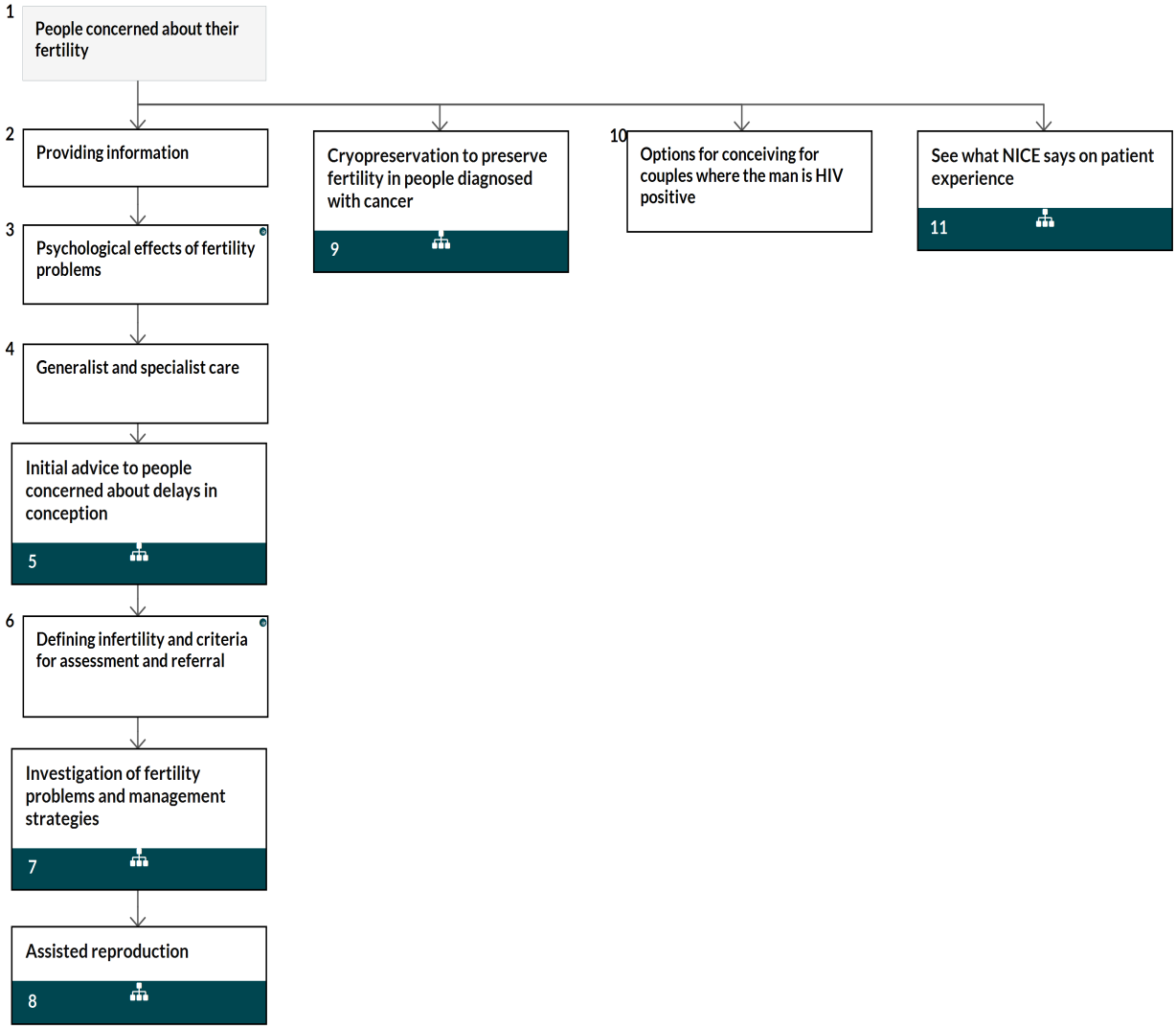
Fertility overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/fertility
NICE Pathway last updated: 03 September 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 People concerned about their fertility

No additional information

2 Providing information

Couples who experience problems in conceiving should be seen together because both partners are affected by decisions surrounding investigation and treatment.

People should have the opportunity to make informed decisions regarding their care and treatment via access to evidence-based information. These choices should be recognised as an integral part of the decision-making process. Verbal information should be supplemented with written information or audio-visual media.

Information regarding care and treatment options should be provided in a form that is accessible to people who have additional needs, such as people with physical, cognitive or sensory disabilities, and people who do not speak or read English.

NICE has produced information for the public explaining the guidance on fertility problems.

3 Psychological effects of fertility problems

When couples have fertility problems, both partners should be informed that stress in the male and/or female partner can affect the couple's relationship and is likely to reduce libido and frequency of intercourse which can contribute to the fertility problems.

People who experience fertility problems should be informed that they may find it helpful to contact a fertility support group.

People who experience fertility problems should be offered counselling because fertility problems themselves, and the investigation and treatment of fertility problems, can cause psychological stress.

Counselling should be offered before, during and after investigation and treatment, irrespective of the outcome of these procedures.

Counselling should be provided by someone who is not directly involved in the management of

the individual's and/or couple's fertility problems.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Counselling

4 Generalist and specialist care

People who experience fertility problems should be treated by a specialist team because this is likely to improve the effectiveness and efficiency of treatment and is known to improve people's satisfaction with treatment.

5 Initial advice to people concerned about delays in conception

See Fertility / Initial advice to people concerned about delays in conception

6 Defining infertility and criteria for assessment and referral

Offer an initial consultation to discuss the options for attempting conception to people who are unable to, or would find it very difficult to, have vaginal intercourse.

Healthcare professionals should define infertility in practice as the period of time people have been trying to conceive without success after which formal investigation is justified and possible treatment implemented.

A woman of reproductive age who has not conceived after 1 year of unprotected vaginal sexual intercourse, in the absence of any known cause of infertility, should be offered further clinical assessment and investigation along with her partner (see investigation of fertility problems and management strategies).

A woman of reproductive age who is using artificial insemination to conceive (with either partner or donor sperm) should be offered further clinical assessment and investigation if she has not conceived after 6 cycles of treatment, in the absence of any known cause of infertility. Where this is using partner sperm, the referral for clinical assessment and investigation should include her partner (see investigation of fertility problems and management strategies).

Offer an earlier referral for specialist consultation to discuss the options for attempting conception, further assessment and appropriate treatment where:

- the woman is 36 years or over
- there is a known clinical cause of infertility or a history of predisposing factors for infertility.

Where treatment is planned that may result in infertility (such as treatment for cancer), early fertility specialist referral should be offered.

People who are concerned about their fertility and who are known to have chronic viral infections such as hepatitis B, hepatitis C or HIV should be referred to centres that have appropriate expertise and facilities to provide safe risk-reduction investigation and treatment. Also see options for conceiving for couples where the man is HIV positive [See page 5] and testing for infection and cervical screening before fertility treatment.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Referral for specialist consultation

7 Investigation of fertility problems and management strategies

See Fertility / Investigation of fertility problems and management strategies

8 Assisted reproduction

See Fertility / Assisted reproduction for people with fertility problems

9 Cryopreservation to preserve fertility in people diagnosed with cancer

See Fertility / Cryopreservation to preserve fertility in people diagnosed with cancer

10 Options for conceiving for couples where the man is HIV positive

For couples where the man is HIV positive, any decision about fertility management should be the result of discussions between the couple, a fertility specialist and a HIV specialist.

Advise couples where the man is HIV positive that the risk of HIV transmission to the female partner is negligible through unprotected sexual intercourse when all of the following criteria are met:

- the man is compliant with HAART
- the man has had a plasma viral load of less than 50 copies/ml for more than 6 months
- there are no other infections present
- unprotected intercourse is limited to the time of ovulation.

Advise couples that if all the criteria above are met, sperm washing may not further reduce the risk of infection and may reduce the likelihood of pregnancy.

For couples where the man is HIV positive and either he is not compliant with HAART or his plasma viral load is 50 copies/ml or greater, offer sperm washing.

Inform couples that sperm washing reduces, but does not eliminate, the risk of HIV transmission.

If couples who meet all the criteria above still perceive an unacceptable risk of HIV transmission after discussion with their HIV specialist, consider sperm washing.

Inform couples that **there is insufficient evidence to recommend** that HIV negative women use pre-exposure prophylaxis, when all the criteria above are met.

11 See what NICE says on patient experience

See Patient experience in adult NHS services

Glossary

Expectant management

A formal approach that encourages conception through unprotected vaginal intercourse. It involves supportively offering an individual or couple information and advice about the regularity and timing of intercourse and any lifestyle changes which might improve their chances of conceiving. It does not involve active clinical or therapeutic interventions.

Full cycle

a full cycle of IVF treatment, with or without ICSI comprises 1 episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s)

HAART

highly active antiretroviral therapy

HSG

hysterosalpingography

ICI

intracervical insemination

ICSI

intracytoplasmic sperm injection

IUI

intrauterine insemination

IVF

in vitro fertilisation

Mild male factor infertility

Defined for the purposes of these recommendations as meaning when 2 or more semen analyses have 1 or more variables below the 5th centile (as defined by the WHO, 2010). The effect on the chance of pregnancy occurring naturally through vaginal intercourse within 2 years would then be similar to people with unexplained infertility or mild endometriosis.

Natural cycle IVF treatment

an IVF procedure in which one or more oocytes are collected from the ovaries during a spontaneous menstrual cycle without the use of drugs

WHO group I ovulation disorders

World Health Organization group I ovulation disorders are classified as hypothalamic pituitary failure (hypothalamic amenorrhoea or hypogonadotrophic hypogonadism)

WHO group II ovulation disorders

World Health Organization group II ovulation disorders are classified as hypothalamic-pituitary-ovarian dysfunction (predominately polycystic ovary syndrome)

WHO

World Health Organization

Sources

Fertility problems: assessment and treatment (2013 updated 2017) NICE guideline CG156

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual

needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.