

Infertility Referral

Diagnosis/Definition

Infertility is defined as the inability to become pregnant after attempting for one year. The diagnosis is based on the patient's report of attempting for this duration and can be primary (never pregnant) or secondary (prior history of pregnancy, but inability to conceive for more than a year). Infertility is most caused by derangements of ovulation, tubal disease, or male factors.

Indications for Referral

- Inability to become pregnant after attempting for one year (i.e., regular intercourse and no contraception) if <35 years old. If >35 years old, then 6 months of attempting.
- Obvious infertility factors (e.g., amenorrhea, imperforate hymen, tubal disease, etc.).

Infertility Evaluation Referral

To be completed prior to placing referral:

- Complete women's health examination
- Health co-morbidities optimized, e.g., HTN, DM, Sz disorder, mood disorder, etc
- Confirm that cervical cancer screening is up to date. If not, obtain pap smear
- Provide comprehensive cervical screening history
- Chlamydia and GC
- Semen analysis within last year. PCP can order. Referral to Urology if abnormal
- If non-beneficiary partner, advise to get chart started with Central Registration
- Nutrition consultation for BMI >30 for weight loss prior to referral.
- TSH, Prolactin level (morning fasting prolactin)
- Documentation of ovulation (LH detection kits, or Day # 21 progesterone if 28-day cycle)
- Age 35 or greater: Day 3 FSH
- Transvaginal pelvic ultrasound

Customer Owner Information

- Counsel couple to continue to attempt pregnancy for at least one year before seeking fertility services (unless the patient is >35 years old, then 6 months is sufficient).
- Counsel couple regarding fecundity rates by age and timing of intercourse by LH surge to optimize their chances
- Folic acid supplementation
- Counsel to start tracking menstrual cycles
- Male factors are found in ~40% of infertile couples - semen analysis within one year

Provider Information

- ANMC provides basic infertility therapy, e.g., ultrasound, hysterosalpingogram, semen analysis, laparoscopy, hysteroscopy, basic GYN and Urologic surgery, and oral ovulation induction – clomiphene / letrozole, but not other advanced techniques. Ovulation induction injections, artificial insemination, IVF, etc... are available elsewhere with COs other resources.
- For a typical 28-day cycle, the progesterone level would be obtained on day 21. A progesterone level >3 ng/mL is evidence of recent ovulation

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