

Infertility

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About us

- Large fertility service
- Full range of diagnostic and treatment options
- From blood tests to surgery to IVF
- No waiting times for IVF (NHS or private)
- Exceptional results

Objectives

- Overview of investigations in primary care
- Overview of funding criteria for NWL CCG
- When to refer
- What to expect
- What we provide

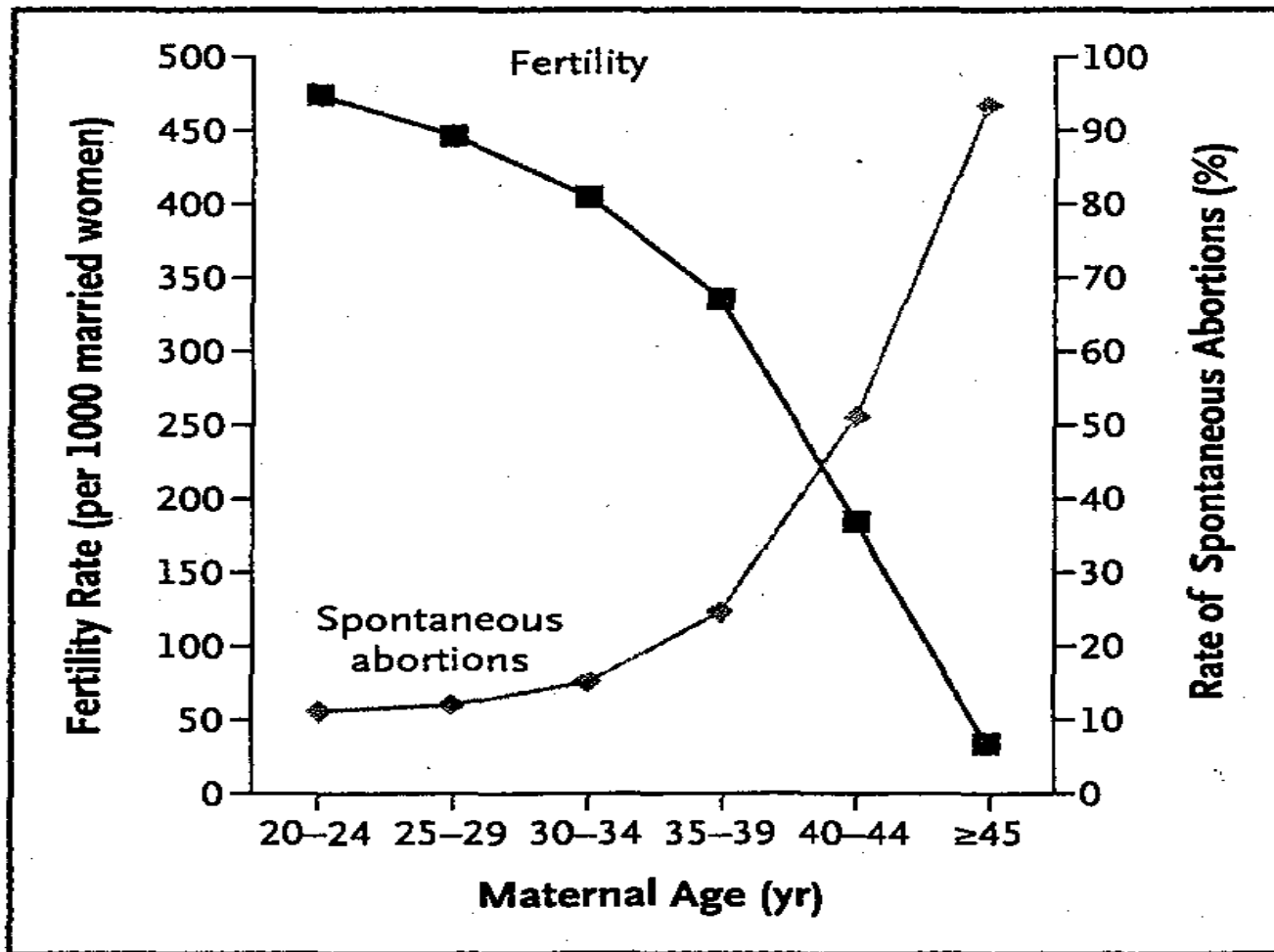
Investigations in primary care

- Pelvic ultrasound scan
- D2-D5 blood for FSH, LH, Estradiol
- Rubella status
- Semen analysis
- (D21 progesterone) - probably not needed if regular predictable menstrual cycles

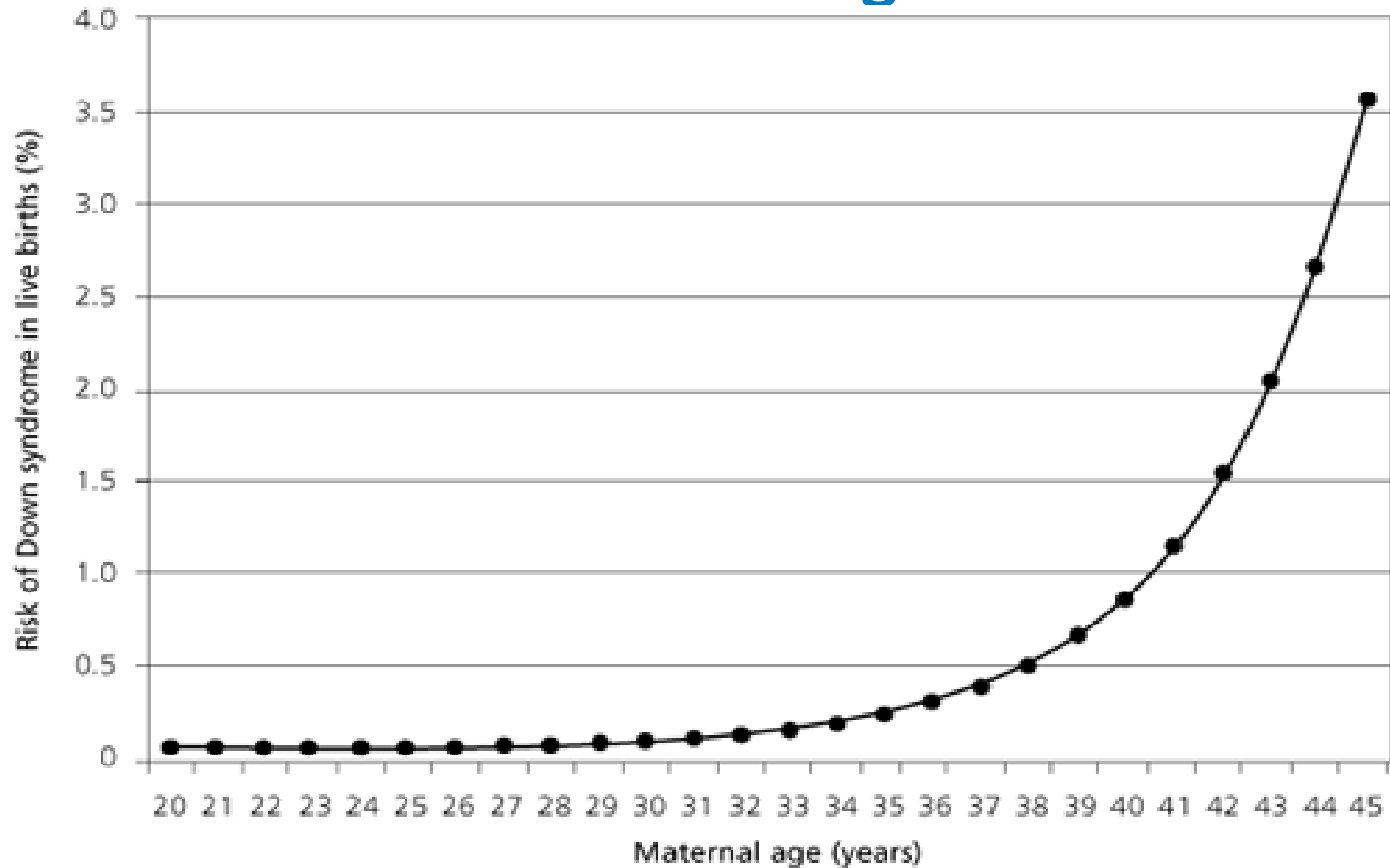
Causes of fertility problems

- Anovulation
- Male factor
- Pelvic : endometriosis, adhesions, fibroids
- Age

Age, fertility & miscarriage



Risk of Down's syndrome birth by maternal age



When to refer?

Sooner if :

- History of risk factors (pelvic infection, previous pelvic surgery, symptoms suggestive of endometriosis)
- Age >35 and definitely if age >38
- Ovarian reserve declines
- Fertility declines
- Window of opportunity

Managing expectations

- Initial investigations complete in primary care
- Further investigations and intervention in secondary care:
- AMH
- Antral follicle count
- HSG
- ?laparoscopy or hysteroscopy
- Allow time to complete investigations and make diagnosis

Treatment options

- Reassurance and expectant management
- Surgical intervention
- Treatment of intrauterine abnormalities
- Treatment of pelvic pathology
- Rarely: follicle monitoring, IUI
- Ovulation induction
- IVF

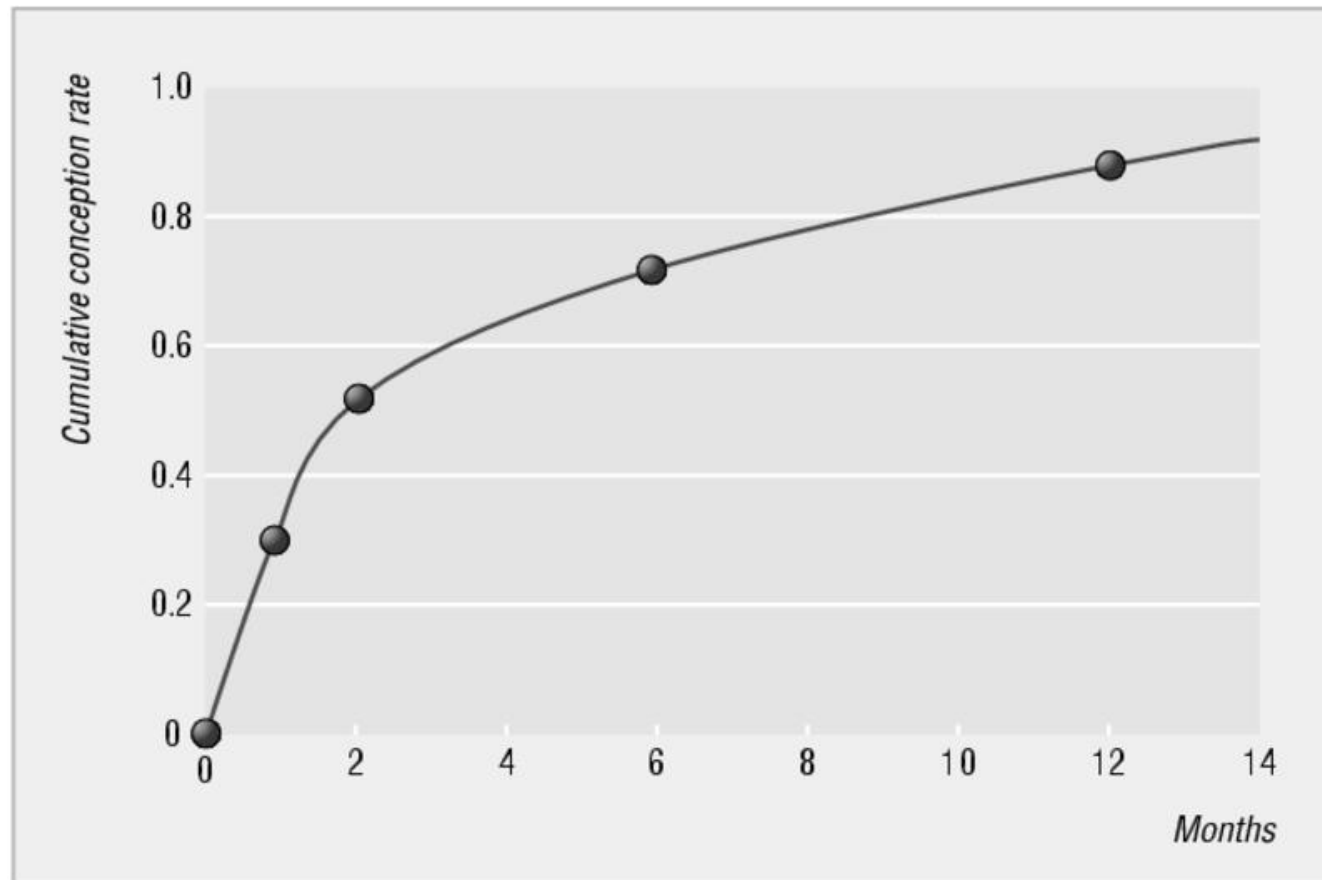
IVF funding

- NWL CCG
- <age 40
- Must have started IVF treatment by 40th birthday
- No children in current or previous relationships for either partner
- No smoking - both partners
- BMI <30 for female
- No evidence of low ovarian reserve (AMH<5.4 & AFC <4)

Case 1

- 25 year old (F) + 26 year old (M)
- Both fit and well - no medical problems
- Trying for 9 months
- Anxious about conceiving

Case 1



Case 1

Previous
history of
Chlamydia?

	x 1	x 2	x 3
Risk of infertility	12%	25%	50%

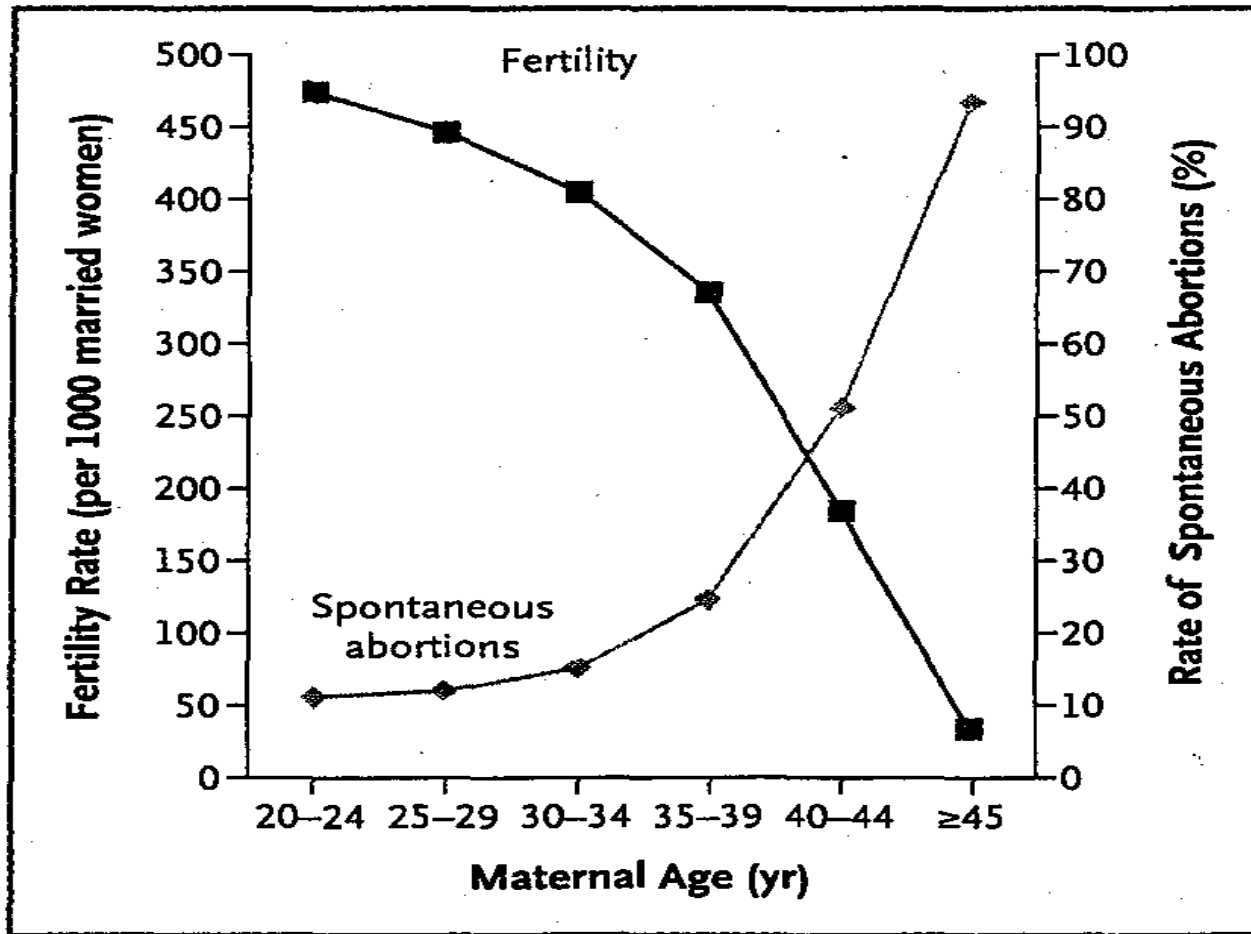
Tubal factor

- Confirmation of tubal blockage
- HSG vs HyCoSy vs Laparoscopy
- +/- hydrosalpinx
- X3 RCT showing statistically significant improvement in pregnancy rate following salpingectomy
- Tubal surgery ?
- Best option is IVF

Case 2

- 38 year old (F) 38 year old (M)
- Fit and well
- Started trying 6 months ago
- Anxious

Age, fertility & miscarriage

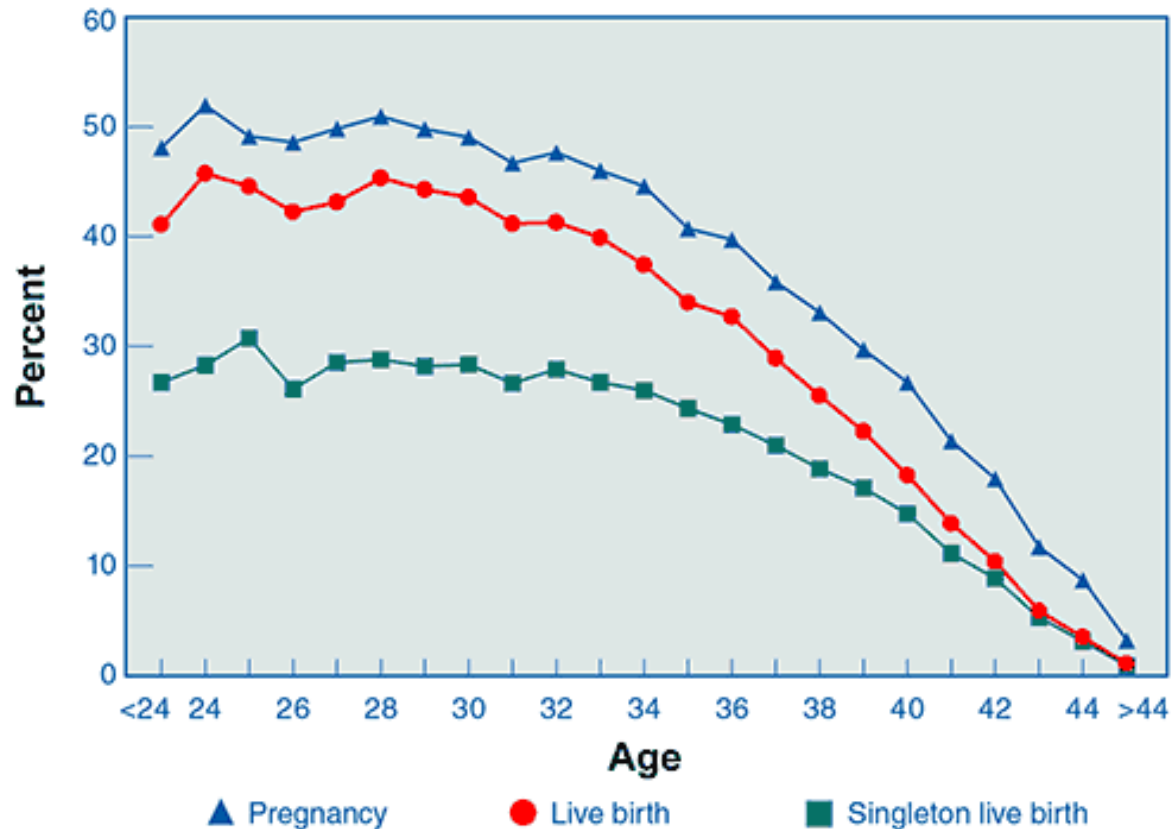


Case 2

- Work up and refer sooner
- Declining fertility
- May have additional gynaecological issues that need addressing
- NHS funding!

Case 2

Percentages of ART Cycles Using Fresh Nondonor Eggs or Embryos That Resulted in Pregnancies, Live Births, and Singleton Live Births, by Age of Woman,* 2010



Case 2

Options:

- Reassure and keep trying
- Discuss efficacy and provision of fertility options
- ?laparoscopy and treat endometriosis
- Consider IVF
- Declining ovarian reserve
- ?too late in 2 years

Case 3

- 41 (F) + 45 (M)
- Fit and well
- All investigations normal
- AMH 12!
- Normal sperm

Case 3

- Investigations available on NHS
- Surgical interventions available on NHS
- IVF - not available for NWL CCG