**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

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| **Subject:** Basic Infertility Services | **No.** |
| **Approved by:**  |  | **Effective Date:**  |
| **Revised Date:** January 2018, January 2021, **October 2022** |
| **References:** American College of Obstetrics and Gynecologists (ACOG); American Society for Reproductive Medicine (ASRM), 2013; U.S. Preventive Services Task Force (USPSTF) |

**POLICY:** This Clinical Practice Standard follows the recommendations of ACOG; ASRM, 2013; the USPSTF; and the National Clinical Training Center for Family Planning

**PURPOSE:** This Clinical Practice Standard provides direction for reproductive health clinics in providing basic infertility services to any client or couple who has concerns regarding their ability to conceive.

Infertility is defined as the inability to conceive after one year of unprotected intercourse, or after six months for the following groups:

* People who can become pregnant aged 35 or older or those with oligo- or amenorrhea, a history of endometriosis, or a known or suspected uterine or tubal disease/anomaly.
* People who can cause pregnancy who have a condition associated with sub- or infertility, such as diabetes, testosterone use, varicocele, or cryptorchidism with or without surgery.

Statistics show infertility occurs in approximately 10-15% percent of people in North America every year.

Basic infertility services at a family planning provider are focused on determining potential causes of the inability to achieve pregnancy and making any needed referrals to specialist care. If client has a partner with whom they are attempting to conceive, the partner should be evaluated at the same time. People in need of donor sperm to achieve pregnancy also warrant consideration for basic fertility services and should undergo a directed history and physical exam similar to any other infertile client.

**STANDARD:**

**(**insert **AGENCY name)** MDs, NPs, PAs, DOs, and NDs may provide basic infertility services to any client who requests this service. RNs may provide counseling and education related to basic infertility services.

**PROCEDURE:**

1. Follow the[*Core Reproductive Health Services CPS*.](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Core_RH.docx)
2. Review medical history(s).
3. Client capable of becoming pregnant:
* Presenting complaint: Duration of infertility and results of any previous evaluation/treatment
* Review of symptoms: weight gain or loss, heat or cold intolerance, excessive thirst or urination, pelvic or abdominal pain, dyspareunia, galactorrhea, hirsutism, and hot flashes.
* Medications: current medications and supplements, with an emphasis on identifying allergies and potential teratogens
* Social history: occupation, exposure to known environmental hazards, use of nicotine products, caffeine, alcohol, or recreational drugs
* Menstrual history: Age at menarche, cycle intervals/lengths/characteristics, presence of premenstrual symptoms, onset and severity of dysmenorrhea, and signs of ovulation (such as positive ovulation tests, cervical mucus changes or biphasic basal body temperatures)
* Contraceptive history: previous use of any contraceptive method, particularly long acting methods such as Depo-Provera, IUD, or implant as well as any associated problems.
* Obstetric history: gravidity, parity, time to pregnancy, fertility treatments, pregnancy outcome, delivery route, and associated complications.
* Gyn history: Any history of abnormal Paps and associated procedures, endometriosis, leiomyomas/uterine fibroids, pelvic inflammatory infections (PID), other sexually transmitted infections (STI)
* Sexual history: number and gender of current partner(s), coital frequency, timing in relation to the cycle, use of vaginal lubricant before or vaginal douching after coitus, loss of libido, or any associated problem.
* Past medical history, especially thyroid disorders, endocrine disorders, diabetes, hypertension, autoimmune disorders, depression
* Surgical history, with a focus on abdominal and pelvic procedures
* Family history: for similar problems among the family members, early menopause, history of Fragile X (or individuals with developmental delay).
1. Client capable of causing a pregnancy:
* Presenting complaint: Duration of infertility and results of any previous evaluation/treatment
* Review of systems: breast changes such as enlargement
* Medications: current medications and supplements, with an emphasis on identifying allergies and potential teratogens, use of anabolic steroids and supplements (e.g., testosterone), and cytotoxic drugs
* Social history: occupation and exposure to known environmental hazards, use of nicotine products, caffeine, alcohol, recreational or illicit drugs, or misuse of prescription drugs
* Contraceptive history: any previous history of causing a pregnancy, previous use of any contraceptive method either temporary such as condom, or permanent such as vasectomy.
* Sexual history: any history of sexually transmitted infections (STIs), number and gender of current partner(s), coital frequency, timing, and any associated problems such as erectile dysfunction or ejaculatory problems, or loss of libido
* Past medical history: especially diabetes, hypertension, hydrocele, varicocele, undescended testis mumps, tuberculosis, or bilharziasis
* Surgical history: for appendicectomy, inguinal hernia repair, testicular surgeries, or bladder-neck suspension operations.
* Family history: for similar problems among family members.
1. **(**insert **AGENCY name)** MDs, NPs, PAs, DOs, and NDs may perform a physical examination per [*Reproductive Health Well Visit CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-RH_Well_Visit.docx) with the following additional components:
2. Client capable of becoming pregnant:
* Blood pressure, heart rate, weight and height to calculate BMI
* Skin and hair exam with a focus on androgen access (male pattern facial, chest, and pubic hair growth; alopecia; acne or oily skin; or acanthosis nigricans)
* Thyroid exam for nodules, enlargement, or tenderness
* Breast exam for galactorrhea and nodules
* Abdominal exam for masses, organ enlargement, or tenderness
* Genital examination focusing on: visual inspection of the cervix for mucopus or lesions; uterine size, shape, mobility and tenderness, adnexal masses or tenderness, vaginal discharge, tenderness or nodularity in the cul-de-sac or uterosacral ligament denoting either endometriosis or tuberculosis.
1. Client capable of causing a pregnancy:
* Thyroid gland
* Secondary sexual characteristics
* Breast exam for gynecomastia
* Abdominal exam for any abdominal mass, undescended testis, inguinal hernia, organomegaly, or ascites
* Genital exam: shape and size of penis, prepuce, position of external urethral meatus, testicular volume (normal = 25 ml), palpation of epididymis and vas deferens, exclude varicocele or hydrocele. Perineal sensation, rectal sphincter’s tone, and prostate enlargement by digital rectal examination.
1. Labs:
2. Pap test, if indicated per the [*Reproductive Health Well Visit CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-RH_Well_Visit.docx); and
3. STI tests, per the [*STI Screening CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-STI.docx)*.*
4. Additional tests may be ordered if indicated based on client presentation but are outside the scope of RH Program covered services. These include:
	* Semen analysis
	* Pelvic ultrasound and/or hysterosalpingogram
	* Thyroid stimulating hormone (TSH) - if ovulatory dysfunction or signs of thyroid disease
	* Serum progesterone (to confirm ovulation) drawn mid-luteal phase (e.g., cycle days 27-29 for someone with 35-day cycles)
	* Ovarian reserve testing for clients who are over age 35 years; have a family history of early menopause; have a single ovary or history of previous ovarian surgery, chemotherapy, or pelvic radiation therapy; have unexplained infertility; or who are planning treatment with assisted reproductive technology (ART)
		1. Follicle-stimulating hormone (FSH) and estradiol drawn on cycle day 2–4
		2. Anti-mullerian hormone (AMH) drawn any day

**PLAN:**

1. Refer client to an OB/GYN, urologist, and/or infertility specialist:
2. Client capable of becoming pregnant:
* If unable to conceive within 1 year of actively trying, or actively trying for six months if 35 years of age and older;
* If client’s reproductive needs and preferences may be difficult to achieve given history and presentation;
* Length of menstrual cycle < 21 days, or > 35 days;
* Menstrual abnormalities
* History of ectopic pregnancy, PID, endometriosis, or pelvic surgery (including appendectomy);
* Known or suspected reproductive tract anomalies; or
* Client request or anxiety.
1. Client capable of causing a pregnancy:
* History of genital pathology:
1. uro-genital surgery;
2. sexually-transmitted infections;
3. varicocele;
4. cryptorchidism;
* systemic illness;
* chemotherapy/radiotherapy.
* Abnormal findings on genital examination; or
* Client request or anxiety.

**CLIENT EDUCATION:**

1. Educate client on anatomy, physiology, the basic reproductive process, and the natural decline in fertility with age. Relative fertility is decreased by about half among clients capable of becoming pregnant in their late 30s compared with their early 20s.
2. Advise clients with regular menstrual cycles that vaginal intercourse every 1–2 days beginning soon after the menstrual period ends can increase the likelihood of becoming pregnant
3. Educate client about peak days and signs of fertility, including the 6-day interval ending on the day of ovulation that is characterized by slippery, stretchy cervical mucus and other signs of ovulation.
4. Discuss other methods or devices that can help monitor ovulation:
5. Monitoring their cycle;
6. Charting basal body temperature (BBT);
7. Tracking changes in cervical mucus—probability is highest when mucus is slippery and clear;
8. Ovulation prediction device designed to detect luteinizing hormone surge; and/or
9. Cycle beads.
10. Smoking, consuming alcohol, using recreational drugs, and using most commercially available vaginal lubricants should be discouraged as these might reduce fertility.
11. Advise limiting caffeine intake (<3 cups per day)
12. Give standard pre-conception information, such as advising client to begin taking a daily supplement with 0.4 to 0.8 milligrams (400 to 800 µg) of folic acid and encouraging pre-pregnancy immunization for rubella, hepatitis B, human papillomavirus (HPV), COVID-19, as well as seasonal influenza vaccination

**REFERENCES:**

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American Society for Reproductive Medicine. 2017. Optimizing natural fertility: a committee opinion. [https://www.fertstert.org/article/S0015-0282(16)62849-2/fulltext](https://www.fertstert.org/article/S0015-0282%2816%2962849-2/fulltext)

United States Preventive Services Task Force. n.d. Published Recommendations. Retrieved from <http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>

Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs 2014 <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w>

National Clinical Training Center for Family Planning Protocol Template: Basic Infertility Services June 6, 2022. <https://www.ctcfp.org/wp-content/uploads/508_2022-JUN-06-infertility_R.pdf>