

**Clinical Guideline:** Female Fertility Site: FPH

Any previous children?

Amenorrhoea / Oligomenorrhea

Previous abdo / pelvic surgery? Cervical smear history

Any relevant medicines?

STI / PID

Occupational history

Drug, alcohol, smoking history

History

Rubella susceptible - offer vaccination and advice not to get pregnant for 1/12

BMI>30 advise weight loss prior to considering referral

Smoking - refer smoking cessation

Alcohol - max 1-2 u up to 2x per week

Folic Acid 400mcg till 12 weeks or 5mg if: at high risk of neural tube defect; on folate depleting medicines e.g. some anti-epileptics; diabetic; has a BMI >30

**Medication**

 Clomifene citrate (Clomid) (Amber drug status) should generally only be prescribed by a Consultant unless GP has confidence in prescribing. All results should be included in referrals to a Consultant for further investigation

Advice and Treatment

1. Early - age >35 years

2. Amenorrhea/Oligomenorrhea

3. Prev abdo / pelvic surgery / PID / STD / abnormal pelvic exam

4. Do not refer patients with a BMI>35 as IVF treatment will not be initiated unless BMI between 19.0 and 29.9 inclusive for a period of 6 months or more, and ovarian stimulants should not be initiated for patients with a BMI >35

 Complete azoospermia / motility <10% on 2 samples refer to Mr Narger (Urology), otherwise refer to Mr Riddle (Gynae)

Referral Guidelines – red flag signs

Rubella status

D1 to 4 LH / FSH / oestridiol

D21 Progesterone (or 7 days before expected next period) If <30 repeat in another cycle

>30 - proof of adequate ovulation

Tfts and Prolactin - only indicated if irregular cycles

Cervical smear if due

Chlamydia screen

Investigation

Clinical exam

BMI

Examination

See Male factor Infertility sheet

Please also inform FPH of male partner’s details (GP, address) as well as 2x semen samples 3 to 4 weeks apart

Do not use basal body temperature charts or LH detection kits

General Information