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shady grove fertility

2019 Guidelines: When to Refer a Patient for Infertility

A well-timed fertility evaluation can increase treatment options and success rates.

1 in 8 couples (or 12% of married women) have trouble getting pregnant or sustaining a pregnancy according to the CDC.

For women...

<35 years

See a fertility specialist if you have regular menstrual cycles and no pregnancy after **1 year** of unprotected intercourse.

35-39 years

See a fertility specialist if you have regular menstrual cycles and no pregnancy after **6 months** of unprotected intercourse.

≥40 years

See a fertility specialist if you have regular menstrual cycles and no pregnancy after **3 months** of unprotected intercourse.

Updated Referral Guidelines Based on Medical History

Ongoing medical research continues to improve the standards of reproductive care and make it easier for patients to access the treatment they need in order to start or grow their family. As a result, the recommendations for when to refer a patient with suspected or known infertility have been updated.

ENDOMETRIOSIS

Patients with advanced stages of endometriosis, 3 or 4, should consult with a fertility specialist along with their OB/GYN prior to scheduling surgical procedures, as studies have found surgery can damage ovarian tissue. Appropriate treatment of a hydrosalpinx must be considered.

PCOS/ANOVULATION/IRREGULAR MENSES

For women under 37, up to three or four cycles of Clomid treatment are recommended. For women 37 or older, refer to a fertility specialist immediately. Please note, Metformin is no longer considered a primary treatment.

PREVIOUS VASECTOMY

If female partner is under 35 years and has a normal fertility evaluation, consider IVF or vasectomy reversal. Consider a more rapid referral if there is an abnormal fertility evaluation at any age, or female partner is 35 or older.

If there has been a vasectomy reversal, refer immediately if no sperm is found in the ejaculate 2 months post-reversal.

PREVIOUS TUBAL LIGATION

If the female partner is under 35 years and has a normal fertility evaluation, recommend tubal ligation reversal and try for 6 months before referring.

Consider more rapid referral for IVF if there is an abnormal fertility evaluation at any age, or female partner is 35 or older.

RECURRENT PREGNANCY LOSS

Begin work-up or refer for testing and/or treatment after two losses.

For all other cases, follow age referral guidelines above. Consider referral to a fertility specialist sooner if patient presents with:

- Family history of genetic disorder
- Bilateral blocked tubes
- Male factor
- Anti-Müllerian hormone (AMH) level ≤ 1.0
- History of pelvic surgery
- LGBTQ family building

Streamlined Infertility Work-Up

Improvements in diagnostic tests and treatment technology are transforming the medical experience and rate of success for couples struggling with infertility. Greater efficiency and accuracy during the infertility evaluation is key in developing an appropriate treatment plan to help a couple achieve their ultimate goal, a baby.

Over the past several years, the initial female infertility evaluation has evolved to focus more on ovarian function as an indicator of fertility potential. However, assessing the uterine cavity, tubal patency, and semen quantity and quality are still important parts of the evaluation.

4 Tests to Assess Infertility

DAY 3 BLOODWORK (HORMONAL STUDIES)

A blood test is done to evaluate a woman's fertility. We test for:

- Follicle-stimulating hormone (FSH) level*
- Anti-Müllerian hormone (AMH) level**
- Prolactin level
- Estradiol (E2) level
- Luteinizing hormone (LH) level
- Thyroid-stimulating hormone (TSH) level

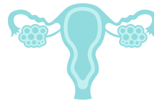
Elevated FSH or E2 levels or decreased AMH levels would suggest a decrease in ovarian reserve. An elevated LH level would suggest anovulation and potentially polycystic ovary syndrome (PCOS). Prolactin and TSH levels found to be outside of the normal limits may impact ovulation, resulting in irregular or non-existent ovulation.

* FSH levels will vary by the endocrine lab and the assay used, therefore, a patient may need to repeat an abnormal test. We recommend seeking a second opinion and possible further testing from a fertility specialist in the case of abnormal results.

** AMH can be measured at any time during a woman's menstrual cycle.

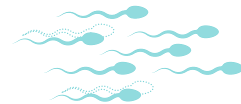
TRANSVAGINAL ULTRASOUND

Also completed on cycle day 3, the ultrasound assesses a woman's antral follicle count (AFC). AFC paired with hormone test results give physicians a clear picture of ovarian reserve status.



HYSTEROSALPINGOGRAM (HSG)

HSGs assess the uterine cavity and patency of the Fallopian tubes. Uterine anomalies such as fibroids or polyps can be seen in the cavity during an HSG, along with blockages in the tubes and the presence of hydrosalpinx.



SEMEN ANALYSIS

A semen analysis assesses quantity and quality of sperm to indicate any occurence and severity of male factor infertility. Our tests look at volume, concentration, motility, morphology, and viscosity of the sperm sample.

9 Outdated Infertility Tests

According to the latest guidelines set forth by the American Society for Reproductive Medicine, the following nine tests should not be used in the routine diagnosis of infertility:

- Routine laparoscopy for unexplained infertility
- Advanced sperm function tests (sperm penetration and hemizona assays)
- Postcoital test (PCT)
- Thrombophilia testing
- Immunological testing
- Karyotype for the initial evaluation of amenorrhea
- Endometrial biopsy
- Prolactin testing in women with regular cycles
- Clomiphene citrate (Clomid, Serophene) challenge test