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Deputy Shortall  
Dáil Éireann,  
Leinster House  
Dublin 2

**PQ 34324/23: To ask the Minister for Health further to Parliamentary Question No. 1161 of 13 June 2023, if karotype tests will be available to males referred to regional fertility hubs; and if he will make a statement on the matter.**

Dear Deputy Shortall,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

A commitment to “introduce a publicly funded model of care for fertility treatment” is included in the Programme for Government. The Model of Care for Infertility was developed by the Department of Health in conjunction with the HSE’s National Women & Infants Health Programme (NWIHP) in order to ensure that infertility issues are addressed through the public health system at the lowest level of clinical intervention necessary. This Model of Care comprises three stages, starting in primary care (i.e., GPs) and extending into secondary care (i.e., Regional Infertility Hubs) and then, where necessary, tertiary care (i.e., IVF, and other advanced assisted human reproduction (AHR) treatments), with patients being referred onwards through structured pathways.

Phase One of the roll-out of the Model of Care has involved the establishment of Regional Infertility Hubs at secondary care level within the six maternity networks, in order to facilitate the management of a significant proportion of patients presenting with infertility issues at this level of intervention. The completion of Phase One of the roll-out will result in fully operational Regional Infertility Hubs in each of the six Regional Health Areas across the country.

Phase Two of the roll-out of the Model of Care will see the introduction of tertiary fertility services provided through the public health system to deliver advanced AHR treatment, namely IVF (or in-vitro fertilisation), the process of fertilisation where an egg is combined with sperm outside the woman’s body in a laboratory and ICSI (or intra-cytoplasmic sperm injection). ICSI is a form of IVF and any further reference to IVF in this document will also include reference to ICSI unless otherwise indicated. Phase Two will also see the introduction of the provision of IUI (or intra-uterine insemination), a form of artificial insemination (AI) which can, for certain cohorts of patients, be a potentially effective, yet less complex and less intrusive, type of AHR treatment.

All patients with fertility issues will be assessed, on referral by a GP, at Regional Fertility Hubs and provided with all appropriate advice, screening, testing and procedures at the lowest level of complexity appropriate, as set out in the Model of Care. Karotype testing is currently not routinely provided however, it may be requested by the treating physician in circumstances where clinically indicated and deemed appropriate. Patients with a known cause of infertility or whose fertility issues remain unresolved will be offered referral to IVF/ICSI where appropriate, in accordance with clinical guidelines and nationally-agreed access criteria.

I trust this clarifies the matter.

Yours sincerely,



**Mary-Jo Biggs, General Manager, National Women and Infants Health Programme**