

Plain language summary

Fertility – Investigation and Management in Secondary Care

Who is this summary for?

This summary is for women, men and couples who are impacted by subfertility in Ireland.

What is this summary about?

The National Women and Infants Health Programme, Health Service Executive has developed a number of clinical guidelines to help health care professionals to deliver evidence-informed care. One of these guidelines is around the assessment and management of subfertility. This plain language summary describes the key points and important take home messages from this Guideline. This Guideline does not cover in vitro fertilisation or intracytoplasmic sperm injection.

What is subfertility?

Fertility problems are sometimes called subfertility. Subfertility is defined as a disease characterised by the failure to conceive a pregnancy within 12 months of regular, unprotected sexual intercourse or due to the inability to have a baby, either as an individual or with a partner.

What are the causes of subfertility?

It is important to note that in many cases of subfertility (about one quarter) no direct cause is found. However, some causes have been identified:

Some possible female causes;

- Problems with ovulation – This means that an egg may not be produced each month.
- Problems with the fallopian tubes – These tubes connect the ovaries to the uterus and can be damaged or blocked.
- Problems within the structure of the womb (uterus) or outside the uterus in the female pelvis.

Some possible male causes;

- Problems with the male reproductive system; e.g sperm abnormalities.

A semen analysis evaluates the health and viability of the man's sperm. This measures the number of sperm, the shape of the sperm and the movement of the sperm.

Problems identified with the semen sample may include poor quality sperm, low sperm count or blockages in the tubes of the reproductive system.

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>

When should a woman/couple seek medical advice?

Women/couples should see their GP (General Practitioner/Family Doctor) if they have been trying regularly to get pregnant for at least one year and the woman or partner have no other medical problems.

If the woman is over 36 years of age, or if she or her partner have any other medical conditions, it is recommended to see the GP after 6 months of regularly trying to get pregnant.

If the woman/couple believe there is no chance of becoming pregnant without medical assistance, it is recommended to see the GP immediately.

Following initial investigations, the woman/couple may be referred to a specialist subfertility clinic. This is an outpatient clinic that offers specialist tests, consultation, support and advice about the best treatment plan.

What tests will be offered?

The doctor (in the fertility clinic) will take a detailed medical history from the woman and her partner (where applicable). Some tests may be advised based on a person's particular circumstances and history.

Tests that may be performed include:

- A pelvic ultrasound scan – This is generally an internal scan that produces images of the female pelvic organs and structures i.e the uterus and ovaries.
- Ovarian reserve testing – An AMH blood test (Anti Mullerian Hormone is produced by the follicles and is one test for ovarian reserve).
- Blood tests: A female hormone profile, thyroid hormone levels.
- A test to assess if the fallopian tubes are open/patent. This test is called a Hysterosalpingogram.
- A semen analysis test for the male partner.

What are the management options for fertility problems?

If referred to a fertility clinic in the hospital, the woman/couple are seen by expert doctors, nurses and midwives, with access to the required equipment and well-located facilities.

Intervention is not recommended in all circumstances and often lifestyle changes are initially discussed.

Treatments which may be recommended include

- Sometimes a surgical treatment is advised. This might include a hysteroscopy (inspection of the uterus with a hysteroscope) or laparoscopy (keyhole surgery).
- Follicle tracking (monitors the cycle and follicle development so that intercourse can be timed around ovulation)
- Medication to help ovulation. This is called ovulation induction.
- Intrauterine insemination (injection of sperm directly into the womb)
- Assisted reproductive therapy i.e IVF or ICSI

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Seeing medical help for fertility reasons can be an anxious time. Women/men should receive appropriate information and access point for supportive care during their first contact with a fertility specialist including information on fertility counselling and support groups.

Further information

National Infertility Support & Information Group (NISIG). www.nisig.com

HSE; Fertility Problems and Treatments. <https://www2.hse.ie/conditions/fertility-problems-treatments/fertility-treatment/>

The Human Fertilisation & Embryology Authority. <https://www.hfea.gov.uk/>

National Institute for Health and Care Excellence. Fertility Problems: assessment and treatment. Information for the public. <https://www.nice.org.uk/guidance/cg156/ifp/chapter/About-this-information>

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>