

Infertility - Management

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What initial assessment should I do in a couple who are concerned about their fertility?

- Offer all couples who are concerned about their fertility an initial assessment (history and examination) in primary care.
- Assess couples who are concerned about infertility to identify those who need early investigation or referral, *or* who have modifiable factors (e.g. overweight, smoking heavily).

[In depth](#)

How should I assess a couple who are concerned about infertility?

- Take a full medical, sexual, and social history.
- Examine to identify problems that may contribute to infertility.
- For further information, see [Assessing woman concerned about infertility](#) and [Assessing man concerned about infertility](#).

What general advice should I give?

- Involve both partners in all aspects of management.
- Offer information about normal patterns of conception.
- Advise regular sexual intercourse two or three times weekly. Give advice on general health issues (e.g. folic acid intake, rubella status and cervical smears), and lifestyle advice (e.g. smoking cessation and weight management). For further information, see the CKS topic on [Pre-conception - advice and management](#).

[In depth](#)

When should I do initial investigations?

- Start investigations in couples who have not conceived after 1 year of regular unprotected sexual intercourse.

- Offer investigations earlier than 1 year to couples who have been identified as less likely to conceive. Early investigations may be prompted by the same factors that prompt an early referral (see [When to refer](#)).

[In depth](#)

What initial investigations should I do in a woman?

- Measure mid-luteal phase progesterone in all women to confirm ovulation.
- Screen for chlamydia.
- Perform any necessary additional tests (e.g. in women with irregular menstrual cycles, amenorrhoea or symptoms of thyroid disease).

[In depth](#)

What initial investigations should I do in a man?

- Arrange for semen analysis and a repeat test if abnormal.
- Screen for chlamydia.

[In depth](#)

When should I refer?

- If the woman is younger than 35 years *and* if the history, examination, and investigations are normal in both partners — refer if the couple has not conceived after 18 months.
- Refer earlier if the woman is aged 35 years or more, *or* if an abnormality in the history, examination, or investigations in either partner prompts an early referral.
- Factors that may prompt early referral in women:
 - Amenorrhoea or oligomenorrhoea.
 - Previous abdominal or pelvic surgery, pelvic inflammatory disease, and sexually transmitted infection.
 - Abnormal pelvic examination.
 - Known reason for infertility (e.g. prior treatment for cancer).

- Factors that may prompt early referral in men:
 - Previous genital abnormality, urogenital surgery, or sexually transmitted infection.
 - Varicocele.
 - Significant systemic illness.
 - Abnormal genital examination.
 - Known reason for infertility (e.g. prior treatment for cancer).
- Referral criteria for people presenting with infertility may vary among health authorities.