



Basic Infertility Services

DEFINITION	Infertility is defined as having failed to achieve a pregnancy after 12 months or more of regular unprotected vaginal intercourse. Earlier assessment (such as 6 months) is justified for women greater than 35 years of age, those with a history of oligomenorrhea, those with known or suspected uterine or tubal disease, endometriosis, or those with a partner known to be sub-fertile.
SUBJECTIVE	<p>Should include: (females)</p> <ol style="list-style-type: none">1. Medical history<ol style="list-style-type: none">a. Previous hospitalizationsb. Serious illness or injuriesc. Medical conditions related to reproductive failured. Childhood disorderse. Results of cervical cancer screening and any f/u donef. Current medicationsg. Allergiesh. Family history of reproductive failurei. Alcohol, drug and/ or tobacco usej. Extreme weight gain or weight loss2. Reproductive history<ol style="list-style-type: none">a. How long they have been trying to conceiveb. Coital frequency and timingc. Level of fertility awarenessd. Results of any previous evaluation and treatmente. Gravida/parityf. Pregnancy outcome and any complicationsg. Age of menarcheh. Cycle length and characteristicsi. Onset/severity of dysmenorrheaj. Sexual history including PID, history of STIs, or exposure to STIs.k. Amenorrhea3. Review of Systems<ol style="list-style-type: none">a. Thyroidb. Pelvic or abdominal painc. Dyspareuniad. Galactorrheae. Hirsutism <p>Should include: (males)</p> <ol style="list-style-type: none">1. Medical history<ol style="list-style-type: none">a. Systemic medical illness (such as CF, diabetes, certain autoimmune disorders, certain genetic disorders)b. Prior surgeries and infectionsc. Current medicationsd. Allergiese. Lifestyle exposures, trauma to the testesf. Alcohol, drug (including illicit drugs, anabolic steroids, chemotherapy) or tobacco use2. Reproductive history<ol style="list-style-type: none">a. Methods of contraception usedb. Coital frequency and timingc. Sexual history



	<ul style="list-style-type: none">d. Gonadal toxin exposure (including heat)e. Duration of infertility and prior fertilityf. Personal history of STI's and their partners' histories of STIsg. Problems with sexual dysfunction
OBJECTIVE	<ul style="list-style-type: none">1. Physical exam should include (females):<ul style="list-style-type: none">a. Height, weight, and Body Mass Index (BMI)b. Thyroid examinationc. Clinical breast examd. Signs of any androgen excesse. Pelvic exam (including pelvic or abdominal tenderness, organ enlargement or mass, vaginal or cervical abnormality, secretions or discharge, uterine size, shape, position and mobility, adnexal mass or tenderness, and cul-de-sac mass, tenderness, or abnormality.2. Physical exam should include (males):<ul style="list-style-type: none">a. Examine penis, including the location of the urethral meatusb. Palpation of testes and measurement of their sizec. Presence and consistency of both the vas deferens and epididymisd. Presence of a varicocelee. Secondary sexual characteristicsf. Consider digital rectal exam
LABORATORY	May include: <ul style="list-style-type: none">1. Urine pregnancy test2. Pap3. Sexually Transmitted Infection (STI) screen4. Wet mount
ASSESSMENT	Infertility: Primary/secondary, female/male
PLAN	Treatment options depend upon underlying cause of infertility. <ul style="list-style-type: none">1. Treat infections, as indicated.2. Methods or devices designed to determine or predict the time of ovulation (e.g., over-the-counter ovulation kits, digital telephone applications, or cycle beads) should be discussed.3. Provide or encourage daily prenatal vitamin.
CLIENT EDUCATION	Should include: <ul style="list-style-type: none">1. Educate regarding the fertility awareness method and maximizing fertility.2. Provide nutritional counseling.3. Discuss substance use including tobacco, drugs, or alcohol.4. Address emotional and educational needs of infertility. Refer as needed.5. Discuss signs and symptoms of ovulation and timing of intercourse.
CONSULT/ REFER TO PHYSICIAN	For any services beyond the scope of Title X: <ul style="list-style-type: none">1. Labs, such as serum progesterone, FSH/LH, prolactin and thyroid profile (those not done at family planning clinic).2. Screening and diagnostic tests, as indicated (i.e., Endometrial biopsy, ultrasound, laparoscopy, hysterosalpingogram).3. Male semen analysis.4. Polycystic Ovarian Syndrome (PCOS) treatment.5. Hormone, drug therapy.6. Erectile dysfunction (males).7. Drug /alcohol counseling/ treatment.8. Nutrition counseling.



References:

1. rr6304.pdf (cdc.gov) (QFP)
2. Optimizing natural fertility: a committee opinion (asrm.org) (2017)
3. Infertility and Fertility | NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development (nih.gov)
4. Infertility | Reproductive Health | CDC
5. Infertility | Office on Women's Health (womenshealth.gov) Basic Infertility Services
Reproductive Health National Training Center (rhntc.org)