

INFERTILITY SERVICES

I. INTRODUCTION

Infertility services comprise an important part of comprehensive reproductive health care. Although infertility is defined as the absence of conception after at least one year of unprotected intercourse, some couples, especially those in the older reproductive age range, may request infertility evaluation before this threshold. The main objective of infertility medical services is to seek out and correct the causes of infertility, to provide accurate information and emotional support to each partner, and to advise clients when an appropriate time has been reached to seek further specialized care or to discontinue the evaluation.

II. GENERAL INFORMATION

The full range of infertility diagnosis and treatment services may not be able to be provided in a Title X Family Planning clinic site. The clinic site will be able to provide infertility care though limited evaluation, counseling and referral. Delegate agencies **must** provide Level I Infertility Services at a minimum, which includes initial infertility interview, education regarding causes and treatment options for infertility, physical examination, counseling, and appropriate referral. These services must be provided at the client's request.

Clinic personnel (APNs, RNs, and Clinic Assistants) may obtain client histories, identify risk factors, perform pregnancy testing, and provide client counseling, education, referral and follow-up. Because of the specialized educational, counseling, and medical care needs of infertility couples, and in light of the rapid rate of clinical advances in infertility care, only clinicians with special training and experience in this area may provide a more complex infertility service.

III. CLIENT SELECTION

- A. Basic Level 1 infertility information must be available to any client upon request. This also may represent an opportune time to offer pre-conceptual counseling.
- B. Involuntary infertility after unprotected intercourse with the same partner for one year or more, in the absence of a known cause of infertility.
- C. Presence of known, pre-existing male or female factors affecting fertility. The ideal circumstance for the performance of an infertility evaluation is the active involvement of both partners in the relationship. An attempt should be made to involve the male partner in education and counseling. A complete medical history and physical exam is not required before further evaluation of the female partner. Marriage should not be considered a prerequisite to infertility evaluation

IV. CLIENT EDUCATION/ INFORMED CONSENT

- A. Explore personal/couple concerns related to infertility. It is essential that clients be provided with basic information about human reproduction as it relates to their specific infertility situation. Initial client education and counseling should include:
 - 1. Information regarding normal reproductive anatomy and physiology, female and male infertility, including common causes, prevalence, evaluation and treatment
 - 2. Discussion of the emotional and time commitment required for an infertility work-up, including the potential for success
 - 3. Explanation of the services available and indications for referral
 - 4. Discussion of financial factors. Fees for referral services are the responsibility of the client
- B. Provide written and verbal information on fertility awareness through monitoring:
 - 1. Basal body temperature
 - 2. Menstrual cycle
 - 3. Cervical mucus
 - 4. Factors influencing male fertility

V. MEDICAL SCREENING AND EVALUATION

- A. History: A comprehensive medical and social history stressing reproductive factors must be obtained from each female client, and should be sought from male partners.
- B. History should include:
 - 1. Menstrual history and Last Normal Menstrual Period (LNMP)
 - 2. Pregnancy history
 - 3. Current and previous contraceptive methods
 - 4. Pelvic infections, sexually transmitted infections
 - 5. Pelvic surgery
 - 6. Medical history
 - 7. Medications (prescribed and over the counter)
 - 8. Occupational exposures-client and partner
- C. Physical Examination & Lab Testing (per delegate agency site Medical Director approved clinical protocols)

VI. REFERRAL

- A. Provided to individuals in the following categories:
 - 1. Women determined to have a medical condition which contraindicates pregnancy (i.e. severe diabetic vascular disease, ongoing substance abuse, etc.)
 - 2. Involuntary infertility after unprotected intercourse with same partner for 1 year or more in the absence of a known cause of infertility
 - 3. Individuals found to have congenital or acquired medical conditions
 - 4. Presence of known pre-existing male or female factors affecting fertility
- B. Referral sources
 - 1. Maintain a current list of infertility referral resources

2. Fees for referral services are the responsibility of the client
- C. Documentation
1. Documentation of the referral must be made in the client's medical record
 2. Education and counseling provided must be documented in the client's medical record.

REFERENCES

1. Hatcher RA et al. Contraceptive Technology. 19th Revised Edition. Ardent Media, Inc., New York, 2007
2. RESOLVE: The National Infertility Association <http://www.resolve.org/support-and-services>