Birmingham Women's Fertility Centre

FUTURE GENERATIONS

CONTROLLED DOCUMENT DO NOT PHOTOCOPY

First consultation for IVF or ICSI

INDEX MED-4		**VERSION NO.** 2.0
AREA OF APPLICATION	IVF consultation	
DOCUMENT TYPE		
AUTHOR(S)	Rima	**SIGNATURE**
AUTHORISED BY	Jackson Kirkman-Brown	**SIGNATURE**
AUTHORISATION DATE	24-Aug-2012	
REVIEW DATE	24-Aug-2013	
DATE PRINTED	PREVIEW ONLY - UNCONTROLLED	
LOCATION OF COPY	unknown	

This document is controlled using the Fertility Centre i-passport software in accordance with the Document Management Policy

Uncontrolled copies of this document may be printed for an individual's use. These uncontrolled copies are only valid on the day of printing

Birmingham Women's NHS
NHS Foundation Trust

MED-4

First Consultation for IVF or ICSI

Procedure

Medical Staff will read through previous notes and records thoroughly.

The Medical staff will introduce themselves and ensure the couple are seen in privacy and comfort.

The assessment of patients will include the following:

Medical Assessment

- Taking detailed medical and social history from both partners.
- A check of the following:
    - height, weight, BMI
    - all female investigations have been completed including pre-pregnancy screening of Rubella Antibody titre, chlamydia screening and cervical smear.
    - the semen analysis and repeat semen analysis prior to treatment if necessary.
    - Check current medication and if any update required regarding medical problems e.g. Diabetes control.
- Male examination if indicated as in abnormal semen analysis
- Arrange blood test for male partner to check:
    - Karyotype if ICSI treatment with sperm count of <5 X 10^6/ ml.
    - Cystic fibrosis screen, serum FSH. LH Prolactin and testosterone to be tested if azoospermic or sperm count <1 x10^6/ ml.
- Please inform couple that genetic counselling and further investigations for consideration of options such as Pre implantation Genetic diagnosis will be discussed if Karyotype, Cystic fibrosis screening or other genetic test is abnormal
- An ultrasound scan of pelvis to assess any potential problems, e.g. hydrosalpinx, ovarian cysts, endometrioma etc, to be done and documented, if indicated. Follow advice as per relevant SOP.

2.2 Treatment Decisions

PRIOR TO OFFERING TREATMENT

- Check day 2-5 FSH levels, interpretation of abnormal serum FSH results should be as follows:
    - **FSH of 20+ (not cycling) no treatment**
    - **FSH of 20+ (cycling) Re-check then treat if under 20, otherwise no treatment**
    - **FSH 15-20 (if cycling) do an AFC**
    - **FSH 15-20 (no period for >3m) no treatment**

- **Please note that IVF or ICSI can be offered only before the female partner's 44th birthday.**

- **Treatment cannot be offered if female BMI: >38 (self-funding) or ≥30 (NHS funding)**

OFFERING TREATMENT

- Discuss the diagnosis and reason for offering assisted conception treatment.

- Discuss the treatment offered, either IVF or ICSI, depending on results of investigations or previous treatment history.

Indications for IVF using own eggs include

1) Tubal problems.
2) Anovulatory subfertility where ovulation induction treatment has failed or not appropriate
3) Unexplained subfertility of greater than 2 years duration
4) Male factor subfertility excluding severe male factor
5) Combination of factors
6) Unsuccessful donor insemination.
7) Moderate to severe Endometriosis
8) Age of female partner
9) Low Ovarian Reserve

Indications for ICSI with or without Surgical sperm retrieval

- Severe male factor subfertility
- Azoospermia (with likelihood of sperm retrieval)
- Retrograde ejaculation
- Failed or poor fertilisation in previous IVF cycle
- Antisperm antibodies

Indications for the use of donated eggs or embryos

- Premature Ovarian failure
- Reduced ovarian reserve
- Poor outcome with previous IVF treatment
- Hereditary disorder

Indications for the use of donated sperm

- Azoospermia
- Sperm abnormalities predictive of poor treatment outcome
- Poor outcome with previous IVF treatment
- Hereditary disorder

Discussion

- Alternative treatment options such as AIH or ovulation induction with gonadotrophins if available to be discussed, including chances of spontaneous conception

- Advise the patient to take Folic Acid tablets 0.4mg daily and to continue to 12 weeks gestation should they achieve a pregnancy. For patients with history of neural tube defects, diabetes, or on anti epileptic drugs, the recommended dose is 5 mg daily

- Availability of Fertility Support Counselling

- Provide written information regarding IVF/ ICSI. Cost of treatment and drugs for self funding patients on Costed Treatment Plan.

- Inform that treatment cannot be commenced until welfare of child assessment has been completed.

Treatment Details

- Reason for treatment
- BBV screening requirement
- Treatment schedule—suggest standard protocol or GnRH antagonist protocol
- Poor stimulation risk
- Abandoned treatment/conversion to IUI (1-2%)
- Ovarian hyperstimulation syndrome, and Elective freeze (<1%)
- Current live birth rate per treatment cycle – for age and indication
- Cumulative live birth rate for three attempts
- Single embryo transfer, Current twin pregnancy rate - up to 13 %,
- Triplet pregnancy risk with two embryo transfer (0.1%)
- Miscarriage risk (10-15%), dependent on age
- Risks of ICSI,
- Risk of Down's pregnancy per age
- Ectopic pregnancy rate (1.2%, or 4% if tubal factor)

Funding Information

- For potential NHS Funded patient
    - Check eligibility criteria for NHS funding on the current criteria list
    - If apparently eligible inform Unit Administrator, who will finally determine eligibility.
    - Provide available information regarding current waiting time for NHS funded treatment for the referring PCT, and process for contact when funding becomes available.
    - Give "*What happens next*" leaflet

- For self-funding patient-
    - confirm aware of costs
    - Refer to BWFC to book a group meeting appointment. Aware that they have to contact the Fertility Centre by telephone (telephone number on information leaflet or Business card) to initiate treatment. Approximate waiting time to start treatment from time of contact is three months**.**
    - Give "*What happens next*" leaflet

Treatment Stimulation Regime

To document clearly if any particular stimulating regime required and appropriate dose of Gonadotrophin

Complete form, Appendix 1 on the next page which is to be inserted into patient notes*.*

APPENDIX 1

POINTS FOR DISCUSSION AT MEDICAL CONSULTATION FOR IVF/ICSI

Reason for treatment	
Funding information	
BBV screening requirement	
Treatment schedule	
Poor stimulation risk	
Abandoned treatment/conversion to IUI (1-2%)	
Ovarian hyperstimulation syndrome	
Elective freeze (<1%)	
Complications of egg retrieval	
Risk of failed fertilisation (1-2%)	
Current live birth rate per treatment cycle – for age and indication	
Single embryo transfer	
Current twin pregnancy rate - up to 20% with double embryo transfer	
Triplet pregnancy risk with two embryo transfer (0.1%)	
Miscarriage risk (10-15%), dependent on age	
Risks of ICSI	
Risk of Down's pregnancy per age	
Ectopic pregnancy rate (1.2%, or 4% if tubal factor)	
Counselling	
Confirm has written information	

Signed……Date……