

What can you expect from our Fertility Service?

Information for patients

If you and your partner are having difficulty conceiving, any decisions you make about investigations and treatment will affect both of you. You should therefore be seen together whenever possible.

If you and your partner have been trying to conceive for more than 1 year or you

have a known gynaecological condition that can affect fertility (for example previous diagnosis of endometriosis or history of pelvic inflammatory disease or polycystic ovarian syndrome or 36+ years of age), you should be offered tests by your GP and referred to the Fertility Service for assessment and specialist advice after 6 months of trying for pregnancy.

Patients/couples are referred by their GPs with basic fertility investigations: hormonal profile (FSH, LH, TSH, prolactin, oestradiol, progesterone), Rubella immunity, chlamydia swab and an ultrasound scan.

For male partners, semen analysis is required.

FERTILITY REFERRAL SENT BY GP
WILL ONLY BE ACCEPTED IF ALL THE
INVESTIGATIONS AND INFORMATION
ARE SENT.

BMI SHOULD BE <30.

Tests for Women

A woman's fertility declines with age. This means that the chances of getting pregnant, both naturally and through fertility treatment, fall as you get older.

If you have regular monthly periods (every 26 to 36 days), you are likely to be ovulating.

Checking your ovaries

Women should have an ultrasound scan before being referred to our Service.

If, after the initial consultation, it is appropriate to offer the ovulation induction, a follicular scan should be performed mid cycle to check if ovulation has happened.

Checking your fallopian tubes

When the results of your tests and your partner's semen test are known, you may also be offered to examine your fallopian tubes.

This is done in the procedure called Hysterocontrastsonography (HyCoSy). This is an ultrasound-based test typically to show whether your fallopian tubes are open (not blocked). It can also help detect some problems within the womb (uterus) and lining of the womb (endometrium). A dye is passed through the neck of the womb (cervix) to outline the cavity and the

tubes. The dye is visible on internal (transvaginal) ultrasound scans.

You are required to abstain from sexual intercourse from a period before the test, also to take the pregnancy test beforehand to ensure you are not pregnant.

The process takes about 30 minutes and may cause period-like cramping, and you can usually expect to get the results immediately after.

Unexplained infertility

If you have unexplained infertility, it means that no reason has been found for your fertility problems. You may feel anxious to try fertility drugs but you should not be offered clomifene citrate (or other fertility drugs taken by mouth) because it has not been found to improve the chance

of pregnancy compared with trying for a baby naturally.

If you have been trying to conceive through regular unprotected sexual intercourse for a total of 2 years (this can include 1 year of trying before you had your fertility tests) and have not become pregnant, you may be offered NHS funded IVF.

For the NHS funding to be available to you, you must fulfil the eligibility criteria that are set up by Kent and Medway Integrated Care Board.

Apart from for IVF, NHS funding is available for fertility preservation (sperm, eggs) to patients who currently do not have fertility problem, but they have a medical condition that, in their case, is likely to progress such that it will lead to infertility in the future.

Fertility preservation is also available to patients who are due to undergo a gonadotoxic treatment. This may include patients undergoing interventions for gender affirmation.

Assisted reproduction

Assisted reproduction is the name given to treatments that can help you get pregnant without you having sexual intercourse. There are a variety of treatments, and what is suitable for you will depend on your own circumstances. The options include:

- intrauterine insemination (IUI)
- in vitro fertilisation (IVF)
- IVF with intracytoplasmic sperm injection (ICSI)
- the use of donor sperm (donor insemination) or eggs (egg donation).

In MTW NHS trust, Fertility Service does not have IVF unit attached, so we are referring patients to a tertiary centre after their NHS funding has been approved.

More information on IVF units and their success rate can be found on HFEA website

<https://www.hfea.gov.uk/>

Further information and advice can be obtained from:

List any appropriate support groups / telephone / web / email addresses.

NHS 111



111

NHS Choices online

www.nhs.uk

Fertility Service

mtw-tr.fertility@nhs.net

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the

ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: ☎ 01622 224960 or ☎ 01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website:

www.mtw.nhs.uk or pick up a leaflet from main reception.

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