

8.11.1 BASIC INFERTILITY SERVICES

Policy: Title X providers must offer basic infertility services as part of core Title X family planning services in accordance with WMHS, Title X Program Requirements, QFP, as well as the recommendations of professional medical organizations, such as the American Congress of Obstetricians and Gynecologists (ACOG), the American Society of Reproductive Medicine (ASRM), and the American Urological Association (AUA).

Some factors which may contribute to infertility include age, medical conditions, past surgeries, sexual activity, STIs and lifestyle choices. It is estimated that male factors account for about 40% of infertility problems and female factors for approximately 40-50%. Ovulatory dysfunction is identified in 15% of all infertile couples, and accounts for up to 40% of infertility in women.

The most common causes of ovulatory dysfunction include polycystic ovarian syndrome, obesity, weight gain or loss, strenuous exercise, thyroid dysfunction and hyperprolactinemia. Tubal disease is an important cause of infertility and should be evaluated. In 10-20% of infertile couples, infertility is unexplained.

Definitions:

Infertility is commonly defined as the failure of a client to achieve pregnancy after 12 months or longer of regular unprotected intercourse. Infertility visits to a Title X family planning provider are focused on determining potential causes of infertility and making needed referrals to specialty care. ASRM recommends that evaluation of both partners should begin at the same time.

Procedure:

Counseling

1. Counseling should be guided by information elicited from the client during the medical and reproductive histories and the findings of the physical exam. If there is no apparent cause of infertility, and the client does not meet the definition above, providers should educate the client about how to maximize fertility (see MT TX FP Administrative Manual, Policy 8.10.1 *Achieving Pregnancy*).
2. ACOG notes the importance of addressing the emotional and educational needs of clients with infertility and recommends that providers consider referring clients for psychological support, infertility support groups, and/or family counseling.

Early Assessment for Clients (Prior to 12 Months)

1. **Women:** Earlier assessment (such as after 6 months of unprotected intercourse) may be indicated when the client is in the following circumstances:
 - a. Age 35 or older
 - b. Populations at risk for genetic defects or family history of genetic defects (per ACOG guidelines)
 - c. History of oligomenorrhea (infrequent menstruation)
 - d. Known or suspected uterine, tubal, peritoneal disease or endometriosis
 - e. Known or suspected male partner subfertility
2. **Men:** Earlier assessment may be indicated when the client is in the following circumstances:
 - a. If risk factors of male infertility are known to be present
 - b. If there are questions regarding the male partner's fertility potential