

8.0 BASIC INFERTILITY SERVICES

TITLE	DESCRIPTION
DEFINITION:	<p>Title X providers <u>must</u> offer basic infertility services as part of core Title X family planning services in accordance with the Montana Family Planning Program, 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).</p> <p>The most common causes of ovulatory dysfunction includes 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.</p> <p>Infertility is defined as having failed to achieve a pregnancy after 12 months or more of regular unprotected vaginal intercourse. Recommendations for early assessment for clients (Prior to 12 Months) include:</p> <ol style="list-style-type: none"> 1. Women: Earlier assessment (such as after 6 months of unprotected intercourse) may be indicated when the client is in the following circumstances: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. If risk factors of male infertility are known to be present b. If there are questions regarding the male partner's fertility potential <p>Infertility visits to a Title X family planning provider are focused on determining potential causes of infertility and making needed referrals to specialty care. The American Society of Reproductive Medicine (ASRM) recommends that evaluation of both partners should begin at the same time.</p>
SUBJECTIVE:	<p>Must Include: (females)</p> <ol style="list-style-type: none"> 1. Reproductive Life Plan. 2. Sexual Health Assessment. <ol style="list-style-type: none"> a. 5 P's: Partners, Practices, Pregnancy Intention, Protection from STIs, Past STI History b. Dyspareunia c. Use of lubricants – water soluble or other 3. Comprehensive health history, specific to reproductive health that includes: <ol style="list-style-type: none"> a. Age (fertility decreases with increasing age). b. Previous surgeries, hospitalizations, serious illnesses or injuries. c. Medical conditions associated with reproductive failure (e.g. thyroid disorders, diabetes, PCOS/hirsutism, endocrine disorders, endometriosis). d. Childhood disorders (e.g. mumps or congenital adrenal hyperplasia).

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	<ul style="list-style-type: none"> e. Cervical cancer screening results and any follow-up treatments. f. Family history that includes prior reproductive failure, birth defects, developmental disabilities, populations at risk for genetic defects or family history of genetic defects (per ACOG guidelines). g. Reproductive History <ul style="list-style-type: none"> 1. How long the client has been trying to achieve pregnancy. 2. Obstetrical history (gravity, parity, pregnancy outcomes, and associated complications). 3. Age at menarche. 4. Cycle length, characteristics, and changes, presence of dysmenorrhea, onset, and severity. 5. Contraceptive history 6. History of PID, STIs. 7. Coital frequency and timing. 8. Level of fertility awareness and results of any previous evaluation and treatment. h. Social history (use of alcohol, tobacco, recreational drugs). i. Occupation, and exposure to environmental hazards. j. Current medication used to evaluate for teratogenicity (modify as needed). k. Depression screening <p>Review of systems should emphasize:</p> <ul style="list-style-type: none"> 1. Symptoms of thyroid disease. 2. Pelvic or abdominal pain. 3. Dyspareunia. 4. Galactorrhea. 5. Hirsutism. <p>Must Include: (males)</p> <ul style="list-style-type: none"> 1. Reproductive life plan. 2. Sexual health assessment. 3. Comprehensive health history, specific to reproductive health that includes: <ul style="list-style-type: none"> a. Prior fertility (a history of previous fertility does not exclude the possibility of newly acquired secondary male infertility). b. Childhood disorders (e.g. malnutrition, male history of mumps). c. Duration of infertility. d. Methods of contraception. e. Coital frequency and timing. f. Sexual history. g. Gonadal toxin exposure including heat. h. Female partner's history of pelvic inflammatory disease and sexually transmitted infections (STIs). i. Problems with sexual dysfunction. j. Social history (including lifestyle exposure, tobacco, alcohol, recreational drugs and/or anabolic steroids). 4. Family history that includes prior reproductive failure, birth defects, developmental disabilities, populations at risk for genetic defects or family history of genetic defects (per ACOG guidelines).

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OBJECTIVE:	<ol style="list-style-type: none"> 1. Physical exam should include (females): <ol style="list-style-type: none"> a. Height, weight, and BMI. b. Blood pressure and pulse. c. Skin/Hair: Axial or facial hirsutism, male pattern hair distribution and alopecia, striae, acanthosis nigricans (insulin resistance). d. Thyroid examination (note enlargement/tenderness). e. Clinical breast exam (note signs of galactorrhea). f. Abdominal exam (note any mass, tenderness). g. Signs of androgen excess. h. Pelvic exam which should include: <ol style="list-style-type: none"> 1) Uterine size, shape, mobility, position (note fixed, immobile uterus). 2) Cul de sac masses, tenderness or nodularity (note nodularities along utero-sacral ligaments on bimanual/rectal exam). i. Vagina (note any abnormality, discharge). j. Cervix (not friability, mucopurulent discharge). 2. Physical exam should include (males): <ol style="list-style-type: none"> a. Height, weight, and body mass index (BMI) b. Blood pressure c. Examination of the penis including location of the urinary meatus d. Palpation of testes and measurement of their size e. Presence and consistency of both the vas deferens and epididymis f. Presence of a varicocele g. Presence of secondary sex characteristics h. Digital rectal exam
LABORATORY:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Urine pregnancy test. 2. Pap. 3. STI screen. 4. Wet mount.
ASSESSMENT:	Infertility: primary/secondary, female/male.
PLAN:	<p>Treatment options depend upon underlying cause of infertility.</p> <ol style="list-style-type: none"> 1. Treat infections, as indicated. 2. Provide a menstrual calendar, cycle beads, or other fertility awareness based method (FABM) tools. 3. Provide and encourage daily prenatal vitamin.
EDUCATION:	<p>Should Include:</p> <ol style="list-style-type: none"> 1. Educate regarding the fertility awareness method and maximizing fertility (“peak” fertility days – clear, stretchy cervical mucus). 2. Education regarding vaginal intercourse every 1-2 days following end of menses and to avoid water soluble lubricants. 3. Discourage ETOH, recreational drugs, and smoking. Ask, Advise, Refer for tobacco cessation. 4. Provide nutritional counseling. Encourage healthy weight of BMI >19 and <30. 5. Discourage excessive caffeine intake (<3 cups daily).

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REFERRAL TO MEDICAL PROVIDER:	<p>Clients shall receive appropriate referrals for needed services beyond the scope of the Title X family planning program.</p> <p>May Include:</p> <ol style="list-style-type: none"> 1. Laboratory Assessment (those not done at family planning clinic): <ol style="list-style-type: none"> a) CBC, ESR. b) TSH, prolactin. c) Testing of ovarian reserve (if indicated) – Serum FSH/estradiol level cycle days 2-4 or AMH level may be drawn at any time in the menstrual cycle d) Tubal patency – If a woman is ovulatory, or has tubal factor infertility risk factors (previous ectopic, PID, history of GC/Chlamydia) – consider HSG to evaluate tubal patency e) If a patient has amenorrhea – serum FSH and E2. 2. Screening and diagnostic tests, as indicated (e.g. 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. 9. Consider referring clients for psychological support, infertility support groups, and/or family counseling.
REFERENCES:	<ol style="list-style-type: none"> 1. <i>Gavin, L., Moskosky, S., Carter, M., et al. Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs. MMWR 2014;63 (No.RR-4). (http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf).</i> 2. Infertility and Fertility. (www.nichd.nih.gov/health/topics/infertility). (Retrieved 2/9/2017). 3. First Visit Infertility Evaluation. (http://whcc.labiomed.org/book/5.1.1%20Initial%20Evaluations%20Summary%20Sheet.pdf). (Retrieved 2/9/2017). 4. National Clinical Training Center for Family Planning: Basic Infertility Services for Women (http://www.ctcfp.org/wp-content/uploads/508_infertility_protocol_2017.pdf). (Retrieved 12/3/18).