Assessing Patient Fertility
A Guide for Primary Caregivers and When to Refer to a Fertility Specialist

Patients will turn to their primary caregiver with questions about fertility and their reproductive options. This brochure is designed to help you with proper diagnosis and treatment options.

Basic Investigation
The optimal timing for intercourse is 2 to 3 times per week around mid-cycle. This is approximately 12 to 16 days prior to the next menstruation.

If timing and frequency is adequate:
- Provide positive feedback and encourage continued efforts

Additional advice should be provided to the patient if:
- There is infrequent intercourse
- There is improper timing
- Avoid use of contaminants such as lubricants or douches
- Potential sexual dysfunction

Tools to help patient monitor their cycle:
- Menstrual Calendar
- Basal Body Temperature (BBT)
- Ovulation Predictor Kits

If Patient Has A Regular Cycle
If patient has a regular cycle, provide reassurance and confirm proper timing of intercourse.

If Patient is > 35 years old, measure Day 2-4 FSH. If FSH is > 10 MIU, early referral to fertility specialist is recommended.

It is advisable to discourage long-term use of ovulation predictor kits or BBT charts as it maybe shielding the patient from other issues. Other suggestions and guidance include:
- Intercourse should precede temperature elevation in future cycles
- Average several months to estimate the most fertile time in future cycles
- Time of ovulation may be variable. If unclear try counting 14 days back from next menses

If more confirmation is needed, a Progesterone test should be ordered approximately 7 days post-ovulation or 7 days pre-menses.

If Patient Has an Irregular Cycle
- Review FSH (preferable days 2-4) to rule out early menopause
- Test TSH and prolactin
- Refer to a fertility specialist

Tubal Patency
If patient has a history of pelvic pain, infection, known endometriosis, prior ectopic pregnancy or abnormal physical findings then early referral to a fertility specialist is advisable.

If there is no history of physical findings suggesting tubal or peritoneal disease; no abnormality in ovulation, sperm count, or sexual function; then after one year of trying the patient should be referred to a fertility specialist for a tubal patency test. This should be arranged sooner if patient is > 35 years.
Male Factor—Semen Analysis
A semen analysis should be performed to assess if there is male factor in a couple’s infertility. It is advisable to use a lab that specializes in semen analyses such as ReproMed. ReproMed has a certified Andrologist onsite and undergoes external quality control testing and verification.

- Refer male patient to specialized lab for basic semen analysis.
- If report indicated an abnormal semen analysis, refer couple to a fertility clinic.

Even though the report may be normal, the couple’s inability to conceive may still be related to male factor. A more comprehensive semen analysis maybe required. These tests include: sperm antibodies, sperm function, and DNA integrity. A full analysis can be obtained at a specialized lab.

When to Investigate Fertility Issues:
- All patients (male and female) regardless of age if they have been trying for a year
- After completing basic investigation (assess ovulation, sexual function, semen analysis)
- Anxious patients
- Risk factors present or patient is > 35 years of age

Referring to a Fertility Specialist
If there is no obvious abnormality, other than age, it is best to refer to a fertility specialist:
- Age < 35 within 12 months of trying to conceive
- Age 36–39 within 6–12 months of trying to conceive
- Age > 40 within 6 months of trying to conceive

If there is a risk factor from patient’s medical history or from a physical exam, patient should be referred immediately.

Other key areas to consider referral to fertility specialist
- Woman’s age > 38 years
- Unexplained infertility > 2 years
- Day 3 FSH > 10 MIU
- Not tubes or inoperable tubal disease
- Known endometriosis
- Failed clomiphene treatment
- Male factor

Factors that Increase Risk of Infertility
For Women:
- > 35 years of age for women
- Family history of menopause < 45 years of age
- Prior treatment for cancer
- History of STD or pelvic inflammatory disease
- Previous abdominal /pelvis surgery

For Men:
- > 40 years of age
- Un-descended Testes
- Prior treatment for cancer
- Previous urogenital surgery

At ReproMed, you can have confidence in your care. For more than 20 years we have been servicing patients in the field of Reproductive Medicine. Under the leadership of our Medical Director, Dr. Alfonso P. Del Valle MD, FRCS(C), we have been at the forefront of reproductive sciences. We are proud of our high pregnancy rates and internationally renowned research achievements. We strive to provide compassionate, efficacious, and safe care for individuals trying to build families.

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