



## Summary of NICE Guidelines

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| Title                                  | Assessment and treatment for people with fertility problems   |
| NICE Reference                         | CG156   |
| Date of Review:                        | September 2018  |
| Date of Publication                    | February 2013 [Last updated: September 2017]  |
| Summary of Guidance<br>(Max 250 words) | <p>Offer fertility investigations in women of reproductive age, and partners, unsuccessful at conceiving after a year of unprotected sex with regular (every 2 to 3 days ) sexual intercourse. Earlier referral is recommended in women <math>\geq 36</math> years or with predisposing factors/known causes of infertility.</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"><li>• Semen analysis using WHO reference values. If abnormal, consider repeat after 3 months. If a gross spermatozoa deficiency is detected, repeat as soon as possible.</li><li>• Ovarian reserve testing should be carried out to predict likely response to IVF. This should be based on one of the following:<br/>Low: Antral follicle count <math>\leq 4</math>; AMH <math>\leq 5.4</math> pmol/L or FSH <math>&gt; 8.9</math> IU/L.<br/>High: Antral follicle count <math>&gt; 16</math>; AMH <math>\geq 25.0</math> pmol/L; FSH <math>&lt; 4</math> IU/L.</li><li>• Do not use oestradiol or InhibinB to predict the outcome of any fertility treatment.</li><li>• Progesterone measurement in mid-luteal stage of cycle to confirm ovulation. Repeat weekly in prolonged or irregular cycles.</li><li>• LH and FSH measurement in women with irregular cycles.</li><li>• Prolactin testing only recommended in women with ovulatory disorder, galactorrhoea or a pituitary tumour.</li><li>• Thyroid function measurement only if symptomatic of thyroid disease.</li><li>• Check rubella and <i>Chlamydia trachomatis</i> status.</li><li>• Offer HIV, HBV and HCV testing if undergoing IVF.</li></ul> <p><b>Treatment</b></p> <p><u>Male infertility:</u></p> <ul style="list-style-type: none"><li>• For hypogonadotrophic hypogonadism, offer gonadotrophin replacement.</li></ul> <p><u>Ovulation disorders</u></p> <ul style="list-style-type: none"><li>• In hypothalamic-pituitary failure offer lifestyle advice and/or pulsatile GnRH or gonadotrophins with luteinising hormone activity to induce ovulation.</li><li>• In hypothalamic-pituitary-ovarian failure, advise lifestyle changes if BMI <math>&gt; 30</math>. Offer clomifene and/or metformin. Limit clomifene therapy to 6 months and offer ultrasound. For women resistant to clomifene, offer laparoscopic ovarian drilling or gonadotrophins or combined metformin and clomifene citrate treatment.</li><li>• In hyperprolactinaemic amenorrhoea, offer dopamine agonist.</li></ul> |

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|  | <p><u>IVF</u><br/>In women &lt;40 years, offer IVF after 2 years unprotected sex or 12 cycles artificial insemination (where 6 or more by intrauterine insemination). Additionally, for women 40-42 years if:</p> <ul style="list-style-type: none"> <li>• No previous IVF</li> <li>• Adequate ovarian reserve</li> <li>• Discussion about potential implications of IVF and pregnancy at this age</li> </ul>   |
| Impact on Lab<br>(See below)   | <p>■ Moderate</p>   |
| Lab professionals to be made aware<br><br><i>Please select/highlight appropriate choices</i> | <ul style="list-style-type: none"> <li>✓ Laboratory Manager</li> <li>✓ Chemical Pathologist</li> <li>✓ Clinical Scientist</li> <li>✓ Biomedical Scientist</li> </ul>  |
| Please detail the impact of this guideline<br>(Max 150 words)                                | <p>CG156 replaced and updated NICE clinical guideline 11 (CG11: Fertility: assessment and treatment of people with fertility problems).</p> <p>CG156 impact following September 2017 update remains consistent with original published guidelines; serum AMH testing may increase which may increase the number of send-away tests for laboratories, as this is not generally included within a routine test repertoire.</p> <p>Previous guidance relating to medical and surgical management of endometriosis has been stood down from this guideline and has been superseded by the publication of NICE guidance on endometriosis NG73.</p> |

#### **Impact on Lab**

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

**Written by:** Annie Cook [Based on original guideline summary produced by Dr Neil Syme and reviewed by Dr James Logie]

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