



Summary of NICE Guidelines

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 (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 ≥ 36 years or with predisposing factors/known causes of infertility.</p> <p>Investigations</p> <ul style="list-style-type: none">• 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.• Ovarian reserve testing should be carried out to predict likely response to IVF. This should be based on one of the following: Low: Antral follicle count ≤ 4; AMH ≤ 5.4 pmol/L or FSH > 8.9 IU/L. High: Antral follicle count > 16; AMH ≥ 25.0 pmol/L; FSH < 4 IU/L.• Do not use oestradiol or InhibinB to predict the outcome of any fertility treatment.• Progesterone measurement in mid-luteal stage of cycle to confirm ovulation. Repeat weekly in prolonged or irregular cycles.• LH and FSH measurement in women with irregular cycles.• Prolactin testing only recommended in women with ovulatory disorder, galactorrhoea or a pituitary tumour.• Thyroid function measurement only if symptomatic of thyroid disease.• Check rubella and <i>Chlamydia trachomatis</i> status.• Offer HIV, HBV and HCV testing if undergoing IVF. <p>Treatment</p> <p><u>Male infertility:</u></p> <ul style="list-style-type: none">• For hypogonadotropic hypogonadism, offer gonadotrophin replacement. <p><u>Ovulation disorders</u></p> <ul style="list-style-type: none">• In hypothalamic-pituitary failure offer lifestyle advice and/or pulsatile GnRH or gonadotrophins with luteinising hormone activity to induce ovulation.• In hypothalamic-pituitary-ovarian failure, advise lifestyle changes if BMI > 30. 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.• In hyperprolactinaemic amenorrhoea, offer dopamine agonist.

	<p><u>IVF</u> In women <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"> • No previous IVF • Adequate ovarian reserve • Discussion about potential implications of IVF and pregnancy at this age
Impact on Lab (See below)	<p>■ Moderate</p>
Lab professionals to be made aware <i>Please select/highlight appropriate choices</i>	<ul style="list-style-type: none"> ✓ Laboratory Manager ✓ Chemical Pathologist ✓ Clinical Scientist ✓ Biomedical Scientist
Please detail the impact of this guideline (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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