

Fertility Advice for Patients

Who is this leaflet for?

For most women, getting pregnant is straightforward, but around 1 in 7 couples may have difficulty conceiving. Infertility is when a couple cannot get pregnant (conceive) despite having regular unprotected sex. NHS Choices has a wealth of information on this: <https://www.nhs.uk/conditions/infertility/>.

If you want to have a baby and are registered with a GP in South West London, this leaflet gives you details of the fertility services available and how to access them.

Who can get fertility treatment?

South West London Integrated Care Board (SWL ICB) attempts to support all individuals and couples who want to have a baby, but it does have a duty to achieve financial balance and must make judgements about the affordability of services for local patients.

SWL ICB sets out how fertility treatments will be funded in its fertility policy, which you can access on our website:

southwestlondon.icb.nhs.uk/publications/evidence-based-interventions-policy/.

The policy has been developed with local GPs and lead clinicians from fertility units in local hospitals. It has considered and adopted, where feasible, guidance issued by NICE (National Institute for Health and Care Excellence).

Treatment stages

There are three stages of getting NHS-funded fertility treatment.

Stage 1: Visiting your GP practice

You (and your partner) should discuss the options with your GP if you are not pregnant after having one year of unprotected sex two to three times a week. If you are aged 36 or older or have a known cause for infertility you should visit your GP after six months of trying.

A healthcare professional at your GP practice will also be able to give you advice on how to stay healthy and improve your chances of getting pregnant. This may include advice on alcohol, smoking and getting to a healthy weight, taking folic acids and vitamin D.

Your GP will ask some questions about your medical history and arrange some investigations if appropriate. If you are female, you could have:

- Blood test to check your immunity to rubella (German Measles),
- Blood test to see if you are a carrier of sickle cell disease or thalassemia (an inherited blood disorder, more common in people originating from certain countries),
- Test for chlamydia (an infection that can damage your fallopian tubes). This will usually be by a self-taken vaginal swab or urine test,
- Blood tests to check your hormone levels, usually taken on day two to five of your cycle (your doctor will provide advice on when to have the test).

If you are male, you will have a semen test, and have it repeated if it is not entirely normal.

Your GP may do other tests too depending on your medical history and will explain the results of the tests. If appropriate you and your partner might be referred to the local NHS hospital for further tests and treatments to help you become pregnant.

In the meantime, you should continue to follow the GP advice about health lifestyle and getting pregnant.

Stage 2: Referral to hospital specialists

You and your partner may be referred to gynaecologist specialised in fertility investigations and treatments. Fertility clinics are usually hospital-based and can be accessed in your local NHS hospital. Waiting times for clinics may vary but you should be seen within standard NHS waiting times.

When you are seen at a fertility clinic, you may have additional tests and investigations such as ultrasounds, X-rays and keyhole surgery.

Once a diagnosis of sub-fertility has been established, treatment falls into three main categories:

- Medical treatments e.g.: the use of drugs for ovulation induction,
- Surgical treatments e.g.: repair of the fallopian tubes
- Assisted Conception Treatments (ACT) i.e.: any treatment that deals with means of conception other than vaginal intercourse such as IVF/ICSI, IUI (explained below).

Medical and surgical treatments are available in your local NHS hospital and often your fertility clinic provide these directly. If you require Assisted Conception Treatment, then you and your partner will be referred on to the assisted conception unit of your choice.

Stage 3: Referral to Assisted Conception Unit

Assisted Conception Units specialise in Assisted Conception Treatments (ACT for short) such as IVF, ICSI and IUI. They are usually based in your local NHS hospital. Before you receive any ACT, they will check if you and your partner are eligible for NHS-funded treatment and explain the process if you are. The full eligibility criteria can be found in the SWL ICB fertility policy, which you can access on our website: southwestlondon.icb.nhs.uk/publications/evidence-based-interventions-policy/

What are the eligibility criteria for ACT?

The SWL ICB policy and eligibility criteria has been developed with local GPs, and specialist clinicians.

- The prospective mother is aged 42 or less (i.e., before their 43rd birthday) at the start of the ACT,
- You have an identified cause of infertility or have tried to conceive for 24 months without success,
- Neither you nor your partner had been sterilised,
- Your ovarian reserves are normal as measured by blood tests such as FSH and AMH,
- Neither you or your partner smoke or use recreational drugs,
- Neither you nor your partner drink more than the level set in the Department of Health guidance,
- You and your partner have no living child from your current relationship and at least one of the you does not have any living children at all,
- The prospective mother's BMI is between 19 – 30,
- The prospective mother has not had NHS-funded IVF before or not had more than two cycles privately.

Each of the above must be met for you to be eligible for NHS-funded ACT, following investigations into your infertility as set out by NICE.

Single people and Same-sex couples

If you are a single female or in a female same-sex relationship and have not become pregnant after six attempts at IUI in a clinical setting, your GP should refer you for assessment. If a cause for infertility is found, or you are aged over 36, you will be referred for ACT. If no cause is found, you will be offered IVF/ICSI after a further six IUIs.

If you are a single male or in a male same-sex relationship, you can be referred for investigation but as surrogacy is not funded on the NHS.

What is IVF and ICSI?

In Vitro Fertilisation (IVF) is a technique by which eggs are collected from a woman and fertilised with a man's sperm outside the body. Usually, one or two resulting embryos are then transferred to the womb. If one of them attaches successfully, it results in a pregnancy. Intracytoplasmic Sperm Injection (ICSI) is a variation of IVF in which a single sperm is injected into an egg to fertilise it, with the resulting embryo transferred to the womb.

SWL ICB will fund one full cycle of IVF/ICSI, which usually means a fresh and a frozen embryo transfer so it means that you will have two chances of getting pregnant.

Patients who had eggs or sperm frozen due to medical reasons (as per fertility preservation policy) will be eligible for two Frozen Embryo Transfer (FET) as in these circumstances the fresh embryo transfer is not available for them.

A successful first embryo transfer (in terms of a live birth) would make you and your partner ineligible for a second embryo transfer.

What is Intrauterine Insemination (IUI)?

IUI is a technique to place sperm into a woman's womb through the cervix. This may be carried out using the partner's sperm, or using sperm donated by another man. SWL ICB will fund unstimulated IUI, in very specific circumstances as per the policy.

Treatments not funded

The SWL ICB fertility policy details all the treatments that are funded by the NHS as well as those not funded, please see the policy for details. If you are eligible for NHS-funded ACT all aspects of the treatment will be funded. However, if you and your partner require donor eggs or sperm the costs of this will not be covered by

the NHS. Surrogacy is currently not funded in any circumstances by SWL ICB.

Fertility preservation

If you have an illness or are starting a treatment that is likely to cause permanent infertility, funding will be provided for collection and storage of eggs, embryos and/or sperm. Your NHS specialist should refer you to an Assisted Conception Unit to arrange this.

The storage is funded for 5 years but not beyond the women's 43rd birthday. Please note that a previous fertility preservation funded by the NHS does not automatically entitle patients to receive IVF on the NHS.

Patients with hepatitis B, hepatitis C or HIV

If you or your partner have a long-term viral infection (hepatitis B, hepatitis C, or HIV), it is important to talk to your GP about the possible implications of this for your future children. Your GP can refer you to a specialist to help reproduction as safely as possible.

Private treatment

If you decide to pay for private treatment, your GP cannot write an NHS prescription for any drugs or appliances recommended by that private treatment.

What if you do not meet the eligibility criteria?

If you do not meet criteria set out in the fertility policy, but there are exceptional clinical circumstances for providing you with NHS-funded care, your GP or clinician may be able to request funding through the Individual Funding Request (IFR) process. You can access IFR policy and process on our website southwestlondon.icb.nhs.uk/what-we-do/funding-requests/ifr/.

Other information

The Human Fertility and Embryology Authority (HFEA) regulate IVF/ICSI clinics, and their website contains useful information for patients: www.hfea.gov.uk.