

Basic Infertility Services – RD 15

DEFINITION

Infertility is defined as having failed to achieve a pregnancy after 12 months or more of regular unprotected vaginal intercourse. Earlier assessment (such as 6 months) is justified for women greater than 35 years of age, those with a history of oligomenorrhea, those with known or suspected uterine or tubal disease, endometriosis, or those with a partner known to be sub-fertile.

SUBJECTIVE

Should include: (females)

1. Medical history
 - a. Previous hospitalizations
 - b. Serious illness or injuries
 - c. Medical conditions related to reproductive failure
 - d. Childhood disorders
 - e. Results of cervical cancer screening and any f/u done
 - f. Current medications
 - g. Allergies
 - h. Family history of reproductive failure
 - i. Alcohol, drug and/ or tobacco use
 - j. Extreme weight gain or weight loss
 - k. History of chemotherapy or radiation
2. Reproductive history
 - a. How long they have been trying to conceive
 - b. Coital frequency and timing
 - c. Level of fertility awareness
 - d. Results of any previous evaluation and treatment
 - e. Gravida/parity
 - f. Pregnancy outcome and any complications
 - g. Age of menarche
 - h. Cycle length and characteristics
 - i. Onset/severity of dysmenorrhea
 - j. Sexual history including PID, history of STIs, or exposure to STIs.
 - k. Amenorrhea
3. Review of Systems
 - a. Thyroid
 - b. Pelvic or abdominal pain
 - c. Dyspareunia
 - d. Galactorrhea
 - e. Hirsutism

Should include: (males)

1. Medical history
 - a. Systemic medical illness (such as CF, diabetes, certain autoimmune disorders, certain genetic disorders)
 - b. Prior surgeries and infections
 - c. Current medications
 - d. Allergies
 - e. Lifestyle exposures, trauma to the testes
 - f. Alcohol, drug (including illicit drugs, anabolic steroids, chemotherapy) or tobacco use
 - g. Prior chemotherapy or radiation
2. Reproductive history

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- a. Methods of contraception used
- b. Coital frequency and timing
- c. Sexual history
- d. Gonadal toxin exposure (including heat)
- e. Duration of infertility and prior fertility
- f. Personal history of STIs and their partners' histories of STIs
- g. Problems with sexual dysfunction

OBJECTIVE

1. Physical exam should include (females):
 - a. Height, weight, and Body Mass Index (BMI)
 - b. Thyroid examination
 - c. Clinical breast exam
 - d. Signs of any androgen excess
 - e. Pelvic exam (including pelvic or abdominal tenderness, organ enlargement or mass, vaginal or cervical abnormality, secretions or discharge, uterine size, shape, position and mobility, adnexal mass or tenderness, and cul-de-sac mass, tenderness, or abnormality).
2. Physical exam should include (males):
 - a. Examine penis, including the location of the urethral meatus
 - b. Palpation of testes and measurement of their size
 - c. Presence and consistency of both the vas deferens and epididymis
 - d. Presence of a varicocele
 - e. Secondary sexual characteristics
 - f. Consider digital rectal exam

LABORATORY

May include:

1. Urine pregnancy test
2. Pap
3. Sexually Transmitted Infection (STI) screen
4. Wet mount

ASSESSMENT

Infertility: Primary/secondary, female/male

PLAN

Treatment options depend upon underlying cause of infertility.

1. Treat infections, as indicated.
2. Methods or devices designed to determine or predict the time of ovulation (e.g., over-the-counter ovulation kits, online apps, or cycle beads) should be discussed.
3. Provide or encourage daily prenatal vitamin.

CLIENT EDUCATION

Should include:

1. Educate regarding the fertility awareness method and maximizing fertility.
2. Provide nutritional counseling.
3. Discuss substance use including tobacco, drugs, or alcohol.
4. Address emotional and educational needs of infertility. Refer as needed.
5. Discuss signs and symptoms of ovulation and timing of intercourse.

CONSULT / REFER TO PHYSICIAN

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For any services beyond the scope of Title X:

1. Labs, such as serum progesterone, FSH/LH, prolactin and thyroid profile (those not done at family planning clinic).
2. Screening and diagnostic tests, as indicated (i.e., 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.

REFERENCES

1. [rr6304.pdf \(cdc.gov\)](#) (QFP)
2. [Optimizing natural fertility: asrm.org/special-pages/search-results/?q=natural+fertility\(1/22\)](#) (2017)
3. [Infertility and Fertility | NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development \(nih.gov\)](#)
4. [Infertility | Reproductive Health | CDC](#)
5. [Infertility | Office on Women's Health \(womenshealth.gov\) Basic Infertility Services](#)
6. [Reproductive Health National Training Center \(rhntc.org\)](#)

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