**Basic Infertility Services**

<table>
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<th>DEFINITION</th>
<th>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.</th>
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</table>
| SUBJECTIVE | Should include: *(females)*  
|            | • Medical history  
|            |   • Previous hospitalizations  
|            |   • Serious illness or injuries  
|            |   • Medical conditions r/t reproductive failure  
|            |   • Childhood disorders  
|            |   • Results of cervical cancer screening and any f/u done  
|            |   • Current medications  
|            |   • Allergies  
|            |   • Family history of reproductive failure  
|            |   • Alcohol, drug and/ or tobacco use  
|            |   • **Extreme weight gain or weight loss**  
|            | • Reproductive history  
|            |   • How long have they been trying to conceive  
|            |   • Coital frequency and timing  
|            |   • Level of fertility awareness  
|            |   • Results of any previous evaluation and treatment  
|            |   • Gravida/parity  
|            |   • Pregnancy outcome and any complications  
|            |   • Age of menarche  
|            |   • Cycle length and characteristics  
|            |   • Onset/severity of dysmenorrhea  
|            |   • Sexual history including PID, history of STIs, or exposure to STIs.  
|            | • **Amenorrhea**  
|            |   • Review of Systems  
|            |     • Thyroid  
|            |     • Pelvic or abdominal pain  
|            |     • Dyspareunia  
|            |     • Galactorrhea  
|            |     • Hirsutism  
|            | Should include: *(males)*  
|            | • Medical history  
|            |   • Systemic medical illness *(such as CF, diabetes, certain autoimmune disorders, certain genetic disorders)*  
|            |   • Prior surgeries and infections  
|            |   • Current medications  
|            |   • Allergies  
|            |   • Lifestyle exposures, **trauma to the testes**  
|            |   • Alcohol, drug *(including illicit drugs, anabolic steroids, chemotherapy)* or tobacco use  
|            | • Reproductive history  
|            |   • Methods of contraception used  
|            |   • Coital frequency and timing  
|            |   • Sexual history  
|            |   • Gonadal toxin exposure (including heat)  

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| OBJECTIVE | Physical exam should include (females):  
- Height, weight, and Body Mass Index (BMI)  
- Thyroid examination  
- Clinical breast exam  
- Signs of any androgen excess  
- 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.  
- Physical exam should include (males):  
  - Examine penis, including the location of the urethral meatus  
  - Palpation of testes and measurement of their size  
  - Presence and consistency of both the vas deferens and epididymis  
  - Presence of a varicocele  
  - Secondary sexual characteristics  
  - Consider digital rectal exam |
|---|---|
| LABORATORY | May include:  
- Urine pregnancy test  
- Pap  
- Sexually Transmitted Infection (STI) screen  
- Wet mount |
| ASSESSMENT | Infertility: Primary/secondary, female/male |
| PLAN | Treatment options depend upon underlying cause of infertility.  
- Treat infections, as indicated  
- Provide a menstrual calendar, cycle beads, or other fertility awareness method (FAM) tools.  
- Provide and encourage daily prenatal vitamin. |
| CLIENT EDUCATION | Should include:  
- Educate regarding the fertility awareness method and maximizing fertility  
- Provide nutritional counseling  
- Ask, Advise, Refer for tobacco cessation  
- Address emotional and educational needs of infertility. Refer as needed  
- Discuss signs and symptoms of ovulation |
| CONSULT/ REFER TO PHYSICIAN | Should include:  
- Labs, such as serum progesterone, FSH/LH, and prolactin (those not done at family planning clinic)  
- Screening and diagnostic tests, as indicated (i.e., Endometrial biopsy, ultrasound, laparoscopy, hysterosalpingogram)  
- Male semen analysis  
- Polycystic Ovarian Syndrome (PCOS) treatment  
- Hormone, drug therapy  
- Erectile dysfunction (males)  
- Drug/alcohol counseling/treatment  
- Nutrition counseling. |

References:  
- www.nichd.nih.gov/health/topics/infertility (Retrieved 4/16/2018)  
- www.cdc.gov/reproductivehealth/infertility (Retrieved 4/16/2018)