

Assisted Reproductive Technology

Introduction

General Comments and Directions

This tool is designed to advise the clinician and the couple of their current status with respect to access to publicly funded fertility treatment. A number of additional data fields are being collected to help with determination of how we can use alternative packages of care (in line with the new Service Specifications). These include height and weight (of the female client) and the reproductive histories of both partners and the current partnership. Where possible data is collected only once and used in the relevant components of the algorithm.

The procedure list is designed to define the likely package of care of this couple and must be filled out.

- Scoring should be based on the considered view of the clinician taking into account the patient's history, examination, results of investigations and the clinician's experience in treating like patients.
- Criteria only apply for patients where a procedure is indicated and the patient wishes it and all non-surgical therapeutic options have been explored.
- These criteria only apply to elective and arranged admissions.

Prioritisation

Assisted Reproductive Technology

Demographics

Origin of FSA

- Public
- Private

Female client

Height (cm)

Weight (kg)

Parity

Gravida

Partner Parity

Partner Gravida

Relationship Parity

Relationship Gravida

Prioritisation

Age

Ovulation defects

- Anovulation 2° hypopit. hypo-gonadism
- Failed treatment 12 months
- Resistant to clomiphene and/or Metformin and/or laparoscopic ovarian drilling
- No ovulation defect

Semen defects

- Azoospermia
- Severe ejaculatory dysfunction
- Not pregnant and vasectomy reversal performed ≥ 2 year
- < 1 million motile sperm/ml
- < 3 million motile sperm in the ejaculate
- < 1 million motile sperm isolated by sperm washing
- SpermMar binding $> 50\%$, and at least one of (a) sperm concentration < 15 million/ml or (b) progressive Sperm motility $< 32\%$
- $< 1-5$ million motile sperm/ml
- $< 3-15$ million motile sperm in the ejaculate
- SpermMar binding $> 50\%$ and sperm concentration ≥ 15 million/ml and progressive sperm motility $\geq 32\%$
- Normal semen analysis on two occasions

Tubal/peritoneal factor

- Tubal occlusion best side / missing tubes
- Severe adhesions best side
- Unsuccessful tubal surgery after 12 months
- Moderate adhesions (best side)
- Occluded one side, tubal polyps, mild adhesions (best side)
- Minimal adhesions (best side)
- Normal or not assessed

Endometriosis

- Stage IV
- Stage III
- Stage II
- Stage I
- None

Other factors

- Severe, e.g. fibroids / cervical pathology / psycho-sexual
- Moderate others
- Mild
- Minimal
- None

Duration of infertility

- < 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- \geq 5 years

Number of children

- None
- 1 by current relationship
- > 1 by current relationship

Sterilisation reference range

- Neither partner sterilised
- One partner sterilised

Procedure list

(For analysis of case mix – does not affect the score.)

- IVF Programme - first cycle (In vitro fertilization (IVF)–first cycle- - includes ovarian stimulation, collecting and fertilizing eggs (includes blastocyst addition), and embryo transfer. Spare embryos may be frozen and stored for subsequent use.)
- IVF and embryo freezing for fertility preservation
- Intracytoplasmic sperm injection (ICSI) Addition (Intracytoplasmic sperm injection (ICSI) – a single sperm injected directly into an egg for in vitro fertilization treatments)
- Donor Insemination (The insemination of donor sperm into women whose partners are infertile)
- Intrauterine insemination – Simple (Intrauterine technique for specially prepared sperm to be placed directly into the uterus. (Excludes hyperstimulation of the ovary.))
- Intrauterine insemination with hyperstimulation (Hyperstimulation of the ovary to produce more than one egg combined with intrauterine insemination technique using specially prepared sperm)
- Ovulation Induction (OI) (Stimulation of ovaries with fertility drugs to induce mono-follicular development and allow fertilisation to occur by natural intercourse)
- Surgical Retrieval of Sperm (Sperm obtained surgically from the epididymis or testis and then used for Intracytoplasmic sperm injection-(ICSI))
- Sperm Freezing for fertility preservation (Ejaculated or testicular sperm frozen for future use in fertility treatment.)
- Male and Female microsurgery (Surgical procedure before starting fertility treatment (male and female) such as: Vasectomy reversal or Fallopian tube surgery)
- Surrogacy Procedures (Surrogacy related fertility procedures)
- Donor Egg (Donor related fertility procedures including donated egg)
- Oocyte freezing for fertility preservation (Surgical retrieval and freezing of eggs for fertility preservation)
- PGD (Preimplantation genetic diagnosis (PGD) biopsy and testing for fertility services)
- IVF standard second cycle