

I'm not robot!

Male Factor Fertility Problems: Medical & Surgical Management

Testing for viral status

- People undergoing IVF treatment should be offered testing for HIV, hepatitis B and hepatitis C
- People found to positive for one or more of the infections should be offered specialist advice, counseling and appropriate clinical management

Psychological effects of fertility problems

- Stress can affect their relationship and can contribute to the fertility problems
- It is helpful to contact a fertility support group
- Counseling should be offered as fertility problems themselves & investigation and treatment can cause psychological stress

Hyperprolactinaemic amenorrhoea

- These women should be offered treatment with dopamine agonists (such as bromocriptine)
- Consideration should be given to safety for use in pregnancy and minimizing cost when prescribing

Donor Insemination

- The use of donor insemination is considered effective in managing fertility problems associated with
 - ❖ obstructive azoospermia
 - ❖ non-obstructive azoospermia
- Severe deficits in semen quality in couples who do not wish to undergo ICSI
- High risk of transmitting genetic disease or infection to the offsprings
- Severe Rhesus isoimmunization

Pcos fertility treatment nice guidelines. Nice guidelines for infertility. Nice guidelines for ivf. New nice guidelines for nhs fertility treatment.

This guideline covers diagnosing and treating fertility problems. It aims to reduce variation in practice and improve the way fertility problems are investigated and managed. This guideline replaces CG11. This guideline is the basis of QS73 and QS55. Couples who experience problems in conceiving should be seen together because both partners are affected by decisions surrounding investigation and treatment. People should have the opportunity to make informed decisions regarding their care and treatment via access to evidence-based information. These choices should be recognised as an integral part of the decision-making process. Verbal information should be supplemented with written information or audio-visual media. Information regarding care and treatment options should be provided in a form that is accessible to people who have additional needs, such as people with physical, cognitive or sensory disabilities, and people who do not speak or read English. Psychological effects of fertility problems. When couples have fertility problems, both partners should be informed that stress in the male and/or female partner can affect the couple's relationship and is likely to reduce libido and frequency of intercourse which can contribute to the fertility problems. People who experience fertility problems should be informed that they may find it helpful to contact a fertility support group. People who experience fertility problems should be offered counselling because fertility problems themselves, and the investigation and treatment of fertility problems, can cause psychological stress. Counselling should be offered before, during and after investigation and treatment, irrespective of the outcome of these procedures. Counselling should be provided by someone who is not directly involved in the management of the individual's and/or couple's fertility problems. Generalist and specialist care. People who experience fertility problems should be treated by a specialist team because this is likely to improve the effectiveness and efficiency of treatment and is known to improve people's satisfaction with treatment. People who are concerned about their fertility should be informed that over 80% of couples in the general population will conceive within 1 year if: the woman is aged under 40 years and they do not use contraception and have regular sexual intercourse. Of those who do not conceive in the first year, about half will do so in the second year (cumulative pregnancy rate over 90%). Inform people who are using artificial insemination to conceive and who are concerned about their fertility that: over 50% of women aged under 40 years will conceive within 6 cycles of intrauterine insemination (IUI) of those who do not conceive within 6 cycles of intrauterine insemination, about half will do so with a further 6 cycles (cumulative pregnancy rate over 75%). Inform people who are using artificial insemination to conceive and who are concerned about their fertility that using fresh sperm is associated with higher conception rates than frozen-thawed sperm. However, intrauterine insemination, even using frozen-thawed sperm, is associated with higher conception rates than intracervical insemination. Inform people who are concerned about their fertility that female fertility (and to a lesser extent) male fertility decline with age. Discuss chances of conception with people concerned about their fertility who are: having sexual intercourse (see table 1) or using artificial insemination (see table 2). Cumulative probability of conceiving a clinical pregnancy by the number of menstrual cycles attempting to conceive in different age categories (assuming vaginal intercourse occurs twice per week). Age category (years) Pregnant after 1 year (12 cycles) (%) Pregnant after 2 years (24 cycles) (%) 19-26 92 98 27-29 87 95 30-34 86 94 35-39 82 90 [1] Reproduced with permission: Dunson DB, Baird DD, Colombo B [2004]. Increased infertility with age in men and women. *Obstetrics and Gynecology* 103: 51-6. Table 2 Cumulative probability of conceiving a clinical pregnancy by the number of cycles of insemination in different age categories and according to the method and sperm status where assisted reproduction technology is used (see the full guideline for references). Woman's age (years) ICI using thawed semen (Schwartz et al. 1982) Woman's age (years) ICI using fresh semen (van Noord-Zaadstra, 1991) Woman's age (years) IUI using thawed semen - HFEA data and personal communication 6 cycles 12 cycles 6 cycles 12 cycles 6 cycles 12 cycles

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