

Initial Consult



Royal Devon
University Healthcare
NHS Foundation Trust

Your First Fertility Clinic Appointment



Fertility
+xeter

This leaflet will explain what to expect at your first fertility clinic appointment.

Why have I been referred to the fertility clinic?

The usual reason for referral is that you and your partner have been trying to get pregnant for some time and your GP thinks that you need further investigation and possibly treatment. There may be other reasons for referral such as fertility preservation for people with cancer or other serious medical problems.

Couples are usually advised to try to get pregnant by having regular intercourse two to three times a week for up to a year before being referred to the fertility clinic. This is because 80% of couples will conceive naturally over this time period. In some cases, however, early referral might be appropriate: for example, for older women, if the woman's periods are very irregular or there is a known problem such as blocked tubes or an 'abnormal' semen analysis.

What are the main causes for couples having difficulty conceiving?

- In a third of couples attending a fertility clinic, the woman has blocked or damaged fallopian tubes. This can often be due to past exposure to chlamydia which may have led to a silent unknown infection at some time.
- In a third of couples, the man has an abnormal semen analysis with a reduced sperm count or a reduction in the percentage of sperm that are moving. Occasionally, there may be no sperm seen at all in the sample.
- One in five women have problems with ovulation meaning they do not release an egg every month.

- One in ten women have endometriosis. It is a condition in which tissue from the lining of the womb grows in the pelvis or on the ovaries causing scarring and reducing the chance of falling pregnant.
- There is a small number of rarer causes that can lead to difficulties in conceiving naturally.
- For one in five couples, no cause can be found; and will be described as unexplained subfertility.

- **1/3rd of couples may be unable to conceive naturally as a result of the woman's tubes being blocked.**
- **1/5th of women do not ovulate regularly.**
- **1/3rd of couples may experience difficulties in conceiving because the man's sperm is of 'poor quality'.**
- **1/10th of women have a condition known as endometriosis.**
- **1/5th of couples have no obvious cause.**
- **There are other rare causes of an inability to conceive naturally.**

What can we do to improve the chance of getting pregnant?

There are some lifestyle changes recommended by NICE (the National Institute of Health and Care Excellence) to improve the chance of getting pregnant. Women should have a healthy body mass index (BMI) of 19-30 to improve their chance of conceiving. For some women with irregular periods, losing weight may be all that is needed to achieve regular ovulation. For women, having a BMI above 35 is linked with increased risks in pregnancy, therefore, treatment is unlikely

to be offered until her BMI is below 35. The rules about NHS-funded assisted conception treatment are even stricter – BMI 19-29.9.

Smoking is linked to reduced fertility in both men and women. It is also linked to an increased risk of miscarriage, a growth-restricted (small) baby, bleeding in pregnancy, and stillbirth. Postnatally, smoking increases the risk of cot death and asthma for the baby. For these reasons, you are unlikely to be offered treatment if you are smokers.

NICE guidance recommends that women trying to conceive have no more than 2-3 units of alcohol per week. Men should not exceed current guidelines of 3-4 units of alcohol per day.

A healthy lifestyle and weight can improve your chances of getting pregnant and the health of any resulting babies.

What tests do we need to have?

As you can see from the information above, an inability to conceive naturally as a couple is a condition affecting both partners and you both will need to have tests done. It is very important for you to attend the initial consultation at the clinic together.

Your GP will have arranged the initial investigations for you both. For the woman, you will have some hormone blood tests done during your period to check egg reserve and thyroid function. Your GP will check that you have had two doses of MMR vaccination in the past. If you haven't, your GP will offer you the MMR vaccine. It is recommended that you are screened for chlamydia. You may have had swabs done by your GP or at the Walk-in Centre in the past. If not, you will be offered

to have a self-taken swab to screen for chlamydia before fertility treatment. You will also have a blood test to screen for previous chlamydia infection. For the man, you will be asked to give a sperm sample for analysis. This may have to be repeated if the first result is not normal.

Depending on the results of the initial tests, when you come to the clinic further tests may be arranged. You may need more blood tests, a more detailed semen analysis or an ultrasound scan of the pelvis. For the woman, you may be offered an X-ray (hysterosalpingogram), scan (HyCoSy scan), or an operation (laparoscopy) to check that your fallopian tubes are open. If you are having assisted conception treatment, both of you will need to be screened for viral infections including hepatitis B and C and HIV. These tests will be explained in detail by the doctor you see in the fertility clinic.

The following tests may be done as part of the process of understanding why you are not getting pregnant and helping you to do so:

- **Blood hormone test to check the woman's ability to release eggs.**
- **Blood test to check the woman's immunity to rubella.**
- **Blood and vaginal swab (from the neck of the womb) to screen for infections.**
- **Semen analysis (sperm test).**
- **Further tests, depending on the results of the initial ones.**
- **Blood tests for HIV and Hepatitis B&C for both partners, if you need assisted conception treatment.**
- **A transvaginal scan to check if the womb and ovaries are normal, and a tubal test.**

Why have I been advised to take folic acid and vitamin D?

Folic acid is one of the B vitamins. Studies have shown that taking supplements of 400 micrograms for three months before conception and the first three months of pregnancy significantly reduces the risk of a baby having an abnormally formed spinal cord or brain known as spina bifida. Therefore, while folic acid does not improve the chance of getting pregnant, it does increase the chance of having a healthy baby when you do conceive. You can buy folic acid or pre-pregnancy vitamins from any pharmacy.

There is increasing evidence to support vitamin D supplementation during fertility treatment and pregnancy. The guidance from Public Health England recommends a daily intake of 10ug/d (400 IU/d). It is important to start taking the supplementation alongside folic acid whilst trying to conceive.

Why do we have to complete the welfare of the child form?

The law relating to assisted conception, the Human Fertilisation and Embryology Act (HFE Act), requires doctors in the fertility clinic to assess the welfare of the potential child born as a result of fertility treatment. You may not be offered treatment if there is a history of child abuse or violence. The clinic may request further information from your GP in some cases. If you are a couple, we would only offer treatment to those in a long-term stable relationship (more than two years) who both intend to be the legal parents of a resulting child.

The health and wellbeing of any potential children is very important, and you may be refused treatment if there are any concerns

What treatment might we be offered?

For the woman, if you are not ovulating regularly and you have a BMI between 19-35, you may be offered clomifene citrate or letrozole which are tablets that can trigger ovulation and regulate periods. In some cases, injections may be used to stimulate the ovaries.

If your fallopian tubes are blocked or damaged by adhesions, you may be offered tubal surgery, or assisted conception in the form of in-vitro fertilisation (IVF) may be recommended. Endometriosis may be treated by laparoscopy (key-hole) surgery.

If the sperm count is abnormal, or there is no identifiable reason found for your inability to conceive naturally, you may be offered IVF treatment. If you have been diagnosed with anovulation and the treatment with clomiphene citrate or letrozole was unsuccessful, you may be offered intrauterine insemination (IUI). There are some other forms of treatment that may be offered for rarer disorders and the doctor in the fertility clinic will explain these if they are relevant to you.

In each case, the doctor will explain the benefits and risks of each treatment and agree a treatment plan with you.

You may be offered treatment for the underlying cause of your inability to conceive or assisted conception treatment

Will we have to pay for investigations or treatment?

In the majority of cases, if you are entitled to NHS treatment in general, you will be offered an NHS-funded initial consultation. The Integrated Care Board (ICB), fund fertility treatment, and has strict eligibility criteria so you may not be entitled to some or all fertility treatments. Further details about funding can be discussed with the doctor or administration staff in the clinic or by accessing the guidance on the ICB website.

Are there any restrictions on fertility treatment for self-funding patients?

There are some medical and ethical restrictions on fertility treatment in Fertility Exeter.

As discussed above, a woman's BMI does have a direct effect on her chance of getting pregnant and the risk of developing complications in that pregnancy. We are therefore unable to offer fertility treatment if your BMI is above 35. Surgery is also more difficult and carries increased risk for women with a raised BMI and you may not be offered a laparoscopy until you have lost weight. Similarly, if your BMI is very low (less than 19), there may be reasons why we cannot offer treatment.

It is a firm policy that we do not offer fertility treatment for women who smoke, in accordance with NICE guidance, due to the impact of smoking on the chance of success and complications in pregnancy. We strongly advise men to stop smoking as well, although this may not rule out self-funded treatment for couples where the man continues to smoke.

We know that the chance of getting pregnant reduces with increased age so we do not offer IVF treatment using the woman's own eggs after the age of 43. We do offer IVF with

donor eggs to women aged under 50.

At present, we do not provide treatment involving surrogacy, but we may be able to store eggs, sperm, or embryos for the potential of medically-indicated surrogacy in another unit at a later date. We offer fertility preservation of sperm, egg, and embryo banking for a variety of circumstances, both medical and social. Where treatments require the use of donor eggs or sperm, discussions regarding the additional implications are required before any treatment takes place. This is also the case for those seeking treatment as individuals or where there is a need to consider circumstances that may impact on a child.

- **Safety and ethical considerations are given due attention**
- **Any restrictions will be so as not to compromise safety and/or chances of getting pregnant as well as taking into account any ethical implications**
- **Same-sex couples, single women and couples with a 'much older' man may be treated following discussions of the additional implications**



Who are we?

Fertility Exeter is a Centre specialising in Fertility and Assisted Conception services. Our team consists of Doctors, Specialist Nurses, Embryologists, and Administration staff who will all be responsible for supporting you and, if appropriate, your partner, throughout the process of coming into the centre.

All staff should be wearing a name badge. Staff will not be offended if you ask them to identify who they are and what they do. If, after reading this information you have any questions or concerns, you can ask any member of our staff for assistance.

Finally, we recognise that not being able to get pregnant can be very stressful and so we offer specialist, confidential counselling as part of your treatment. Please ask any member of the clinic staff for further details if you would like to arrange an appointment.



Where are we?

Royal Devon and Exeter Hospital Heavitree,
Gladstone Road, Exeter, Devon, EX1 2ED.

**Please note we are situated at the
Heavitree site NOT the Wonford site**

Parking

The Heavitree Hospital pay-on-exit patient and visitor car parks are controlled by Automatic Number Plate Recognition (APNR) cameras which will capture vehicle registration on entry. Users simply pay for the time used by entering their registration and payment method at the car park terminal, before returning to their vehicle at the end of their hospital visit. Payment can be made with cash (no change given), card, contactless, or mobile phone app. Vehicle registrations are recorded only for the purpose of car park charging and are used in compliance with data protection laws.

If the car park is full, there may be alternative parking spaces on the street leading into the car park, Gladstone Road, for short stays only. For more information search “parking” on the Royal Devon University Healthcare NHS Foundation Trust website www.royaldevon.nhs.uk

Blue Badge Holders can park free of charge in any of the hospital's public areas by reporting to the Heavitree Reception with your vehicle registration. You will not need to do anything further on leaving the car park.

- Parking spaces may be available within the hospital grounds and adjoining streets.
- Parking within the hospital is by Automatic Number Plate Recognition pay-on-exit.
- Payment may be by cash (no change), card, contactless, or via mobile phone app.
- Blue Badge Holders can park free of charge, within the hospital, by reporting to the Heavitree Reception.

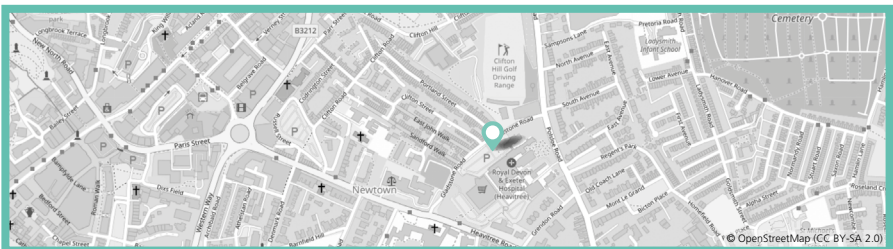
Public transport

The hospital is easily accessible using public transport. For help planning your journey and the latest timetables please visit the websites below:

www.stagecoachbus.com

www.travelinesw.com

www.traveldevon.info



Feedback

Here at Fertility Exeter, we care about getting things right for our patients. As such we would welcome any feedback that you may have, to help us continually improve the services we provide. You can do this in a number of ways:



Patient Advice & Liaison Service (PALS)
Royal Devon and Exeter Hospital (Wonford)
Barrack Road
Exeter
EX2 5DW



Direct Dial: (01392) 402093



rduh.pals-eastern@nhs.net

You can also provide feedback about Fertility Exeter directly to the HFEA by using their online feedback tool:
<https://www.hfea.gov.uk/choose-a-clinic/rate-your-clinic/>

“What went well could go better if”

Please complete a yellow card, located in our waiting room, and put it in the box provided. The box is sorted weekly and suggestions are acted on accordingly.

Alternatively:

★ Complete our Patient Surveys on our website
www.fertilityexeter.co.uk

★ See our Patient Survey links in our emails.



Royal Devon & Exeter Hospital (Heavitree)
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www.fertilityexeter.co.uk



Filename: Your 1st Fertility Clinic Appt v1.5
Q-Pulse reference: F/PI/5
Authors: L.Joels
FGG approved: 12.09.2023
Review date: 12.03.2025
Expiry date: 12.09.2025