

**Madigan Health System
Referral Guidelines**

Reproductive Endocrinology & Infertility Clinic

Diagnosis/Definition

- Infertility is defined as the inability to become pregnant after attempting for 12 months, based upon the patient's report.
- Infertility can be primary (never pregnant) or secondary (prior history of pregnancy, but inability to conceive for more than a 12 months).
- Infertility is most commonly caused by derangements of ovulation, tubal disease, or male factors.

Initial Diagnosis and Management

- Initial diagnosis is based on the patient's history of inability to get pregnant. Initial management is to determine that there has indeed been at least one year's worth of opportunity to obtain pregnancy (i.e., regular intercourse and no contraception for one year).
- If possible, the patient should have a complete examination and Pap smear (and the partner a semen analysis) followed by referral to Gynecology or Infertility Service.

General guidelines for referral to Reproductive Endocrinology & Infertility services

- Diagnostic evaluation will be provided to all DOD eligible beneficiaries
- Initiation of infertility treatment is limited to patients who:
 - **are legally married and in a stable relationship**
 - **have been attempting to become pregnant for greater 12 months without success (unless patient is >35 years old, in which case 6 months is sufficient)**
 - **have a BMI of less than or equal to 40**
 - **are less than 42 years of age (unless willing to discuss use of donor oocytes)**

Indications for Specialty Care Referral

Any couple meeting the "12 month" criteria or those who have obvious conditions causing infertility should be referred to Gynecology or Infertility Service.

Criteria for Return to Primary Care

Completion of infertility evaluation or pregnancy.

Please complete the following prior to placing a referral for Infertility Services:

- 1) Day 3 FSH/LH and estradiol level for patient with irregular menses w/o diagnosis of PCOS and anyone age 35 or greater or an AMH at any point in menstrual cycle.
- 2) Prolactin level
- 3) TSH
- 4) HSG or equivalent evaluation of tubal status (i.e. laparoscopy)
- 5) Semen Analysis
- 6) Nutrition consultation for BMI >40 for weight loss prior to referral. Pt will be evaluated, but REI will not initiate infertility treatment until BMI is <40.
- 7) Referral to specialty services for specific medical or surgical conditions requiring consideration prior to implementing infertility treatments or subsequent pregnancy (includes genetic counseling)
- 8) Folic acid supplementation via pre-natal vitamin supplementation
- 9) Immediate referral for all female patients >40 years of age interested in fertility or any age with previous failure of in-vitro fertilization with an outside institution

Reproductive Endocrinology Referral

- 1) Refer any patient with reproductive endocrine conditions (per provider's judgment)
 - a. Developmental reproductive issues
 - i. Reproductive developmental delay
 - ii. Precocious reproductive development
 - b. Reproductive anatomic abnormality
 - i. Intersex conditions
 - ii. Abnormalities of sexual differentiation

The entire spectrum of infertility diagnosis and treatment are available through MHS including all advanced reproductive technologies. The infertility service is dedicated to supporting strong families within the military health care system.

Please contact REI Nursing Staff @ 968-3783 for further questions.

Last Review for this Guideline: **April 2010**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator