



What to expect at the Fertility Clinic

Your GP has referred you to the Fertility Clinic at the Royal Berkshire Hospital. Here's what will happen when you enter our service and what you as a couple can do to optimise your chances of getting pregnant.

Introduction

Fertility problems are more common than you may think with around 1 in 6 couples requesting help to conceive. About 84% of couples (21 out of every 25) will get pregnant within a year of trying if they have regular unprotected intercourse. About half of those not conceiving in the first year will do so in the following year. In the absence of a pre-existing impediment to conception we usually see couples after that first year. For some couples the history is more complex, and in those cases the GP will often refer earlier for specialist input.

Our Fertility Clinic teams consists of experienced consultants, specialist fertility nurses and sub-speciality doctors who will guide you through investigation and treatment via a mix of face to face and remote consultations. We prefer to see couples together wherever possible as the decisions made affect you both. Here is what you can expect when you visit us at the Royal Berkshire Hospital.

Investigations

Your GP should already have undertaken several necessary investigations prior to referral including hormone blood tests, rubella and chlamydia screen and a semen analysis. You should also have an up-to-date smear test. If you don't, please arrange one with your GP as soon as possible. We will organise a mid-cycle trans-vaginal pelvic ultrasound scan through the clinic. Depending on your history and the results of all these tests we may then offer further investigations to check the patency (the quality or state of being open or unobstructed) of the fallopian tubes. If there is an abnormality on the semen analysis, you may also be referred to see one of our urology colleagues specialising in andrology and male infertility.

Diagnosis

Fertility issues affect approximately 8-12% of reproductive age couples worldwide. Causes fall roughly into the following categories:

- Ovulation issues – Most commonly PCOS but other conditions can contribute to a woman's failure to ovulate each month. Maintaining a healthy weight (BMI 19-25) will often stabilise a previously irregular menstrual cycle and reinstate ovulation.
- Tubal factors – Blocked or damaged fallopian tubes, due to previous surgery, infection, endometriosis etc. will prevent the sperm from reaching the egg.
- Male factor – Deficits in semen count and quality affect up to 50% of couples with fertility issues with male factor alone causing around 30% of cases of infertility.

- Congenital uterine anomalies, genetic and endocrine conditions – much rarer and often only diagnosed due to fertility work-up
- Unexplained (around 40% of cases) – often all the investigations for both partners will be entirely normal and there will be no explainable cause for the delay conceiving. This can be difficult for some couples to come to terms with.

Treatment

Treatment options will depend entirely on the underlying cause and will be unique to each couple; we will discuss these with you in more detail if they are recommended. Some commonly used treatments include:

- Ovulation induction – Drugs, such as Letrozole, can be used to stimulate the ovaries to grow and release an egg. This is a common treatment in PCOS. Surgical ovarian drilling (which means breaking through the thick outer surface and lowering the amount of testosterone made by the ovaries) achieves a similar effect and can be more appropriate in certain patients.
- IVF (and associated assisted reproduction techniques) – If the subfertility is unexplained, definitive (e.g. no tubes) or unresponsive to other treatments, the most appropriate intervention may be IVF. The referral criteria for NHS funded IVF in this region are quite strict. The couple must have no biological children from this or any previous relationship, must have been trying to conceive for over 2 years without any pregnancies or miscarriages in the past 2 years and the female partner intending to conceive must be under 35 years old with a BMI between 19 and 29.9. The couple must have been non-smokers for at least 6 months. These criteria exist to optimise outcomes and improve general health. If either of you is overweight or smoking, you can optimise your chances of IVF eligibility by addressing these issues now. You would only receive one round of NHS funded IVF in this region so optimising your health is important. We will also arrange referrals for self-funding patients to IVF clinics so that they are informed of your history and the investigations we have done.
- Surgery – In some instances, surgery may be recommended to treat endometriosis or other possible impediments to successful conception such as polyps, fibroids or testicular blockages. If any such treatment is recommended, we will discuss the pros, cons and risks involved in greater detail. Our Urology Department has funding for 60 surgical sperm retrieval surgeries per year for couples afflicted with male factor subfertility. Retrieved sperm can be used for IVF/ICSI treatments.

What you can do to optimise your fertility

- Optimise your weight – this may mean gaining a few pounds if your BMI is below 20 or losing weight if your BMI is >30. This alone may be enough to re-establish a regular ovulatory menstrual cycle. IVF referral requires a BMI <30. To receive ovulation induction treatment, you need a BMI <35 (treatment is far less effective at higher weights). You also significantly reduce your risk of complications in pregnancy by being a healthy weight (BMI 19-24.9). We cannot accept referrals to the clinic with a BMI >36. Male fertility can also be affected by excess weight so male partners should aim for a BMI <30 as well. Eating a healthy balanced diet will improve general health, optimise the woman's body for

pregnancy and improve semen quality.

- Stop smoking. As well as the general improvement to your health and that of any subsequently conceived child, smoking makes you ineligible for IVF treatment. Smoking is also associated with higher rates of miscarriage and poorer semen quality and well as growth retardation of babies in the womb. Second-hand smoke can be equally harmful, so even if you conceive both partners should continue to abstain.
- Drinking excess quantities of alcohol can impact fertility for both men and women. Keeping intake within the recommended limits is better for your health and your chances of conception. It is recommended not to drink more than 14 units alcohol spread throughout the week (approx. 6 pints of beer or large glasses of wine). However, the less you drink the better and complete abstinence is recommended in pregnancy due to potentially detrimental effects to the baby from alcohol.
- Start supplements. A pre-natal multivitamin containing Folic acid 400mcg and vitamin D 10mcg is recommended for women. If there is a personal or family history of spina bifida or neural tube defects in either partner or the intended mother is diabetic or takes antiepileptic or anti-retroviral medication, then the Folic acid dose should be increased to 5mg daily. Speak to your GP if you are unsure. Avoid cod liver oil and supplements containing Vitamin A.
- Male supplements should contain Zinc, Selenium and Vitamins, B, C, D and E. There are plenty of over-the-counter preparations available.
- Men should avoid tight underwear, heated car seats and very hot baths/showers as the testicles function better when kept slightly cooler than the rest of the body. Repeated exposure to excessive heat can impair semen quality.
- Exercise and take time to de-stress by each taking part in relaxing activities you enjoy and spending leisure time together as a couple.
- Protect your intimacy and avoid the blame game. Subfertility is an emotional journey for many couples. No one is to blame. Support each other and remember sexual intimacy takes many forms and is not just a tool for conception. Regular intercourse every 2-3 days is optimal; avoid trying to time intercourse as this can often become stress inducing.

Fertility and ageing

Unfortunately, the one thing we cannot change is our biological age. Ageing affects fertility for both men and women but affects women more profoundly. Women are born with all the eggs they will ever have, and they age with them. The number of eggs left and their quality both decline with age with rates of conception falling and rates of miscarriage rising steeply after the age of 35. This is why the IVF referral cut off for women is <35 years of age in addition to you as a couple must have been trying to fall pregnant for the past 2 years and not have had any pregnancies/miscarriages for the past 2 years

Between 35 and 45 years of age we can help in clinic by undertaking investigations and offering support, advice and potentially, where appropriate, surgical treatment or ovulation induction; but IVF treatment in this age group must be privately funded.

Further information

There are endless sources of information of fertility; it can all be very confusing. Please do refer to the following sources for more information and support. It is helpful if you write down your questions ready for your clinic appointment.

- The website for our clinic - <https://www.royalberkshire.nhs.uk/our-services/fertility-clinic>
- NICE website on fertility problems - <https://www.nice.org.uk/guidance/cg156/ifp/chapter/trying-for-a-baby>
- The British Association of Urological Surgeons Limited - https://www.baus.org.uk/patients/conditions/4/fertility_problems
- Patient Information Leaflet on the local funding policy for Assisted Reproductions (IVF) - <https://fundingrequests.scwcsu.nhs.uk/wp-content/uploads/2013/11/ASSISTED-REPRODUCTION-POLICY-Patient-info-FINAL-Nov-2013.pdf>
- RCOG Patient information Leaflet on PCOS - <https://www.rcog.org.uk/for-the-public/browse-our-patient-information/polycystic-ovary-syndrome-pcos-what-it-means-for-your-long-term-health>
- Endometriosis Society Website - <https://www.endometriosis-uk.org>
- Fertility Network Website - <https://fertilitynetworkuk.org/>
- Premature Ovarian Failure Charity Website - <https://www.daisynetwork.org>
- Miscarriage Association Website - <https://www.miscarriageassociation.org.uk>
- For women who have had ectopic pregnancies - <https://ectopic.org.uk>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Dr Katherine Baillie, ST7 O&G, February 2024

Next review due: February 2026