

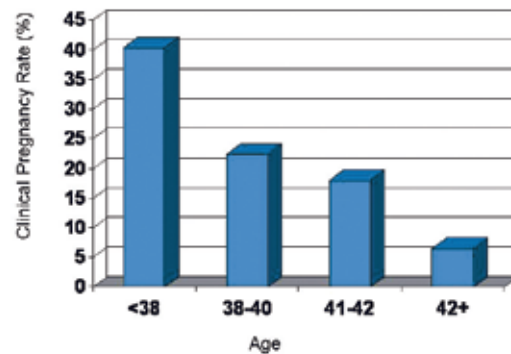
Infertility – Reference Guide for Doctors

Approximately one in six couples is affected by infertility. Treatment has never been more successful, accessible, convenient and affordable.

Important Facts

- Infertility is classified as no pregnancy after 12 months of unprotected intercourse.
- Most fertile time is days 12 to 14 in a 28 day cycle.
- Fertility decreases with age in women (very quickly in women over 40). Act promptly if age is an issue.
- Infertility may involve male partners in about 50% of cases.
- Lifestyle factors such as smoking, alcohol, being too thin or overweight reduces fertility and increases miscarriage rates.
- Encourage women wishing to get pregnant to commence folate (folic acid).
- Infertility treatment is affordable. Medicare offers a rebate and the Safety Net provides additional financial assistance.
- IVF is no longer the treatment of last resort.
- Repromed encourages single embryo transfers to minimise the risks of multiple pregnancy.

Repromed clinical pregnancy rates 2007 after single fresh embryo transfer



When to Refer

- Early referral if female over 35 years or if under 35 and no pregnancy after 12 months unprotected intercourse.
- Low progesterone level and/or irregular cycles.
- Reduced semen quality.
- History suggestive of tubal damage.
- Recurrent miscarriage e.g. more than two consecutive pregnancy losses.
- Genetic conditions e.g. Turners syndrome; cystic fibrosis.
- Premature menopause <40 years.
- Males considering vasectomy treatment for semen storage.
- Females and males requiring oncology treatment for egg or semen storage.

Common Problems

Ovulatory problems may be indicated by irregular cycles.

Tubal problems may be indicated by lower abdominal operations or pain, IUD usage, PID or may indeed be symptomless (e.g. Chlamydia).

Semen problems may be indicated by childhood hernia operations, orchidopexy or adult mumps, constant exposure to toxic substances, but most have no predisposing factors.

Investigations

Confirm ovulation with a mid luteal progesterone ~ 7 days before onset of menses.
Egg Timer Test – ovarian reserve (antral follicle count and anti-Mullerian hormone).

Medical history.
Test for Chlamydia.

Semen analysis.
(Preferably from a laboratory specialising in reproductive pathology.)

Patients may be referred to any of the Repromed clinicians listed or referrals may be undirected. For Medicare rebates, both partners may need referrals if applicable. Repromed offers free information with New Patient Co-ordinators to assist couples in determining how to progress and to address concerns associated with treatment prior to a consultation with a Repromed clinician.

Tel: (08) 8333 8111 (Adelaide) or Email: enquiries@repromed.com.au

Refer below for contact details for other sites.

Repromed Sites

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Fax: (08) 8333 8188
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Darwin

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Fax: (08) 8945 4255
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