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## Assessing Patient Fertility

### A Guide for Primary Caregivers and When to Refer to a Fertility Specialist

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Presented by:



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Patients will turn to their primary caregiver with questions about fertility and their reproductive options. This brochure is designed to help you with proper diagnosis and treatment options.

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### Basic Investigation

The optimal timing for intercourse is 2 to 3 times per week around mid-cycle. This is approximately 12 to 16 days prior to the next menstruation.

If timing and frequency is adequate:

- Provide positive feedback and encourage continued efforts

Additional advice should be provided to the patient if:

- There is infrequent intercourse
- There is improper timing
- Avoid use of contaminants such as lubricants or douches
- Potential sexual dysfunction

Tools to help patient monitor their cycle:

- Menstrual Calendar
- Basal Body Temperature (BBT)
- Ovulation Predictor Kits

### If Patient Has A Regular Cycle

If patient has a regular cycle, provide reassurance and confirm proper timing of intercourse.

If Patient is > 35 years old, measure Day 2-4 FSH. If FSH is > 10 MIU, early referral to fertility specialist is recommended.

It is advisable to discourage long-term use of ovulation predictor kits or BBT charts as it maybe shielding the patient from other issues. Other suggestions and guidance include:

- Intercourse should precede temperature elevation in future cycles
- Average several months to estimate the most fertile time in future cycles
- Time of ovulation may be variable. If unclear try counting 14 days back from next menses

If more confirmation is needed, a Progesterone test should be ordered approximately 7 days post-ovulation or 7 days pre-menses.

### If Patient Has an Irregular Cycle

- Review FSH (preferable days 2-4) to rule out early menopause
- Test TSH and prolactin
- Refer to a fertility specialist.

### Tubal Patency

If patient has a history of pelvic pain, infection, known endometriosis, prior ectopic pregnancy or abnormal physical findings then early referral to a fertility specialist is advisable.

If there is no history of physical findings suggesting tubal or peritoneal disease; no abnormality in ovulation, sperm count, or sexual function; then after one year of trying the patient should be referred to a fertility specialist for a tubal patency test. This should be arranged sooner if patient is > 35 years.

## Male Factor—Semen Analysis

A semen analysis should be performed to assess if there is male factor in a couple's infertility. It is advisable to use a lab that specializes in semen analyses such as ReproMed. ReproMed has a certified Andrologist onsite and undergoes external quality control testing and verification.

- Refer male patient to specialized lab for basic semen analysis.
- If report indicated an abnormal semen analysis, refer couple to a fertility clinic.

Even though the report may be normal, the couple's inability to conceive may still be related to male factor. A more comprehensive semen analysis may be required. These tests include: sperm antibodies, sperm function, and DNA integrity. A full analysis can be obtained at a specialized lab.

## When to Investigate Fertility Issues:

- All patients (male and female) regardless of age if they have been trying for a year
- After completing basic investigation (assess ovulation, sexual function, semen analysis)
- Anxious patients
- Risk factors present or patient is > 35 years of age

## Referring to a Fertility Specialist

If there is no obvious abnormality, other than age, it is best to refer to a fertility specialist:

- Age < 35 within 12 months of trying to conceive
- Age 36–39 within 6–12 months of trying to conceive
- Age > 40 within 6 months of trying to conceive

If there is a risk factor from patient's medical history or from a physical exam, patient should be referred immediately.

Other key areas to consider referral to fertility specialist

- Woman's age > 38 years
- Unexplained infertility > 2 years
- Day 3 FSH > 10 MIU
- Not tubes or inoperable tubal disease
- Known endometriosis
- Failed clomiphene treatment
- Male factor

## Factors that Increase Risk of Infertility

For Women:

- > 35 years of age for women
- Family history of menopause < 45 years of age
- Prior treatment for cancer
- History of STD or pelvic inflammatory disease
- Previous abdominal /pelvis surgery

For Men:

- > 40 years of age
- Un-descended Testes
- Prior treatment for cancer
- Previous urogenital surgery



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