



Primary Care Provider

Guidance on Addressing

Infertility Concerns



*Infertility is defined as **not being able to get pregnant (conceive) after one year (or longer) of trying**. Because fertility in women is known to decline steadily with age, some providers evaluate and treat **women aged 35 years or older after 6 months of unprotected sex**.*

FREQUENTLY ASKED QUESTIONS AMONG PROVIDERS

1 WHEN SHOULD I REFER PATIENTS TO INFERTILITY SERVICES?

A referral for fertility services is available to the following couples:

- Couples who are less than 35 years old and attempting pregnancy (defined as regular intercourse around time of ovulation every month for one year) for 12+ months.
- Couples who are at least 35 years old and attempting pregnancy for 6+ months.
- LGBTQ+ couples.
- Couples with a known fertility complication (such as a previous tubal ligation/removal of fallopian tubes, or vasectomy).
- Couples with a medical diagnosis that can make it difficult to conceive, such as polycystic ovary syndrome (PCOS).

2 ARE THERE OPTIONS FOR ME TO ORDER LAB TESTS OR EVALUATE HORMONE LEVELS TO EVALUATE A PATIENT'S CURRENT OR FUTURE FERTILITY?

It's best to avoid ordering lab tests or hormone evaluations to specifically evaluate a patient's fertility unless they were requested by the fertility specialist/gynecologist prior to patient consult. This does not include any labs needed to diagnose medical problems that may impact fertility such as Polycystic Ovary Syndrome (PCOS). These evaluations should be completed as indicated within the providers scope of practice.

FREQUENTLY ASKED QUESTIONS AMONG PATIENTS

1 I AM TRYING TO GET PREGNANT AND HAVING NO LUCK. HOW LONG IS NORMAL?

Recommended Response: It can take longer than expected to conceive, even if you and your partner are healthy. It's normal to take up to a year to get pregnant. But if you've been trying to get pregnant for more than 1 year if you're younger than 35 or more than 6 months and you're 35 or older, and haven't had any luck, it's good to bring it to me so we can discuss options to seek fertility services.

Whether you're under or over 35, we should also discuss any history of: ectopic pregnancy, irregular periods, pelvic inflammatory disease, repeated miscarriages, thyroid problems, cystic fibrosis, injury or trauma to your scrotum and testes, problems getting an erection, problems ejaculating.

FREQUENTLY ASKED QUESTIONS AMONG PATIENTS (CONTINUED)

2 IS THERE TESTING AVAILABLE TO KNOW IF I CAN GET PREGNANT? I am not actively trying to get pregnant, but I am afraid of potential future infertility and seeking reassurance.

Recommended Response: Infertility can be due to a multitude of factors, so there is not one test that is recommended to reassure patients regarding future fertility. If you have regular menstrual cycles, do not have any medical problems and protect against STIs, the chances of developing infertility before age 35 are low. If you are having difficulty getting pregnant, your doctor will recommend specific tests based on your medical history at that time.

3 IS THERE TESTING AVAILABLE TO KNOW IF I CAN GET PREGNANT? CAN I HAVE A REFERRAL TO FERTILITY SERVICES?

Recommended Response: There are resources available if you have been having difficulty becoming pregnant; your eligibility for a referral to fertility services depends on your specific current circumstances. Patients who have not met the criteria for infertility (see FAQs section) should NOT be referred for infertility services.

See the Provider FAQ "When should I refer patients to infertility services?" for information on eligibility. Counsel the patient to understand if any of these factors are applicable to their situation; refer as appropriate. Discuss the below health modifications to improve future fertility.

4 HOW CAN I TELL IF I AM OVULATING EVERY MONTH?

Recommended Response: There are home ovulation predictor kits (such as Clearblue Digital Ovulation Predictor kit) which allow you to detect hormone levels that spike when an egg is in the final stages of maturity. You can also track when you're ovulating by taking your basal body temperature, a method of family planning that requires taking your body temperature daily to determine which days of the month you are fertile. Also, the Natural Cycles app is an FDA-approved fertility-awareness based app that adapts to each person's cycle, using temperature data to determine fertile days. The app provides a personalized fertility status for each user that is tailored to your fertility goals. If you are trying to get pregnant, you should make sure that you are having intercourse the day these methods indicate that you are ovulating. This allows for the best chance of pregnancy, but it may still take several months.

MODIFIABLE RISK FACTORS FOR PREGNANCY

Addressing risk factors can help patients increase their chance of a healthy pregnancy by optimizing their personal health.

- **Patients with type 1 or type 2 diabetes** should have adequate glycemic control prior to pregnancy (ideally a hemoglobin A1C of 6.5 or less). This may reduce the risk of pregnancy loss and birth defects.
- Patients with thyroid disease should aim to keep their thyroid-stimulating hormone (TSH) levels below 2.5 mIU/L.
- **Tobacco cessation** is highly encouraged as tobacco use is associated with many adverse pregnancy outcomes including pregnancy loss, fetal growth restriction, and preterm birth.
- **Patients who are obese** have an increased risk of recurrent pregnancy loss compared to patients of normal weight. Even modest weight loss (5% of body weight) can be associated with improved pregnancy outcomes.
- **Healthy diet and exercise** are also important for preparing the body for a successful pregnancy.
- **Avoiding alcohol** is recommended, as people who drink more than 7 drinks a week may have irregularities in their cycles and ovulation. Alcohol is also associated with birth defects including abnormal brain development.
- Patients should be encouraged to **update any immunization deficiencies**, especially live vaccines like Measles, Mumps and Rubella (MMR) if needed, to ensure immunity from vaccine-preventable diseases during pregnancy. You are encouraged to get the COVID-19 vaccine either before or during pregnancy, whenever it is available to you. It should NOT be delayed because pregnancy is desired.
- Patients should **review their current medications** with their Primary Care Provider to ensure they are compatible with pregnancy.