

Referral Guide

Infertility

Clinical presentation: Suspected infertility

Refer to: Fertility Specialist (or Gynaecologist with fertility expertise)

Urgency: Routine referral (earlier if red flags or known risk factors)

Infertility is defined as failure to conceive after 12 months of regular unprotected intercourse (or 6 months if female is ≥ 35 years). Early identification of contributing factors can significantly improve outcomes and reduce time to conception. While not immediately life-threatening, delays in assessment, particularly in older patients or those with risk factors, can impact fertility.

When to refer

Failure to conceive after:

- 12 months (age < 35)
- 6 months (age ≥ 35)

OR

- Irregular or absent menstrual cycles
- Known or suspected ovulatory dysfunction (e.g. PMOS)
- History of pelvic inflammatory disease
- Endometriosis (suspected or confirmed)
- Previous ectopic pregnancy
- Known uterine or tubal pathology
- Male factor concerns:
 - erectile dysfunction
 - abnormal semen analysis
 - prior testicular surgery
- Recurrent miscarriage (≥ 2 consecutive)
- Significant medical comorbidities affecting fertility (e.g. thyroid disease)

Initial GP work up

Where clinically appropriate and without delaying referral:

- Cycle history and timing of intercourse
- Day 2–5 hormones: FSH, LH, oestradiol
- AMH (ovarian reserve)
- TSH \pm prolactin
- Mid-luteal progesterone (to confirm ovulation)
- Pelvic ultrasound (uterus and ovaries)
- Semen analysis (partner)
- STI screening if indicated



Information to include in referral

- Duration of attempting conception
- Menstrual history (cycle length, regularity)
- Obstetric history (including miscarriages)
- Relevant medical and surgical history
- Medications and lifestyle factors (e.g. smoking, BMI)
- Results of any investigations performed
- Partner history and semen analysis (if available)

Your referral is
always welcome.