

Guidelines for the provision of infertility services

The Practice Committee of the American Society for Reproductive Medicine

Birmingham, Alabama

Infertility is a disease that exists when a couple has tried to conceive for 12 months during which time they have had intercourse without the use of contraception. Nearly 5 million American couples in whom the female partner is 15 to 44 years of age report difficulty or delay in achieving a live birth, and 1.3 million receive medical advice or treatment for infertility yearly.

Decisions about the management of infertility depend upon the patients' wishes for several reasons. First, the diagnostic assessment is unable to comprehensively evaluate all potential fertility defects. Furthermore, the predictive value of some diagnostic tests is not known. Also, the therapy may be empiric, because in some cases there is no known mechanism to be addressed by specific therapy. The price for some treatments is high, the adverse effects could be serious, and considerable time may be lost from normal activities. Therefore, the right choice for a given couple will depend on many factors including 1) the intensity of their feelings with respect to childlessness, 2) their approach to risk-taking, 3) their finances, and 4) the time they have available for visits to the infertility clinic.

For these reasons, the clinician who counsels infertile couples should be sensitive to their needs and be willing to view a couple's infertility problem as a family issue rather than an individual problem. A comprehensive approach aims to help each couple develop a therapy plan that will take into account the lives they are leading at present and over the long-term provide them with the feeling that they have explored all options that they consider to be reasonable. The process is complex and time-consuming, but that is typical of clinical decisions in long-standing disorders, where

psychosocial and economic factors strongly influence the choices that will be made by individuals. In the case of infertility, the importance of families and children in our culture also modifies the approach that will be taken in each case. Attention to these details in each case validates the importance of the infertility problem and acknowledges the feelings of frustration and loss that are experienced by the couple.

Infertile couples may receive counseling, advice, and services from a variety of clinicians. The clinician who seeks the utmost benefit for each couple will refer the couple to the level of care that can best meet their needs. The following guideline recognizes that a variety of health care providers including Obstetrician-Gynecologists, Urologists, Family Practitioners, and Nurse Practitioners may be involved in the care of the infertile couple. It therefore divides infertility services into three levels and provides a guide to the practitioner qualifications that are needed to provide the services defined at each level. The scheme also serves to define referral guidelines in a manner that is determined by the needs of patients.

Level I Care

Patient Inclusion Criteria

- The duration of the infertility is less than 24 months.
- The female partner is less than 30 years of age.
- There are no risk factors for pelvic pathology or male reproductive abnormalities.
- The couple has undergone less than four months of treatment without success.

Practitioner Qualifications

- Is prepared to consult, educate, and advise both partners.

Guidelines

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- Is knowledgeable about the prerequisites for successful reproduction.

Obligations

- Interview and physical examination.
- Interpretation of semen analysis and confirmation of ovulation.
- Timely referral of patients with complex disorders.

Level II Care*

Patient Inclusion Criteria

- The duration of the infertility is less than 36 months.
- The female partner is less than 35 years of age.
- The couple does not qualify for Level I care.

Practitioner Qualifications

- Possesses the qualifications for Level I care.
- Possesses certification or documented experience in the necessary endocrinologic, gynecologic, or urologic procedures.
- Is knowledgeable regarding the effectiveness, adverse effects, and costs of the diagnosis and treatment of infertility.

Obligations

- Assessment of tubal patency status.
- Management of uncomplicated anovulation, endometriosis, and tubal disease.

* A person who is capable of providing Level II care can also provide Level I care.

- Management of uncomplicated male infertility.
- Access to necessary laboratory services seven days a week.
- Timely referral of patients with complex disorders.

Level III Care**

Patient Inclusion Criteria

- The couple does not qualify for Level I or II care.
- Assisted reproductive technology (ART) is under consideration.

Practitioner Qualifications

- Possesses the qualifications for Levels I and II care.
- Has certification or documented experience in Assisted Reproductive Technology, Reproductive Endocrinology, or Urology/Andrology.
- Has infertility counseling services available.

Obligations

- Management of complicated anovulation, endometriosis, and tubal disease.
- Management of complicated male infertility.
- The ability to provide direct access to:
 - Male and female microsurgical services.
 - ART and related services.

** A person who is capable of providing Level III care can also provide Level I and II care.