

Infertility and the GP

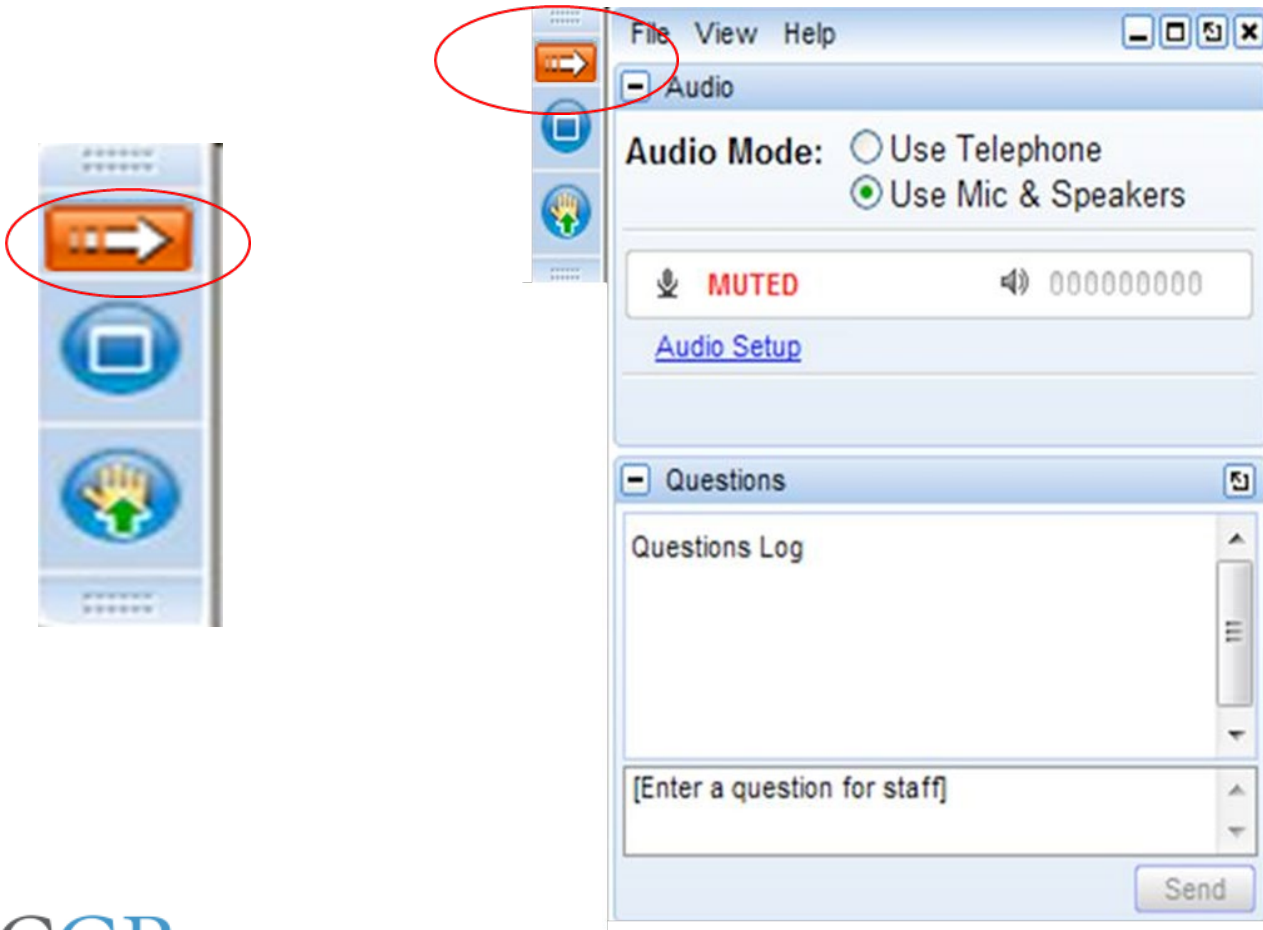
Acknowledgement of Country

We wish to acknowledge the traditional custodians of the land.

We acknowledge and respect their continuing culture and the contribution they have made to the life of this city and this region.

We pay our respects to Elders past and present.

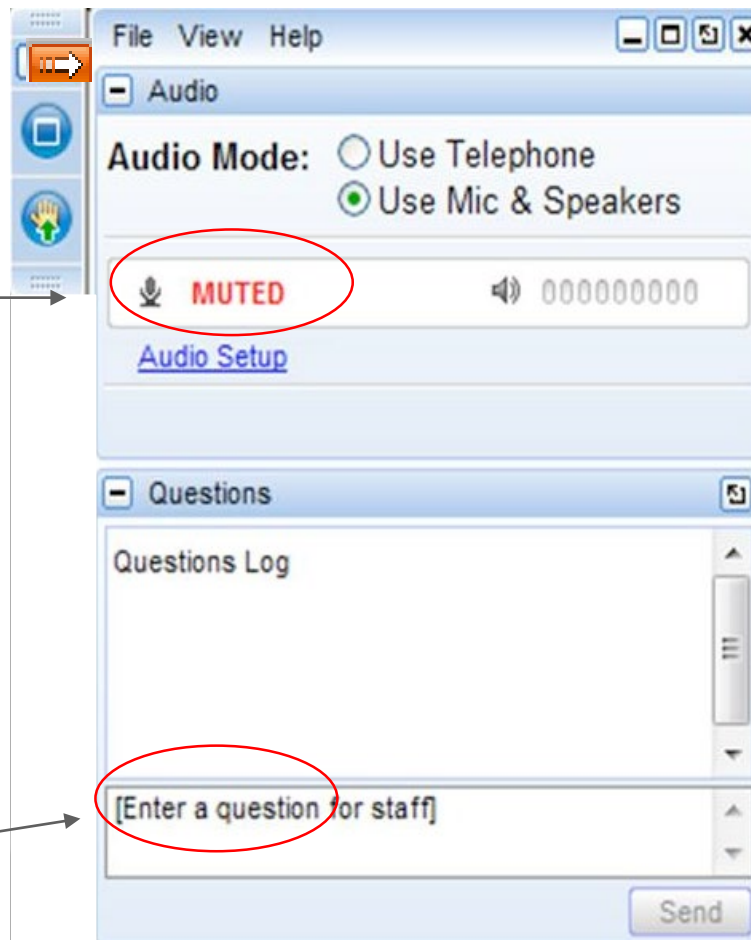
Where is my control panel?



GoToWebinar tips & tricks

You have been placed on “mute” to optimise the learning experience for you and your peers

Use the question box function to talk to us.



Poll test

QI&CPD

If you have entered your RACGP number when registering, stay for the whole webinar and complete the survey you will receive 2 category 2 points.



Infertility and the GP

This webinar is proudly supported by Healius



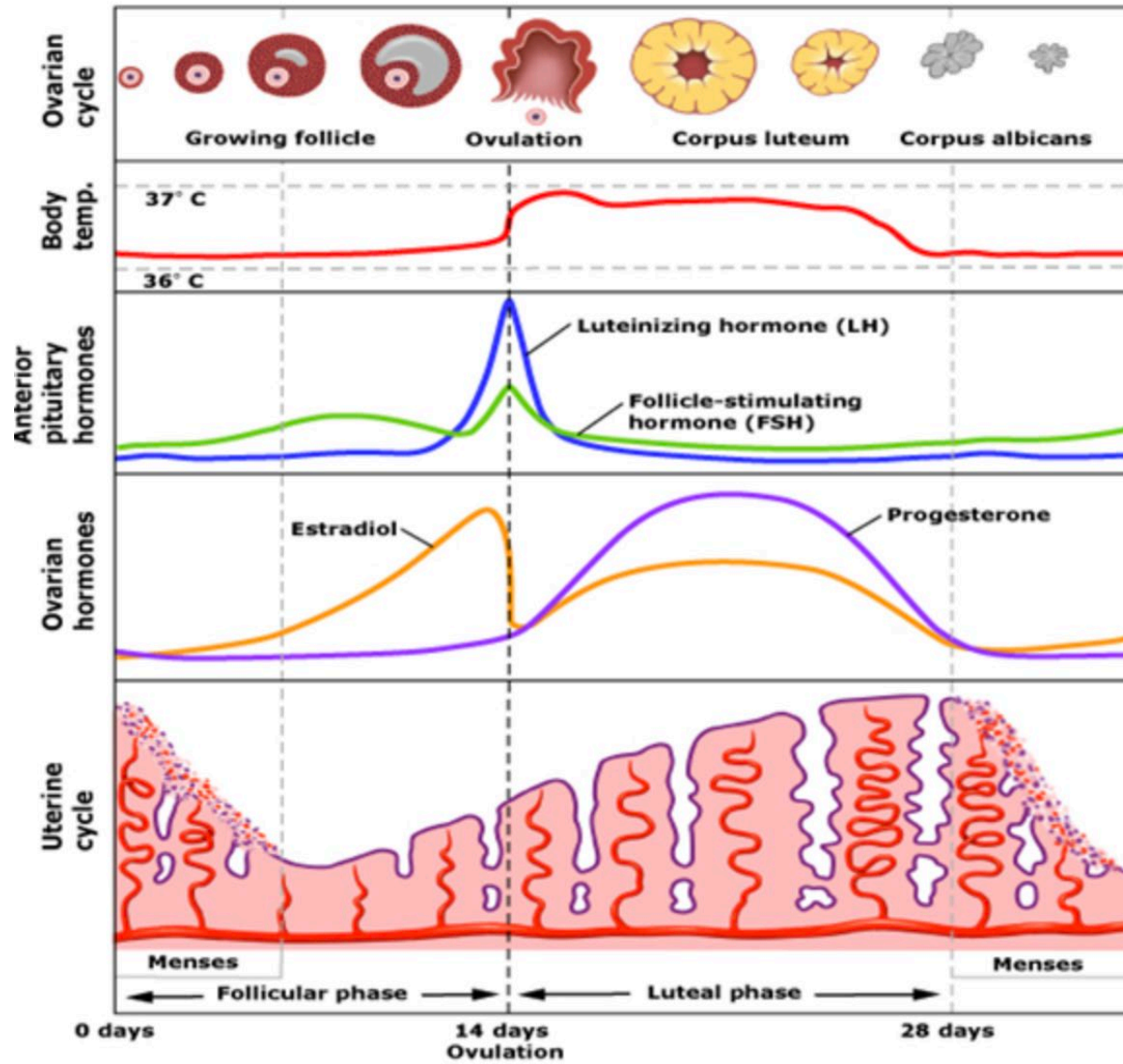
Important Elements in the History

may forget:

- endometriosis
- genetic conditions in the family
- medications in pregnancy problems
- is there something else going on???

Initial Management

- Optimise BMI
- Improve sugar control
- Stop smoking
- Minimise alcohol and coffee
- Folate and iodine
- Pap smear up to date
- Rubella, varicella and flu vaccination
- Education about timing and chances naturally
- Diagnose their PCOS and manage that if present



Female Investigations

Day 2-5 of patient's cycle

- AMH
- Prolactin
- FSH
- LH
- TSH
- E2 (Oestradiol)
- Full Blood Count
 - Iron Studies
- Rubella serology
- Syphilis serology
- Varicella Zoster serology

Day 5-8 of patient's cycle

- Up to date Pap Smear (anytime when not bleeding)
- Pelvic Ultrasound - specify antral follicle count

Day 21 - if regular 28 day cycle or mid luteal progesterone (one week before period due) if irregular cycle

- Blood group & group Abs
- Chlamydia and Gonorrhoea urine PCR
 - Glucose (fasting)
- Hb Electrophoresis
 - Hep B s Ag
 - Hep C serology
 - HIV
 - Progesterone

Male Investigations

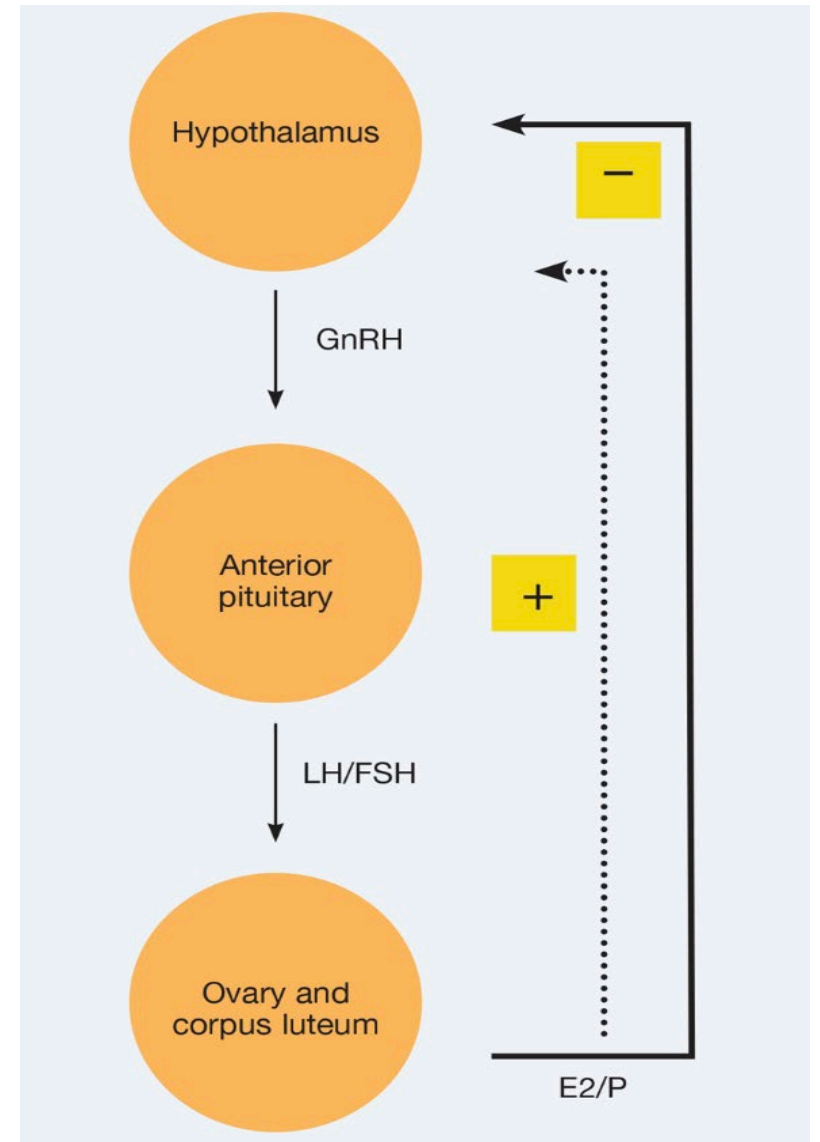
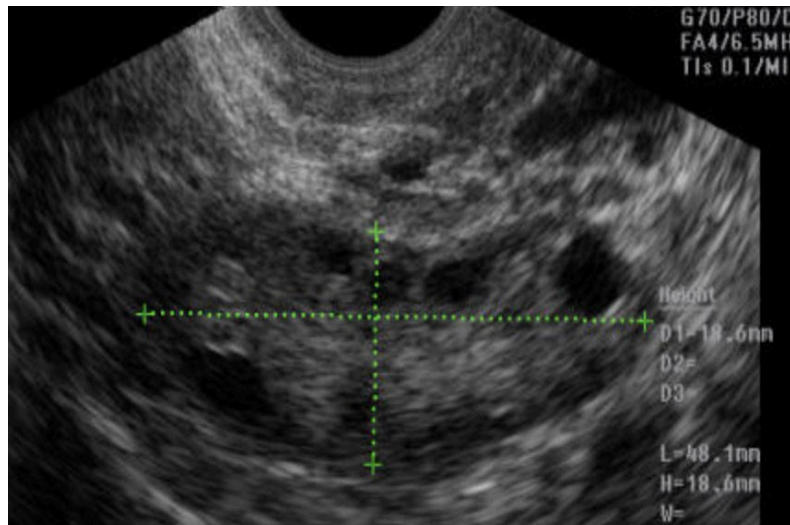
- HIV
- Hep B
- Hep C
- Syphilis serology
- Chlamydia and Gonorrhoea urine PCR
- Semen Analysis

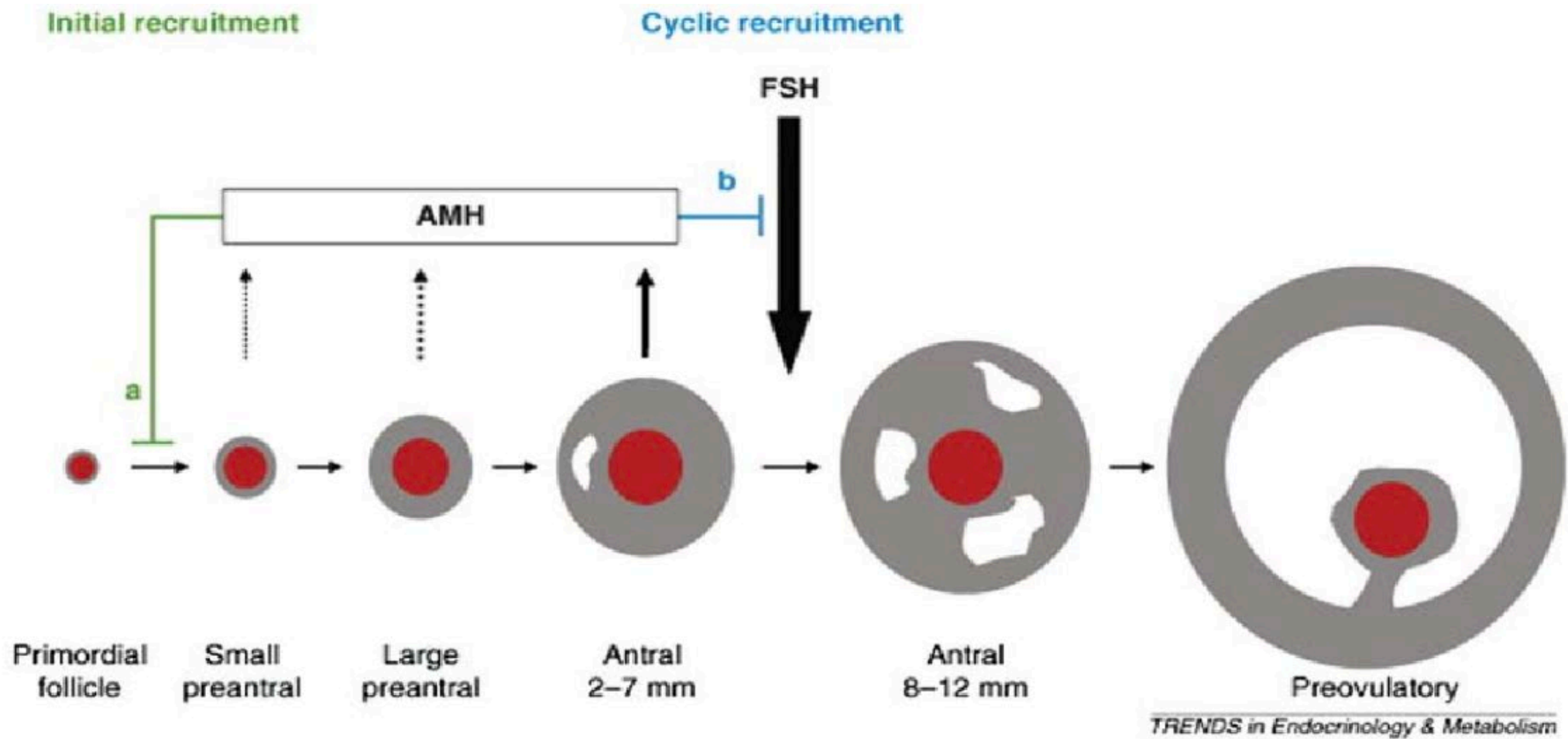
Semen analysis and antisperm antibody:

Element	Reference
Volume	≥1.5mL
Concentration	≥15 million/mL
Progressive motility	≥32%
Normal morphology	≥4%

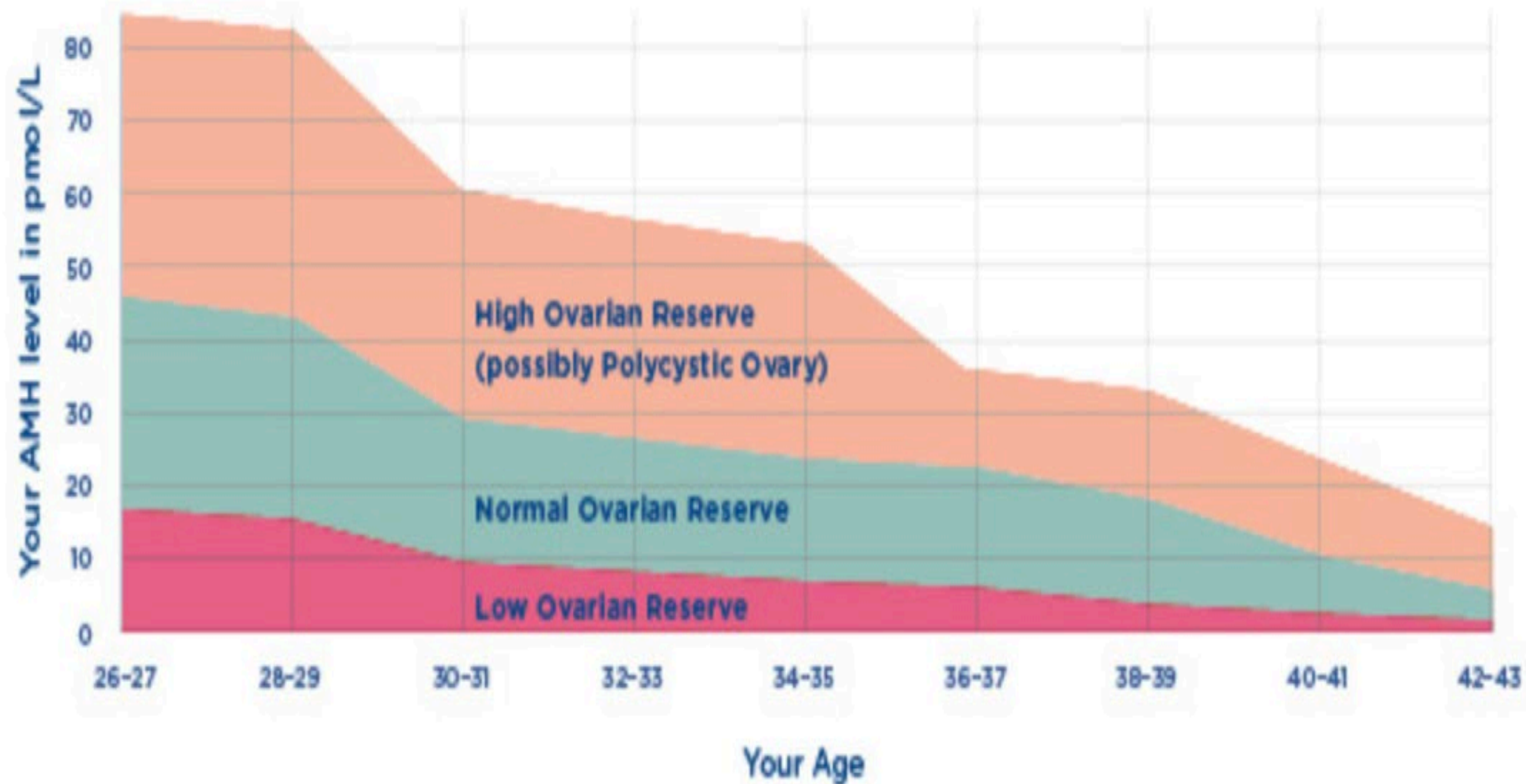
Ovarian reserve testing

- AMH
- Antral follicle count
- Day 2/3 FSH (look at the oestrogen!)

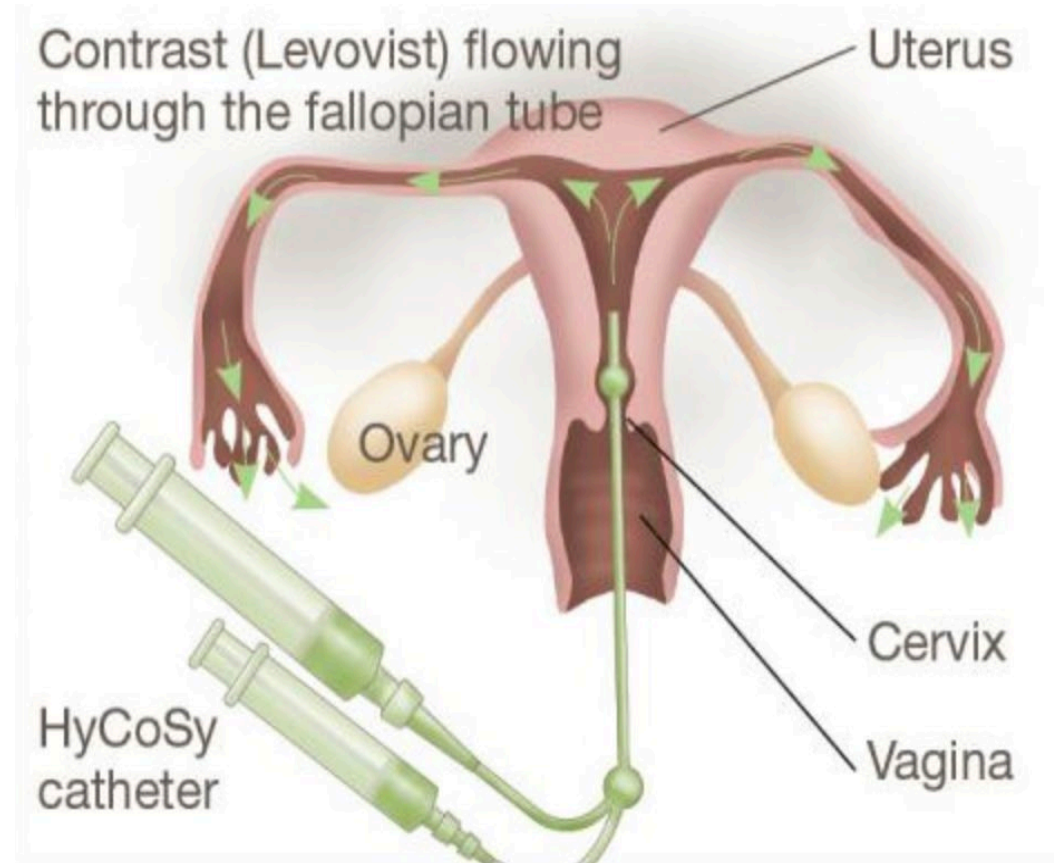




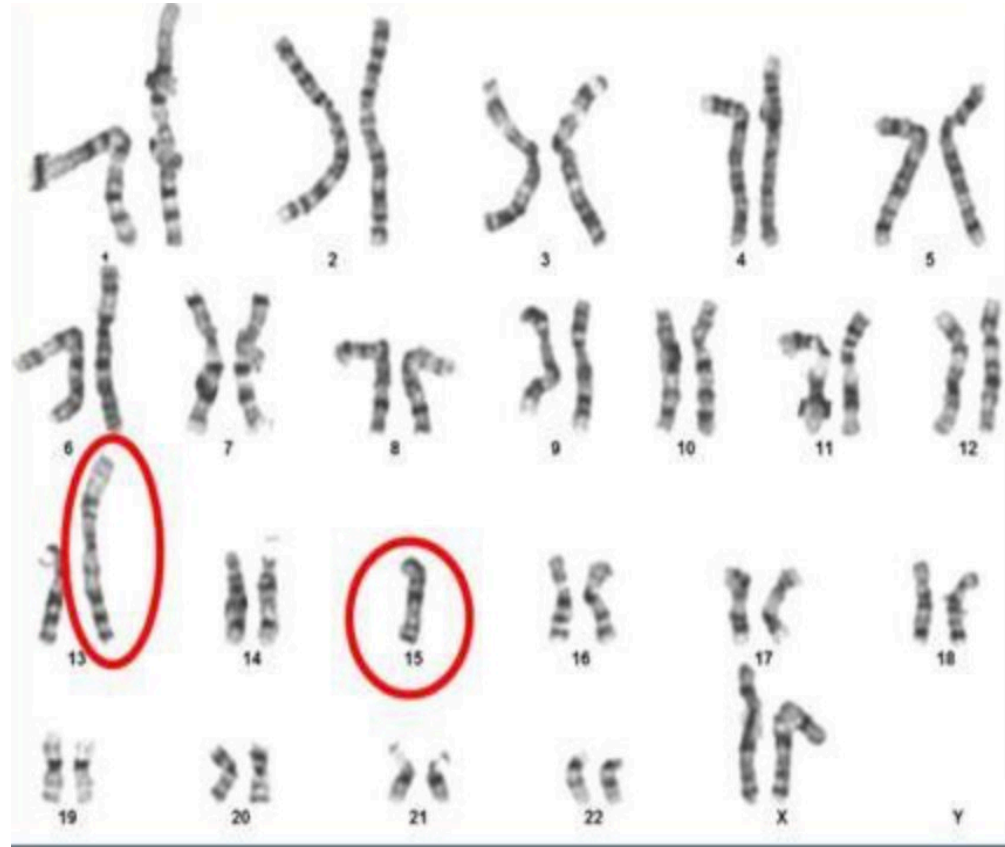
GRAPHING YOUR AMH TO PREDICT OVARIAN RESERVE



More advanced investigations



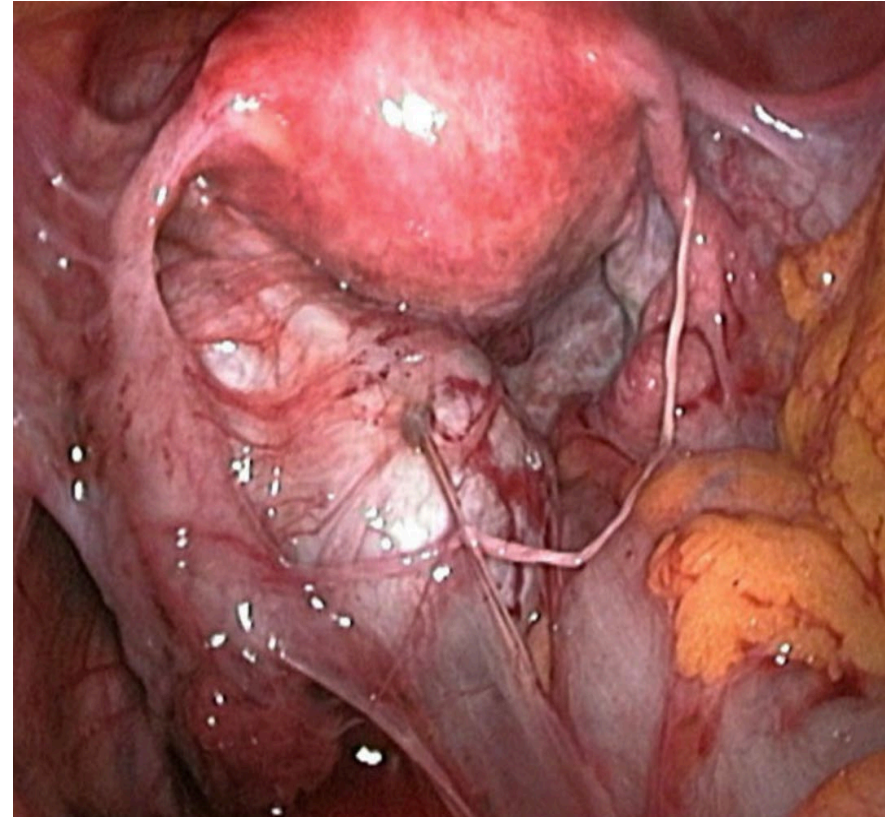
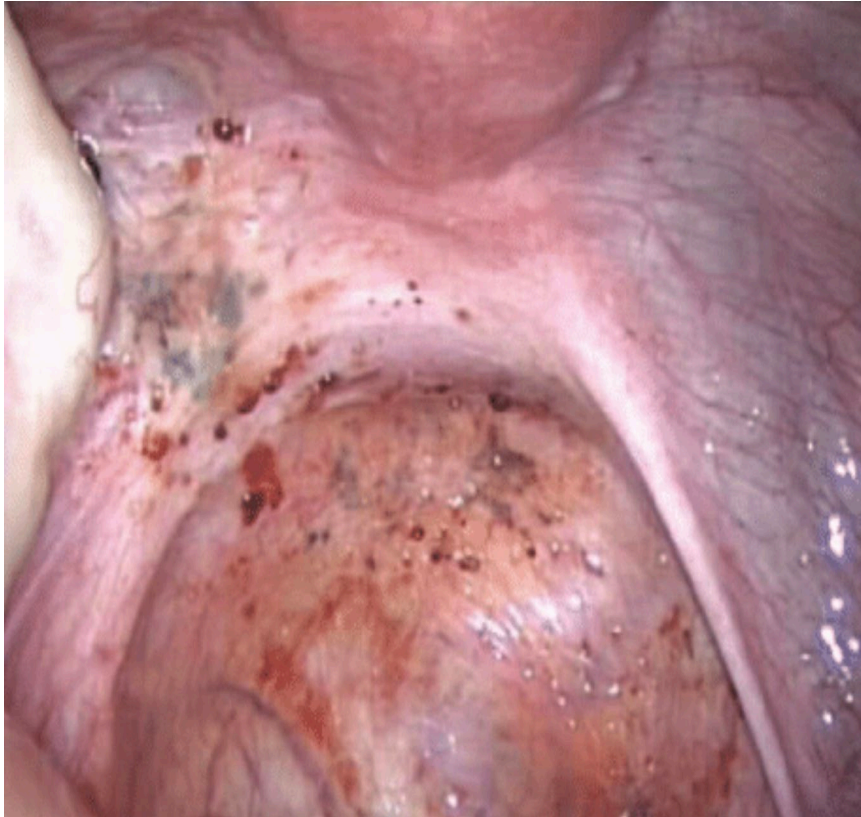
Karyotypes



Thyroid

- TSH testing is controversial
- If > 2.5 , test for antibodies
- Treat subclinical hypothyroidism if TSH > 4
- Grey zone between 2.5 and 4, treat if AB positive

Endometriosis and what to do?



Male tests for abnormalities

- Repeat the Semen analysis
- Karyotype looking for XXY
- Y chromosome microdeletion studies
- Hormones (FSH, LH, testosterone in morning)
- US of testes
- Varicocoele assessment
- CF carrier status
- PRL TSH
- Haemochromatosis

When to refer

- After trying naturally for 12 months if < 35
- After trying naturally for 6 months if 35 or over
- If you find a red flag
 - cycle irregularity
 - blocked tubes
 - severe endometriosis
 - low AMH
 - genetic condition
 - male issue

Treatments

- Reassure and keep trying naturally +/- Hy Co Sy, optimise
- Ovulation induction +/- intra-uterine insemination
- IVF +/- ICSI
- PGT-A or PGT-D
- Surgery



Healthy Profession.
Healthy Australia.