STANDARD TREATMENT WORKFLOW (STW)

Female Infertility

Neeta Singh¹, Garima Patel², Prashant Sharma³, Rajapriya Ayyappan⁴, Reema Mukherjee⁵, Shalini Gainder⁶, Sonu Balhara⁷

¹All India Institute Of Medical Science, New Delhi; ²All India Institute Of Medical Science, New Delhi; ³Army Hospital Research And Referral, New Delhi; ⁴SPH, Chennai; ⁵Indian Council of Medical Research, New Delhi; ⁶Postgraduate Institute of Medical Education and Research, Chandigarh; ⁷ARTEMIS, Gurgaon

CORRESPONDING AUTHOR

Dr. Neeta Singh, Department of Infertility, All India Institute of Medical Science, New Delhi Email: drneetasingh@yahoo.com

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Standard Treatment Workflow (STW) for FEMALE INFERTILITY ICD-10-N97

1 WHAT IS INFERTILITY? · Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse in women < 35 years of age or within 6 months in women > 35 years of age (8) · Affects up to 15% of couples

WHEN TO SUSPECT INFERTILITY?

- Any couple who by definition has infertility
- Those with high risk of infertility
- · Women > 35 years:
- Expedited evaluation > Women >40 years:
- Immediate evaluation
- Oligomenorrhea or
- amenorrhea > Known or suspected uterine, tubal, or peritoneal
- disease History of tubal/ovarian surgery
- History of chemotherapy/ radiotherapy
- Any female with endometriosis
- > Known or suspected male infertility

HISTORY OF THE COUPLE

- HISTORY Duration of Infertility/
- Contraceptive use
- Fertility in previous/current
- Previous fertility investigations/

MEDICAL HISTORY

MENSTRUAL HISTORY

- Cycle length & duration of flow
- Amenorrhea episodes
- нмв/імв

OBSTETRIC HISTORY

- pregnancies
- (MTP/miscarriage/ectopic preg)

pregnancies PAST HISTORY

DRUG HISTORY

- Prolactin / Chemotherapy/ Radiotherapy/anabolic steroids/ anti-androgens
- SURGICAL HISTORY
- Previous abdominal/pelvic/ gynecological surgeries

OCCUPATIONAL HISTORY

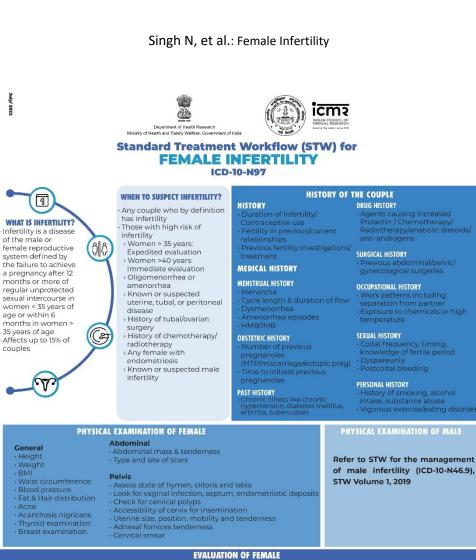
- Work patterns including

SEXUAL HISTORY

- Coital frequency, timing, knowledge of fertile period
- DyspareuniaPostcoital bleeding

PERSONAL HISTORY

- History of smoking, alcohol
- Vigorous exercise/eating disorder



EVALUATION OF FEMALE ESSENTIAL INVESTIGATIONS Baseline ultrasound (Transvaginal ultrasound) to assess - Uterus: Look for endometrial thickness, pattern, any space occupying lesions like fibroid, adenomyosis, polyp or mullerian anomalies - Adnexa: Look for any hydrosalpinx or para-ovarian cyst - Ovary. Note the antral follicle count (Day 2-5 of menstrual cycle), volume, position, characterization **OPTIONAL INVESTIGATIONS** of cyst if present POD: Note presence of free fluid Test for tubal patency MANAGEMENT Caution: Always keep in mind age of the female as it is the most important prognostic factor DEPENDING UPON THE FACTOR OF INFERTILITY **Tubal status** Ovulatory status Uterine factor Hydrosalpinx present · Documented ovulation · Day 2-5 AFC normal (≥5) · Serum AMH ≥1.2 ng/ml Myometrium Surgical correction failed/ · Docu Tubes patent Myometrium Anovulation pathology Prior counselling, consent, Ţ Confirmatory test Laparoscopic/open surgery like* -Myomectomy if distorting the cavity -Adeno-myomectomy *If required Laparoscopy with chromo-pertubation discussion management like -Polypectomy -Septum resection -Adhesiolysis If failed regarding future fertility treatment plan and cost is required. OS ± IUI x 3-6 cycles Bilateral tubes blocked Tubes patent ↓ If failed OVI/OS ± IUI or IVF/ICSI (Individualized treatment) IVF/ICSI Hypergonadotropic hypogonadism or poor ovarian reserve (AFC<5; AMH<1.2) IVF/ICSI Hypogonadotropic hypogonadism Normo-gonadotropic normogonadism OS ± IUI (if other tube patent) IVF (if other tube not patent) IVF (if b/l salpingectomy/ clipping + OVI ± IUI x 3-6 cycles IVF/ICSI (individualized with either self or donor oocyte) If failed Level 1 ART: Coded in Blue IVF/ICSI Level 2 ART: Coded in Yellow ABBREVIATIONS HCV: Hepatits C Virus HIV: Human immunodeficiency virus HIV: Human immunodeficiency virus HIB: Heavy menstrual bleeding ICSI: intracytopiasmic sporm injection IMB: Inter menstrual bleeding IUI: Intrauterine insemination IVF: In vitro fertilization IVF: In vitro fertilization LH: Luteinizing hormone OS: Ovarian stimulation OVI: Ovulation induction PCR: Polymerase chain reaction POD: Pouch of Douglas TSH: Thyroid stimulating hormon VDRL: Venereal disease research AFB: Acid fast bacilli AFC: Antral follicle count AMH: Anti-mullerian hormone ART: Assisted reproductive tecl BMI: Body mass index

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FOLLOW EVIDENCE BASED INDIVIDUALIZED TREATMENT

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web potal (atw.em.org.h) for more information.

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