

## PRECONCEPTUAL ADVICE PROTOCOL

### INTRODUCTION

General practitioners are often the first contact for couples concerned about their fertility, and can offer advice and support that can alleviate anxiety.

Our role includes giving general preconception advice, taking a history and starting appropriate tests. We should try to see both partners together, although this may be difficult if they are registered with different practices. However, the couple should be encouraged to approach the problem together and must understand that they will *both* need investigation. We can also ensure prompt and appropriate referral, and advice on local services available in secondary and tertiary care together with local funding policies for investigation and treatment.

### FIRST CONTACT

A normal appointment with the doctor is given in the first instance. It may be necessary for the patient to return with their partner.

### PRECONCEPTION ADVICE

All data to be entered onto computer and consultation should cover the following areas:

#### *Pre-existing medical problems*

- Stabilise medical conditions and ensure that medical control is optimal
- Check drugs needed are safe for use in pregnancy and do not affect sperm function
- Where appropriate, refer women to an obstetric physician for advice on implications of the condition in pregnancy.

#### *Weight*

- Check BMI
- Advise on weight gain or loss where BMI in <20 or >30

#### *Diet*

- Assess dietary status and intake of caffeine (less than 2 cups per day)

#### *Smoking*

- Advise both partners to stop smoking
- If necessary, refer to smoking cessation clinic

### *Alcohol*

- Advise on safe amount of units per man/woman (21 units for men & 14 for women). There is no clinical evidence that shows alcohol has an effect on pre-conception however, excessive alcohol consumed by men can contribute to impotence and may impair spermatogenesis.

### *Recreational drugs*

- Advise both partners to stop using recreational drugs

### *Folic Acid*

- Women who are trying to conceive should take folic acid supplements (0.4mg) daily to reduce the risk of neural tube defects. Women with a history of neural tube defects or epilepsy should take 5mg daily.

### *Virology screening*

- Screen for rubella immunity and offer immunisation to those not immune.
- Consider screening for HIV and Hepatitis B/C in groups at risk.
- Ethnic Minority's, Asian, European & Caribbean screen for Thalassaemia/Sickle-cell disease.

### *Prenatal diagnosis*

- Tell older women about options for prenatal diagnosis

### *Timing of intercourse*

- Check couples' understanding of ovulatory cycle and relate most fertile days to the length of woman's cycle.
- Advise that intercourse occurs regularly. Two to three times a week should cover the most fertile time.

### *Factors affecting fertility*

- Discuss any factory in either partner's history that might warrant early referral for specialist infertility advice.\*

\*For example: hypertension, diabetes, epilepsy, thyroid disorders, cardiac problems, contraceptive treatments and drug history.

## **CONCEPTION & REFERRAL FOR SECONDARY CARE**

Conception is most likely to occur in the first month of trying (about a 30% conception rate). The chance then falls steadily to about 5% by the end of the first year. Cumulative conception rates are around 75% after six months, 90% after a year and 95% at two years. Sub fertility is defined as a failure to conceive after one year of unprotected regular sexual intercourse. It is usually investigated after a year, although for some couples it may be appropriate to start investigations sooner.