

How to conduct a fertility investigation

Below is a guide to having fertility and reproductive conversations with your patients:

Timing of intercourse

The optimal timing of intercourse is 2 to 3 times per week around mid-cycle, which is about 12 to 16 days prior to the next menstruation.

- If timing and frequency are adequate and a patient has a regular cycle:
 - If >35 years of age, measure Day 2-4 FSH.
 - If FSH is >10 MIU, early referral to a fertility specialist is recommended.
- Encourage continued efforts and patience.
- If timing and frequency are not adequate: Educate patients on optimal timing and frequency and advise them to not use lubricants or douches.

Monitoring their cycle

When trying to get pregnant, cycle monitoring is important. Patients can use:

- Menstrual calendar
- Basal Body Temperature (BBT)
- Ovulation predictor kits

How to reach us

The ReproMed Fertility team is dedicated to triaging your referrals quickly and providing personalized end-to-end care for your patients.

As one of Canada's leading fertility centres, we strive to provide the most innovative, safe and successful clinical outcomes possible.

Visit us online to submit referrals or print a faxable referral form:

[repromed.ca/
referring-physicians](http://repromed.ca/referring-physicians)

Referrals can be faxed to:

416-233-8360

Phone: 416-233-8111 ext. 1
Toll Free: 1-877-317-6079 ext. 1
Fax: 416-233-8360
Toll Free Fax: 1-877-706-0586

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A Guide for Primary Caregivers

Assessing patient fertility and when to refer to a fertility specialist

ReproMed

FERTILITY

Formerly operating as the Toronto Institute for Reproductive Medicine

When to refer to our fertility specialist team

If your patient shows any of the below concerns, we recommend you refer to the ReproMed specialist team for investigation as soon as possible.

1. Age of egg-providing partner (female age)

Egg quantity and quality decrease with age, diminishing the monthly chance of successful pregnancy.

When to refer a patient

< Age 35

After 12 MONTHS of trying to conceive

Age 35 - 39

After 6 MONTHS of trying to conceive

> Age 40

After 3 MONTHS of trying to conceive

2. Recurrent miscarriage

If your patient has had 2 or more consecutive spontaneous abortions (*loss of pregnancy before 20 weeks gestation*), it is important to consult a specialist.

Why is recurrent miscarriage an important factor?

- 50% of spontaneous abortions are associated with chromosomal abnormalities
- The risk of miscarriage increases significantly with advancing age of egg provider

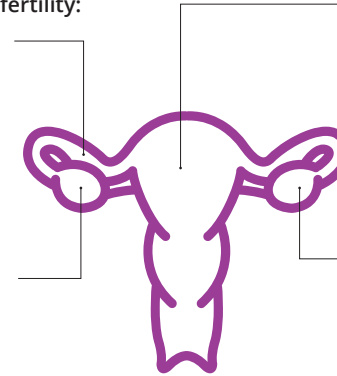
3. Identified risk factors for egg providers

Issues that are risk factors for tubal factor infertility:

- Prior pelvic inflammatory disease (PID)
- Prior sexually transmitted infection (STI)
- Pelvic surgery
- Ectopic pregnancy
- Endometriosis

Irregular cycles (not 28 ± 7 days) are very suggestive of anovulatory cycles that need further attention and may have underlying issues, including:

- PCOS
- Peri-menopause or premature ovarian insufficiency
- Endocrine disease (e.g., thyroid, prolactin, hypo-hypo)



Issues that are risk factors for uterine factor infertility:

- Known fibroids or adenomyosis
- Previous uterine surgery (e.g., myomectomy, D&C)

Other issues that impact egg quality:

- Sub-optimal lifestyle factors (e.g., smoking, excessive drinking, sedentary)
- Medical co-morbidities (e.g., obesity, hypertension, diabetes)

4. Identified risk factors for sperm providers

At least 50% of fertility issues are sperm-related. Issues that are risk factors for sperm quality or quantity:

- Prior mumps
- History of undescended testicles
- Testicular or hernia surgery
- Active or previous steroid use
- Erectile or ejaculatory dysfunction

A basic semen analysis should be performed during fertility investigations. It is advisable to use a lab that specializes in semen analyses, such as ReproMed Fertility. In some cases, a more comprehensive analysis investigating sperm antibodies, sperm function, and DNA integrity will be required.

5. Gender & sexually diverse needs

ReproMed Fertility provides assisted reproduction services that are inclusive of gender and sexual diversity, including:

- Single intended parents
- 2SLGBTQIA+ intended parents
- Patients using gender-affirming hormone therapy

6. Specific needs

At ReproMed, we know that a patient's journey is unique. Please refer to our team if your patient is:

- Wishing to conceive with a known genetic disease or carrier of a genetic disease
- Interested in fertility preservation (egg, embryo or sperm freezing) for medical or elective reasons

Our team is also experienced in working seamlessly with third-party reproduction programs (such as sperm, egg or embryo donor, or gestational carrier/surrogate), while ensuring health guidelines and regulations are met.