

Primary health care management of the infertile couple

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Reproductive freedom

"All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so"

World Population Plan of Action 1974 – Bucharest

Global Unmet Need

- 8-12% couples worldwide have reproductive difficulties
- Central and southern Africa “infertility belt”
- Highest total fertility rate but the biggest problem with infertility
- African women are expected to bear at least 5 children
- Assisted reproductive therapy (ART) may be required to sustain the 2.1 children per women needed to stabilize the population in Europe, where currently 1.5 children are born per woman

Patient's Unmet Need

- Majority of patients in developing countries have virtually no access to ART
- Problems with many different entry points to fertility investigation and diagnosis
- Less access to information for patients in the developing world regarding treatment options and complications
- Use of alternative mechanisms for successful interventions
- Cross-border reproductive care

Health Care Provider's Unmet Need

- General practitioners uncomfortable initiating management of infertile patients
- UK general practitioners see 1-2 patients yearly
- 10% of all general practice consultations in developing countries
- Lack of skilled doctors in India and Peru
- 1993 WHO guidelines only appropriate to tertiary care
- Lack of clarity for care steps for primary and secondary care providers

Current Management

- “Clients with special needs” – WHO Family Planning Tool
- WHO guidelines:
 - 1993 Management of The Infertile Couple manual
 - 1999 Semen manual
 - 2000 Infertile Male manual
- NICE infertility guidelines 2004
- Cochrane review of current infertility protocols
- WHO/ICMART/LCIVF/IFFS meeting December 2008 identified the need for a set of new and revised infertility management tools

Work in Progress...

Companion lecture, Dr Vanderpoel

- DHS Survey – Global Burden of Disease
- Revision of the infertility management algorithms
- Generation of a new Infertility care set of guidance for Primary Health Care patterned in a manner similar to the Maternal and Newborn Health WHO Recommended Intervention
- Cornerstones of Infertility Management
- Flipchart decision making tool

Primary Health Care Guideline in progress...

- Tool proposing the basic prerequisite management of the infertile couple whereby management may be instigated at any level in a four tier health care system
- Amalgamation of the NICE guidelines, the WHO 1993 Management of the Infertile Couple manual and the GFMER infertility algorithms (Dr Campana)

| <u>DRAFT</u> | Primary Care | Primary Care Plus | Secondary Care | Tertiary Care |
|---|---|---|--|---|
| Staff members | Midwives, medical assistants and nurses, ie no physicians - (able to liaise with traditional healthcare workers) | Midwives, medical assistants, and physicians | At least one medical doctor in a DGH/private hospital specialist | Infertility clinic or genitourinary clinic |
| FEMALE PARTNER history taking +/- examination | <ul style="list-style-type: none"> Take a full medical, gynaecological/obstetrical, sexual and family history Perform a general and a genital/pelvic exam | Confirmation of: 1) Primary or secondary amenorrhoea... | Establish a focused history of a relevant Feature and perform a complete physical examination | |
| Basic and complex investigations (male and female) | <ul style="list-style-type: none"> Collection of urine, semen and vaginal swabs/smears for culture and sensitivity*... | 1) Urine, semen, vaginal swab cultures... 2) Serology*... . | 1) Imaging* 2) HSG*... | 1) Hormone profile 2) Karyotyping.. |
| Management | 1) Counseling 2) Antibiotics for sexually transmitted infection... | 1) Thyroxine*... * = where possible | 1) Thyroxine 2) Metformin*... | 1) Pelvic surgery 2) Ovarian drilling... |

Summary

- Guide governments and health care providers to meet the needs of the infertile couple
- Educate patients on health and access to infertility care
- Aim to provide this through low cost interventions