

FREQUENTLY ASKED QUESTIONS

1) Why do we need to try to fall pregnant naturally for two years before we can be considered for assisted conception?

The evidence is that many people will conceive naturally within two years and should not be investigated unnecessarily. "Of those who do not conceive in the first year, about half will do so in the second year (cumulative pregnancy rate over 90%)" (NICE, 2014, p.13).

2) Why do we have to be non-smokers?

The reason for this is that the likelihood of a successful pregnancy is higher in non-smokers and smoking is likely to reduce fertility (NICE, 2014). A referral can be made to an NHS stop smoking programme to support you to stop smoking. The service will always consider a re-referral in line with the policy once you have both ceased smoking for a period of 6 months.

3) Why do we need to lose weight?

The reason for this is that the likelihood of a successful pregnancy is higher in people whose weight falls within a certain range and being over or under weight can result in taking longer to conceive (NICE, 2014). Patients with a BMI over 29 should be referred for healthy lifestyle interventions including weight management advice. The Infertility Network state that "being overweight whilst pregnant can also lead to pre-eclampsia (high blood pressure and fluid retention)" (Infertility Network website, 2014).

4) What are the age restrictions with this policy?

The woman must be less than 42 years and over 23 years at the time of initial referral. All cycles must have been completed prior to the woman's 42nd birthday. Referrers should be mindful of the woman's age at the point of referral and the age limit for new cycles. NICE state that the overall chance of a live birth following IVF treatment falls with rising female age (NICE, 2014).

5) What if we are in a same-sex relationship?

All clinically appropriate individuals/couples are entitled to medical advice and investigation. Same sex and heterosexual couples will have equal access to services.

Up to six cycles of IUI will be funded as a treatment option for people in same-sex relationships who meet the definition of infertility (the failure to conceive after a minimum of six rounds of self-funded donor insemination via IUI, in the absence of any known reproductive pathology), followed by further assisted conception if required.

6) What do we do if we think we have special circumstances and should be considered as an exception to the policy?

The clinician responsible for your care can write to your CCG seeking an exception to the policy. They will be required to supply clinical information to support a request which would then go before the Independent Funding Request Panel.

References

NICE Clinical Guidelines 156 <https://www.nice.org.uk/guidance/cg156>
Fertility Network Website <http://fertilitynetworkuk.org/>

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