

## Referral Policy

### Assisted Conception - Intrauterine insemination (IUI) and Donor insemination (DI)

This Policy sets out NHS Eligibility Criteria for assisted conception services (excluding In vitro fertilisation (IVF) and Intracytoplasmic sperm injection (ICSI) treatment) for people with infertility in Milton Keynes. Access to treatment will normally be through secondary care services. Access for IVF and ICSI is managed through the East Midlands CCGs Commissioning Policy for IVF/ICSI (April 2014)

### Epidemiology

NICE Guideline 156 defines infertility as 'a woman of reproductive age who has not conceived after 1 year of unprotected vaginal sexual intercourse' and that in the absence of any known cause of infertility, should be offered further clinical assessment and investigation along with her partner.

Around 84% of couples attempting to conceive as a result of regular sexual intercourse are successful after trying for one year. After two years this figure rises to 92%. Female fertility declines with age and for women aged 38 about 77% of those who have regular unprotected sexual intercourse will get pregnant after 3 years.

The need for services may increase due to the trend towards later first pregnancies and an increasing number of remarriages. Demand is also increasing due to increased public awareness of treatment possibilities. It is likely that there is unexpressed and/or unmet demand, particularly from women with secondary infertility, (those who have difficulty conceiving having previously conceived).

### Causes of infertility

Review of clinical studies of couples seeking treatment; provide the following approximated proportions for the principal causes of infertility. A significant proportion of couples will have more than one cause and the distribution varies between primary and secondary infertility.

Ovulatory failure 27%  
Low sperm count or quality 19%  
Tubal damage 14%  
Endometriosis 5%  
Others 5%  
Unexplained 30%

### Types of fertility treatment

There are three main types of fertility treatment: medical treatment (such as drugs for ovulation induction); surgical treatment (e.g. laparoscopy for ablation of endometriosis); and assisted conception.

Assisted conception techniques include:

- Intrauterine insemination (IUI)
- In vitro fertilisation (IVF)
- Intra-cytoplasmic sperm injection (ICSI)
- Donor insemination (DI), oocyte (egg) donation (OD) and cryo-preservation (oocytes and/or embryos)

This Policy covers the provision of Donor Insemination (DI), Intrauterine Insemination (IUI) and) only. Provision for IVF/ICSI is not covered by this policy, please refer to the East Midlands CCGs Commissioning Policy for IVF/ICSI within Tertiary Infertility Services (April 2014)

NICE does not recommend assisted reproduction procedures like gamete intrafallopian transfer (GIFT) or zygote intrafallopian transfer (ZIFT) and these will not be funded by the NHS.

### Establishing eligibility under this Policy

Prior approval is not required but the service should record how they have established eligibility in line with this referral policy

All couples are eligible for consultation and advice in primary care.  
Couples must meet the following criteria

Eligibility Criteria	
Women's Age	Women up to 40 years
Women's BMI	BMI 19-30
Welfare of the child	The welfare of any resulting children is paramount. In order to take into account the welfare of the child, the centre should consider factors which are likely to cause serious physical psychological or medical harm, either to the child to be born or to any existing children of the family. This is a requirement of the licensing body, Human Fertilization and Embryology Authority.
Family Structure	Funding will be available to couples who do not have a living child from their current relationship nor any previous relationship.  A child adopted by the couple or adopted in a previous relationship is considered to have the same status as a biological child.
Smoking	Couples must be non-smoking for 28 days in order to access any fertility treatment and must continue to be non-smoking throughout treatment
Sterilisation	Neither partner has been previously sterilised or had sterilisation reversed

A couple in the reproductive age group who fail to conceive after frequent unprotected sexual intercourse for one to two years (or by undertaking 6 self-funded cycles of officially documented Donor Insemination without conceiving, or by having a defined tubal blockage thereby preventing conception) should be offered further clinical investigation including semen analysis and assessment of ovulation as appropriate.

Where there is clear reproductive pathology, infertility of any duration will be considered. This will include couples who cannot achieve full sexual intercourse due to disability. Eligibility for NHS funded treatment will be assessed against the treatment referral criteria and this may, in turn, affect the decision to investigate.

Same sex couples are eligible to access to assisted conception. They will need to meet the eligibility criteria outlined above.

### Priority for treatment

Agreed eligibility criteria have been set so that couples with the best chance of success are given priority over others in order to produce the best outcomes. Following referral, couples should have a prognostic estimate that the successful outcome of a cycle will be greater than 10%.

### Treatment Protocol

The treatment protocol recommended by NICE (NICE CG156, 2013) should be followed. Lifestyle, medical

and non-invasive surgical treatments for infertility should be attempted before considering options like IUI, IVF and ICSI.

### **Treatment provision**

NHS funding will provide a maximum of 3 cycles of donor insemination (DI) or a maximum of 3 cycle of intrauterine insemination (IUI) treatment.

The decision as to whether IUI is stimulated or unstimulated will be made as clinically appropriate.

Treatment should be started within 18 weeks of referral to fertility treatment provider and completed within a 12 month period

Suitable couples should undertake DI (subject to availability and/or patient choice) or IUI before being considered for IVF/ICSI

### **Availability of Intrauterine Insemination (IUI)**

Couples who fail to conceive after 1-2 years unprotected sexual intercourse or 6 cycles of documented DI and fulfill the eligibility criteria as set out above may be offered intrauterine insemination (IUI) if clinically appropriate.

Couples will normally be offered no more than a maximum of 3 IUI treatments.

Couples who do not conceive after IUI will have a full entitlement to IVF in line with the stated eligibility criteria in the East Midlands Commissioning Group Commissioning Policy for IVF / ICSI provided the couple meets the eligibility criteria at the time.

Couples who choose not to have IUI and progress straight to IVF, will not be permitted to be offered IUI if IVF fails.

### **Donor Insemination (DI)**

This will be funded only where; azoospermia or severe oligospermia is present; or to avoid transmission of inherited disorders to a child where the couple meet the other eligibility criteria; or for same sex couples who have undertaken 6 self-funded cycles of DI.

This would mean up to 3 cycles of donor insemination, or a maximum of three cycle of IUI if required, and in addition to IVF entitlement if required.

### **Surrogacy**

Milton Keynes CCG will not provide routine funding for the medical treatment required to give effect to a surrogacy arrangement because:

- (a) This treatment is not considered by Milton Keynes CCG to be a priority for NHS investment,
- (b) Milton Keynes CCG is unlikely to be in a position to be able to reach an assessment as to whether the parties have concluded a lawful surrogacy arrangement, and
- (c) Milton Keynes CCG is concerned that the funding of such treatment raises substantial risks that NHS bodies and doctors providing care connected to surrogacy arrangements would be exposed to unknown medico-legal risks.

### **Embryo Ovarian or Testicular Tissue, and Gamete Storage**

These are not covered by this policy, they are however covered by the East Midlands CCGs Commissioning Policy for IVF/ICSI (April 2014) and access to these treatments is also described in the MK Cryopreservation policy.

### **Exceptional circumstances**

In the rare or exceptional circumstances where a couple or clinician feel that the couple represent a special case then an application can be made to the CCG's Individual Funding Request Panel for consideration of exceptional funding. For couples to be considered for exceptional funding, an Individual Funding Request Form must be completed in full and submitted to the Individual Funding Request Team for consideration.

Adopted and localised from NHS Nottingham and NHS Nene CCGs policies

**Policy adopted by MKCCG August 2014**

**Policy refreshed in February 2018 to clarify statements regarding access for same sex couples and correcting some minor errors and ambiguities.**

## Appendix A

### Abbreviations used

BMI	Body Mass Index
DI	Donor Insemination
GP	General Practitioner
HFEA	Human Fertilisation and Embryology Authority
ICSI	Intracytoplasmic sperm injection
IUI	Intra-uterine insemination
IVF	In vitro fertilisation
NICE	National Institute for Health and Care Excellence
OD	Oocyte (Egg) Donation
CCG	Clinical Commissioning Group

## Appendix B – Definitions

Term	Definition	Further information
<b>BMI</b>	The healthy weight range is based on a measurement known as the <b>Body Mass Index (BMI)</b> . This can be determined if you know your weight and your height. This calculated as your weight in kilograms divided by the square of your height in metres. In England, people with a body mass index between 25 and 30 are categorised as overweight, and those with an index above 30 are categorised as obese.	Patient UK <a href="http://www.patient.co.uk">www.patient.co.uk</a>  BBC Healthy Living <a href="http://www.bbc.co.uk">http://www.bbc.co.uk</a>
<b>ICSI</b>	<b>Intra Cytoplasmic Sperm Injection (ICSI):</b> In conjunction with IVF, where a single sperm is directly injected, by a recognised practitioner, into the egg. A clinic may also use donor sperm or eggs.	Glossary, HFEA <a href="http://www.hfea.gov.uk">http://www.hfea.gov.uk</a>
<b>IUI</b>	<b>Intra Uterine Insemination (IUI):</b> Insemination of sperm into the uterus of a woman.	As above
<b>IVF</b>	<b>In Vitro Fertilisation (IVF):</b> Patient's eggs and her partner's sperm are collected and mixed together in a laboratory to achieve fertilisation outside the body. The embryos produced may then be transferred into the female patient.	As above
<b>DI</b>	<b>Donor Insemination (DI):</b> The introduction of donor sperm into the vagina, the cervix or womb itself.	As above
<b>OD</b>	<b>Oocyte (Egg) Donation:</b> The process by which a fertile women donates her eggs to be used in the treatment of others or for research	As above