

Department of Health Research
Ministry of Health and Family Welfare, Government of India



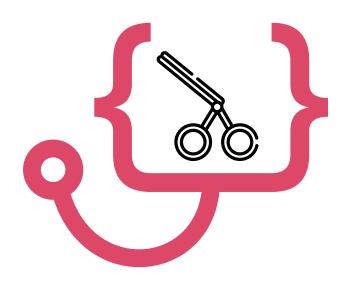




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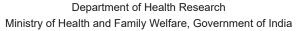






STANDARD TREATMENT WORKFLOWS of India







These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.icmr.org.in) for more information.

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Printed in India

CONTENTS

- INTRODUCTION
- SPECIALITIES COVERED IN THIS EDITION
 - · **Infertility** Female Infertility





INTRODUCTION

GOAL

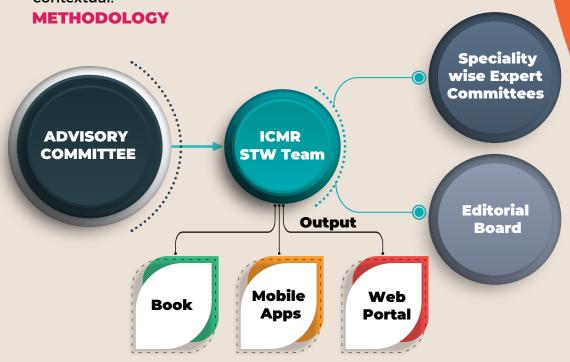
To empower the primary, secondary and tertiary health care physicians/surgeons towards achieving the overall goal of Universal Health Coverage with disease management protocols and pre-defined referral mechanisms by decoding complex guidelines.

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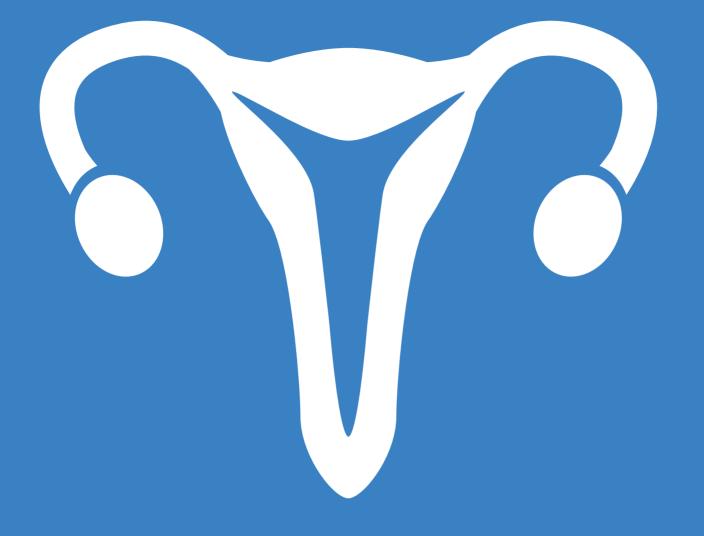
OBJECTIVES

To formulate treatment algorithms for common and serious medical & surgical conditions for both outdoor & indoor patient management at primary, secondary and tertiary levels of India's healthcare system that are scientific, robust and locally contextual.



PROCESS OVERVIEW





INFERTILITY

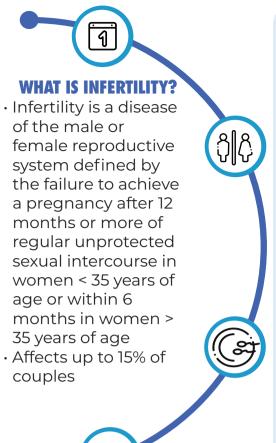


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Standard Treatment Workflow (STW) for FEMALE INFERTILITY ICD-10-N97



WHEN TO SUSPECT INFERTILITY?

- Any couple who by definition has infertility
- Those with high risk of infertility
- > Women > 35 years:Expedited evaluation
- > Women >40 years:Immediate evaluation
- Oligomenorrhea or amenorrhea
- Known or suspected uterine, tubal, or peritoneal disease
- History of tubal/ovarian surgery
- History of chemotherapy/ radiotherapy
- Any female with endometriosis
- > Known or suspected male infertility

HISTORY OF THE COUPLE

HISTORY

- Duration of Infertility/ Contraceptive use
- Fertility in previous/current relationships
- Previous fertility investigations/ treatment

MEDICAL HISTORY

MENSTRUAL HISTORY

- Menarche
- · Cycle length & duration of flow
- Dysmenorrhea
- · Amenorrhea episodes
- · HMB/IMB

OBSTETRIC HISTORY

- Number of previous pregnancies (MTP/miscarriage/ectopic preg)
- Time to initiate previous pregnancies

PAST HISTORY

 Chronic illness like chronic hypertension, diabetes mellitus, arthritis, tuberculosis

DRUG HISTORY

 Agents causing increased Prolactin / Chemotherapy/ Radiotherapy/anabolic steroids/ anti-androgens

SURGICAL HISTORY

 Previous abdominal/pelvic/ gynecological surgeries

OCCUPATIONAL HISTORY

- Work patterns including separation from partner
- Exposure to chemicals or high temperature

SEXUAL HISTORY

- · Coital frequency, timing, knowledge of fertile period
- Dyspareunia
- Postcoital bleeding

PERSONAL HISTORY

- History of smoking, alcohol intake, substance abuse
- Vigorous exercise/eating disorder

PHYSICAL EXAMINATION OF FEMALE

General

- Height
- Weight
- BMIWaist circumference
- Blood pressure
- Fat & Hair distribution
- AcneAcanthosis nigricans
- · Thyroid examination
- · Breast examination

Abdominal

- Abdominal mass & tenderness
- Type and site of scars

Pelvis

- · Assess state of hymen, clitoris and labia
- · Look for vaginal infection, septum, endometriotic deposits
- Check for cervical polyps
- · Accessibility of cervix for insemination
- · Uterine size, position, mobility and tenderness
- Adnexal fornices tenderness
- Cervical smear

PHYSICAL EXAMINATION OF MALE

Refer to STW for the management of male infertility (ICD-10-N46.9), STW Volume 1, 2019

EVALUATION OF FEMALE

ESSENTIAL INVESTIGATIONS

- Baseline ultrasound (Transvaginal ultrasound) to assess

 Uterus: Look for endometrial thickness, pattern, any space occupying lesions like fibroid,
- adenomyosis, polyp or mullerian anomalies

 Adnexa: Look for any hydrosalpinx or para-ovarian cyst
- Ovary: Note the antral follicle count (Day 2-5 of menstrual cycle), volume, position, characterization of cyst if present
- POD: Note presence of free fluid

Test for tubal patency

Hysterosalpingography (HSG)

Level 2 ART: Coded in Yellow

AFB: Acid fast bacilli

AFC: Antral follicle count

BMI: Body mass index

AMH: Anti-mullerian hormone

HBsAg: Hepatitis B antigen

ART: Assisted reproductive technology

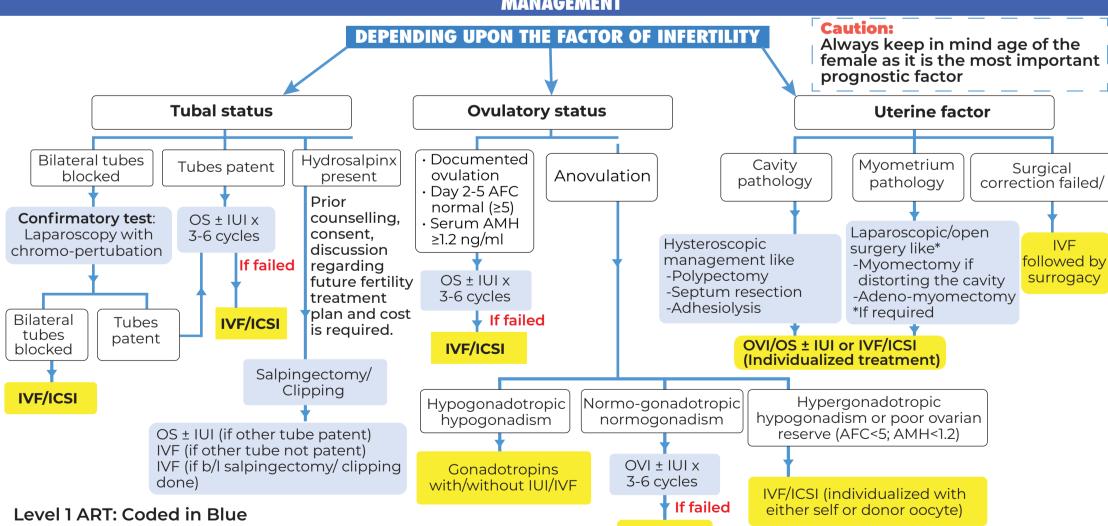
FSH: Follicular stimulating hormone

OPTIONAL INVESTIGATIONS

- Endometrial aspiration for AFB/PCR: to rule out tuberculosis
- · Serum AMH
- Viral markers: HIV, HBsAg, HCV
- · VDRL
- · Rubella IgM/IgG
- Day 2/3 FSH, LH,

· Serum TSH, Prolactin

MANAGEMENT



ABBREVIATIONS

IVF/ICSI

HCV: Hepatitis C Virus **HIV:** Human immunodeficiency virus **HMB:** Heavy menstrual bleeding **ICSI:** Intracytoplasmic sperm injection

IMB: Inter menstrual bleeding
IUI: Intrauterine insemination
IVF: In vitro fertilization

LH: Luteinizing hormone
OS: Ovarian stimulation
OVI: Ovulation induction
PCR: Polymerase chain reaction
POD: Pouch of Douglas
TSH: Thyroid stimulating hormone

rtilization VDRL: Venereal disease research laboratory test REFERENCES

- 1. World Health Organization (WHO). International Classification of Diseases, 11th Revision (ICD-11) Geneva: WHO 2018 2. NICE 2017. Fertility problems: assessment and treatment. 2017; 51
- 3. Penzias A et al. Fertility evaluation of infertile women: a committee opinion. Fertility and Sterility. 2021
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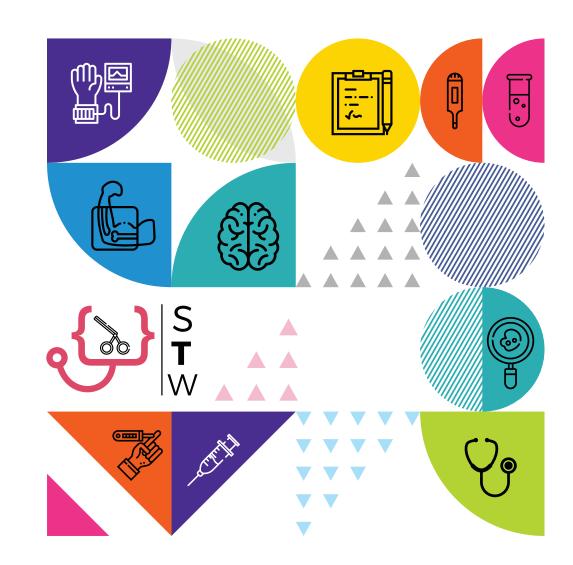


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