



Fertility Toolkit for GPs

Who are we?

Oasis Fertility Centre was founded on the principle that everyone deserves the chance to start a family.

For your convenience we have two fertility centre locations in Perth, WA. Our main centre, South Perth, boasts the custom-built state-of-the-art laboratory and is located on the top of the South Bank Day Surgery. Warwick, our satellite clinic, enables patients who are located North of the river to have consultations and in cycle tracking procedures (bloods and ultrasound) performed closer to home.

We believe that a positive fertility journey starts with being surrounded by the right people. At Oasis Fertility Centre, we've handpicked a team who lead with kindness and empathy, so patients feel supported and never intimidated. Our team members naturally go the extra mile because they're driven to help others.

Oasis Fertility Centre understands that the key to a successful patient journey is the active involvement of their GP throughout the process.

What services do we provide?

Fertility treatments

- Ovulation Tracking
- Ovulation Induction
- In vitro Fertilisation (IVF)
- Intrauterine Insemination (IUI)
- Intra cytoplasmic sperm injection (ICSI)
- Frozen Embryo Transfer
- Surgical sperm retrieval

Fertility Preservation

- Egg cryopreservation
- Sperm cryopreservation

Wellness centre

Access to fertility focussed Psychologist, Counsellor, Naturopath and Acupuncturist

Whats on the horizon

- Donor program
- Pre Implantation Genetic Testing (PGT)

How do we do what we do?

- Streamlined services all in one place, reduces administration expenses and operational overheads.
- State-of-the-art technology utilising artificial intelligence to improve efficiency.
- Improved model of service delivery utilising fertility GPs, experienced fertility nurses and fertility specialists.
- Ethical pricing, as we are compassionate clinicians who care about making a difference and providing accessible treatments for all.

The **integral role** of the GP

Educate. Advocate. Support

Health optimisation (before, during, following fertility treatment)

Pre-conception care

Diagnosing infertility

Knowing when and how to refer to fertility services

Supporting patients throughout their journey



Navigating the fertility consultation

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01. History is Key
 02. Don't forget to examine
 03. Investigate with know how

History

Female

Pregnancy History

- Previous pregnancies; spontaneous or assisted, time to conception and their consequence (live birth, miscarriage, ectopic or termination)
- Issues in the pregnancy
- Delivery complications

Menstrual History

- Cycle length- regular or irregular
- Duration of menstruation
- Abnormal bleeding- inter-menstrual, post-coital, heavy bleeding
- Presence of pain during or prior to menstruation
- Associated urinary or bowel symptoms

Contraceptive History

- Previous methods & experience on them
- Time taken for cycle to return to normal on cessation

Sexual History

- Timing & frequency of intercourse
- Presence of pain during intercourse
- History of STDs
 - Enquire about screening frequency and promptness of treatment

Past Medical History

- Thyroid disorders
- Autoimmune disease
- Previous pelvic surgery or PID

Medications

- Opioids
- Anti-psychotics
- Hormonal therapies

Social History

- Smoking, alcohol & other drugs
- Diet & Exercise
- Stress
- Occupation
 - Exposure to pesticides, ionising radiation, heat, solvents
 - Are they FIFO?

Family History

- Infertility, menopause < 40, endometriosis, PCOS
- Congenital disorders, developmental delay, birth defects

Male

Pregnancy paternity

- Have they previously fathered a child?

Current symptoms

- Pain or discomfort in the genital/pelvic area.
- Urinary symptoms, dysuria, dribbling.
- Symptoms of androgen deficiency- fatigue, low libido, erectile dysfunction.

Sexual History

- Timing & frequency of intercourse
- Sexual function i.e. any issues with libido, erection or ejaculation
- History of STDs
 - Enquire about screening frequency and promptness of treatment

Pubertal development

- Normal or delayed

Past Medical History

- Previous STDS
- Past testicular trauma
- Paediatric history: undescended tests, testicular torsion, hypospadias, mumps orchitis
- Surgical history: involving scrotum, inguinal, prostate or bladder
- Cancer history and use of radiotherapy and/or chemotherapy

Medications

- Testosterone
- Opioids
- Antipsychotics

Social History

- Smoking, alcohol & other drugs
- Diet & Exercise (including what types)
- Anabolic steroid use
- Occupation
 - Exposure to pesticides, ionising radiation, heat, solvents
 - Are they FIFO?

Family History

- Infertility
- Congenital disorders, developmental delay, birth defects

Handy Hints

- Define what exactly the couple means when they say “trying to fall pregnant”
 - Are they timing intercourse with her cycle? If so, how?
 - How frequently are they having intercourse?
- Do NOT simply ask “Is your cycle regular”
 - For many women they take cycle to mean period and will answer yes when in fact they may have a highly irregular cycle length.
- Many patients presume period pain to be normal and may not volunteer a history of pain
 - Important to probe
 - Does the patient require regular analgesia every day of menstruation?
 - Do they skip work/ school/ social events due to pain?
 - Do they faint or become nauseated due to pain?
- Do not forget to ask about anabolic steroids! Men may not volunteer this when asking about medication or drug use.

Examination

Female

Body Mass Index

Assess for evidence of acne +/- excess hair

Consider pelvic examination if history suggests underlying pathology

Perform CST/HVS/ECS if due and/or symptomatic

Male

Body Mass Index

Assess for signs of androgen deficiency if history suggestive:

- small testicular volume
- gynaecomastia
- lack of muscle bulk
- reduced body hair

Consider testicular examination if uro-genital symptoms on history

Investigations

Female

INVESTIGATION	RATIONALE
Anti Mullerian Hormone	<p>Measure of ovarian reserve and predicted ovarian response to fertility treatment</p> <p>If Low consider age, endometriosis, smoking, Premature Ovarian Insufficiency (POI), ovarian damage, prolonged recent hormonal contraceptive use</p> <p>If High consider PCOS</p>
Fasting blood sugar/insulin level	Important to screen for diabetes and insulin resistance as is seen in some cases of PCOS.
Rubella Serology/ Varicella Serology	Pre-conception screening
Hep B/C/HIV/Syphilis serology	Pre-conception screening
Blood group + antibody screen	Pre-conception screening
FBC	Pre-conception screening
TSH +/- TFTs	Thyroid dysregulation can cause fertility issues and a higher risk of miscarriage
Hormone Profile: LH, FSH, E2, Progesterone, Prolactin	Useful for ovarian function, reserve and predictive of whether ovulation will/has occurred
Androgen levels: testosterone/DHEA/ androstenedione/SHBG and FAI	Useful in diagnosing PCOS & Congenital adrenal hyperplasia
Ca125	Can be elevated in active endometriosis
Urine PCR chlamydia/gonorrhoea/ureaplasma	<p>Pre-conception screening</p> <p>Ureaplasma can also increase risk of miscarriage</p>
Pelvic ultrasound	<p>Antral follicle count can be useful as a component of measuring ovarian reserve and response to fertility treatment (normal range 7-15)</p> <p>Also, useful for detecting structural and anatomical uterine abnormalities i.e. fibroids, polyps</p> <p>If done at specialised ultrasound service can identify adenomyosis and features suggestive of endometriosis</p> <p>Will also provide information on how accessible ovaries are for egg collection</p>

Investigations

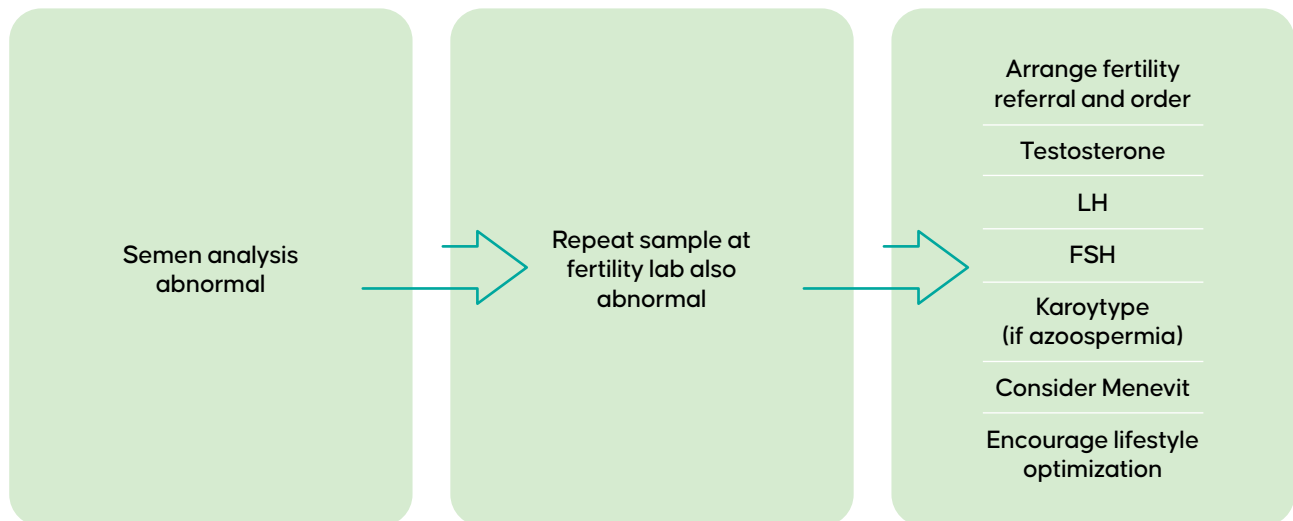
Male

Semen analysis

- Lab collection preferred, if collected at home must get sample to lab within 1 hour
- Must abstain 2-4 days prior but no longer than 7 days
- Ensure sperm friendly lubricant
- Two samples 6 weeks apart are best. If initial analysis abnormal ensure anti sperm antibodies and DNA fragmentation studies are done on repeat sample at specialised lab.

Pathology

- Hepatitis B/C, HIV, Syphilis serology
- Urine PCR chlamydia, gonorrhoea, ureaplasma



Our referral process

To see our Fertility GPs

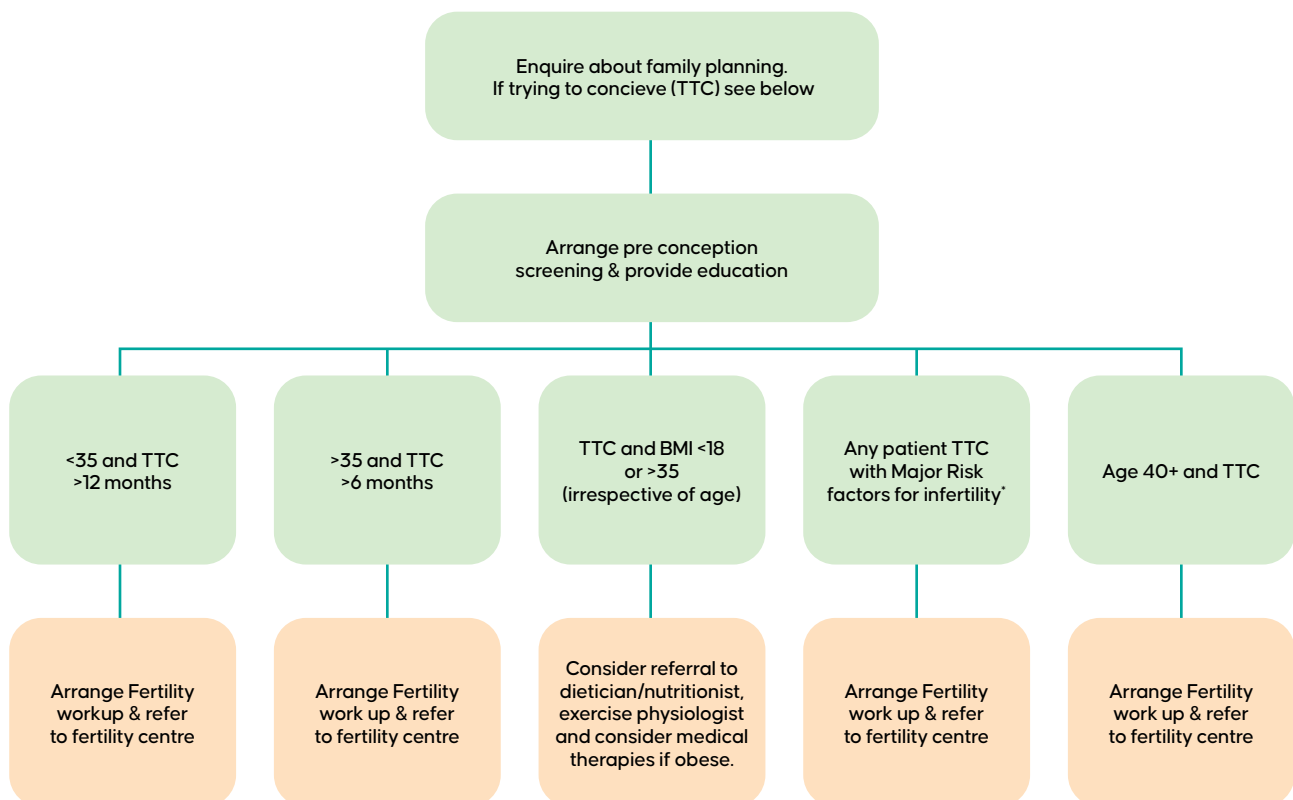
No referral needed

Patient can phone/email/enquire online to make an appointment

To see our Fertility Specialists

Patient requires;

- Referral letter for patient and partner (patient only if seeking egg freezing)
- Complete work up for patient and partner (bloods, urine, CST, semen analysis, pelvic ultrasound).
 - Pre-filled pathology and imaging request forms are available on our website under our Resources section, GP Resources.
 - Investigations must be up to date- within the 1 year prior to referral.
- Referral can be uploaded by patient or yourself using our "Submit a Referral" button on our website. Referral can also be faxed, emailed or sent via health link.



*Major Risk factors include endometriosis, PCOS, fibroids, tubal disease, multiple miscarriages, undescended testes, inguinal hernia repair.

We are here to help

Oasis Fertility Centre understands that the key to a successful patient journey is the active involvement of their GP throughout the process.

We seek to educate, up skill and empower GPs so that you feel comfortable assisting patients in their fertility journey. Oasis Fertility Centre is dedicated to forming a collaborative relationship with GPs through;

- Biannual Education Days.
- Providing on call access to our Fertility GPs & Specialists during business hours to assist with any clinical concerns.
- Clear and prompt correspondence from our Fertility Specialists and Fertility GPs regarding patients under our care.

Scan to join our online network



Where to find us

Address:

- South Perth Clinic - 38 Meadowvale Avenue, South Perth 6151
- Warwick Clinic - 10/26 Dugdale Street, Warwick 6024

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