

## Priority Topic: INFERTILITY

### Key Features:

1. When a patient consults you with concerns about difficulties becoming pregnant:
  - a) Take an [appropriate history](#) (e.g., ask how long they have been trying, assess menstrual history, determine coital frequency and timing) before providing reassurance or investigating further.
  - b) Ensure [follow-up at an appropriate time](#) (e.g., after one to two years of trying; in general, do not investigate infertility too early). **see KF 3**

#### *What you should study:*

- ✓ [Evaluation and Treatment of Infertility AAFP 2015](#)

2. In patients with fertility concerns, provide advice that [accurately describes the likelihood of fertility](#).

***What you should study:*** Prognosis will depend on age and cause, consider referral for prognostication. Study types of infertility, see also Key Feature 6

- ✓ [Anatomical Causes of Female Infertility 2013](#)

3. With [older couples](#) who have fertility concerns, refer earlier for investigation and treatment, as their likelihood of infertility is higher.

***What you should study:*** <35 refer after 12 mo  
>35 refer after 6 mo

- ✓ [Fertility for Family Physicians Presentation](#)
- ✓ [Reproductive Ageing figure from “Menopause”, Nature 2015](#)
- ✓ [Advanced Reproductive Age SOGC 2011](#)
- ✓ [Reproductive Ageing RCOG 2011](#)

4. When choosing to investigate primary or secondary infertility, **ensure that both partners are assessed.**

***What you should study:*** know how to take a fertility history for men

- ✓ Evaluation and Treatment of Infertility AAFP 2015
- ✓ Sexual Dysfunction and Male Infertility NATURE 2018

5. In couples who are likely infertile, **discuss adoption** when the time is right. (Remember that adoption often takes a long time.)

**Consider prognosis (see Key Feature 2) and discuss adoption early**

6. In evaluating female patients with fertility concerns and menstrual abnormalities, look for **specific signs and symptoms of certain conditions** (e.g., polycystic ovarian syndrome, hyperprolactinemia, thyroid disease) **to direct further investigations** (e.g., prolactin, thyroid-stimulating hormone, and luteal phase progesterone testing).

***What you should study:***

- ✓ Endometriosis Pathogenesis and Treatment NATURE 2014
- ✓ PCOS AAFP 2016
- ✓ Hyperprolactinemic Infertility 2012
- ✓ Thyroid dysfunction and subfertility 2015
- ✓ Treatment of thyroid disorders for pregnancy 2012