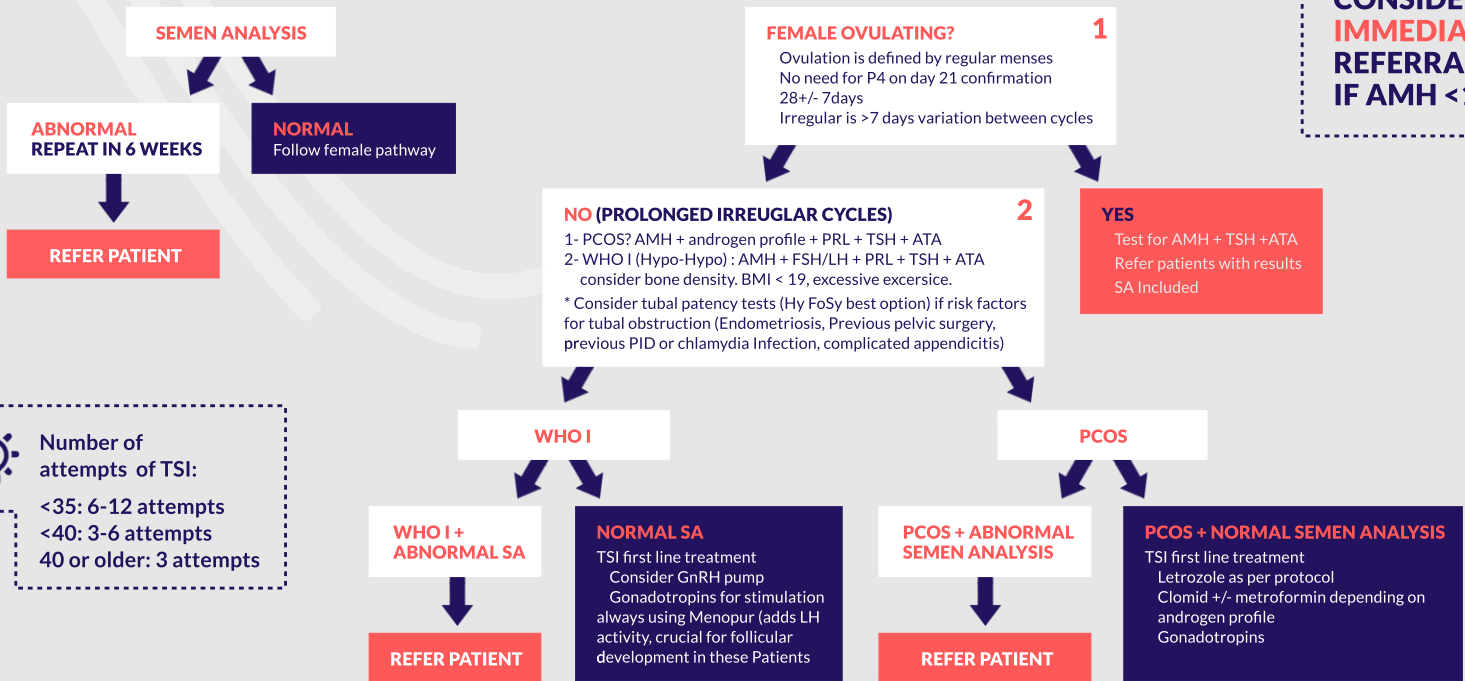


Couples are advised to get fertility investigations if:

- 35 yoa or younger and 12 months of unprotected intercourse
- 36 years or older and 6 months of unprotected intercourse
- Immediately if 40 or older

Important questions to ask:

- Anxiety levels
- Number of children the couple wants



**CONSIDER IMMEDIATE REFERRAL IF AMH <15**

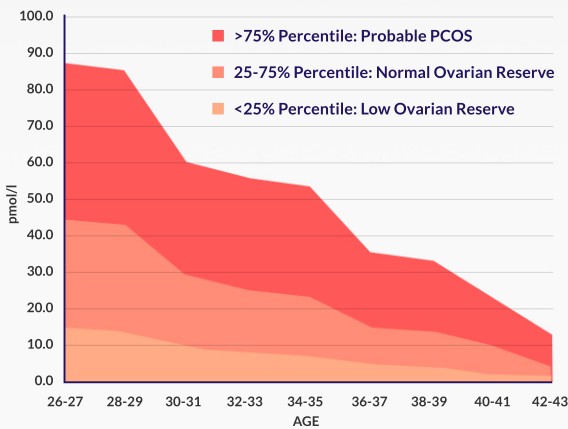
**Number of attempts of TSI:**  
 <35: 6-12 attempts  
 <40: 3-6 attempts  
 40 or older: 3 attempts

Initial assessment:

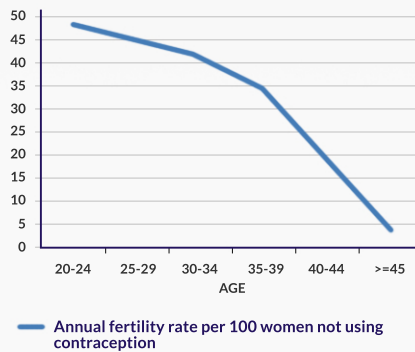
- Duration of infertility: coital frequency, contraceptive use
- Lifestyle issues: alcohol, smoking, bodyweight, drugs
- Medical and sexual history, physical examination

Preconceptional health:

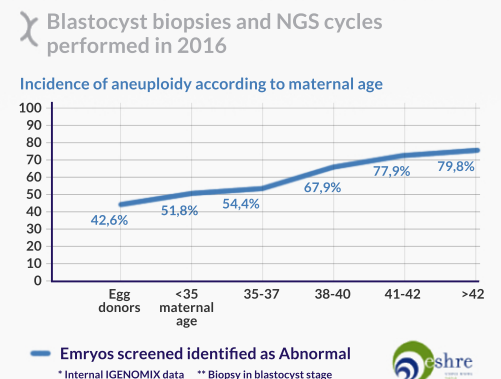
- Folate
- Rubella
- TFT
- STI screening
- Cervical screening
- Assessment scan



Annual fertility rate per 100 women not using contraception



Maternal age and aneuploidy in blastocyst



**ART and perinatal outcomes**

- Twins have 5-10 fold higher risks
- Singletons:
  - Preterm birth 2-3 fold increased
  - Small-for-gestational age 1.5 fold increased
  - Perinatal death 2-fold increased
  - Large-for-gestational 1.7-fold increased after frozen embryo transfer

**Cut-off values of sperm parameters according to the WHO 1999 and 2010 criteria and nomenclature**

	WHO 1999	WHO 2010	Nomenclature if below cut-off value
Volume	2 ml	1.5 ml	Hypospermia*
Sperm concentration	20x10 <sup>6</sup> spermatozoa / ml	15x10 <sup>6</sup> spermatozoa / ml	Oligozoospermia**
Motility (A+B)***	50%	32%	Asthenozoospermia
Morphology	30% normally formed	4% normally formed***	Teratozoospermia

\* No ejaculate is aspermia  
 \*\* If there are no spermatozoa in the ejaculate it is called azoospermia  
 \*\*\* A-motility is fast forward progressive, B-motility is slow progressive  
 \*\*\*\* According to the Tygerberg criteria (Kurger et al., 1988)