

Appendix 1: Wandsworth CCG Criteria for Access to tertiary Assisted Conception, including Intrauterine Insemination (IUI), In Vitro Fertilisation (IVF), Intracytoplasmic Sperm Injection (ICSI)

Title	Criteria	Rationale
Duration of subfertility	<ul style="list-style-type: none"> Couples will be eligible for referral for treatment if they have experienced twenty four months of unexplained infertility* (this can include up to twelve months before their fertility investigations) or have an identified cause of infertility 	84% of women will conceive within one year of regular unprotected sexual intercourse, this increases to 92% after 2 years and 93% after 3 years
Age of woman at start of treatment cycle	<ul style="list-style-type: none"> Woman is aged 23 – 39 years at the time of treatment The lower age limit will not apply to women accessing treatment due to clinical care that is likely to result in long-term infertility Women aged 40 – 42 who have experienced twenty four months of unexplained infertility*, where the following criteria are fulfilled: <ul style="list-style-type: none"> They have never previously had IVF treatment (whether NHS or self funded) There is no evidence of low ovarian reserve There has been a discussion of the additional implications of IVF and pregnancy at this age 	The likelihood of a live birth following assisted conception declines with age. Chances of live birth per IVF cycle are: <ul style="list-style-type: none"> >20% for women aged 23-35 15% for women aged 36-38 10% for women aged 39 years 6% for women aged 40 years and over
Body mass index of woman	<ul style="list-style-type: none"> 19 – 30 kg/m². weight to be maintained for the last 6 months prior to application. 	Higher body mass index reduces the probability of success associated with assisted conception techniques
Smoking status of couple	<ul style="list-style-type: none"> Both partners should have been non-smokers for at least six months prior to commencement of treatment. 	Smoking can adversely affect the success rates of assisted reproductive techniques.
Previous cycles	<ul style="list-style-type: none"> Couples will be eligible for NHS funding of one fresh cycle of IVF or ICSI. Where the couple produces more than one good quality embryo and have an elective single embryo transfer, the CCG will fund 12 months of cryopreservation of the remaining embryos. If the initial embryo transfer does not result in a live birth, the CCG will then fund a single unstimulated frozen embryo transfer Where couples have self-funded previous cycles, these must not exceed TWO cycles. 	The probability of a live birth following the IVF is consistent for the first three cycles but effectiveness of subsequent cycles is uncertain.
Childlessness	<ul style="list-style-type: none"> Neither partner must have any living children from this or previous relationships (including adopted children) 	As funding for assisted conception is limited, priority will be given to couples with the greatest need.
Sterilisation	<ul style="list-style-type: none"> Treatments will not be available if either partner has undergone previous sterilisation. 	Sterilisation is offered as an irreversible method of contraception and individuals on the NHS are made aware of this at the time of the procedure
<u>HFEA Code of Practice</u>	Couples must comply to a <i>Welfare of the Child</i> assessment as described in the Human Fertilisation and Embryology Authority Code of Practice	<i>Human Fertilisation and Embryology (HFE) Act 1990</i> (as amended) states: Section 13 (5): A woman shall not be provided with treatment services unless account has been taken of the welfare of any child who may be born as a result of the treatment (including the need of that child for supportive parenting), and of any other child who may be affected by the birth.
Women in same sex couples/ and women not in a partnership	<ul style="list-style-type: none"> Sub fertility treatment will be funded for women in same sex couples or women not in a partnership if those seeking treatment are demonstrably sub fertile. In the case of women in same sex couples in which only one partner is sub fertile, clinicians should discuss the possibility of the other partner receiving treatment before proceeding to interventions involving the sub fertile partner. NHS funding will not be available for access to insemination facilities for fertile women who are part of a same sex partnership or those not in a partnership. In circumstances in which women in a same sex partnership or individuals are eligible for sub fertility treatment, the other criteria for eligibility for sub fertility treatments will also apply. Women in same sex couples and women not in a partnership 	To ensure equality of access to the service.

Title	Criteria	Rationale
	should have access to professional experts in reproductive medicine to obtain advice on the options available to enable them to proceed along this route if they so wish.	
FSH	FSH levels should be checked between day 1 and 4 of the menstrual cycle with an LH and Oestradiol level. Only women whose FSH has never exceeded a level of 11.9 iu/l or less when an oestradiol level checked on the same day is 249 pmol/l or less will be eligible for treatment with the sample timed within 6 months of date of referral. For those with no periods the sample can be timed at any date but the same maximum levels apply	

*women who have not conceived after 24 months of regular unprotected intercourse or 12 cycles of artificial insemination (where 6 or more are by intrauterine insemination). This period may be known as 'expectant management' or 'watchful waiting'.