Fertility - For patients who have a clinical indication of infertility or are requesting assistance with fertility.

Primary Condition	Key Information Points	Clinical Investigation
Women who have not achieved pregnancy after • **12 months of regular, unprotected sex for women under 35** • **6 months of regular, unprotected sex for women 35 and older**	• If the person (couple) are seeking donor sperm/ oocyte/embryo, they would be best referred to the Public Fertility Service.	**Essential:** Along with the relevant clinical history we would suggest several initial investigations to include in the referral: For the male partner • Semen analysis • Hep B&C • Syphilis serology • HIV screen For the female partner • Ovulation assessment (such as day 21 progesterone) • Antenatal screen (FBE, Thalassaemia screen, blood group Hep B&C, HIV, Rubella screen, Varicella screen, Syphilis serology • We can arrange an AMH screen (at no cost to the patient) • A pelvic ultrasound including antral follicle count, along with FSH level if this is low.

Access and referral priority Gynaecology

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT Appointment timeframe 30 days.	URGENT Appointment within 60 days	ROUTINE Appointment timeframe greater than 30 days, depending on clinical need.
• Post-menopausal bleeding, including any pre malignant conditions including VIN/VAIN/ complex endometrial hyperplasia • EPAS (Early Pregnancy). • Abnormal uterine bleeding with Hb < 100g/DL or severe quality of life impairment. • Adnexal (ovary/tube) abnormality assessed as at risk of malignancy, torsion or other significant complication. • Other pelvic mass/tumour assessed as significant risk of malignancy or with severe symptoms. (e.g. fibroids with recent increase in size or pain) • Pelvic organ prolapse with urinary retention or Quality Of Life change assessed as severe and disabling. • Urinary retention or Voiding dysfunction emptying ≤50% of bladder volume. • Undiagnosed pelvic pain requiring hospital management. • Vulval conditions with suspected malignancy. • Persistent or recurring post-coital bleeding • Disadvantaged Women requesting Surgical Termination of Pregnancy 7-13+6 weeks gestation)	• All colposcopy referrals are managed as urgent to be seen within 8 weeks as per National Cervical Screening Guidelines. **Note**: current capacity does not allow this to be achieved – all colposcopy referrals are assessed and prioritised according to risk) • All OASIS (complex perineal and anal sphincter injuries 3B or more) are seen within 6-12 weeks of postnatal discharge. • Pelvic floor symptoms or complications following incontinence or pelvic organ prolapse mesh surgery See: http://tiny.cc/whmms	• Fertility referrals • Contraception – reversible or permanent • Menopause management • Abnormal uterine bleeding not meeting criteria for 'URGENT' referral. • Adnexal abnormalities with low risk of malignancy or other complication, particularly incidental findings on imaging. • Uterine fibroids with minimal or no symptoms. • Vulval conditions without risk of malignancy • Persistent or chronic pelvic pain • Pelvic organ prolapse not meeting 'URGENT' criteria. • Lower urinary tract symptoms including urgency, frequency, incontinence (will be triaged for physiotherapy assessment prior to appointment), recurrent UTIs or bladder pain • Voiding dysfunction not meeting 'URGENT' criteria • Isolated haematuria (refer to Urology) • Sexual dysfunction • Labial surgery for medical indications.