

# Monash Health Fertility Referral Guidelines

## EXCLUSIONS

Services not offered by Monash Health

- Age related or elective fertility preservation
- As per Victorian Department of Health guidelines, assisted reproductive treatment is only available to women with a maximum (egg) age of 42 years at time of treatment

## GEOGRAPHICAL AREAS SERVICED BY MONASH HEALTH FERTILITY

Monash Health Fertility accepts referrals for Victorian residents of the below LGAs who hold a Medicare card:

Bass Coast	Latrobe
Baw Baw	Manningham
Bayside	Maroondah
Boroondara	Monash
Cardinia	Mornington Peninsula
Casey	Murrindindi
East Gippsland	Port Phillip
Frankston	South Gippsland
Glen Eira	Stonnington
Greater Dandenong	Wellington
Kingston	Whitehorse
Knox	Yarra Ranges

*Referrals from other Victorian LGAs should be directed to the Royal Women's Hospital*

## CONDITIONS

[Medical fertility preservation \(eg. cancer\)](#)

[Infertility](#)

[Parental chromosomal or monogenic conditions](#)

## PRIORITY

All referrals received are triaged by a **Monash Health clinical team member** to determine **urgency of referral**.

### EMERGENCY

For emergency cases please do any of the following:

- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

### URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

### ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Head of unit:

Professor Beverley Vollenhoven

Program Director:

A/Prof Ryan Hodges

Last updated:

15/08/2023

# Monash Health Fertility Referral Guidelines

**REFERRAL** To refer your patient to Monash Health Fertility, please **submit an e-Referral via HealthLink** for **all participants** in the fertility journey:

Intended Parent/s	Referral submitted for:
Heterosexual couple	The female (primary) and the male ( <b>participant</b> )
Same sex female couple	Both females (one primary, one <b>participant</b> )
Same sex male couple	Both males (sperm source primary, partner is <b>participant</b> )
Singles	The single female or male is the primary patient
Any and all <b>known donors</b> and <b>identified surrogates</b> also require referrals to be submitted as <b>participants</b> in the fertility journey.	
<b>All participants' referrals must be linked to the primary patient by noting: Primary Patient Full Name, DOB, and address.</b>	

Complete the following fields:

- **Referral Purpose:** Requesting treatments or an intervention
- **Referral Details:** Provide relevant clinical details
- **Social History, Patient Services & Other Information:**  
\*IMPORTANT\* Link participant referral/s to the primary patient by citing Full Name, DOB and address.

**Please ensure:**

- (1) Referrals are submitted for **each participant** in the intended fertility journey, and linked to the primary patient as above.
- (2) Referrals for **diagnostic tests** are provided to the patient/s (refer to pages 3-4).
- (3) Patients/participants are advised **not** to book or undertake their diagnostic tests (pathology, imaging, andrology) until contacted by Monash Health Fertility who will assist with appointment coordination.

## CONTACT US **Medical practitioners**

All referrals for medically indicated fertility preservation (eg. cancer diagnosis; low ovarian reserve) should be directed to the Reproductive Endocrinology Fellow via the Monash Health switchboard, and a written referral then submitted.

**Further information for Monash Health Fertility referrers can be found at <https://monashhealthfertility.org/information-for-referrers/>**

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Professor Beverley Vollenhoven	A/Prof Ryan Hodges	15/08/2023

## Current/potential causes of infertility

### MEDICAL FERTILITY PRESERVATION

#### Initial GP Work Up

#### FEMALES

- **Pathology referral for:** Early follicular phase (day 2-4) FSH, LH, E2, FBE, HIV Ab, HepBsAg, HepC Ab, TPHA
- **Note: Monash Health Fertility will test AMH prior to consultation**
- **Diagnostic Imaging referral for:** Gynaecological ultrasound.

#### MALES

- **Pathology referral for:** HIV Ab, HepBsAg, HepC Ab, TPHA
- **Andrology referral for:** Semen analysis (excluding post vasectomy patients)

### WHEN TO REFER?

Upon diagnosis of cancer or other fertility-impacting condition. In cases where commencement of life-saving treatment is imminent, referrers should contact the Reproductive Endocrinology Fellow via the Monash Health switchboard.

#### Urgent

(1) Patients referred to Monash Health Fertility for medical fertility preservation will be prioritised on the waitlist.

(2) Patients are to be advised **not** to book or undertake their diagnostic tests (pathology, imaging, andrology) until contacted by Monash Health Fertility who will assist with appointment coordination.

#### Management Options for GP

- Nil

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### INFERTILITY

#### Initial GP Work Up

#### FEMALES

- **Pathology referral for:** Early follicular phase (day 2-4) FSH, LH, E2, Thyroid function test, FBE, Ferritin, Vitamin D, Rubella IgG, Varicella IgG, HIV Ab, HepBsAg, HepC Ab, TPHA, Blood group antibody screen, First pass urine: chlamydia+gonorrhoea PCR
- **Note: Monash Health Fertility will test AMH prior to consultation**
- **Diagnostic Imaging referral for:** Gynaecological ultrasound.

#### MALES

- **Pathology referral for:** HIV Ab, HepBsAg, HepC Ab, TPHA, First pass urine: chlamydia+gonorrhoea PCR
- **Andrology referral for:** Semen analysis + antisperm antibodies (excluding post vasectomy patients)

### WHEN TO REFER?

- Women **under 35 years** of age who have been unsuccessful in achieving an ongoing pregnancy after **>12 months** of regular unprotected sexual intercourse
- Women aged **35 to 42 years** of age who have been unsuccessful in achieving an ongoing pregnancy after **>6 months** of regular unprotected sexual intercourse
- Women with previously diagnosed conditions that impact fertility eg. PCOS, endometriosis
- Same sex couples, singles & gamete donors
- Men with known male factor infertility

#### Routine

Patients are to be advised **not** to book or undertake their diagnostic tests (pathology, imaging, andrology) until contacted by Monash Health Fertility who will assist with appointment coordination.

#### Management Options for GP

- Nil

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## Genetic Inheritance

### MONOGENIC CONDITIONS OR CHROMOSOMAL REARRANGEMENT

### WHEN TO REFER?

#### Initial GP Work Up

#### FEMALES

- **Pathology referral for:** Early follicular phase (day 2-4) FSH, LH, E2, Thyroid function test, FBE, Ferritin, Vitamin D, Rubella IgG, Varicella IgG, HIV Ab, HepBsAg, HepC Ab, TPHA, Blood group and antibody screen, Banded karyotype
- **Note:** *Monash Health Fertility will test AMH prior to consultation*
- **Diagnostic Imaging referral for:** Gynaecological ultrasound.

#### MALES

- **Pathology referral for:** HIV Ab, HepBsAg, HepC Ab, TPHA, Banded karyotype, First pass urine: chlamydia+gonorrhoea PCR
- **Andrology referral for:** Semen analysis + antisperm antibodies (excluding post vasectomy patients)
- **IMPORTANT:** *Banded karyotype is a once-only test. If patients have completed this previously, do not refer for another, attach report to referral.*

Where there is a family history of monogenic or chromosomal conditions such as:

- Cystic Fibrosis
- Huntington's Disease
- Duchenne muscular dystrophy
- Sickle cell anaemia
- Haemophilia
- Polycystic Kidney Disease
- Rett Syndrome
- Spinal Muscular Atrophy
- Inherited Retinal Disorders/ Dystrophies
- Chromosome structure abnormalities eg. translocation

#### Routine

Patients are to be advised **not** to book or undertake their diagnostic tests (pathology, imaging, andrology) until contacted by Monash Health Fertility who will assist with appointment coordination.

#### Management Options for GP

- Nil

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