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The Fertility Patient Planner

Your complete guide to navigating the NHS fertility pathway in **Hertfordshire and Bedfordshire**, preparing for appointments and keeping all your fertility information in one place.

The Period Acupuncturist

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Introduction

If you are struggling with fertility concerns, it can sometimes feel overwhelming to know where to start. You might worry that they will not be taken seriously, will forget important details during appointments, or will leave consultations without clear answers.

This guide has been created to help you prepare for GP appointments, communicate your concerns clearly, understand local NHS referral pathways, and advocate for appropriate investigations and specialist support.

Remember: you are the expert in your own symptoms. Good evidence and clear communication can significantly improve the quality of care you receive.

Love Andrea, The Period Acupuncturist



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Dashboard

This dashboard is based on the criteria that your GP will be working through to 'test' eligibility for NHS-funded IVF. To see the criteria for Hertfordshire or Bedfordshire, you can click on those individual links.

Whilst in my practice I do not agree with the exclusion criteria based on BMI, most IVF clinics base their decisions on this. For a BMI-friendly IVF clinic, I recommend speaking to Avenues.

Primary Testing	**Status**	**Notes/Result**
Blood tests		
STI testing		
Fallopian tubes		
Ultrasound		
Semen analysis		
Smoking		
BMI		
Referral		
Fertility clinic selected		

Where Am I Currently?

Unfortunately, we are not always looking at weeks for your GP and referral. This table allows you to see where you are currently at.

Stage	Date	Notes
GP		
Investigations		
Results		
Referral		
Seconary Care		
Investigations		
Referral		
IVF clinic		
Funding Approved		
Treatment		

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① Evidence Gathering & Building Your Case: **Useful Evidence to Bring**

- [ ] Cycle tracking app screenshots
- [ ] Basal body temperature charts (not routinely recognised by GPs)
- [ ] Ovulation test records
- [ ] Symptom diary
- [ ] Previous blood test results
- [ ] Hospital letters
- [ ] Ultrasound reports
- [ ] Medication list
- [ ] Semen analysis
- [ ] Timeline

The Two-Month Rule
Where possible, collect at least two menstrual cycles of information. Patterns are often more informative than single events.

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② Evidence Gathering & Building Your Case: **Track Your Symptoms**

Menstrual Health

- Cycle length (first day of one period to first day of the next)
  - Are they regular?
  - Have you had any changes in cycle regularity?
- Period duration
  - Do you have spotting leading up to the start?
- Bleeding volume (light, moderate, heavy).
  - Talk about how frequently you change your period products and what you use, e.g. "I use Super Plus tampons and have to change every three hours"
- Clotting
  - What size clots? Fingernail size, palm size (yes, really)!
  - How many?
  - What days of your cycle
- Pain levels
  - Are you regularly taking pain relief? If yes, what?
  - Does it stop your daily activities?
  - When do you get pain, e.g., before or during?
- Spotting between periods
- Bleeding after sex

Fertility

- How long have you been trying to conceive
- Living children (to either partner) - unfortunately, the NHS guidelines indicate that if you have a living child, you will not be eligible for NHS-funded IVF
- Miscarriages or pregnancy losses
- Ovulation tracking results or home hormone monitoring results (if used), e.g. Mira, Tempdrop
- Previous fertility investigations

General

- Weight changes
- Fatigue
- Acne
- Excess hair growth
- Pelvic pain
- Digestive symptoms
- Sleep quality
- Mood changes
- Cognitive signs like brain fog, dizziness

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③ Evidence Gathering & Building Your Case: **Information that helps your GP**

Your GP wants to understand...	**Why it matters**
How long have you been trying?	Determines referral timing
Regular cycles?	Suggests ovulation
Diagnosis of PMOS, endometriosis?	Determines referral timing
Previous miscarriage/chemical pregnancy?	Changes referral timing
Tubal disease?	May qualify for earlier referral
Severe male factor?	May qualify for earlier referral
Previous IVF?	Affects funding
Smoking?	Eligibility criterion
BMI?	Eligibility criterion
Do you already have children (either partner)?	Funding criterion
Age	Determines referral timing

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① Communication Strategies: **Getting Your Concerns Heard**

Many patients leave appointments feeling that they did not fully explain their concerns. Preparing key points beforehand can help.

1. What is happening?

Example:
"We have been proactively trying to conceive."

2. How long has it been happening?

Example:
"This has been for 12 months."

3. How is it affecting me?

Example:
"I am concerned about the impact on my fertility."

Example E-Consult Script

I have been trying to conceive for [X months/years] without success. I would like a fertility assessment in line with NHS guidance. I have attached a summary of my menstrual cycles and relevant symptoms. I would appreciate advice regarding appropriate investigations and what my next steps are.

Helpful Questions During Appointments

- What do you think could be causing these symptoms?
- Are there any investigations recommended under local NHS guidance?
- What criteria are used for referral?
- If symptoms continue, what would the next step be?
- Can this discussion be documented in my notes?

If You Feel Dismissed

Remain calm and factual.

"I understand there may not be an immediate explanation, but these symptoms continue to affect me significantly. Could you explain what the next appropriate step would be under local guidance?"

You can also check in here for escalation pathways.

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② Communication Strategies: **Pro-Tips**

Bring written notes.
Many people forget important information during appointments.

Lead with impact.
Explain how symptoms affect your daily life, work, relationships, or fertility goals.

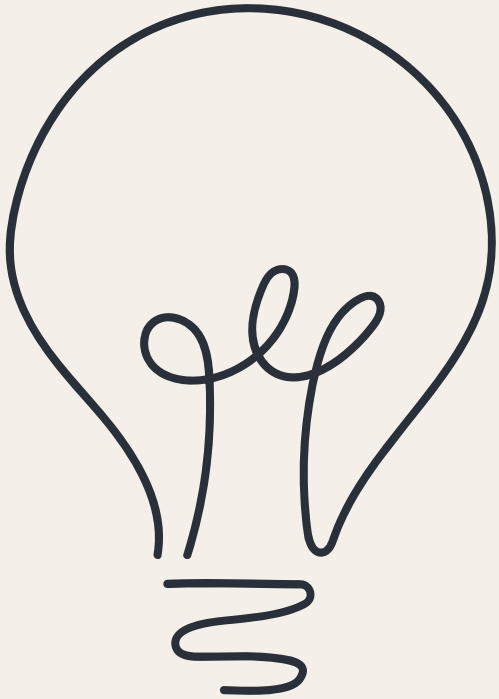
Ask for next steps.
If a test is normal, ask what happens if symptoms continue.

Keep copies of everything.
Store letters, reports, and results in a dedicated folder.

Use precise dates where possible.
Timelines help clinicians understand patterns.

Attend appointments prepared.
A one-page symptom summary can be more useful than a lengthy explanation.

Do not be afraid to ask for clarification.
Medical information should be explained in a way you understand.



③ Communication Strategies: **Escalation Pathways**

Sometimes symptoms persist despite repeated appointments. Knowing your options can help you advocate effectively.

Requesting a Second Opinion
You are entitled to request a review by another clinician if concerns remain unresolved. You might say:
"I appreciate your assessment. Given my ongoing symptoms, I would like to discuss obtaining a second opinion."

Jess's Rule: "Three Strikes and We Rethink"
Jess's Rule is a patient safety initiative introduced by NHS England. It encourages GP teams to "reflect, review and rethink" when a patient presents three times with the same symptoms or concerns, particularly if symptoms persist, worsen, or remain unexplained.

The initiative was developed following the death of Jessica Brady, who attended her GP practice multiple times with ongoing symptoms before receiving a diagnosis. Jess's Rule aims to reduce delayed or missed diagnoses by encouraging clinicians to reconsider their working diagnosis and next steps.

If you have attended your GP practice several times for the same fertility, menstrual, pelvic pain, or hormonal symptoms and feel your concerns remain unresolved, it may be appropriate to ask:

"I've now consulted several times about these ongoing symptoms. Could we review my case in line with Jess's Rule and consider whether any further investigations, referrals, or specialist opinions would be appropriate?"

Under Jess's Rule, GP teams are encouraged to:
- Reflect on previous consultations and whether anything may have been missed.
- Review ongoing symptoms, red flags, and previous investigations.
- Rethink the current diagnosis or management plan.
- Consider a face-to-face assessment if previous consultations have been remote.
- Seek a colleague's opinion where appropriate.
- Arrange further investigations or a specialist referral if clinically indicated.

Jess's Rule does not guarantee a referral or a specific test. However, it provides a recognised NHS framework to ensure that persistent symptoms receive appropriate review and that patients are actively involved in discussions about their care.

③ Communication Strategies: **Escalation Pathways**

Patient Advice and Liaison Service (PALS)
If communication breaks down or you are struggling to access information:

- Contact the relevant NHS Trust's PALS service.
- Ask for assistance in understanding your care pathway.
- Request support in resolving concerns about appointments or referrals.

Formal Complaints
If necessary:

1. Raise concerns with the GP practice manager.
2. Follow the NHS complaints process.
3. Contact the Integrated Care Board if appropriate.

Private Alternatives
Private care may provide:

- Faster consultations
- Additional investigations
- Specialist fertility assessments
- Gynaecology reviews

Private consultations do not prevent you from continuing NHS care, but in Hertfordshire, receiving private IVF will mean you are not eligible for NHS-funded IVF.

Before booking privately, ask:

- Will results be accepted by my NHS team?
- What investigations are included?
- What follow-up costs should I expect?

Everyone deserves a place to be heard

If you think you're 'stuck' then working with me allows you a space to be heard and to help you identify the next evidence-based steps to discuss with your healthcare team.

It is as simple as booking a free call with me. **Just click this link here.**



① Understanding Local NHS Pathways: **Hertfordshire and Bedfordshire**

The NICE guidelines for IVF are here, but referral criteria and service providers can vary slightly between areas.

As of April 2026, as part of national changes, NHS Hertfordshire and West Essex Integrated Care Board (ICB) and NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) will cease to exist. This has changed to Central East ICB, which now covers:

- Bedfordshire
- Luton
- Milton Keynes
- Hertfordshire
- Cambridgeshire
- Peterborough

These changes relate to how ICBs are organised and governed. They do not affect where you currently receive your healthcare or where you go for appointments.

At the time of writing (June 2026), there is no guidance on how this will impact referral destinations for gynaecology, fertility, or women's health services.

Your GP should be able to explain the current local referral criteria.



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② Understanding Local NHS Pathways: **General Eligibility Criteria (pre-ICB merging)**

Eligibility Criteria	**Hertfordshire & West Essex**	**Bedfordshire, Luton & Milton Keynes**
Female age	23–42 years (funding valid until 43rd birthday if referred before age 43)	23-39 years at the start of treatment. Women aged 40 to 42 years at the start of treatment may be entitled to treatment where there has been a discussion of the additional implications of IVF and pregnancy at this stage.
Male age	No upper age limit	No upper age limit
Living children	Not eligible if either partner has a living biological or adopted child from any relationship	Not eligible if either partner has a living biological or adopted child from any relationship
GP registration	Registered with HWE GP or resident for at least 12 months	Registered with BLMK GP for at least 12 months
Female BMI	19–30	19–30
Male BMI	Under 30 if providing sperm	Under 35
Smoking	Both partners must have stopped smoking for at least 8 weeks before referral and remain non-smokers	Both partners must be non-smokers at referral and throughout treatment

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② Understanding Local NHS Pathways: **General Eligibility Criteria (pre-ICB merging)**

Eligibility Criteria	**Hertfordshire & West Essex**	**Bedfordshire, Luton & Milton Keynes**
E-cigarettes	Accepted as equivalent to non-smoking	Not specifically addressed
Rubella immunity	Required	Required
Previous sterilisation	Not eligible, even if reversed	Not eligible, even if reversed
Child welfare assessment	Required under HFEA Code of Practice	Required under HFEA Code of Practice
Medical conditions	Funding may be declined if treatment is considered clinically inappropriate	Funding may be declined if treatment is considered clinically inappropriate
Individual Funding Request (IFR)	Available for exceptional clinical circumstances	Available

③ Understanding Local NHS Pathways: **Fertility & IVF Criteria (pre-ICB merging)**

Treatment Criteria	**Hertfordshire & West Essex**	**Bedfordshire, Luton & Milton Keynes**
Duration of unexplained infertility	3 years	2 years
GP referral to fertility clinic	Usually after 12 months (6 months if woman ≥36 years)	Usually after 12 months (6 months if woman ≥36 years)
Absolute infertility (e.g. bilateral tubal blockage, azoospermia)	Immediate eligibility if other criteria met	Immediate eligibility if other criteria met
Mild male factor infertility	Eligible after 3 years	Eligible after 2 years
NHS-funded IVF cycles	1 full cycle	1 full cycle
Maximum embryo transfers	2 (1 fresh + 1 frozen where available)	Up to 4 (1 fresh + up to 3 frozen)
Cancelled/abandoned IVF cycle	Counts towards entitlement	Counts towards entitlement once ovarian stimulation has started
Previous NHS IVF	Counts towards lifetime entitlement	Previous NHS-funded fresh cycle excludes further NHS funding

③ Understanding Local NHS Pathways: **Fertility & IVF Criteria (pre-ICB merging)**

Treatment Criteria	**Hertfordshire & West Essex**	**Bedfordshire, Luton & Milton Keynes**
Previous private IVF	Counts towards NHS entitlement	Up to 2 previous self-funded fresh cycles are permitted before NHS funding
Frozen embryos	Must be used before another fresh cycle	Frozen embryos stored for 1 year on NHS
Funding validity	12 months	Storage for one year; treatment according to policy timelines
Ovarian reserve	AMH >5.4 pmol/L (within previous 6 months) or FSH <8.9 IU/L	AMH >5.4 pmol/L (within previous 12 months) or FSH ≤8.9 IU/L (within previous 3 months)
Miscarriage/ chemical pregnancy	Will wait for a further 3 years of unexplained sub-fertility from the date of the chemical pregnancy/miscarriage to be eligible	

④ Understanding Local NHS Pathways: **Eligibility by Family Type (pre-ICB merging)**

Patient Group	**Hertfordshire & West Essex**	**Bedfordshire, Luton & Milton Keynes**
Heterosexual couples	Eligible if criteria met	Eligible if criteria met
Single women	**Not eligible** for NHS-funded specialist fertility treatment	**Eligible** if policy criteria met
Same-sex female couples	Eligible after **12 unsuccessful cycles of IUI**	Eligible after **6 self-funded cycles of artificial insemination or documented IUI over 2 years**
Reciprocal IVF ("Shared Motherhood")	Not specifically referenced	Specifically supported where clinically appropriate
Same-sex male couples	Surrogacy not funded	Fertility investigations available where appropriate, but fertility treatment within the relationship is not funded

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④ Understanding Local NHS Pathways: **Eligibility by Family Type (pre-ICB merging)**

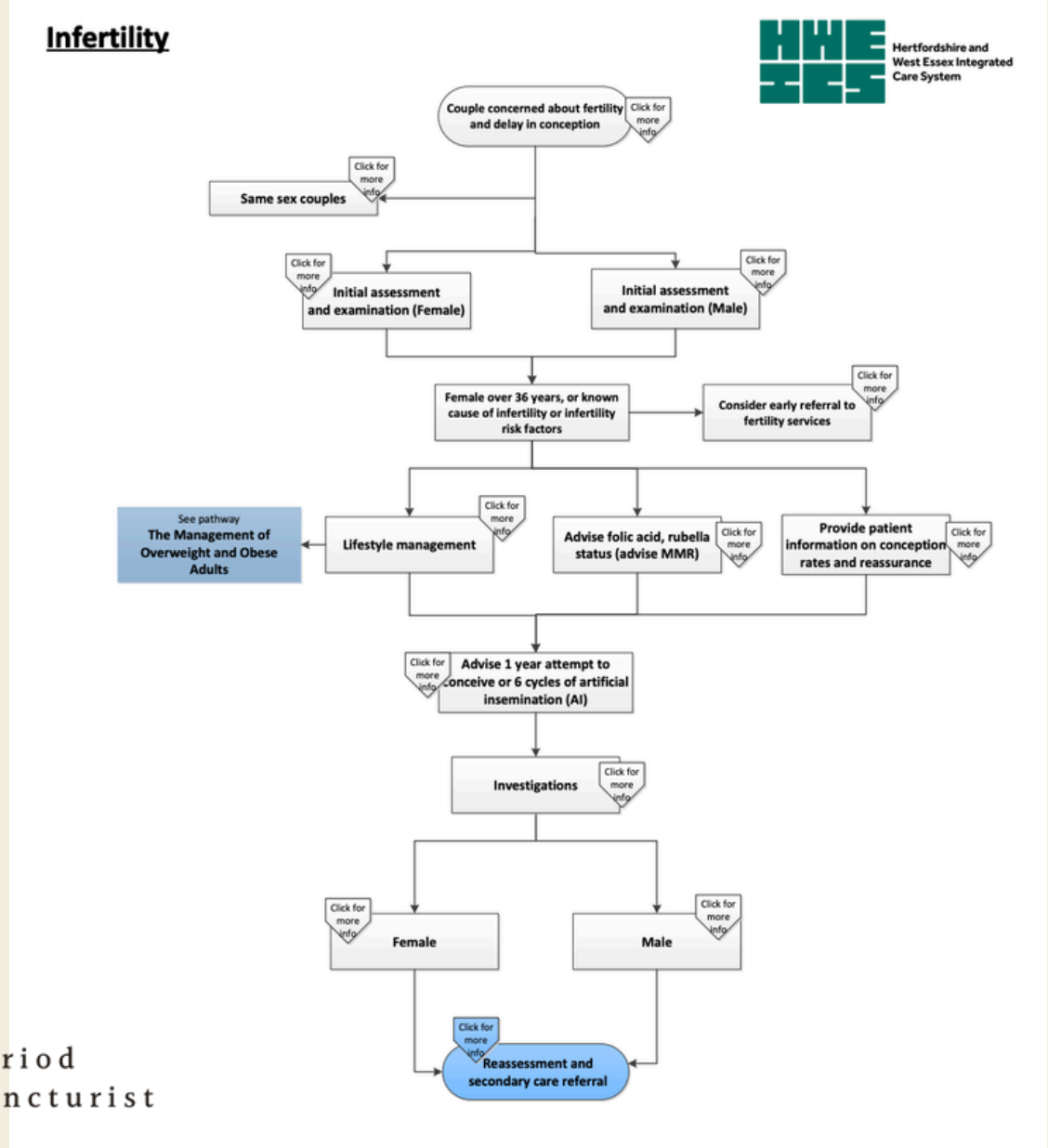
Patient Group	**Hertfordshire & West Essex**	**Bedfordshire, Luton & Milton Keynes**
Transgender and non-binary patients	Policy acknowledges inclusive terminology but provides no separate pathway	Dedicated section confirming eligibility under the same criteria as other patients
Couples unable to have vaginal intercourse	Considered under infertility definition	Eligible through IUI pathway where clinically appropriate

5 Fertility Pathway for Hertfordshire and West Essex.

You can read the full Fertility treatment and referral criteria for tertiary level assisted conception policy here for Hertfordshire and West Essex.

Does this ICB meet the NICE Guideline of 3 funded full IVF cycles?	No

Below is the current pathway for fertility in Hertfordshire and West Essex Integrated Care System. GPs (primary care) cannot make a direct referral for IVF/ specialised fertility services. They should investigate and manage the patient in accordance with the pathway and refer to secondary care only in accordance with the pathway described below. Secondary care acts as a gatekeeper for IVF



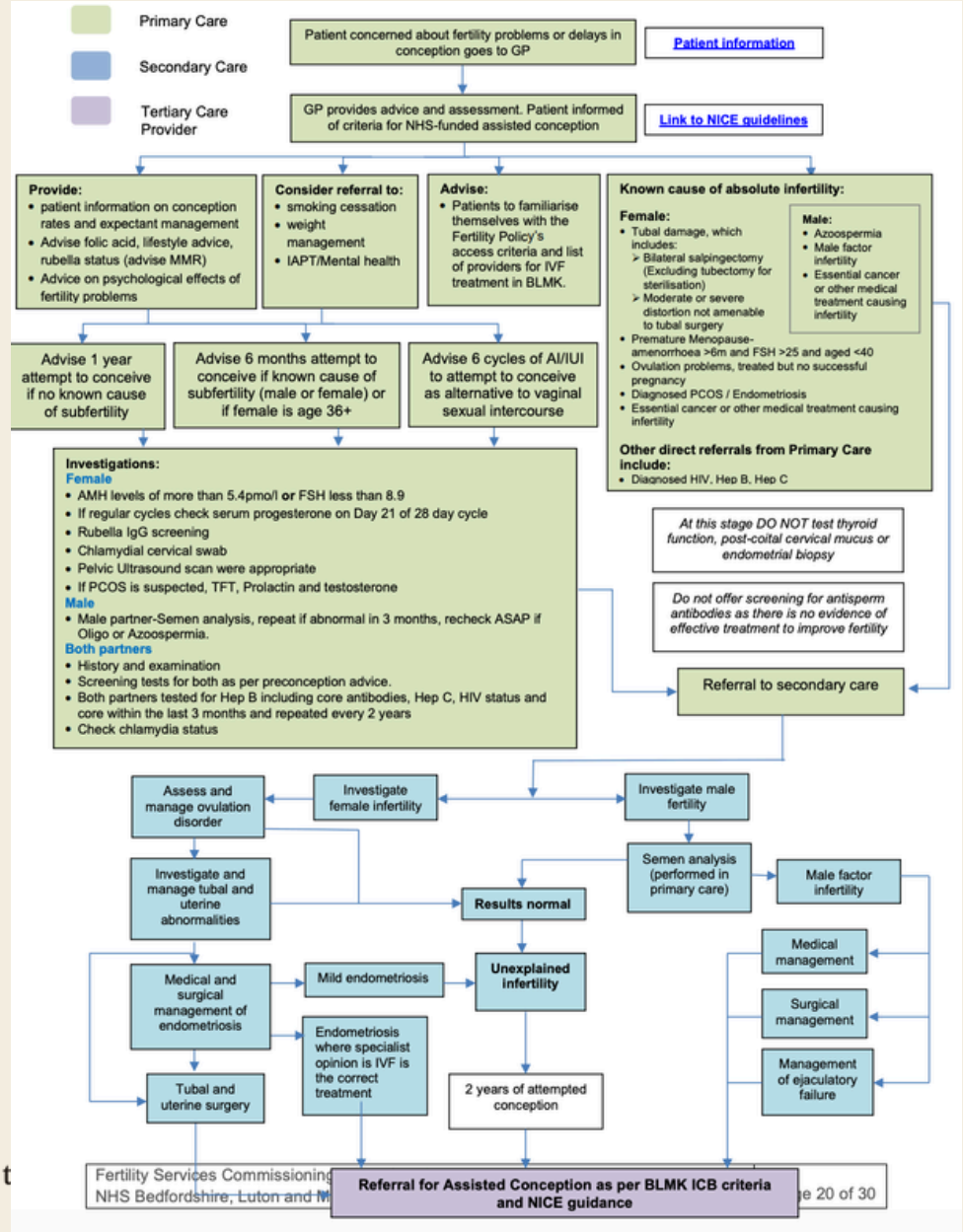
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6 Fertility Pathway for Bedfordshire, Luton and Milton Keynes.

You can read the full Fertility Services Commissioning Policy here for Bedfordshire, Luton and Milton Keynes.

Does this ICB meet the NICE Guideline of 3 funded full IVF cycles?	No

Below is the current pathway for fertility in NHS Bedfordshire, Luton and Milton Keynes Integrated Care System. GPs (primary care) cannot make a direct referral for IVF/ specialised fertility services. They should investigate and manage the patient in accordance with the pathway and refer to secondary care only in accordance with the pathway described below. Secondary care acts as a gatekeeper for IVF.



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Feeling more prepared but still unsure what to do next?



Navigating your fertility can feel vast and sometimes scary. 'What should I do next? Do I have time? Why isn't this happening easily? All are valid questions. Your family, friends and social media are all hives of information but knowing if this is what YOU need is a different thing.

Book a free 20-minute discovery call to see whether acupuncture and a personalised Fertility Action Plan could support your journey.

You can find the booking link to the free call here.

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Appendix

Appointment Checklist



Bring:

- Symptom diary
- Cycle tracking information
- List of medications and supplements
- Previous blood test results
- Previous scan reports
- Questions written down in advance
- Fertility history summary
- Relevant hospital letters

Ask:

- What investigations are appropriate?
- What referral pathways are available?
- What are the expected waiting times?
- What should I do if symptoms worsen?
- When should I follow up?
- Can key decisions be documented in my medical notes?

Before Leaving:

- Confirm next steps
- Confirm who is responsible for arranging tests or referrals
- Confirm how results will be communicated
- Confirm expected timescales
- Request copies of correspondence where appropriate

This guide is intended to support patients in navigating NHS services. It is not a substitute for medical advice, diagnosis, or treatment from a qualified healthcare professional.

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What To Expect At Each Stage

Primary Care (GP):

- Guidance on lifestyle
  - Folic acid
  - BMI
  - Smoking
  - Unfortunately, something along the lines of 'don't stress'
  - Timing of sex
- Initial testing
  - Blood tests
  - Semen analysis
  - Ultrasound
  - STI testing
  - Potentially (but not always) a physical examination of both partners

Secondary Care:

- If something has been identified in primary care, e.g. ovulation disorders, you will likely be placed on ovulation induction medication, e.g. Letrozole or Metformin. Alternatively, if a uterine condition, then laparoscopy or myomectomy surgical intervention
- If unexplained infertility is diagnosed, then you will have to wait 2 or 3 years (depending on ICB) before referral for IVF
- If absolute infertility has been determined (no sperm, or complete blockage of fallopian tubes), you will be referred for IVF

IVF:

- Move to IVF after absolute infertility or unexplained infertility timing has passed

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What To Expect During IVF

BEFORE IVF TREATMENT

1 Stage 1: Initial Fertility Assessment

Consultation, medical history, paperwork & consent, height/weight, blood tests, semen analysis (if applicable). Confirms IVF is the most appropriate option.
Tests: AMH, FSH, LH, oestradiol, thyroid function, infectious disease screening, semen analysis.

2 Stage 2: Waiting for Your Period

Contact the clinic on Day 1 of your menstrual cycle. You may be prescribed the combined oral contraceptive pill to help with timing.

3 Stage 3: Baseline Scan (Day 2–3)

Internal scan, blood tests, antral follicle count, ovarian reserve & uterine lining assessment. Results determine your medication dose.

4 Stage 4: Uterine Assessment (Sometimes)

HyCoSy, HSG, hysteroscopy, laparoscopy, or trial embryo transfer. Assesses fallopian tubes, uterine cavity, fibroids, polyps, and transfer pathway.

IVF TREATMENT

1 Stage 1: Taking Control of the Cycle

Long Protocol
GnRH agonist (downregulation)
Stimulation medications
Suppresses natural cycle first

Short (Antagonist) Protocol
Stimulation from Day 2–3
GnRH antagonist added later
Shorter overall timeline

2 Stage 2: Ovarian Stimulation

Daily injections for 8–14 days. Clinic visits every 2–3 days for scans & blood tests. Monitoring follicle growth and oestradiol (E2) levels. Antagonist medications added to prevent premature ovulation.

3 Stage 3: Trigger Injection

Given at a very specific time, usually 36 hours before egg collection. Options include hCG trigger, GnRH agonist trigger, or dual trigger. Timing is critical.

4 Stage 4: Egg Collection

Performed under sedation. A needle passes through the vaginal wall to empty follicles and collect eggs. A sperm sample is provided the same day. Eggs are taken to the embryology lab.

5 Stage 5: Fertilisation & Embryo Culture

Fertilisation is checked the next day. Embryos are monitored in incubators and develop through Day 3 (cleavage stage) or Day 5/6 (blastocyst stage). The clinic will provide regular updates.

6 Stage 6: Embryo Transfer

Fresh Embryo Transfer
Progesterone support begins after egg collection
Embryo transferred 3–5 days after collection
Usually one embryo transferred
Remaining suitable embryos may be frozen

Frozen Embryo Transfer (FET)
Embryos frozen after collection
Medicated or natural cycle preparation
Progesterone & oestrogen support
Transfer when lining is optimal
One embryo usually transferred

Every journey is unique. Your clinic team will guide you through each step and adjust the plan to suit your needs.

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Symptom Tracker

Symptom	Your Score/Notes
Pain - 0–10	
Bleeding - Light / Moderate / Heavy	
Days missed from work per month associated with menstrual cycle	
Medication used to manage period symptoms	
Bleeding after sex?	
Spotting before your period (how many days)	
Cycle length (and is it consistent every month)	

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Record of Results

Investigation	Date	Result	Next step
AMH			
FSH			
LH			
Progesterone			
Prolactin *if PMOS suspected			
Testosterone *if PMOS suspected			
Thyroid *if PMOS suspected			
Ultrasound			
Semen analysis			

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This list is not exhaustive - but this is likely to be the core testing to expect from your GP

Common Fertility Medications

Drug	Used for	Format	Common NHS use
Letrozole	Encourages ovulation	Tablet	Ovulation induction
Clomifene (Clomid)	Encourages ovulation	Tablet	Ovulation induction
Metformin	Insulin resistance/PCOS	Tablet	PCOS
Cyclogest	Progesterone support	Pessary	IVF / luteal support
Utrogestan	Progesterone	Capsule	IVF / luteal support
Ovitrelle	Trigger injection	Injection	IVF/IUI
Bemfola	Follicle stimulation	Injection	IVF
Gonal-f	Follicle stimulation	Injection	IVF
Menopur	Follicle stimulation	Injection	IVF
Fyremadel	Prevents premature ovulation	Injection	IVF
Cetrotide	Prevents premature ovulation	Injection	IVF
Decapeptyl	Down-regulation or trigger	Injection	IVF
Lubion	Progesterone	Injection	IVF
Progynova	Oestrogen	Tablet	IVF
Aspirin (low dose)	Sometimes prescribed in selected situations	Tablet	Individual clinical indication
Clexane	Blood thinner	Injection	Selected patients only

Glossary

- **ICSI:** Intra-cytoplasmic sperm injection involves injecting a single sperm directly into an egg to fertilise it. The fertilised egg (embryo) is then transferred to the person's uterus.
- **IUI**: Intrauterine insemination is the insertion of sperm directly into the uterus
- **IVF:** In Vitro Fertilisation is a process by which an egg is fertilised with a sperm outside the body (in vitro). The fertilised egg (embryo) is then transferred to the person's uterus
- **Frozen Embryo Transfer (FET):** A frozen embryo transfer is where an excess of embryos is available following a fresh cycle; these embryos may be frozen for future use. Once thawed, these embryos are transferred to the patient as a frozen transfer.
- **Full cycle of IVF/ICSI:** "One full cycle" of IVF/ICSI treatment comprises: ovulation induction, egg retrieval, fertilisation and the transfer of one fresh embryo (fresh transfer) and up to three frozen embryos (frozen transfer). It also includes appropriate diagnostic tests, scans and pharmacological therapy.
- **Cancelled full cycle of IVF/ICSI:** A cancelled cycle is one where ovarian induction begins but does not culminate in a viable embryo transfer (fresh or frozen)
- **Abandoned or unsuccessful cycle of IVF:** defined as one which is abandoned after ovarian stimulation, and usually where an egg collection procedure is not undertaken due to lack of response or excessive response to gonadotrophins. An unsuccessful cycle includes unsuccessful fertilisation, unsuccessful cleavage of embryos, and unsuccessful conception following embryo transfer. An abandoned or unsuccessful cycle counts towards the number of commissioned cycles