



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
Womack Army Medical Center
Division of REI/ART
FORT BRAGG, NORTH CAROLINA 28310
(910)907-0753

Womack Army Medical Center
Department of OB/GYN
Director, ART Program, Division of Reproductive Endocrinology and Infertility Services

5Nov15

To: All Providers

RE: Requirements prior to initial appointment with the REI/ART program at WAMC

Purpose: To improve the referral process to the infertility clinic and expedite the initiation of the basic work up on patients prior to their initial appointment to specialty Reproductive Endocrinology and infertility care.

- Immediate referral: all female patients 35 years of age interested in fertility, or any age with previous failure of in vitro fertilization at an outside clinic or hospital.
- Immediate referral :Reproductive Endocrinology Referral
Refer any patient with reproductive endocrinology conditions (per provider's judgment)
- Immediate referral: Reproductive anatomic abnormality
 1. Intersex conditions
 2. Abnormalities of sexual differentiation
- Immediate referral: Developmental reproductive issues.
 1. Reproductive developmental delay
 2. Precocious reproductive development
- Immediate referral: All female patients with over 2 miscarriages.
- Infertility Referral: (1 year unprotected intercourse <35 years old) Detailed referral to the GYN/Infertility Clinic in CHCS. Referring providers outside of the military charting system may fax referrals to 910-907-7825.
- Bilateral tubo-tubal anastomosis-BTA (Tubal Reversal) referral: Females age less than 39 years old at time of referral are candidates for BTA. The **basic infertility work up** for both male and female partners will need to be completed prior to scheduling the initial visit. The female will need to complete the lab work as well as the HSG and a current pap smear. The male partner will need to complete the labs and semen analysis. Once the work up is completed the patient may call 910-907-9270 to schedule initial appointment. The patient will need to have the following:
 - Lab, Pap, HSG results current with in the last 12 months.
 - Semen analysis results in last 12 months.
 - Current complete medical history and physical exam performed by physician or nurse practitioner, including a pelvic exam.
 - Copy of the operation/surgical report and pathology (tissue) report from the hospital or physician who performed the surgery.
 - A cover letter from the patient stating the reason(s) why she wants this procedure done. Information to include in the letter: Total number of pregnancies, number of live births, number of c-sections, number of

miscarriages, ectopic pregnancies, other abdominal/pelvic surgeries, and current medical problems. The letter will need to include the signature of both partners.

- **Basic Infertility Work up current within 12 months**

- **Female Order Set:** (Local) CHCS ORDER SET “Infertility Referral” has all the required labs. At **MINIMUM**, patient is to have *cycle day 3 FSH,LH, Estradiol, and AMH lab work and TSH and Prolactin levels*,
 - **AND HSG** (Once ordered *patient calls radiology on CD 1 to book appointment*) OR other proof of fallopian tube status such as laparoscopic chromopertubation.
 - **Basic Male Order Set:** CHCS ORDER SET “InfertM Referral” has all the required labs, to include *lab work and semen analysis*.
 - **Additional labs for patients with a history of Recurrent Pregnancy Loss (>2 losses):** CHCS ORDER SET “Inf-SAB new ref” **ANTI-CARDIOLIPIN , HEMOGLOBIN A1C , TSH SENSITIVE , PROLACTIN, BETA2-GLYCOPROTEIN I IGG/A/M, LUPUS ANTICOAGULANT REFLEX** for the female and a **CHROMOSOME ANALYSIS** for both female and male
- Nutrition Consultation for BMI>30 for weight loss prior to referral. Patients with a BMI > 35 will not be accepted into program.
 - Referral to specialty services for specific medical, social, psychological, or surgical condition requiring consideration prior to implementing infertility treatments or subsequent pregnancy (includes genetic counseling). Patients with recent history (6 months or under ongoing treatment) that is contraindicated in child bearing or family building **MUST** be cleared by treating provider prior to acceptance into program.
 - Prenatal Vitamins/Folic Acid supplementation

Fertility diagnosis and treatment and treatment for recurrent pregnancy loss are available through Womack Army Medical Center including all advanced reproductive technologies. Patients are financially responsible for services not covered by Tricare. Infertility services are dedicated to support the families within the military health care system, surrogacy services and tubal reversals are not available at this time.

Womack Army Medical Center is committed to the long term health of all patients and requires any patients with a BMI in excess of 30 to participate in a weight reduction program prior to initiation of infertility treatment. We strongly encourage all patients (BMI 25 -29) to actively engage in a weight reduction/health maintenance program during or prior to infertility treatment.

Also, patients who smoke or use tobacco are strongly encouraged to quit smoking prior to starting fertility treatment. Smokers must be actively enrolled in smoking cessation class prior to receiving ovarian hyperstimulation medications for infertility treatment.

Patients may choose to self refer to a civilian infertility specialist; however they assume all financial responsibility related to fertility care not covered by Tricare.

Please contact one of our Nurse Coordinators at 910-907-0753 for any questions or concerns.