

# Public Fertility Care

**Public Fertility Care is a Victorian government-funded fertility service available to all eligible Victorians.** It offers comprehensive fertility assessment and treatment, including IVF, genetic counselling, and medical fertility preservation. This document has been created for general practitioners and referring clinicians to ensure accurate patient referrals to the service.



| Eligibility criteria:                                                                                                                                                                                                                                                                                                                                                                                              | Services available:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <ul style="list-style-type: none"> <li>• Victorian resident</li> <li>• Medicare card holder</li> <li>• Aged 42 years (inclusive) or younger and using their own eggs <b>or</b> aged 51 years (inclusive) or younger and seeking to use donor eggs</li> <li>• Completed investigations in primary care and attached to the referral</li> </ul> <p><b>Please note: There is no BMI cut off for this service.</b></p> | <ul style="list-style-type: none"> <li>• Treatments: IVF, ICSI, IUI and OI</li> <li>• Fertility preservation where medical treatment may compromise fertility (including cancer treatments and gender affirming treatment)</li> <li>• Egg and sperm donor services (including clinic-recruited and known donor)</li> <li>• Genetic testing (PGT-M and PGT-SR)</li> <li>• Altruistic surrogacy</li> </ul> <p><b>Not offered: sterilisation reversal, elective egg freezing and PGT-A.</b></p> |

## Patient Referral Pathway and additional clinical considerations

### For women looking to have a baby using their own or donor eggs

| Medical investigations<br>(these must be provided)                                                                                                                                          | Pathology testing<br>(these must be provided)                                                                                                                                                                                                                                                      | Suggested investigations<br>(to be provided if available)                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Pelvic ultrasound (trans-vaginal if possible)</li> <li>• Cervical screening test (test must have been conducted in the last five years)</li> </ul> | <ul style="list-style-type: none"> <li>• Hepatitis B and C, HIV, syphilis, rubella and varicella</li> <li>• Blood group and antibodies</li> <li>• FBE, Ferritin</li> <li>• FSH, LH, Prolactin, TSH, Estradiol (E2) and free testosterone</li> <li>• Sex Hormone Binding Globulin (SHBG)</li> </ul> | <ul style="list-style-type: none"> <li>• Karyotype</li> <li>• AMH</li> <li>• Chlamydia/gonorrhoea urine or endocervical PCR</li> <li>• Progesterone (day 21 for regular cycles and adjusted for irregular cycles)</li> <li>• Weight</li> <li>• Height</li> <li>• BMI</li> </ul> |

### For partners (if accessing the service with a partner)

| Medical investigations<br>(these must be provided)                                 | Suggested investigations<br>(to be provided if available)                                                                                                                                         |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Semen analysis (if applicable)</li> </ul> | <ul style="list-style-type: none"> <li>• Hepatitis B and C, HIV and syphilis</li> <li>• Male hormones (if applicable)</li> <li>• Karyotype</li> <li>• Semen antibodies (if applicable)</li> </ul> |

**\*All investigations must be from the last 12 months unless otherwise specified**

## Patient Referral Pathway

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Heterosexual couple under 35 years old</b>      | <ul style="list-style-type: none"> <li>Patients have been trying to conceive for more than a year.</li> <li>Complete all investigations and testing required for referral (as outlined on page 1) and send to The Women's via fax or email.</li> </ul>                                                                                                                                                                                                                                                                                                                                                    |
| <b>Heterosexual couple between 35–42 years old</b> | <ul style="list-style-type: none"> <li>Patients have been trying to conceive for at least six months.</li> <li>Complete all investigations and testing required for referral (as outlined on page 1) and send to The Women's via fax or email.</li> </ul>                                                                                                                                                                                                                                                                                                                                                 |
| <b>Person/couple aged between 43–51 years old</b>  | <ul style="list-style-type: none"> <li>Confirm patient(s) want to use donor eggs or sperm.</li> <li>Complete all investigations and testing required for referral (as outlined on page 1) and send to The Women's via fax or email.</li> </ul>                                                                                                                                                                                                                                                                                                                                                            |
| <b>Same-sex relationship</b>                       | <ul style="list-style-type: none"> <li>Note on referral if the couple have either:           <ul style="list-style-type: none"> <li>a known donor or</li> <li>are seeking a clinic-recruited donor or surrogate</li> </ul> </li> <li>People accessing the service with a partner (regardless of the partner's gender) must also have their partner's tests sent with the referral. This helps to determine health risks which may need to be managed.</li> <li>Complete all investigations and testing required for referral (as outlined on page 1) and send to The Women's via fax or email.</li> </ul> |
| <b>Single person</b>                               | <ul style="list-style-type: none"> <li>Note on referral if the couple have either:           <ul style="list-style-type: none"> <li>a known donor or</li> <li>are seeking a clinic-recruited donor or surrogate</li> </ul> </li> <li>Complete all investigations and testing required for referral (as outlined on page 1) and send to The Women's via fax or email.</li> </ul>                                                                                                                                                                                                                           |
| <b>Regional or rural patients</b>                  | <ul style="list-style-type: none"> <li>Complete all investigations and testing required for referral (as outlined on page 1) and send to The Women's via fax or email.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                         |



Send investigations, screening and referrals to:



Email: [referrals@thewomens.org.au](mailto:referrals@thewomens.org.au)



Fax: (03) 8345 3036

The Women's will triage all documentation and forward it to the patient's nearest partnering hospital.

**The Royal Women's Hospital is supported by 10 partner hospitals across Victoria to provide a range of services closer to home for free or at minimal cost.**



Northern Health

