



## NHS FUNDING OF ASSISTED CONCEPTION

The BFS has received a number of enquiries with respect to its list of recommendations for commissioners of state funded treatment particularly in relation to the guidance about weight. The BFS agrees with the guidance produced by the National Institute of Excellence (NICE), which is that where women who need assisted conception treatment have abnormally high or low BMI\* (i.e. BMI less than 19 or greater than 29) then advice and help should be given to allow the patient to achieve a BMI within the normal range. Such advice is particularly important in cases of anovulation, where normal periods and ovulation may follow restoration of normal weight. Treatment to help a patient regain normal weight may involve the use of dietary regimes and exercise, and occasionally medical treatment may be instituted.

The BFS also recognises the difficulties faced by many overweight women who struggle with both infertility and attempts to lose weight. This is why the BFS guideline goes further than the narrow recommendation made by NICE. Our paper recommends that: *“If the menstrual cycle is regular and the FSH normal, assisted conception may be provided if the BMI is < 36.”*

Definition of BMI <36 as the upper limit for NHS funding for assisted conception recognises the current population trend in weight and allows women who approach age 35 to access treatment despite maintaining a higher than normal BMI after attempts to lose weight. The ‘cut off’ of BMI of 36 is made on medical grounds. Severely overweight women respond less well to fertility drugs and where conception occurs the severely overweight woman is at significantly increased risk of obstetric complications including diabetes, high blood pressure (pre-eclampsia), blood clots and bleeding after birth. Managing pregnancy complications can be difficult and dangerous where the patient’s weight is excessive, and occasionally such complications can be life threatening. The BFS therefore suggests that for reasons of safety for both the mother and the potential child, IVF treatment should not take place until the BMI is <36. This cut-off level for treatment is higher than that used by most PCTs (as shown by our survey). Rigid adherence to the relatively low BMI currently used across England and Wales is not in the best interest of the patient, creating unrealistic targets and worsening the often intense emotional and psychological difficulties that infertile couples already face.

We emphasise that it is the view of the Society that continued inequality of access to treatment in the NHS is not acceptable to sub-fertile couples. Commissioners should work towards implementation of the NICE Guidelines in full, in accordance with the instructions of the Secretary of State for Health, and in a consistent fashion throughout the country.

The BFS Guidelines have been produced against a background of continuing inequality of access to NHS funded infertility treatment. Guidance for commissioners in England and Wales was received from NICE in February 2004 relevant to both clinical and cost effectiveness. The Secretary of State for Health endorsed these guidelines in April 2004 and all PCT’s in England were expected to offer at least 1 cycle of IVF to eligible patients by April 2005. NICE did not address social criteria for accessing treatment and PCT’s have been left to decide for themselves who should receive funded treatment.

The current situation continues to be a ‘postcode lottery’, with quality of treatment depending entirely on the postcode of the patient’s General Practitioner. In some parts of the country treatment is not offered to women with BMI greater than 30, whereas in another part of the country a higher BMI may be allowed. Similarly inconsistency of approach is found relevant to female age, previous children, treatment for single women and same sex couples, and other factors.

The BFS is acutely conscious of the deep pain and distress caused by infertility. It can have profound consequences for the health wellbeing and relationships of those affected. Inconsistent approaches to funding treatment can only serve to worsen this distress.

*BFS Executive Officers  
30<sup>th</sup> August 2006*

\*Body Mass Index (BMI) – a measure of weight relative to height