MALE FACTOR INFERTILITY
Ensure the specimen has been taken correctly.

MILD OLIGOASTHENOSPERMIA
Mild oligoasthenospermia is treated with stimulated intra-uterine insemination.

MARKED OLIGOASTHENOSPERMIA
Invitro fertilisation (IVF) or Intracytoplasmic Sperm Injection (ICSI) as suggested by the semen analysis report.
If semen analysis reveals a sperm density less than 5 million/mL then investigate:
- Examine the male
- Microdeletions of Y chromosome (AZFa, B or C)
- CF carrier status
- Karyotype
- Prolactin
- Follicle-stimulating hormone
- Testosterone level

AZOOSPERMIA
Examination should include the blood tests as above and consider:
- post ejaculation voiding
- transrectal ultrasound or pelvic MRI if TRUS is not available
- referral to urologist / andrologist for testicular exploration.
Discuss options for fertility using ICSI or referral for donor insemination under the IVF contract.

REFERENCES (STANDARDS)
National Standards – 1 Clinical Care is Guided by Best Practice
Legislation - Nil
Related Guidelines / Policies – Reproductive Medicine
Other related documents – Nil

RESPONSIBILITY
Policy Sponsor HoD Gynaecology
Initial Endorsement October 2002
Last Reviewed August 2014
Last Amended
Review date August 2017