

Fertility problems

Quality standard

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This standard is based on NG257.

This standard should be read in conjunction with QS55, QS53, QS47, QS22, QS15, QS143 and QS172.

List of quality statements

Statement 1 This statement has been removed. For more details, see [update information](#).

Statement 2 People are referred for specialist consultation if conception has not occurred after 1 year of intercourse or after 6 cycles of artificial insemination, or at presentation in certain circumstances. **[2014, updated 2026]**

Statement 3 People who are having problems conceiving are offered counselling before, during and after investigation and treatment for their fertility problems. **[2014]**

Statement 4 This statement has been removed. For more details, see [update information](#).

Statement 5 Women, trans men and non-binary people with female reproductive organs aged under 40 years who meet the criteria for in vitro fertilisation (IVF) are offered 3 full cycles of IVF. **[2014, updated 2026]**

Statement 6 Women, trans men and non-binary people with female reproductive organs aged 40 or 41 years who meet the criteria for in vitro fertilisation (IVF) are offered 1 full cycle of IVF. **[2014, updated 2026]**

Statement 7 Women, trans men and non-binary people with female reproductive organs are offered intracytoplasmic sperm injection (ICSI) only if surgically retrieved sperm or frozen-thawed oocytes are being used, there are abnormal semen parameters, or previous in vitro fertilisation (IVF) treatment resulted in failed fertilisation or a very low fertilisation rate. **[2014, updated 2026]**

Statement 8 This statement has been removed. For more details, see [update information](#).

Statement 9 People preparing for medical treatment, or who have a medical condition, that is likely to make them infertile are offered cryopreservation. **[2014, updated 2026]**

In 2026 this quality standard was updated and statements prioritised in 2014 were updated (2014, updated 2026). For more information, see [update information](#).

Quality statement 1: Lifestyle advice

This statement has been removed. For more details, see [update information](#).

Quality statement 2: Referral for specialist consultation

Quality statement

People are referred for specialist consultation if conception has not occurred after 1 year of intercourse or after 6 cycles of artificial insemination, or at presentation in certain circumstances. **[2014, updated 2026]**

Rationale

Over 80% of heterosexual couples where the woman is aged under 40 years will conceive within 1 year if they have regular unprotected vaginal intercourse at and around the time of ovulation. If they do not conceive after 1 year, or after 6 cycles of artificial insemination, they should be referred to specialist services to decide if more support is needed. Women, trans men and non-binary people with female reproductive organs aged 36 years or over and people with a suspected or known clinical cause of infertility or history of predisposing factors for infertility should be offered referral at presentation because of the impact of these factors on fertility. Delays in referral to specialist services can have a negative impact on patient care and treatment outcomes.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Process

a) Proportion of people (women, trans men and non-binary people with female reproductive organs aged 35 years or under and men, trans women and non-binary people with male reproductive organs) who are referred for specialist consultation if conception has not occurred after 1 year of intercourse or after 6 cycles of artificial insemination, where there is no suspected or known clinical cause of infertility or history of predisposing

factors for infertility in either person.

Numerator – the number in the denominator who are referred for specialist consultation.

Denominator – the number of people (women, trans men and non-binary people with female reproductive organs aged 35 years or under and men, trans women and non-binary people with male reproductive organs) who have not conceived after 1 year of intercourse or after 6 cycles of artificial insemination, where there is no suspected or known clinical cause of infertility or history of predisposing factors for infertility in either person.

Data source: The Human Fertilisation and Embryology Authority (HFEA) national patient survey collects data on the timing of starting treatment following first contact with a GP, including reasons for delays in starting treatment such as waiting for referrals and appointments. Data can also be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Proportion of people who are referred for specialist consultation at presentation when there is a suspected or known clinical cause of infertility or a history of predisposing factors for infertility, or the woman, trans man or non-binary person with female reproductive organs is aged 36 years or older.

Numerator – the number in the denominator who are referred for specialist consultation at presentation.

Denominator – the number of people who have not conceived and have a suspected or known clinical cause of infertility or a history of predisposing factors for infertility, or the woman, trans man or non-binary person with female reproductive organs is aged 36 years or older.

Data source: The HFEA national patient survey collects data on the timing of starting treatment following first contact with a GP, including reasons for delays in starting treatment such as waiting for referrals and appointments. Data can also be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

What the quality statement means for different audiences

Service providers (primary care, secondary care and specialist fertility services) ensure that referral pathways are in place so that people who have not conceived are referred for specialist consultation after 1 year of intercourse or 6 cycles of artificial insemination, or at presentation, depending on the presence of suspected or known infertility factors and the age of the woman, trans man or non-binary person with female reproductive organs.

Healthcare professionals refer people for specialist consultation if they have not conceived after 1 year of intercourse or 6 cycles of artificial insemination, or at presentation, if there are suspected or known infertility factors and based on the age of the woman, trans man or non-binary person with female reproductive organs.

Commissioners ensure that there is sufficient capacity within specialist services and that agreed pathways and referral criteria are in place for people who have not conceived to be referred for specialist consultation after 1 year of intercourse or 6 cycles of artificial insemination, or at presentation, if there are suspected or known infertility factors and based on the age of the woman, trans man or non-binary person with female reproductive organs.

People finding it difficult to get pregnant are referred for specialist advice and tests if they have been trying for a year or longer or have had 6 cycles of artificial insemination (which is the direct insertion of sperm into the womb or the neck of the womb). If they have a suspected or known problem that might affect their fertility, or are aged 36 years or older, they should be referred at presentation.

Source guidance

Fertility problems: assessment and treatment. NICE guideline NG257 (2026), recommendations 1.16.5, 1.16.6 and 1.16.8

Definitions of terms used in this quality statement

Circumstances for referral for a specialist consultation at presentation

A referral for a specialist consultation should be made at presentation if:

- the woman, trans man or non-binary person with female reproductive organs trying to become pregnant is aged 36 years or over, or
- either partner has a suspected or known clinical cause of infertility or a history of predisposing factors for infertility.

[[NICE's guideline on fertility problems](#), recommendation 1.16.8. See [NICE's guideline on fertility problems](#), terms used in this guideline, for a definition of suspected or known clinical cause of infertility.]

Specialist consultation

Assessment, investigation or treatment in secondary or tertiary care services (for example, urology departments, gynaecology departments or fertility clinics). [Expert opinion]

Quality statement 3: Counselling

Quality statement

People who are having problems conceiving are offered counselling before, during and after investigation and treatment for their fertility problems. [2014]

Rationale

People experiencing fertility problems should be offered counselling because fertility problems themselves, and the investigation and treatment for fertility problems, can cause emotional stress.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Process

Proportion of people who have problems conceiving and who have investigations or treatment for fertility problems in secondary or tertiary care who receive counselling.

Numerator – the number in the denominator who receive counselling.

Denominator – the number of people who have problems conceiving and who have investigations or treatment for fertility problems in secondary or tertiary care.

Data source: The Human Fertilisation and Embryology Authority (HFEA) national patient survey collects data on satisfaction with various aspects of support given, including whether people were able to access counselling. Data can also be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

Outcome

People who are having problems conceiving feel supported throughout and after investigation and treatment for their fertility problems.

Data source: The [HFEA national patient survey](#) collects data on whether people felt supported during fertility treatment. Data can also be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient satisfaction surveys.

What the quality statement means for different audiences

Service providers (secondary and tertiary care services) ensure that counselling services are available for people who are having problems conceiving before, during and after investigation and treatment for their fertility problems.

Healthcare professionals refer people who are having problems conceiving for counselling before, during and after investigations and treatment for their fertility problems.

Commissioners ensure that counselling services are available before, during and after investigation and treatment for people with fertility problems, and that pathways and referral criteria are in place.

People finding it difficult to get pregnant have the opportunity to see a counsellor before, during and after any tests or treatment for fertility problems.

Source guidance

[Fertility problems: assessment and treatment. NICE guideline NG257 \(2026\)](#), recommendation 1.2.4

Quality statement 4: Semen analysis

This statement has been removed. For more details, see [update information](#).

Quality statement 5: IVF for women, trans men and non-binary people with female reproductive organs aged under 40 years

Quality statement

Women, trans men and non-binary people with female reproductive organs aged under 40 years who meet the criteria for in vitro fertilisation (IVF) are offered 3 full cycles of IVF. [2014, updated 2026]

Rationale

Access to the appropriate number of full cycles of IVF for women, trans men and non-binary people with female reproductive organs who meet the criteria for IVF will increase the likelihood of them becoming pregnant.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to provide 3 full cycles of IVF for women, trans men and non-binary people with female reproductive organs aged under 40 years who meet the criteria for IVF.

Data source: The Department for Health and Social Care publishes NHS IVF provision criteria for areas across England. Data can also be collected from local service delivery plans.

Process

Proportion of women, trans men and non-binary people with female reproductive organs aged under 40 years who meet the criteria for IVF who are offered 3 full cycles of IVF.

Numerator – the number in the denominator who receive 3 full cycles of IVF.

Denominator – the number of women, trans men and non-binary people with female reproductive organs aged under 40 years who meet the criteria for IVF.

Data source: The Human Fertilisation and Embryology Authority (HFEA) collects data on NHS-funded IVF cycles across England. Data can also be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

What the quality statement means for different audiences

Service providers (specialist fertility services) ensure that policies are in place to provide 3 full cycles of IVF for women, trans men and non-binary people with female reproductive organs aged under 40 years who meet the criteria for IVF.

Healthcare professionals (in specialist fertility services) adhere to policies to provide 3 full cycles of IVF for women, trans men and non-binary people with female reproductive organs aged under 40 years who meet the criteria for IVF.

Commissioners should commission sufficient capacity within specialist fertility services to provide 3 full cycles of IVF for women, trans men and non-binary people with female reproductive organs aged under 40 years who meet the criteria for IVF.

Women, trans men and non-binary people with female reproductive organs under 40 finding it difficult to get pregnant who have a diagnosed cause of infertility and other treatments are not suitable or have not been successful, or who have unexplained fertility problems and have been trying for 2 years or longer, or have had 12 cycles of artificial insemination (which is the direct insertion of sperm into the womb or the neck of the womb), are offered 3 full cycles of IVF. A full cycle of IVF involves collecting eggs and sperm, fertilising the eggs outside the body, and placing 1 or 2 fertilised eggs (embryos)

into the womb to start a pregnancy.

Source guidance

Fertility problems: assessment and treatment. NICE guideline NG257 (2026), recommendations 1.39.3 and 1.39.6

Definitions of terms used in this quality statement

Criteria for IVF for women, trans men and non-binary people with female reproductive organs aged under 40 years

Women, trans men and non-binary people with female reproductive organs aged under 40 years should be offered 3 full cycles of IVF if there is a diagnosed cause of infertility and other treatments are not suitable or have not been successful, or they have unexplained fertility problems and have not conceived after 2 years of regular unprotected vaginal intercourse (with or without IUI), or they have not conceived after 12 cycles of artificial insemination (where 6 or more cycles are by IUI).

Any previous full IVF cycle, whether self- or NHS-funded, should count towards the total number of full cycles that should be offered by the NHS. Previous self-funded IVF treatment should not preclude access to NHS-funded IVF treatment. [[NICE's guideline on fertility problems](#), recommendations 1.39.3, 1.39.6 and 1.39.8]

Full cycle of IVF

A full cycle should include 1 episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s). [[NICE's guideline on fertility problems](#), terms used in this guideline]

Equality and diversity considerations

The existence of living children should not be a factor that precludes the provision of fertility treatment.

The statements include reference to specific age groups. This is to promote effective care

because age was found to be the only robust factor in determining IVF success.

The statement includes women, trans men and non-binary people with female reproductive organs who are in same-sex relationships and women, trans men and non-binary people with female reproductive organs with or without a partner having artificial insemination.

Quality statement 6: IVF for women, trans men and non-binary people with female reproductive organs aged 40 or 41 years

Quality statement

Women, trans men and non-binary people with female reproductive organs aged 40 or 41 years who meet the criteria for in vitro fertilisation (IVF) are offered 1 full cycle of IVF. [2014, updated 2026]

Rationale

The overall chance of having a live birth after IVF treatment falls as the age of the woman, trans man or non-binary person with female reproductive organs rises and it also decreases as the number of unsuccessful cycles increases.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to provide 1 full cycle of IVF for women, trans men and non-binary people with female reproductive organs aged 40 or 41 years who meet the criteria for IVF.

Data source: The Department for Health and Social Care publishes NHS IVF provision criteria for areas across England. Data can also be collected from local service delivery plans.

Process

Proportion of women, trans men and non-binary people with female reproductive organs aged 40 or 41 years who meet the criteria for IVF who are offered 1 full cycle of IVF.

Numerator – the number in the denominator who receive 1 full cycle of IVF.

Denominator – the number of women, trans men and non-binary people with female reproductive organs aged 40 or 41 years who meet the criteria for IVF.

Data source: The Human Fertilisation and Embryology Authority (HFEA) collects data on NHS-funded IVF cycles across England. Data can also be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

What the quality statement means for different audiences

Service providers (specialist fertility services) ensure that policies are in place to provide 1 full cycle of IVF for women, trans men and non-binary people with female reproductive organs aged 40 or 41 years who meet the criteria for IVF.

Healthcare professionals (in specialist fertility services) adhere to policies on providing 1 full cycle of IVF for women, trans men and non-binary people with female reproductive organs aged 40 or 41 years who meet the criteria for IVF.

Commissioners should commission sufficient capacity within specialist fertility services to provide 1 full cycle of IVF for women, trans men and non-binary people with female reproductive organs aged 40 or 41 years who meet the criteria for IVF.

Women, trans men and non-binary people with female reproductive organs aged 40 or 41 finding it difficult to get pregnant who have a diagnosed cause of infertility and other treatments are not suitable or have not been successful, or who have unexplained fertility problems and have been trying for 2 years or longer, or have had 12 cycles of artificial insemination (which is the direct insertion of sperm into the womb or the neck of the womb), are offered 1 full cycle of IVF. A full cycle of IVF involves collecting eggs and sperm, fertilising the eggs outside the body, and placing 1 or 2 fertilised eggs (embryos)

into the womb to start a pregnancy.

Source guidance

Fertility problems: assessment and treatment. NICE guideline NG257 (2026), recommendations 1.39.3 and 1.39.9

Definitions of terms used in this quality statement

Criteria for IVF for women, trans men and non-binary people with female reproductive organs aged 40 or 41 years

Women, trans men and non-binary people with female reproductive organs aged 40 or 41 years should be offered 1 full cycle of IVF if there is a diagnosed cause of infertility for which other treatments are not suitable or have not been successful, or they have unexplained fertility problems and they have not conceived after 2 years of regular unprotected vaginal intercourse (with or without IUI), or they have not conceived after 12 cycles of artificial insemination (where 6 or more cycles are by IUI). [[NICE's guideline on fertility problems](#), recommendations 1.39.3 and 1.39.9].

Full cycle of IVF

A full cycle should include 1 episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s). [[NICE's guideline on fertility problems](#), terms used in this guideline]

Equality and diversity considerations

The existence of living children should not be a factor that precludes the provision of fertility treatment.

The statements include reference to specific age groups. This is to promote effective care because age was found to be the only robust factor in determining IVF success.

The statement includes women, trans men and non-binary people with female reproductive organs who are in same-sex relationships and women, trans men and non-

binary people with female reproductive organs with or without a partner having artificial insemination.

Quality statement 7: Intracytoplasmic sperm injection

Quality statement

Women, trans men and non-binary people with female reproductive organs are offered intracytoplasmic sperm injection (ICSI) only if surgically retrieved sperm or frozen-thawed oocytes are being used, there are abnormal semen parameters, or previous in vitro fertilisation (IVF) treatment resulted in failed fertilisation or a very low fertilisation rate.

[2014, updated 2026]

Rationale

ICSI is a technique in which a single sperm is injected into an egg to achieve fertilisation. It is sometimes used in addition to IVF and improves the chances of conception. However, given the added resources involved, its use should be determined by clinical need.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Process

Proportion of women, trans men and non-binary people with female reproductive organs having ICSI because surgically retrieved sperm or frozen-thawed oocytes are being used, there are abnormal semen parameters or previous IVF treatment resulted in failed fertilisation or a very low fertilisation rate.

Numerator – the number in the denominator having ICSI because surgically retrieved sperm or frozen-thawed oocytes are being used, there are abnormal semen parameters or previous IVF treatment resulted in failed fertilisation or a very low fertilisation rate.

Denominator – the number of women, trans men and non-binary people with female reproductive organs having ICSI.

Data source: National data on provision of IVF and ICSI are available from the Human Fertilisation and Embryology Authority. Data can also be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

What the quality statement means for different audiences

Service providers (specialist fertility services) ensure that policies are in place to only offer ICSI to women, trans men and non-binary people with female reproductive organs because surgically retrieved sperm or frozen-thawed oocytes are being used, there are abnormal semen parameters or previous IVF treatment resulted in failed fertilisation or a very low fertilisation rate.

Healthcare professionals (in specialist fertility services) offer ICSI to women, trans men and non-binary people with female reproductive organs only because surgically retrieved sperm or frozen-thawed oocytes are being used, there are abnormal semen parameters or previous IVF treatment resulted in failed fertilisation or a very low fertilisation rate.

Commissioners monitor the use of ICSI for women, trans men and non-binary people with female reproductive organs in the services they commission.

Women, trans men and non-binary people with female reproductive organs having IVF are only offered an additional procedure to improve their chances of getting pregnant if surgically retrieved sperm or frozen-thawed oocytes are being used, or if problems with the sperm mean that it is unlikely to fertilise the egg without it, or there was very low fertilisation or no fertilisation with IVF in the past. The procedure involves injecting a sperm directly into the egg and is called intracytoplasmic sperm injection (ICSI for short).

Source guidance

Fertility problems: assessment and treatment. NICE guideline NG257 (2026), recommendations 1.50.1 to 1.50.3

Definitions of terms used in this quality statement

Severe deficits in semen quality

Low-quality sperm identified through comparison of sperm analysis results to the reference values in the [World Health Organization laboratory manual](#). [Expert opinion]

Intracytoplasmic sperm injection (ICSI)

ICSI is a procedure where a live sperm is injected into the cytoplasm of an egg in a laboratory to fertilise the egg. It is commonly used in IVF for male factor fertility problems to overcome low sperm count. [[NICE's guideline on fertility problems](#), evidence review L introduction]

Quality statement 8: Number of embryos transferred

This statement has been removed. For more details, see [update information](#).

Quality statement 9: Cryopreservation

Quality statement

People preparing for medical treatment, or who have a medical condition, that is likely to make them infertile are offered cryopreservation. [2014, updated 2026]

Rationale

Some medical conditions or medical treatments can cause fertility problems. Cryopreservation of sperm, oocytes or embryos may give people who are preparing for medical treatment, or who have a medical condition, that can cause fertility problems the option of having children in the future.

Process

a) Proportion of men, trans women and non-binary people with male reproductive organs who are preparing for medical treatment, or who have a medical condition, that can cause fertility problems who receive sperm cryopreservation.

Numerator – the number in the denominator who receive sperm cryopreservation.

Denominator – the number of men, trans women and non-binary people with male reproductive organs who are preparing for medical treatment, or who have a medical condition, that can cause fertility problems.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Proportion of women, trans men and non-binary people with female reproductive organs who are preparing for medical treatment, or who have a medical condition, that can cause fertility problems who receive oocyte or embryo cryopreservation.

Numerator – the number in the denominator who receive oocyte or embryo cryopreservation.

Denominator – the number of women, trans men and non-binary people with female reproductive organs who are preparing for medical treatment, or who have a medical condition, that can cause fertility problems.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

What the quality statement means for different audiences

Service providers (specialist fertility services) ensure that agreed referral pathways are in place to offer cryopreservation to people who are preparing for medical treatment, or who have a medical condition, that can cause fertility problems.

Healthcare professionals in specialist fertility services offer cryopreservation to people who are preparing for medical treatment, or who have a medical condition, that can cause fertility problems.

Commissioners ensure that there is sufficient capacity within fertility services to provide cryopreservation for people who are preparing for medical treatment, or who have a medical condition, that can cause fertility problems, with agreed referral pathways in place.

People who are preparing for medical treatment, or who have a medical condition that can cause fertility problems are given the option to preserve (freeze and store) their eggs or sperm for possible use in the future.

Source guidance

Fertility problems: assessment and treatment. NICE guideline NG257 (2026), recommendations 1.53.5 and 1.53.6

Equality and diversity considerations

The existence of living children should not be a factor that precludes the provision of fertility treatment.

There should not be a lower age limit for cryopreservation for fertility preservation in people with a medical condition or who are receiving medical treatment that can cause fertility problems.

Update information

March 2026: Changes have been made to align this quality standard with the updated NICE guideline on fertility problems. Statement 1 on lifestyle advice has been removed because of measurability issues. Statement 4 on semen analysis and statement 8 on the number of embryos transferred have been removed because these are now routine practice. All remaining statements have been updated to reflect changes to the guidance on fertility. Links, definitions and source guidance sections have also been updated throughout.

Minor changes since publication

September 2016: Number of cycles of in vitro fertilisation (IVF) corrected in the definitions section of statement 6.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

For all quality statements where information is given, it is important that people are provided with information that they can easily read and understand themselves, or with

support, so they can communicate effectively with health care services.

Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter if needed. People should also have access to an advocate, if needed, as set out in [NICE's guideline on advocacy services for adults with health and social care needs](#).

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#) or the equivalent standards for the devolved nations.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Association of Reproductive and Clinical Scientists \(ARCS\)](#)
- [Royal College of Obstetricians and Gynaecologists](#)