

WHO 2025 Guideline for the Prevention, Diagnosis and Treatment of Infertility: Review on the OBGYN Role

ROLE OF THE OBGYN IN INFERTILITY CARE

According to the WHO 2025 Guideline for the Prevention, Diagnosis and Treatment of Infertility, the OB-GYN is positioned as the front-line fertility provider and gatekeeper for couples entering fertility care. The role is not framed as “referral-only,” but as active ownership of early fertility diagnosis, treatment, and coordination of escalation.

Here is what WHO effectively assigns to the OB-GYN in initial fertility care:

1. OB-GYNs are the entry point to fertility care

WHO defines infertility care as part of routine sexual and reproductive health services. That means fertility care is expected to be delivered where women already receive care — OB-GYN practices.

OB-GYNs are expected to:

- Recognize infertility (failure to conceive after 12 months)
- Initiate fertility evaluation
- Begin treatment where appropriate

Infertility is not framed as something that should immediately be transferred to IVF centers.

2. OB-GYNs control the diagnostic gate

WHO assigns the following responsibilities to the initial provider (which in practice is the OB-GYN):

The OB-GYN must confirm:

- Ovulation (mid-luteal progesterone or equivalent)
- Tubal patency (HSG or HyCoSy)
- Semen quality (WHO semen analysis)

Only after these are completed can a couple be classified as:

- Unexplained infertility
- Ovulatory disorder
- Tubal factor
- Male-factor infertility

This makes the OB-GYN the **diagnostic gatekeeper**.

3. OB-GYNs own first-line fertility treatment

WHO explicitly supports OB-GYN-level delivery of:

- Expectant management (cycle timing, counseling)
- Lifestyle optimization
- Ovulation induction (letrozole, clomiphene)
- Stimulated IUI (S-IUI) with oral agents

These are not IVF-center-only services. They are designed to be delivered in routine clinical settings.

4. OB-GYNs control when IVF happens

WHO states that IVF should occur:

- Only after expectant management fails
- After stimulated IUI fails

That means **IVF is not the starting point** — it is the third-line escalation, and **the OB-GYN decides when that escalation occurs**.

The OB-GYN controls the funnel into IVF, which is why WHO describes them as the **fertility gatekeeper**.

5. OB-GYNs are responsible for continuity and ethics

WHO requires front-line fertility providers to:

- Counsel patients on risks and benefits
- Respect patient preferences
- Avoid overtreatment
- Document outcomes
- Prevent multiple pregnancies
- Refer when appropriate

This reinforces that **OB-GYNs are longitudinal fertility providers**, not just referrers.

Bottom line

WHO positions the OB-GYN as the front-line fertility care owner. They are responsible for diagnosis, first- and second-line treatment (including IUI), risk management, patient counseling, and deciding when IVF is warranted. IVF clinics are escalation centers. OB-GYNs are the gatekeepers.

WHO Citation

World Health Organization. Guideline for the prevention, diagnosis and treatment of infertility. Geneva: World Health Organization; 2025. ISBN 978-92-4-011577-4 (electronic version). This content is based on the WHO 2025 guideline and is provided for informational purposes.