



POST EMBRYO TRANSFER INSTRUCTIONS

1. **YOU ARE NOT TO DRIVE!** You must be discharged to a responsible adult.
2. **Today**, you are on TOTAL bed rest, flat in bed. You may get up to use the bathroom, but that is all. Please avoid using your stomach muscles. To get up, roll to your side and then push up with your elbow to a sitting position.
3. **Tomorrow and the following day**, you are on modified bed rest. You may rest on the couch, or the bed. You may get up to the bathroom, sit up to eat meals, but then you must return to a reclining position. You may also take a very short shower 1 time a day, from this day forward. **Do NOT take baths!**
4. Do NOT take any other medication, except Tylenol (acetaminophen), unless instructed or cleared by us.
5. Do NOT strain to have a bowel movement – take a stool softener or mild laxative i.e., colace or ducolax.
6. Do not drink alcohol.
7. On the 4th day after your transfer, you may resume a restricted activity level.
For the ENTIRE first trimester (through week 13) you may **NOT**:
 - Swim, bathe, douche, or submerge in water
 - Have intercourse or orgasm
 - Exercise
 - Lift anything heavier than 5 pounds
 - Stand for prolonged periods of time
8. We recommend that you do NOT travel during the first trimester, especially the first 2 weeks. However, if you do:
 - Do NOT lift or carry luggage
 - Continue to drink plenty of fluid
 - Do not sit for prolonged periods of time – walk around every hour
 - Do toe flexion and extension exercises: 20 per hour
9. It is common to have some bleeding after an embryo transfer. DO NOT PANIC! Do NOT stop taking your medications, especially your progesterone even if you are spotting or bleeding. Please call the office to notify us of your bleeding.
10. Use Progesterone supplementation until otherwise directed by us:
 - a. Progesterone vaginal capsules _____ times daily
 - b. Progesterone Oil Injectable 50 mg (1cc) _____ times daily
11. Use Estrogen Supplementation until otherwise directed by us:
Estrace 2 mg. Tablets: 1 tablet – twice daily
12. Continue taking prenatal vitamins and Baby Aspirin.
13. Return to the office on _____ between 7-9 A.M. for a pregnancy blood test. This should be available by late afternoon, the same day.

Patient Name: _____

Patient Signature: _____ date: _____

Staff Member Signature: _____ date: _____

If you have any Problems, Questions, or Concerns – Please call: : (310) 360-7584