

fertility instructions

Attempting Pregnancy

Trying to conceive can be a rigorous and stressful event. This regimen can be demanding on your already busy schedule, but timing is of the utmost importance in optimizing your chances for pregnancy. At best, there is only a *20% chance of success* for each cycle (month), but try not to get discouraged. Over time most couples will achieve their pregnancy goal!

DAY 1 of your cycle is the first day of your period (menstrual bleeding – not just spotting).

The following is an outline of what to do/expect:

Call the office on the first day of your period to set up your appointments for that cycle. If your period starts over the weekend, please call first thing Monday morning.

Within the first 1-5 days of your cycle we may need to check baseline hormone levels to help determine if anything may be inhibiting ovulation.

Start Clomid (clomiphene) or Femara (letrozole) on **DAY 3** (or as instructed). Take your pill(s) once daily for five consecutive days.

At this point you will either proceed to a “monitored cycle” or an “unmonitored cycle”.

Unmonitored Cycle

Begin using ovulation predictor kits on **DAY 10**. Ovulation predictor kits test for luteinizing hormone (LH) which significantly increases before ovulation (the “LH surge”). Use the kits in the early afternoon until a positive is detected. We recommend not eating and drinking for 2 hours prior to performing the test to concentrate your urine. For example, stop eating and drinking for 2 hours and then test right before lunch.

Plan to have intercourse once on the day of the positive kit and once on the day after the positive kit.

We do not recommend the use of so called “fertility monitors” as these also measure estrogen levels which can vary widely on fertility medications.

Monitored Cycle

Serial ultrasounds (usually 2 or 3) will begin on, or about, **DAY 10** to follow the growth of the follicles. Follicles are normal ovarian cysts that usually contain an egg. When the follicles reach a certain size, you are considered ready to ovulate. Follicular ultrasounds are done Monday through Friday between 7:45 am and 9:00 am.

At each of your ultrasound visits you will also have blood drawn to measure your level of estradiol (E2) and luteinizing hormone (LH). E2 is produced by the follicle and indicates if it contains a “mature egg” and when the egg is ready for ovulation. LH is the hormone that causes ovulation. You will generally ovulate 24-36 hours after your LH level surges.

Based on your ultrasound and blood test results of the morning, you will be instructed what to do next; schedule another ultrasound/blood draw appointment, come in for a shot, or give yourself a shot (Ovidrel) at home. You will be taught how to self-administer the shot by the office nurses, if necessary.

Ovidrel is an injection of Human Chorionic Gonadotropin (HCG). This shot can facilitate ovulation. Ovidrel is similar to the hormone that is detected by pregnancy tests; therefore pregnancy tests will be falsely positive for up to 14 days after the shot. Do not take a home pregnancy test within 2 weeks of any Ovidrel shot.

Intrauterine Insemination

Intrauterine Insemination (IUI) – typically takes place the day after Ovidrel or a positive home LH kit.

To do IUI your partner’s semen must be processed in the Andrology lab. He should produce the sample in the lab (just like he does for a semen analysis) and approximately 30-60 minutes later the sample will be ready for pick up. You will bring the processed semen to our office where IUI will take place.

During IUI a small plastic tube will be placed through the cervical opening into the uterus where the processed

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semen will be injected. The procedure takes about 5 minutes. We have you remain lying for 5 minutes after it is performed. You may have cramping and spotting during or following the insemination.

Unless instructed otherwise, you and your partner can have intercourse anytime except:

The day you receive your HCG shot.

The day of your inseminations (you can have inter-course AFTER the inseminations are completed).

Eight to 10 days after your Ovidrel shot

(or positive ovulation kit) you may have a blood test to measure your level of progesterone. After ovulation occurs, the follicle turns into a corpus luteum which produces progesterone.

A blood pregnancy test may be positive as early as 14 days after your HCG shot. A home urine test MAY be positive as soon as you miss your period, but home kits vary so do not assume you are not pregnant without checking with our office.

Within the first three cycles you will need an x-ray (HSG) or ultrasound (sonohysterogram) to evaluate your fallopian tubes and uterine cavity. These imaging tests need to be performed in the first 10 days of your cycle. Call the office to facilitate scheduling on the first day of your cycle. Take 800mg of Motrin (which is the same as ibuprofen and Advil) one hour prior to your test to decrease the associated cramping with the procedure. ■

Cycle Summary

Day 1-3

Notify the office of the first day of your period.

Day 3-7

Take clomid or letrozole.

Day 10

Start ultrasounds and blood tests (if indicated) OR start ovulation predictor kits.

Day 11-18

Intercourse OR inseminations 1 and 2 days after your HCG injection OR a positive ovulation kit.

Day 18-26

8-10 days after your HCG shot OR a positive ovulation predictor kit, come in to have blood drawn to check your progesterone level.

Day 28+

Take a home pregnancy test 14 days after HCG injection OR a positive ovulation predictor kit. If negative you may test daily or wait for your period to start. If it does not start on its own by 17 days after the Ovidrel injection or positive ovulation predictor kit, retake a home pregnancy test and call our office. If the home pregnancy test is positive call our office to schedule confirmatory blood testing.