

California Fertility Partners

Ovarian Stimulation & Intrauterine Insemination (IUI)

One of the initial treatments for unexplained infertility, mild to moderate male factor, cervical problems, and age-related infertility is ovarian stimulation and intrauterine insemination (IUI). In this regimen, the ovaries are stimulated with clomiphene citrate or gonadotropins (FSH or hMG) to produce several eggs per cycle. When the eggs reach maturity, ovulation is triggered by either an endogenous LH surge or by an injection of hCG. Approximately 36 to 42 hours later, near the time of ovulation, a prepared sperm sample is placed into the upper uterine cavity via a narrow catheter. This treatment regimen increases the chance for pregnancy by increasing the number of eggs released per cycle, by increasing the number of sperm that reach the upper reproductive tract, and by correcting occult ovulatory defects in the natural cycle. If pregnancy ensues, it usually occurs within the first three treatment cycles.

Ovarian Stimulation Protocols

Clomiphene citrate (Clomid or Serophene) is a fertility drug that is used to induce multiple eggs to develop. The medication is given orally starting on the second or third day of the menstrual cycle. This agent stimulates the pituitary to release more FSH and LH which in turn drive the ovary to develop several follicles. Prior to starting clomiphene we perform a baseline ultrasound exam of the ovaries to be certain there are no ovarian cysts present, and to count the number of resting or basal follicles. If the exam is normal a prescription is written. Your physician may prescribe a low dose of estrogen along with the medication to prevent thinning of the uterine lining which can occur with this therapy.

Side effects are variable and may include: headache, hot flashes, mood swings, visual changes, and bloating. Please report unpleasant side effects to your nurse or physician.

Ovulation is predicted with a urinary LH surge predictor kit. The urine is collected in the afternoon (avoid excess fluids for several hours prior to test) starting several days before expected ovulation. The test is positive when the test indicator shows a color similar to the reference mark. Call the office to schedule an insemination the following morning.

The insemination procedure is performed in the ultrasound exam room. We examine the ovaries for signs of ovulation, and then place a thin pliable catheter through the cervix into the uterine cavity where the sperm is placed.

Injectable gonadotropins (FSH and/or LH) may also be used to stimulate the ovaries. An ultrasound exam is performed on cycle day two or three as discussed above and medication started the same day. These medications have the potential to induce more follicles to develop than clomiphene, and therefore additional monitoring is necessary. Serial ultrasound exams are performed and follicle maturity is assessed by measuring the size of follicles. When the lead follicles reach the appropriate size, hCG is injected to trigger ovulation approximately 36-42 hours later. The IUI is scheduled near the time of predicted ovulation.

The incidence of side effects with injectable gonadotropins depends on the number of developing follicles. A greater number of follicles lead to greater chance of symptoms. The side effects include fluid retention, bloating, emotional swings, and pelvic pain.

