The Center for Human Reproduction
CLINICAL CARE·RESEARCH·EDUCATION
21 YEARS LEADING IN INFERTILITY CARE

Handbook
For
Infertility Patients

www.centerforhumanreprod.com
# CHR Locations

**Administrative Headquarters**  
Annex to 900 North Michigan Ave  
60 East Delaware Place Suite 1400  
Chicago, IL 60611  
Telephone (312) 397-8000  
FAX (312) 397-8193  
Billing Inquiries (312) 397-8220

**Bolingbrook**  
550 E. Boughton Road  
Suite 170  
Bolingbrook, IL 60440  
Telephone (630) 739-1400  
FAX (630) 739-7050

**Chicago/Gold Coast**  
60 East Delaware Place  
The Annex to The 900 North Michigan Building  
Suite #1400  
Chicago, IL 60611  
**Office**  
Telephone (312) 440-5180  
FAX (312) 440-5063  
**IVF Program**  
Telephone (312) 440-5191  
FAX (312) 943-0719  
**Donor Oocyte/Embryo Program**  
Telephone (312) 440-5193  
FAX (312) 440-5063

**Northbrook**  
Northbrook Court Professional Plaza  
1535 Lake Cook Road  
Suite #211  
Northbrook, IL 60062  
Telephone (847) 205-9430  
FAX (847) 205-9439

**Oakbrook Terrace**  
18 W. 100 22nd Street  
Suite #133  
Oakbrook Terrace, IL 60181  
Telephone (630) 916-8630  
FAX (630) 916-4740
MOHR Locations

Administrative Headquarters
Annex to 900 North Michigan Ave
60 East Delaware Place Suite 1400
Chicago, IL 60611
Telephone  (312) 397-8000
FAX   (312) 397-8193

Website: [www.centerforhumanrepro.com](http://www.centerforhumanrepro.com)
Billing Inquiries                 (800) 328-5078

Medical Offices for Human Reproduction
21 East 69th Street
New York, NY 10021
Telephone  (212) 994-4400
FAX   (212) 994-4499

Medical Offices for Humam Reproduction
128 Central Park South
Suite 1A
New York, NY 100119
Telephone  (212) 891-5600
FAX   (212) 891-5646
Dear Patient:

Welcome to The Center for Human Reproduction (CHR). We are dedicated to helping infertile couples by providing comprehensive services to both female and male patients. These include diagnostic tests and procedures that can, in most cases, be performed at one of our CHR locations. Our physicians are well-trained in complex infertility surgeries and assisted reproductive technologies. They strive to help couples maximize their chances for pregnancy, using the least invasive and most cost effective treatment available.

This *Handbook for Infertility Patients* was designed with your needs in mind, to educate you about infertility and to encourage you to participate in your treatment. It is comprised of several sections. Some are relevant to all patients while others detail specific tests, procedures, or treatments. Take the *Handbook* to consultations with your physician and use the forms to keep accurate records and take notes. Look at the “Coping with Infertility” section; it addresses emotional and social issues commonly faced by infertile couples and includes many practical suggestions.

We recognize that infertility treatment can be physically and emotionally demanding. Our physicians and staff members will make every attempt to answer your questions, address your concerns, and make your experience at The Center for Human Reproduction a positive one.

Sincerely,

The Physicians and
The Staff of The Center for Human Reproduction
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Infertility: An Overview

What is infertility?

For the average couple there is approximately a 30% chance that conception will occur during any single perfect month; 80 to 90% of couples trying to get pregnant will thus succeed within 1 year. But 1 out of every 6 couples will have trouble conceiving and/or carrying a child to term. Infertility is defined as the failure to get pregnant after 1 year of unprotected, well-timed sexual intercourse. Research has found that about 40% of infertility is caused by female factors, 40% by male factors, and 25% by a combination of both.

What causes infertility?

Ovulation most frequently occurs about 14 days before menstruation begins. An egg is released from the ovary and is swept into a fallopian tube where fertilization occurs. Two to 3 days later the fertilized egg implants in the lining of the uterus. Any factor that impedes this process can prevent conception. Common causes of infertility include hormonal problems, blocked or damaged fallopian tubes, endometriosis and sperm of insufficient quantity or quality.

What tests are performed?

Diagnostic tests are prescribed based on your medical history, a physical examination and the results of any previous testing and/or treatment. These could include a semen analysis, blood work-up, a pelvic ultrasound and an X-ray study to evaluate the uterus and fallopian tubes. The results constitute the infertility work-up which the doctor uses to diagnose and treat your infertility.

What is the next step?

You and your partner will meet with your doctor to discuss the results of the work-up. Use the Consultation Notes to write down your questions and concerns in advance. Take notes during the meeting including the test results, diagnosis and treatment plan. Don’t be afraid to ask the doctor for clarification if you are unsure what he or she is saying. Schedule a follow-up consultation if you have completed the prescribed treatment plan without success or if you have questions about any phase of the treatment.
You and Your Doctor

Prepare for your consultation with the doctor. Write down your questions and concerns in advance. Take notes during the meeting including your diagnosis, test results and treatment plan. Don’t hesitate to ask the doctor for clarification if you do not understand what is being said. Schedule a follow-up consultation if you have completed the prescribed treatment plan without achieving pregnancy. Your feelings and input are important. Take an active role in your infertility treatment.

Consultation Notes

Date: ________________________  Physician: __________________________

Reason for Visit: ______________________________________________________

Questions I Want to Ask (write down ahead of time): _______________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Answers to My Questions: ______________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Notes: __________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Treatment Plan: ________________________________________________________

_______________________________________________________________________
Infertility & Insurance
Infertility and Insurance

Treatment for infertility can be very expensive. Insurance coverage ranges from non-existent to comprehensive. Each health maintenance organization (HMO), preferred provider organization (PPO), and insurance company has its own policies regarding infertility. It is important to review your plan and make sure you understand what is paid for and what isn’t. Follow the guidelines regarding referrals and filing claims to guarantee the maximum allowable benefits. Investigate your state’s laws dealing with coverage for infertility treatment. In certain states (Illinois included), laws have been enacted requiring most companies providing medical insurance to include infertility coverage. There are, however, cases where the laws do not apply. For example, in Illinois, a company that is self-insured with fewer than 25 employees is exempt. So are certain religious organizations and the government.

Keep copies of all correspondence with your benefits department, insurance company and physician’s office. Save all bills and statements.

Important Questions to Ask Your HMO or PPO Representative:

1. Is there a particular person who handles questions regarding infertility coverage? Request your HMO’s or PPO’s policies regarding infertility treatment in writing.

2. Is there a pre-existing condition limitation?

3. What are the specific procedures you need to follow to ensure coverage for infertility treatment? For example, do you need separate referrals for each office visit and/or cycle of treatment? For every medical procedure? Surgical procedure? Request your HMO or PPO’s policies regarding infertility in writing.

4. Is there a particular pharmacy you must use for medication? Where is it located? Are injectable drugs obtained differently? Is there a prescription drug cap?

5. Is there a co-payment for infertility services? For medications?

6. Is there a limited length of time you can be treated for infertility?

7. Are counseling services covered? What is the coverage and what guidelines must be followed?
Important Questions to Ask Your Traditional Insurance Representative:

1. Is there a specific person who handles questions regarding infertility coverage? Request your insurance company’s policies regarding infertility treatment in writing.

2. Is there a pre-existing condition limitation?

3. What percent of medical expenses is covered?

4. Is there a co-payment for infertility services? For medications?

5. What is the annual deductible per person? Per family?

6. Is there a maximum out-of-pocket expense you can incur in a single year?

7. Is pre-authorization for services required?

8. What specific procedures should be followed when filing a claim?

9. Is there a particular pharmacy you must use for medication? Where is it located? Are injectable drugs obtained differently? Is there a prescription drug cap?

10. Is there a limited length of time you can be treated for infertility?

11. Are counseling services covered? What is the coverage and what guidelines must be followed?
# Quick Reference for HMO or PPO Patients

| **HMO OR PPO** | ____________________________ |
| **ID #**       | ____________________________ |
| **GROUP #**    | _______                     |
| **BRANCH #**   | ____________________________ |
| **PLAN #**     | _______                     |
| **MAILING ADDRESS:** | ____________________________ |
| **INFERTILITY CONTACT:** | ____________________________ |
| **PHONE #**    | ____________________________ |

| **PRIMARY CARE PHYSICIAN** | ____________________________ |
| **ADDRESS**                | ____________________________ |
| **PHONE #**                | ____________________________ |

| **EMPLOYER** | ____________________________ |
| **ADDRESS**  | ____________________________ |
| **INSURANCE CONTACT** | ____________________________ |
| **PHONE #**   | ____________________________ |
Quick Reference for Patients with Traditional Insurance

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CHR Financial Policy

We at The Center for Human Reproduction are sensitive to the high cost of infertility treatment and the variability of insurance coverage. We have designed our programs to keep our costs competitive and to help you maximize your insurance benefits. Prompt payment and reimbursement for services will be facilitated if you understand the terms of your insurance coverage for infertility as well as the CHR payment policy.

Payment is due at the time services are rendered unless arrangements have been approved in advance by CHR’s billing department. You may pay with cash, by check, Mastercard or Visa. If we have a contractual agreement with your insurance carrier, we will bill your insurance company directly. If we do not have a contract with your carrier, but you can obtain written verification of coverage for the specific tests, procedures and/or treatment recommended by your CHR physician, we will bill your insurance directly on your behalf. In these cases, please submit a completed and signed claim form at the time of service; you will be responsible for any unpaid balance. If you have not obtained verification of coverage, if your insurance does not cover infertility-related services, or if you prefer to submit your own claims, your account will be designated as “Self-Pay”; we will not bill your insurance and you will be responsible for all fees. Note that “Self-Pay” patients planning an ART cycle (IVF, GIFT, ZIFT) will be required to prepay some of the costs.

Your insurance coverage is specified in a contract between you, your employer and the insurance company. CHR is not a party to that contract. Therefore, it is your responsibility to contact the insurance company regarding unpaid claims. If we have not received confirmation from the insurance company within 10 days of the billing date, we may ask for your assistance to expedite the process. The responsible party has the obligation to pay all fees not paid by the insurance company within 30 days. Mutually agreeable arrangements for payment of these fees must be approved by CHR billing department if your account cannot be settled within this time period.

We will be happy to discuss your infertility treatment with you, and a member of the billing department staff will handle questions regarding your medical benefits. All services are not covered benefits in all insurance contracts. CHR does not accept “usual and customary payment” as payment in full. You may need to contact your benefits or insurance representative for specifics regarding coverage.

We must emphasize that as medical care providers our relationship is with you, not your insurance company. The filing of insurance claims is a courtesy that we extend to our patients. However, all charges are ultimately your responsibility. We realize that temporary financial problems do arise, and encourage you to contact us promptly if you need assistance in the management of your account. Please be advised that a new treatment cycle cannot be started until any previous account balance has been paid in full and confirmation from Patient Accounts has been received by your office. Patient Accounts can be reached by calling 312-397-8280 in Illinois or 1-800-328-5078 in New York.
Tests

&

Procedures
Cycle Monitoring

Most patients undergoing cycle stimulation at CHR are closely monitored by blood tests and ultrasounds. Blood hormone levels and the size of the ovarian follicles are used to track responses to medication and to predict when ovulation is likely to occur.

An appointment for blood testing and/or ultrasounds must be scheduled at all CHR offices. You will report for monitoring approximately every other day during a stimulated cycle. Blood tests and ultrasounds are performed early in the morning. Blood will be drawn from a vein in the crook of your arm and hormone levels including estradiol will be measured.

You may have a vaginal ultrasound performed during this same visit. Ultrasound has been used extensively in gynecology to provide detailed images of a woman’s reproductive organs. Its safety has been confirmed by many large studies; unlike an X-ray, ultrasound involves no radiation. An instrument called a transducer is used. It bounces high frequency sound waves off internal organs and converts them into pictures displayed on a monitor. During a vaginal ultrasound this transducer is shaped like a tampon. It is covered with a condom, lubricated with a sterile gel and put into the vagina. You will be given the option to insert the transducer yourself or have the ultrasonographer insert it. Using this technique the eggs developing in the ovaries can actually be counted and measured. In most instances an ultrasound causes little or no discomfort.

Your principal contacts during a monitored cycle will be members of the clinical staff. They perform the blood tests and ultrasounds. CHR physicians review test results daily and a staff member will call with your results and instructions later that same day. You may or may not know the person who contacts you. He/she is conveying the physician’s instructions and may not be able to answer specific questions regarding your treatment. **It is not necessary to get confirmation of your instructions from a physician.** Please ask to speak with a physician immediately only if you feel it is absolutely necessary. In less urgent situations, call the following morning to schedule a consultation.

CHR utilizes a unique bellphone system which allows us to leave you daily results and instructions in your own, private and confidential voice mail box. This system is called the PRNetwork. You will be assigned your own, confidential number code.

To access your confidential mailbox **call the PRNetwork at 1-800-400-0767 in Illinois or 1-800-400-7338 in New York.** If you do not have your results by 4:00 p.m. then reach a nurse for reason, call her through the answering service (Tel: 773-583-3233) immediately call the office and speak to a nurse.
Semen Analysis

The semen analysis is used to evaluate the fertility of the male partner. Information including the number of sperm, their motility and structure, and the volume of the semen sample is obtained. Additional tests can be performed when indicated to culture the semen for infection, evaluate sperm penetration, and detect antisperm antibodies.

The laboratory is equipped with collection rooms for comfort and privacy. Patients are encouraged to use these facilities. Research indicates that the length of time from specimen collection to processing can affect results. The collection and handling of the specimen can have a profound effect on the test results. It is very important that instructions are followed carefully.

Patient Instructions:

1. **Semen analysis are done during certain hours at selected offices only.** Offices have collection hours and require an appointment. **Please bring along a picture ID.** Contact your office for details.

2. Abstain from ejaculation for a least 2 days (48 hours) but no more than 5 days before producing the specimen. The length of abstinence can vary depending on the test being performed. Please confirm details with your office.

3. The specimen should be obtained by masturbation. Do not use a condom or withdrawal. Do not use any soaps, detergents, creams or lubricants to aid collection. These agents can damage the sperm. Your partner may assist, but try to avoid oral or vaginal stimulation.

4. Ejaculate directly into the sterile specimen container provided by your office or the laboratory. If there is any spillage, let the lab know that it occurred at the beginning or end of collection. If you are asked to produce a split ejaculate, collect the specimen in 2 portions in 2 separate containers. Check with your office for specific instructions.

5. Write your name and your partner’s name, your social security number and your date of birth, and your physician’s name on the container. The date and time the specimen was produced and the number of days of sexual abstinence must also be written on the label.

**Note:** All semen samples must be collected at the office, unless otherwise discussed and prearranged with your physician or the laboratory.
Endometrial Biopsy

An endometrial biopsy involves scraping and examining a sample of tissue from the lining of the uterus (endometrium). The procedure makes it possible for the physician to determine if ovulation has occurred, and whether the lining of the uterus has undergone the changes necessary for the implantation of a fertilized egg and the support of an early pregnancy. An endometrial biopsy can also detect an infection or inflammation of the endometrium (endometritis).

The procedure is now rarely performed usually 1 to 4 days prior to the onset of menstruation. In a woman with a 28-day cycle, it is usually scheduled for Days 24 to 26. From start to finish the test takes about 5 minutes. The doctor begins by inserting a speculum into the vagina. The cervical area is cleansed with cotton swabs and an antiseptic solution containing iodine. An instrument called a tenaculum may be used to stabilize the cervix. This may cause a brief, slight cramping sensation. A narrow plastic instrument is passed into the uterus to collect a small sample of tissue from the side wall of the uterus. During the 60 seconds the tissue is collected, minimal to severe cramping may be experienced. This will subside spontaneously after a few minutes.

The tissue is evaluated by a pathologist who will “date” the tissue according to an ideal menstrual cycle. In order to interpret the results, the patient needs to notify her physician’s office on the day her menstrual period begins following the test the lining is considered “in-phase” if the progesterone level is in a certain range and the lining has thickened to the degree expected on a specific day of the cycle. A biopsy that is “out-of-phase” suggests a lag in the growth of the lining and an inability of the endometrium to support an early pregnancy.

The period between Days 24 and 26 of the cycle is too early to perform a pregnancy test. You should therefore use barrier contraception in the cycle the biopsy is going to be performed.

Patient Instructions:

1. Call your office to schedule the endometrial biopsy. You will be asked to sign an informed consent form acknowledging your understanding of the procedure and giving the physician permission to perform the test.

2. You may take 1-2 tablets (200 mg) of Advil, Motrin or generic ibuprofen 1 hour before the procedure. There are no special diets or restrictions either before or after the endometrial biopsy. It is rare that home rest is required after the test.

3. Some cramping and spotting may occur after the endometrial biopsy. If the cramping becomes severe, the bleeding is as heavy as the heaviest flow during your menstrual period, or if you develop a fever, call your office immediately. After hours or on weekends or holidays, call the answering service and have the on-call physician paged.

4. Contact your office on the day your menstrual period begins (Day 1) following the test. If this occurs on a weekend or holiday, please call the next business day.
Hysterosonogram (HSN) is a ultrasound study to evaluate the uterine cavity. Sterile saline is injected through the cervix with a small catheter. A vaginal ultrasound probe is used to evaluate the uterine cavity at the same time. The HSN is usually not used to evaluate the tubes. However tubal patency can be presumed if fluid is seen in the pelvis as the study progresses. If HSN shows abnormalities the physician may recommend Hysteroscopy to further evaluate and treat.

Patient Instructions:

1. Contact your office on Day 1 (the first day of full flow) or 2 of your menstrual cycle. If this occurs on a weekend or holiday, please call the next business day. HSNs are usually performed within the first 10 days of the cycle, after bleeding has ended but before ovulation occurs. You will be told where to go when you schedule the procedure. You will be asked to sign an informed consent form acknowledging your understanding of the procedure and giving the physician permission to perform the test.

2. At the time of scheduling, advise a member of the medical staff if you have mitral valve prolapse, heart murmur, or any other condition that requires antibiotic treatment before a medical procedure.

3. Re-schedule your HSN appointment if you have not stopped bleeding on the day it is scheduled. The test cannot be performed while you are actively bleeding.

4. It is recommended that someone accompany you to the office for the test and take you home afterwards.

5. Some cramping and spotting may occur after the HSN. If you develop a fever, or if bleeding is as heavy as the heaviest flow during your menstrual period, call your office immediately. After hours or on weekends or holidays, call the answering service and have the on-call physician paged.

Note: All surgical procedures must be approved and authorized by your insurance carrier.
Hysterosalpingogram (HSG)

A Hysterosalpingogram (HSG) is an X-ray study used to diagnose blockage of the fallopian tubes and abnormalities of the uterus and cervix. A radiopaque dye is injected through the cervix into the uterus and fallopian tubes. Pictures are displayed on a monitor as the dye travels through the reproductive system. In the case of normal (unblocked) fallopian tubes, the dye fills the uterus and spills out the ends of the tubes. If the flow of dye stops, an obstruction is present. The total procedure takes approximately ½ hour. If the HSG demonstrates an abnormality, the physician may choose to extend the length of the test to conduct a more detailed evaluation of the uterus and/or tubes. A tubal catheterization or selective salpingography may be used to open fallopian tubes that are blocked.

Patient Instructions:

1. Contact your office on Day 1 (the first day of full flow) or 2 of your menstrual cycle. If this occurs on a weekend or holiday, please call the next business day. HSGs are performed within the first 10 days of the cycle, after bleeding has ended but before ovulation occurs. Hysterosalpingograms are done at selected offices only. You will be told where to go when you schedule the procedure. You will be asked to sign an informed consent form acknowledging your understanding of the procedure and giving the physician permission to perform the test.

2. At the time of scheduling, advise a member of the medical staff if you have (1) any drug allergies or allergies to either iodine or shellfish, or (2) a mitral valve prolapse, heart murmur, or any other condition that requires antibiotic treatment before a medical procedure.

3. Re-schedule your HSG appointment if you have not stopped bleeding on the day it is scheduled. The test cannot be performed while you are actively bleeding.

4. It is recommended that someone accompany you to the office for the test and take you home afterwards.

5. Some cramping and spotting may occur after the HSG. If you develop a fever, or if bleeding is as heavy as the heaviest flow during your menstrual period, call your office immediately. After hours or on weekends or holidays, call the answering service and have the on-call physician paged.

Note: All surgical procedures must be approved and authorized by your insurance carrier.
Laparoscopy

A laparoscopy is a surgical procedure that allows the physician to see the outside of the uterus, ovaries and fallopian tubes. The woman is given a general anesthesia and her abdominal cavity is inflated with carbon dioxide to provide a better view of her pelvic organs. A laparoscope (a small scope with a fiber optic lens) is inserted through a small incision in the naval. Additional, even smaller incisions in the pubic hair line may be necessary. If endometriosis or adhesions are discovered, the physician may elect to actively operate to treat the condition. A laparoscopy can last from 45 minutes to several hours depending on the findings. The procedure is performed at a hospital or surgery center, usually on an out-patient basis. Lengthier surgeries, however, may require an overnight stay.

Patient Instructions:

1. Contact your office on Day 1 (the first day of full flow) or 2 of your menstrual cycle to Schedule your surgery. If this occurs on a weekend or holiday, please call the next business day. Laparoscopies are usually done during the first half of of menstrual cycle, before ovulation occurs.

2. Do not eat, drink or smoke after midnight the night before surgery.

3. Report to the hospital or surgery center at least 1 hour before the surgery is scheduled.

4. Wear loose comfortable clothing. Do not wear jewelry or bring any valuables.

5. You may be at the hospital or surgery center for 3 to 6 hours. You cannot drive for at least 24 hours after you are discharged. Please arrange in advance for a ride home.

6. You may need a bowel prep one day prior to surgery. (Instructions to be given by home office.

7. For the first 24 hours following the surgery:
   - Do not drink any alcoholic beverages.
   - Do not take any medication not prescribed by your physician.
   - Do not operate any heavy equipment.
   - Do not smoke.
   - Do not sign any important papers or documents.

8. The carbon dioxide used to inflate your abdomen can cause pain the shoulder area following surgery. Take Advil, Tylenol, or Nuprin for pain relief. Do not take aspirin.

9. You may experience moderate vaginal bleeding for 2 to 6 days. Refrain from intercourse until bleeding has stopped.
Laparoscopy (continued)

10. The stitches used to close the incisions are dissolvable and covered by small adhesive bandages. Take showers daily and let water splash on the incisions. This keeps them clean and encourages healing. The small adhesive bandages may fall off after 7 days.

11. **Call your office immediately** if you experience any of the following symptoms:

   - Bleeding as heavy as the heaviest flow during your menstrual period.
   - Severe pain.
   - A temperature of 100.4° degrees or above.
   - Difficulty urinating.
   - Any heavy discharge from the navel.

After hours or on weekends or holidays, call the answering service and have the on-call physician paged.

**Note:** All surgical procedures must be approved and authorized by your insurance carrier.
Intrauterine Insemination

Intrauterine insemination is a procedure in which sperm are “washed” and placed into the uterus through a catheter. The male partner produces a semen sample by masturbation. The sperm are then separated from the seminal plasma, white blood cells, prostaglandins, and other “debris” which are filtered out during natural intercourse. A speculum is inserted into the woman’s vagina and a catheter with an attached syringe, containing the washed sperm, is inserted through the cervix into the uterus. The specimen is injected and the catheter and the speculum are removed.

Patient Instructions:

1. Intrauterine inseminations are done during certain hours at selected offices only. Contact your office for details and schedule an appointment if necessary. You will schedule 1 or 2 inseminations per cycle. The timing and number of the procedure(s) will be determined by your physician. You will be asked to sign an informed consent form acknowledging your understanding of the procedure and giving your permission for the insemination to be performed.

2. Check with your office regarding any medications that you should take or avoid the day before and day of the insemination.

3. Collection Instructions (for the male partner):
   a) Abstain from ejaculation for at least 2 days (48 hours) but no more than 5 days before producing the specimen. Check with your office for specific instructions regarding sexual abstinence before an insemination.

   b) The specimen should be obtained by masturbation. The lab is equipped with collection rooms for comfort and privacy. You are encouraged to use these facilities. Ejaculate directly into the sterile specimen container provided by your office. Do not use a condom or withdrawal. Do not use any soaps, detergents, creams or lubricants to aid specimen collection. These agents can damage the sperm. Your partner may assist, but avoid oral or vaginal stimulation.

   c) When collecting sperm write the patient’s name collecting the specimen and the partner’s name, your social security number, your date of birth, and your physician’s name on the container. The date and time the specimen was produced and the number of days of sexual abstinence must also be written on the label. Keep the container tightly capped and carry it in an inside pocket or under an arm to keep the specimen at body temperature. Do not expose the container to direct heat! The specimen must be delivered to the lab within 1 hour of collection.

4. Plan to be at the office for at least ½ hour. It takes a while to prepare the specimen for insemination. You will be given an appointment time for the actual insemination which takes only a few minutes to perform. The procedure is painless. Afterwards you will rest for 5 to 10 minutes before being discharged.

5. Some cramping and spotting may occur after the insemination. If the cramping becomes severe, the bleeding is as heavy as the heaviest flow during your menstrual period, or you develop a fever, call your office immediately. After hours or on weekends or holidays, call the answering service and have the on-call physician paged.

Note: Patient’s I.D.s will be required.
Ectopic Pregnancy

An **ectopic pregnancy** is a pregnancy that implants outside of the uterus. It can occur in a fallopian tube, on an ovary, or in rare instances inside the pelvic cavity. The pregnancy **cannot** develop normally and may rupture causing bleeding and damage to the tube or ovary. **An ectopic pregnancy can be life-threatening if not treated.**

An ectopic pregnancy occurs in approximately 1% of pregnancies. Women with a history of ectopic pregnancy, chlamydia, pelvic inflammatory disease, gonorrhea and/or tubal adhesions are at higher risk. Diagnosis of an ectopic pregnancy is usually made with ultrasounds and blood hormone studies. In some instances, the drug Methotrexate at other times, a laparoscopy must be performed to surgically remove the pregnancy.

As an infertility patient you are at a statistically increased risk for an ectopic pregnancy. If you become pregnant, your blood hormone levels will be monitored and an ultrasound scheduled early in the pregnancy to verify that implantation has occurred in the uterus.

**Ectopic Pregnancy Warning Signs:**

- Uterine cramping
- Lower back pain
- Sharp lower abdominal pain, usually on the right or left side
- Light-headedness or fainting
- Cold sweats
- Shoulder pain
- Irregular or abnormal menstrual bleeding
- Rectal pressure

**Call your office immediately** if you experience any of the symptoms listed above. After hours or on weekends or holidays, call the answering service and have the on-call physician paged.
Medications
NAMES OF MEDICATION & PURPOSE

**ORAL MEDICATIONS**

___DOXYCYCLINE  Antibiotic used to prevent infection from a procedure or minor surgery. Unless otherwise prescribed 1 Tab twice daily.

___BABY ASPIRIN  To increase blood supply to the uterus and or ovary. Help prevent blood clotting. 1 Tab per day

___ESTRACE  Used to thicken the lining of the uterus for transfer of embryos. 1 or more Tabs per day

___PREDNISONE  Steroid – Suppresses male hormones produced by adrenals and also suppresses immune function, which at times is needed.  (10-60-10) You will start on 10 mg a day. The day after you are told to do HCG injection you are to increase dose to 60 mg for 4 days, then decrease to 1 Tab daily (10mg) again until told otherwise

___PROVERA  Used to induce menses from 2 days-2 weeks. 1 Tab two times a day for 5 days

___SEROPHENE (CLOMID)  Enhances quality and quantity of ovulation to ensure proper timing of intercourse or artificial insemination. Used on Days 5-9 of cycle in dosage of 1-3 Tabs (50-150 mg) daily

**PROGESTRONE MEDICATIONS**

___CRINONE GEL  Used to thicken the lining of the uterus. Vaginally inserted. Amount varies.

___PROMETRIUM  Used to thicken the lining of the uterus. Vaginally inserted 2 tabs three times a day – rest 10-15 min. after insertion.

___PROGESTRONE  Used to thicken the lining of the uterus. Intramuscular injection. Amount varies.

**SUBCUTANEOUS INJECTIONS (S.C.)**

___ANTAGON  Prevents early ovulation (Starts on Day 6 of stimulation if follicles are 12-13mm). Is given S.C.

___LUPRON  Suppresses your hormones (body is in menopausal state) and prevents early ovulation. Usually starts day 2/3 or 21/22 of menstrual cycle. Is given S.C.

___HEPARIN  Used to prevent recurrent pregnancy losses with antiphospholipid antibodies. (Blood thinner) also used in hyperstimulation syndrome. Is given S.C., usually at a dosage of 5000 U twice daily.

___FOLLISTIM  Used for stimulation of follicular growth and ovulation. Given S.C. in varying dosage.

___GONAL-F  Used for stimulation of follicular growth and ovulation. Given S.C. in varying dosage.

**INTRAMUSCULAR INJECTIONS (I.M.)**

___REPRONEX  Used for stimulation of follicular growth and ovulation. Usually given I.M. in varying dosages. Can, however, also be given S.C.

___PERGONAL  Used for stimulation of follicular growth and ovulation. Usually given I.M. in varying dosages.

___PROFASI  (HCG) Triggers ovulation within 36 hours after injection. Given I.M. in dosage of 5000 or 10,000 IV.

___PREGNYL  (HCG) Triggers ovulation within 36 hours after injection. Given I.M. in dosages of 5000 or 10,000 IV.
Clomiphene Citrate (Clomid, Serophene)

Clomiphene citrate (Clomid, Serophene) is an oral medication used to stimulate ovulation in non-ovulating women. It is also used to enhance the quality of ovulation, to correct luteal phase defects, and to ensure the proper timing of artificial inseminations. Clomiphene citrate acts as an anti-estrogen. It tricks the pituitary gland into producing the hormones that stimulate the ovaries.

The physician determines the dose of clomiphene; up to 50 mg (3 tablets) per day can be taken. The medication can be prescribed days 3 through 7, or 5 through 9 of the menstrual cycle. Ovulation occurs approximately 5 to 8 days after the last tablet is taken. Ovulation may be triggered by an injection of hCG.

Side Effects & Risks

Common side effects of clomiphene citrate include hot flashes, headaches, breast tenderness, nausea, nervousness, visual disturbances, vaginal dryness and ovarian cysts. Clomiphene citrate treatment increases the rate of twin pregnancy approximately 10%. Less than 1% of deliveries are triplets or more.

Certain studies have suggested that clomiphene citrate, after prolonged use may be associated with an increased risk for ovarian cancer. Research in this area is on-going.

Patient Instructions:

1. Schedule an appointment with a member of the staff before you begin your clomiphene treatment cycle to learn how to prepare and administer the hCG injection. You will also need to obtain a prescription for the hCG and sign a consent form.

2. Notify your office on Day 1 (the first day of full flow) or 2 of your menstrual cycle. If this occurs on a weekend or holiday, please call the next business day. You will be told when to begin taking the medication, how much to take, and when to return to the office if your cycle is to be tracked by blood tests and ultrasounds. Monitoring usually begins on Day 9 or 10. Check monitoring hours with your office and make an appointment if necessary. Refer to Cycle Monitoring in Tests & Procedures.

3. You should have a full flow menstrual period or a negative pregnancy test before beginning a clomiphene cycle. Contact a member of the staff if you are unsure if you have had a full flow.

4. CHR physician reviews the results of blood tests and ultrasounds daily. If your cycle is being monitored, call the PRN system by 4:00 p.m. for Results.
Clomiphene Citrate (continued)

5. Your physician may order an injection of hCG to trigger ovulation. If so, you will be given a specific time the medication should be administered.

6. Have intercourse every 2-3 days until Day 9 or 10. Then contact your office for instructions. If inseminations are planned, you will be told to schedule 1 or 2. Your physician will determine the timing of the procedure(s). Refer to Intrauterine Insemination in Tests & Procedures.

7. Schedule a follow-up appointment if requested by your physician.

8. Call the office when your menstrual period begins after a treatment cycle. The clomiphene citrate dose can be increased in 50 mg increments if ovulation did not occur or if the cycle was inadequate otherwise. A new cycle cannot be started if residual ovarian cysts are present. Patients frequently skip a month before beginning another cycle stimulated by medication.

**Gonadotropins**

**Gonadotropins** are sex hormones secreted by the pituitary gland. These include FSH (follicle stimulating hormone) and LH luteinizing hormone. FSH stimulated the ovaries and causes follicles to develop. LH initiates the release of the egg from the follicle, or ovulation. Both hormones can be extracted from the urine of postmenopausal women and used to stimulate ovulation.

**Gonal F, Follistin, and Repronex** are some of the other names Fertinex, Humegon brand names for the medication containing FSH and LH. Combinations of Gonal F, Follistin, and Repronex may be prescribed during a single treatment cycle. All are administered by either subcutaneous or intramuscular injection. An injection of hCG during Gonal F, Follistin, and Repronex treatment cycles always trigger ovulation.

**Side Effects & Risks**

Common side effects of Gonal-F, Follistin, and Repronex treatment are bloating, weight gain, pelvic discomfort and mood swings. A potentially dangerous condition called ovarian hyperstimulation syndrome develops in less than 5% of all cycles. The ovaries suddenly become enlarged and fluid may collect in the abdominal cavity causing bloating. A weight gain of 5 to 10 pounds and severe pelvic pain may occur. Hospitalization may be required if ovarian hyperstimulation syndrome progresses to a severe state. This can be a life threatening condition.

In correlation induction cycles human menopausal gonadotropins may cause more than 1 egg to be released in a single cycle. There is a 20-30% chance of multiple pregnancy, the majority being twins. 1.2% of cycles or approximately 8% of pregnancies will, however, be triplets or more. Such high order multiples are basically unpreventable. In IVF cycles, the risk of multiples, determined by how many embryos are transferred.

Certain studies have suggested that some ovulation induction drugs, possibly including Gonal F, Follistin, and Repronex, may be associated with an increased risk for ovarian cancer. Research in this area is on going.

**Patient Instructions:**

1. Investigate your insurance coverage for injectable fertility drugs and assess your financial situation **before** beginning a treatment cycle. These medications are very expensive (usually more than $60 per vial or ampule). Refer to **CHR Financial Policy** in Infertility & Insurance.

2. Schedule an appointment with a member of the staff **before you begin your treatment cycle** to learn how to prepare and administer the medications (including hCG). You will need to sign an informed consent before beginning the treatment cycle.
Gonadotropins (continued)

3. Notify your office on Day 1 (the first day of full flow) or 2 of your menstrual cycle. If this falls on a weekend or holiday, please call your office and speak with the clinical manager on-call. You will be told if you need to schedule an appointment for blood hormone and ultrasound baseline studies before starting the medication. Your physician will determine when you will begin taking the medication, the time it should be given, the dose, and when you need to return for monitoring. Refer to Cycle Monitoring in Tests & Procedures.

4. Make sure you obtain your dose of hCG from your pharmacy by Day 7 of your cycle.

5. Discontinue the injections when you are told that your blood hormone levels indicate that the follicles are mature.

6. Administer the hCG injection when instructed. Refer to hCG in this section.

7a. ART (IVF, GIFT, ZIFT) patients – Check with your ART coordinator regarding timing of last intercourse before the hCG injection. Do not have intercourse following the injection.

7b. Non-ART patients – Have intercourse every 2-3 days until Day 9 or 10. Then contact your office for instructions. If inseminations are planned, you will be told to schedule 1 & 2. Your physician will determine the timing and number of procedure(s). Refer to Intrauterine Insemination in Tests & Procedures.

8. Discuss additional medication(s) with a staff member, and schedule a follow-up appointment if necessary.

9. Call your office when your menstrual period begins after a treatment cycle. A new cycle cannot be started if residual ovarian cysts are present. Patients frequently skip a month before beginning another cycle stimulated by medication.

10. Consult with your physician if you do not conceive after 3 cycles of treatment.
Gonadotropins (continued)

Other Instructions:

Preparing the Medication:

1. Always wash your hands before preparing the medication. Hand washing is the single most important factor in the prevention of infection.

2. Gonad F, Follistim, Fertinex, Humagen, and Repronex come in 75 IU and 150 IU ampules. Read the labels carefully to make sure you are administering the correct dose of medication.

<table>
<thead>
<tr>
<th>Dose</th>
<th>Ampules or Vials</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 IU</td>
<td>1 AMPULE OR VIAL OF 75 IU</td>
</tr>
<tr>
<td>150 IU</td>
<td>2 AMPULES OR VIALS OF 75 IU OR 1 AMPULE OR VIAL OF 150 IU</td>
</tr>
<tr>
<td>225 IU</td>
<td>3 AMPULES OR VIALS OF 75 IU OR 1 AMPULE OR VIAL OF 75 IU AND 1 AMPULE OR VIAL OF 150 IU</td>
</tr>
</tbody>
</table>

3. Preparing medication in an ampule.
   a. Hold the ampule of powder upright. Gently tap the upper end of the ampule several times with your index finger. This moves all the medication to the bottom.
   b. Open 1 ampule of mixing solution and the ample(s) containing the medication by wrapping an alcohol pad around the necks of the ampules and snapping them off.
   c. Uncap the needle. Draw 1 ½ -2cc of the mixing solution (sterile diluent) into the syringe. Avoid pushing in the plunger because it may cause the solution to spill.
   d. If you are using 1 ampule of medication, inject the mixing solution into the ampule containing the medication and proceed to 7.
   e. If you are using 2 or more ampules of medication, inject the mixing solution into an ampule containing the medication. Draw the water solution from the first ampule into the syringe and inject it into a second ampule containing your prescribed amount of medication (up to 6 ampules) in 1 ampule of mixing solution (about 1 ½ - 2cc). More than 6 ampules of medications must be given in 2 injections. Proceed to 7.
Gonadotropins (continued)

4. Preparing medication in a vial.
   a. Open 1 vial of mixing solution and the vial(s) containing the medication powder by flipping the plastic seal off of each vial. Wipe the tops of each vial with an alcohol pad.
   b. Uncap the needle. Draw 1 to 2 cc of air into the syringe.
   c. Invert the vial containing the mixing solution. Insert the needle through the top of the vial and inject the air. Do not remove the needle from the vial.
   d. With the vial still inverted, see that the needle tip is in the liquid. Draw the mixing solution into the syringe.
   e. If you are using 1 vial of medication, inject the mixing solution into the vial containing medication powder and proceed to 7.
   f. If you are using 2 or more vials of medication, inject the mixing solution into a vial containing the powder. Invert the vial containing the powder solution. Draw the medication into the syringe and inject it into a second vial containing powder. Continue using this method until you have mixed your prescribed amount of medication (up to 6 vials) in 1 vial of mixing solution. More than 6 vials of medication must be given in 2 injections. Proceed to 7.

5. Withdraw the needle and pull the plunger back slightly.

6. Put the cap back on the needle and twist it off. Replace it with a clean needle.

7. Point the needle up. Gently flick on the syringe to force any air bubbles to the top. Push the plunger up to the first line. A small amount of air will remain in the syringe.

8. If you touch (contaminate) the needle after the medication is in the syringe, put the cap back on the needle and twist it off. Replace it with a clean needle.

9. Lay the syringe on a clean flat surface.

10. Refer to Intramuscular Injections in this section or subcutaneous injections depending on Medication used.
**hCG (Profasi or Pregnyl)**

**hCG (Profasi or Pregnyl)** is the hormone produced by a developing fetus that can be measured to diagnose pregnancy. It may be given to trigger the release of the eggs from the follicles. hCG is administered by intramuscular injection, and is the last injection given prior to ovulation during a cycle stimulated by medication, or aspiration of the follicles during an ART (IVF, GIFT, ZIFT) cycle.

**Patient Instructions:**

1. Schedule an appointment with a member of the staff before you begin your treatment cycle to learn how to prepare and administer the hCG. The timing of the hCG injection is very important. Give the medication at the exact time you are instructed.

2. hCG comes in 5,000 and 10,000 unit vials. Read the label carefully to make sure you are administering the correct dose of medication.

3. Always wash your hands before preparing the medication. Hand washing is the single most important factor in the prevention of infection.

4. Open the vial of mixing solution and the vial containing hCG powder and wipe the tops with an alcohol pad.

5. Uncap the needle. Draw 1-2 cc of air into the syringe.

6. Invert the vial containing the mixing solution. Insert the needle through the top of the vial and inject the air. Do not remove the needle from the vial.

7. With the vial still inverted, see that the needle tip is in the liquid. Draw 1cc of the mixing solution into the syringe. The mixing solution remaining in the vial can be discarded.

8. Inject the mixing solution into the vial containing the hCG powder.

9. Gently roll the vial between your hands until the hCG is dissolved.

10. Invert the vial and draw all of the hCG solution into the syringe.

11. Withdraw the needle and pull the plunger back slightly.

12. Put the cap back on the needle and twist it off. Replace it with a clean needle.

13. Withdraw the needle and pull the plunger back slightly.
hCG(Profasi or Pregnyl) (continued)

14. Put the cap back on the needle and twist it off. Replace it with a clean needle.

15. Point the needle up. Gently flick on the syringe to force any air bubbles to the top. Push the plunger up to the first line. A small amount of air will remain in the syringe.

16. If you touch (contaminate) the needle after the medication is in the syringe, put the cap back on the needle and twist it off. Replace it with a clean needle.

17. Lay the syringe on a clean flat surface.

18. Refer to Intramuscular Injections in this section.
Progesterone

Progesterone is a hormone produced by the corpus luteum, the tissue in the ovary formed by the collapsed follicle. It acts to thicken the lining of the uterus to prepare it for a fertilized egg. Progesterone is prescribed for women that need additional amounts of the hormone to boost levels to normal. It is a routine part of the drug regimen for ART (IVF, GIFT, ZIFT) and is often used during the second half of cycles stimulated by Clomid, Humegon/Pergonal and Metrodin. Progesterone is in a sesame or peanut oil solution and administered by intramuscular injection. Prometrium, another form of Progesterone, can be given as a gel or pill intravaginally.

Side Effects & Risks

Progesterone mimics many of the symptoms of early pregnancy. Side effects can include breast tenderness, bloating and nausea. The length of the menstrual cycle can be prolonged by several days. Tenderness at injection sites may occur.

There is currently no study that has demonstrated a link between natural progesterone and an increase in birth defects. A slight increase in certain types of abnormalities have, however, been blamed on synthetic progestins. Only natural progesterone is prescribed for CHR patients trying to conceive.

Patient Instructions

A: Intramuscular Use

1. Schedule an appointment with a member of the staff before you begin your treatment cycle to learn how to administer the progesterone. Advise your physician if you have allergies to sesame or peanut oil. Begin injections when instructed in the amount prescribed.

2. Always wash your hands before preparing the medication. Hand washing is the single most important factor in the prevention of infection.

3. The progesterone is pre-mixed and is in a multi-dose vial. Remove the cap from the vial and wipe the top with an alcohol pad.

4. Uncap the needle. Draw air up into the syringe in an amount equal to the progesterone dose prescribed by your physician.

5. Invert the vial. Insert the needle through the top of the vial and inject the air. Do not remove the needle from the vial.
Progesterone (continued)

6. With the vial still inverted, see that the needle tip is in the liquid. Draw the progesterone into the syringe in the amount prescribed. The medications thick. You will feel more resistance in drawing progesterone than the water based solutions.

7. Withdraw the needle and pull the plunger back slightly.

8. Put the cap back on the needle and twist it off. Replace it with a clean needle.

9. Point the needle up. Gently flick on the syringe to force any air bubbles to the top. Push the plunger up until no air remains in the syringe.

10. If you touch (contaminate) the needle after the medication is in the syringe, put the cap back on the needle and twist it off. Replace it with a clean needle.

11. Lay the syringe on a clean flat surface.

12. Refer to Intramuscular Injections in this section.

B. Intrauterine Use - Prometrium

1. Schedule an appointment with a member of the staff before you begin your treatment cycle to learn how to administer the prometrium. Advise your physician if you have allergies to sesame or peanut oil. Begin use of prometrium when instructed in the amount prescribed.

2. Always wash your hands before preparing the medication. Hand washing is the single most important factor in the prevention of infection.

3. The prometrium is little round capsules dispensed by a pharmacy.

4. Insert 2 capsules vaginally three times per day.

5. You may notice a white discharge; this is a normal side effect of prometrium.
Intramuscular Injections

Humegon, Pergonal, Metrodin, hCG, and Progesterone

Patient Instructions:

1. Wash your hands.

2. Choose a different injection site each day. Select an area that is not red, sore or swollen. Clean the injection site with an alcohol pad. Start at the center of the site and wipe in a circular motion, widening the circle to a 2-inch area. Refer to Intramuscular Injection Sites in this section.

3. Uncap the needle. If you touch (contaminate) the needle after the medication is in the syringe, put the cap back on the needle and twist it off. Replace it with a clean needle.

4. Spread the skin taut between your thumb and index finger and position the needle at a 90 degree angle.

5. Hold the syringe like a pencil and insert the needle quickly with a dart-like motion. Release the skin after the needle is inserted.

6. Hold the syringe in place and pull the plunger back slightly. If blood appears in the syringe, withdraw the needle and put pressure on the injection site. Move to a new site and attempt the injection once again.

7. If no blood appears in the syringe, push the plunger in slowly until all the medication has been injected.

8. Withdraw the needle quickly at the same angle at which it was inserted. Gently rub the injection site with a cotton ball or gauze pad. Cover the injection site with a band-aid if bleeding occurs.

9. Use warm compresses 2-3 times daily to the injection site to increase absorption of the medication and soothe sore muscles.
Antagon

Favorable safety profile in 794 patients during controlled clinical trials.

- No anaphylactic reactions and no formation of antibodies
- Low incidence of OHSS during ART cycles (2.4% vs. 5.6% with GnRH agonist)

Adverse Events Occurring in less than 4% with Antagon Therapy

You may see the following reaction:

- Abdominal pain (gynecological)
- Headache
- Vaginal bleeding
- Nausea
- Injection site reaction
- Abdominal pain (gastrointestinal)

Antagon is contraindicated in patients with a known hypersensitivity to ganirelix acetate or to any other GnRH analog. Occurrence of OHSS using gonadotropins in conjunction with Antagon was reported at an incidence of 2.4%. Only physicians experienced in infertility treatment should prescribe Antagon
Leuprolide Acetate (Lupron)

Leuprolide acetate (Lupron) is a “GnRh agonist; it stops the hypothalamus from secreting the hormones FSH and LH. This causes the ovaries to enter a state of rest, putting the woman in a temporary “menopausal state”. Lupron is used for hormonal manipulation in ART (IVF, GIFT and ZIFT) patients. It can also improve the stimulation response in anovulatory women or in those who are poor responders to drug stimulation. Lupron is also commonly used in the treatment of endometriosis and uterine fibroids. When ordered daily, the medication is administered by subcutaneous injection. It is given in the layer of fat just underneath the skin in the arm, leg or stomach.

Side Effects & Risks

Lupron can cause menopause-like symptoms such as hot flashes, irritability, depression and vaginal dryness. Other side effects may include headaches, sleep disturbances, vomiting and temporary urinary impairment. Some women develop a raised, itching area at the injection site. This is not an allergic reaction. Do not rub or scratch. The sensation usually stops in 10-20 minutes; notify your office if it does not.

Lupron should not be taken by pregnant women. Testing in animals has produced a dose-related increase in fetal abnormalities and decrease in fetal birth weights. Because of the alternations in hormone levels caused by Lupron the possibility of spontaneous abortion also exists though recent studies suggest no such risk.

Patient Instructions:

1. Schedule an appointment with a member of the staff before you begin your treatment cycle to learn how to administer the Lupron. Do not start Lupron unless you have been using some type of barrier contraception. If there is any chance you might be pregnant, notify a member of the clinical staff or your physician before taking the medication.

2. Always wash your hands before preparing the medication. Hand washing is the single most important factor in the prevention of infection.

3. The Lupron is pre-mixed and is in a multi-dose vial. Remove the cap from the vial and wipe the top with an alcohol pad every day, just before you use it.

4. Remove the outer wrapping from the syringe. Draw air up into the syringe in an amount equal to the Lupron dose prescribed by your physician. Uncap the needle.

5. Invert the vial. Insert the needle through the top of the vial and inject the air. Do not remove the needle from the vial.
Leuprolide Acetate (continued)

6. With the vial still inverted, see that the needle tip is in the liquid. Draw the *Lupron* into the syringe in the amount prescribed.

7. Withdraw the needle and pull the plunger back slightly.

8. Point the needle up. Gently flick on the syringe to force any air bubbles to the top. Push the plunger up until no air remains in the syringe.

9. Lay the syringe on a clean flat surface.

10. Keep the *Lupron* in the refrigerator if the temperature in your home fluctuates greatly. See package insert for additional information regarding storage of the medication.

**F.Y.I.**

*Lupron* Dose Equivalents:

- 0.25 mg = 5 units (Ta) = .05cc
- 0.5 mg – 10 units (IU) = .1cc
- 1.0 mg = 20 units (IU) = .2cc

11. If you are on a “micro-dose” Lupron, stimulation, most likely it will come pre-mixed, if not we will dilute the Lupron for you. Instructions for this stimulation protocol will be given to you.
Subcutaneous Injections

*Lupron*

**Patients Instructions:**

1. Wash your hands.

2. Choose a different injection site each day. Select an area that is not red, sore or swollen. Clean the injection site with an alcohol pad. Start at the center of the site and wipe in a circular motion, widening the circle to a 2-inch area.

3. **Gently** squeeze the skin and position the needle at a 90-degree angle. Do not squeeze too hard or the medication will squirt back out after it is injected.

4. Hold the syringe like a pencil and insert the needle quickly with a dart-like motion all the way through the skin.

5. Steadily push the plunger in.

6. Withdraw the needle at the same angle at which it was inserted. Wipe the injection site with a cotton ball or gauze pad.
Coping with Infertility
"CHR Offers Coping with Stress Seminars Free of Charge"

“No good research has been able to prove that stress causes infertility, but we’re sure we don’t have to tell you that infertility definitely causes stress. We can’t make infertility treatment easy, relaxing or fun, but we can help you better manage the intense feelings and difficult situations commonly faced by infertile couples. Join us for COPING WITH STRESS, a seminar offered free to all CHR patients and their partners. You will learn communication techniques, relaxation exercises and decision-making skills that can help you now throughout your life. Come and share your thoughts, suggestions and information with other couples who really do know what you are going through. We hope to see you there.”
Coping with Infertility

For many couples who have led predictable and successful lives, infertility comes as a shock. It compromises like goals and challenges relationships. Treatment can be expensive, and physically and emotionally exhausting. The goal of the “Coping with Infertility” section of the handbook is to help you deal with the stresses of infertility in a positive way. It includes specific coping techniques, communication skills and relaxation exercise. There is no magic wand that can make the struggles of infertility vanish, but you can take back control of your lives as you undergo treatment or explore other options for building your family.

Coping Strategies

◊ Knowledge is power. Learn as much as you can about infertility and its treatment. Take a trip to the bookstore or library. There are many good books on the subject. Keep in mind that assisted reproductive technologies are constantly evolving, so look for recent publications if you are interested in up-to-date medical information. Don’t hesitate to ask your health care providers questions. Remember that you are the consumer and education is part of the service you are paying for. Talking to other couples who have experienced infertility can also be a good source of information.

◊ Participate in your treatment. Write down your questions and concerns before you make a phone call or go to an appointment. Take notes during consultations with your physician including your diagnosis, test results and treatment plan. Your input and feelings are important. Request clarification if you do not understand what is being said. If you are uncertain about the treatment approach your doctor is recommending, ask about other options and the risks and benefits associated with each. Schedule a follow-up consultation if you have completed the prescribed treatment plan without achieving pregnancy.

◊ Be assertive. Say what’s on your mind. If you feel anxious, us relaxation techniques to help you gather your thoughts before you speak with your health care provider(s). But don’t be too hard on yourself. If you aren’t feeling assertive, organized or “together”, it’s okay. You are going through a difficult time, so give yourself a break.

◊ Be an informed consumer of infertility-related services. Keep track of your medication, tests and procedures and the dates and costs associated with each. Review your insurance plan and make sure you are following the guidelines to guarantee maximum coverage. Investigate your states’ laws dealing with coverage for infertility treatment.

◊ Take care of yourself. Be gentle and kind to yourself. Don’t neglect your overall health; eat well, exercise and get enough sleep. Indulge yourself occasionally. If certain situation or individuals make you feel anxious, avoid them whenever possible. Familiarize yourself with stress reduction techniques and use them!
Coping with Infertility (continued)

◊ **Don’t let infertility run your life.** This may be difficult to do at times, but it is one of the most important things you can do for yourself and your partner. Make an investment in other areas of your life. Try and have some fun. Pursue activities that give you pleasure and spend time with the people you enjoy.

◊ **Take a break from treatment** if you feel physically or emotionally exhausted. Be specific about the length of time you plan to “take off” and stick to it. Taking a break, even for a month, can be refreshing for both body and mind.

◊ **Avoid isolation.** Choose carefully the family members you talk to about your infertility. Consider each individual’s level of comprehension and your investment in the relationship. Let the people who care about you know how they can help you. Their support can be invaluable.

◊ **Take control of your social life.** Be selective about accepting invitations to emotionally charged social gatherings like baby showers and holiday parties. Create a conflict or arrive late and leave early. Re-direct uncomfortable conversations and be prepared with some one-liners for people who are intent on making your family planning their business.

◊ **Keep a journal.** The right way to keep a journal is the way that feels most comfortable to you. It is a safe place to express your thoughts, feelings and dreams. You can share your entries with your partner if you wish.

◊ **Consider counseling or support group.** The empathy and objectivity of a good counselor can help you understand and deal with the intense emotions associated with infertility. Strength and perspective can also be gained by sharing with other couples in an infertility support group setting. You are not alone!

◊ **Spirituality and organized religion** can be sources of strength during difficult times. But religious convictions can be shaken by a life crisis. As a couple experiencing infertility, you may feel persecuted or abandoned by God. Religious faiths also differ widely in their views regarding treatment for infertility. The counsel of your priest, rabbi, minister or mental health professional can be helpful if you are dealing with these issues.

◊ **Try and keep a sense of humor.** Spend some time with someone funny or go see a good comedy. Laughter is not exactly an assisted reproductive technology, but it is still the best medicine!
Relaxation Techniques

Can stress affect fertility? Maybe. Can infertility cause stress? Definitely. While the “just relax” suggestions from family and friends may be more frustrating than helpful, learning ways to reduce stress can make the struggles of infertility seem more manageable. Try the following techniques. Keep in mind that relaxation is very individualized. So be creative. You know what works best for you!

Deep Breathing

Deep breathing is the most basic of relaxation techniques and can be used to reduce stress in almost any situation. Breathe from your diaphragm in through your nose and out through pursed lips in deep, slow even breaths. Focus your attention on the sound of your breath and the soothing nature of rhythmic, unhurried inhalation and exhalation.

Progressive Muscle Relaxation

This technique involves the progressive tensing and relaxing of specific muscle sets. It can be performed on the left and right sides of your body at the same time, or separately. Begin with your hand and make a fist. Continue to squeeze the fist, as tightly as possible, for about 10-15 seconds. Release the muscles completely, noticing the difference between the tensed and relaxed states. Tense and relax the other muscle sets in your body. Start with the forearms, move to the biceps and triceps, shoulders (pull forward and back), abdomen, back, buttocks, the fronts and backs of the thighs, the calves, and finish with the feet and toes. Progressive muscle relaxation teaches you to quickly identify tense muscles and progress quickly to a relaxed state.

Controlled Muscle Relaxation

The theory behind this technique is that any given muscle fiber is in one of two states, tensed or relaxed. Almost every muscle has an opposing muscle that can stretch it to a relaxed position. Controlled relaxation involves stretching the muscles that tend to tense up the most. Stretch, wiggle, and shake your hands and fingers. Roll your head slowly from side, to front, to side (not back), repeating several times. Roll your shoulders in big, slow circles. Stretch your arms up over head, reaching higher alternately with left and right arms to loosen the waist area. Shift your hips and knees to loosen muscles. Rotate your feet in circles and wiggle your toes. Yawn; make a face and even stick our your tongue. All are good ways to release facial tension!

Visualization

Visualization uses your imagination and can be done alone, anytime or anywhere. Close your eyes and picture a special place, person or memory. Call on all your senses to savor the details.
Relaxation Techniques (continued)

Massage

With the help of a good massage therapist or sensitive partner, massage can be a very effective and enjoyable form of relaxation. There are different types of massage and many books on the subject. Lotions or fragrant oils can decrease friction and remedy dry skin.

Meditation

There are many forms of meditation, a practice with origins in the Far East. Its essence is the elimination of all thoughts from the mind. One technique is to repeat a “mantra”, a specific word or words, throughout the meditation session. A second is to close your eyes, picture a flowing river and each time a thought enters your mind toss it into that river and let flow away. Meditation requires a certain amount of instruction and guidance. Performed properly and regularly, it is known to be relaxing and revitalizing.

Affirmations

Affirmations are strong, positive statements said out loud or silently to restore confidence, change negative beliefs and reduce anxiety. Couples experiencing infertility can use the following affirmations or create a few of your own. You know what sounds and feels right to you.

“We love each other and we’ll get through this together”.

“I will not let infertility take over my life. I will take control of other areas of my life and feel proud of my achievements”.

“It is not our fault that we are having trouble getting pregnant. We are doing the best we can”.

“There’s a good reason why I feel angry and depressed: infertility stinks/ is the pits/ is the worst/ unprintable derogatory word(s) of your choice”.

Sound

Slow quiet music can decrease your heart rate, lower your blood pressure and reduce symptoms of stress.

Hydrotherapy

Try a bubble bath! People have used warm water to relieve tension for centuries!
You and Your Partner

Infertility may be the first life crisis you face together. Your shared dream of starting a family now includes your doctor, insurance company and an assortment of invasive tests and medications. You find yourself planning your life around your treatment cycles and having sex by prescription only. It is no wonder that infertility can put a terrible strain on even the best of relationships.

Intimacy

Remind each other that infertility won’t last forever. Accept that sex for procreation can be mechanical and not very satisfying at times. How about making love on a “non-fertile” day? Spend a night in a hotel. Experiment with new and different sexual techniques. You may need to take a break from sexual activity and maintain closeness in other ways. Most importantly, don’t forget why you chose to spend your lives together. Make time for the things you enjoy doing as a couple. Express your love and work together to support and understand each other through this difficult time.

Communication

Good communication can help you better manage all aspects of infertility and treatment, but it is essential between partners. You may not share the same feelings, opinions and perceptions about infertility. Remember that all feelings are valid. Avoid the tendency to think that you are right; try and view infertility issues from your partner’s perspective. Don’t blame or pass judgment. Accept differences and talk about them.

The fact that most couples say they talk to each other does not mean they know how to communicate effectively. There are skills you can learn to help you express your true thoughts and feelings in positive ways that are not perceived as criticisms or attacks. Sometimes good communication involves “just listening; being able to really hear what is being said without interrupting, passing judgment or giving advise.

Many current publications focus on gender differences in the ways men and women relate to each other. Recognizing and accepting these differences can be helpful, particularly during stressful times. Try to see the different styles as complementary, not adversarial. Combine the best of both stereotypical gender traits – the sensitive, understanding female and the logical, problem-solving male – to strengthen your relationship.

Try non-verbal techniques when words aren’t working. Touching, quiet holding, snuggling and massage can all convey feelings when words cannot.

Consider counseling if either you or your partner is having difficulty expressing or handling feelings, or if communication between the two of you is very difficult or non-existent. The objectivity of a trained professional can be extremely helpful in these situations.
Family, Friends and Social Situations

Family gatherings and social occasions can be difficult for couples struggling with infertility. A baby shower. Christmas morning with the nieces and nephews. The company picnic. Such child-centered events can stir up feelings of jealousy, sadness, and resentment. Though these emotions can cause you great pain, and may be difficult to tolerate and control, they are universally shared by couples experiencing infertility. Awareness and recognition of your real thoughts and feelings, and working to express them appropriately, are the best ways to cope.

Give yourself permission to be selective about attending emotionally charged social gatherings. Miss Manners, the guru of propriety, says it is perfectly acceptable to create a conflict. Arrive late and leave early. Re-direct or excuse yourself from uncomfortable conversations, and be prepared with some responses for people who insist on asking when you’re going to start a family. Is there a trusted relative or friend who can help you if social situations become difficult? You don’t have to be on the front lines of every struggle with infertility.

Try not to isolate yourselves from your family and friends. A strong and cohesive support network is essential. You may need to raise the awareness and sensitivity of those significant to you. Remember, before you began treatment, how much did you know about infertility? Try to keep your explanations brief and factual. Consider each individual’s level of comprehension and your investment in the relationship.

Family, friends and co-workers inevitable say things that may seem thoughtless and uncaring. It is important to keep in mind that the majority of these remarks are made by well-meaning people who have little understanding of infertility or what you are going through. The following are suggested responses to several of the more common (not to mention irritating) questions and comments. Create a few of your own. It is up to you to choose a response that feels right depending on your relationship with the speaker and the situation.

Responses to insensitive things even well meaning people can say:

“Just relax. You’ll get pregnant in no time”.

◊ “Relaxation will not open my tubes/fix my hormone imbalance/increase sperm count”
◊ “Relax? If I relax anymore I won’t be able to get up for work!”

**Have you tried wearing boxer shorts?**

◊ “I don’t wear underwear”
◊ “No, I haven’t. But my wife has”.

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Family, Friends and Social Situations (continued)

“Lie on your back with your feet in the air after you have sex’.

◊ “I wish getting pregnant were that simple, but we have some medical problems”.
◊ “Sex? We’re supposed to have sex?”

“If you adopt a baby you’ll get pregnant for sure”.

◊ “Couples adopting a baby are no more likely to get pregnant. Those are just the people you hear about”
◊ That would be terrific. Then we’d have two kids”.

“Your job is pretty stressful. Maybe you should quit.”

◊ “I don’t think cutting our income in half is going to help me relax”
◊ “No good scientific research has been able to prove that stress causes infertility, but I can tell you that infertility definitely causes stress!”

“When are you going to start a family? You’re not getting any younger!”

◊ “A baby is a gift, not given”
◊ “I check the mailbox every day”.
◊ “Thank you for your interest, but our family planning is a personal matter that I’d rather not discuss”.

“You’re so lucky you don’t have kids. They’re so much trouble. Do you want mine?

◊ “I’m sure you don’t mean that. Imagine what your life would be like without them”.
◊ “No, to be perfectly honest, I don’t want your kids”.

“I hope that we’ll be grandparents someday.”

◊ “When we’re pregnant, you’ll be the first to know because we love you so much”.
◊ “___________” (a totally rude, insensitive or stupid comment)
◊ “Do you ever feel uncomfortable asking such a personal question?”
◊ “I used to be a man”.
◊ “I had fifteen kids in a previous life. Are you familiar with Shirley MacLaine’s book?”

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How Family and Friends Can Help

Your family and friends may have little understanding of infertility, what you are going through, or how they can help you. Remember, before you began treatment, how much did you know about infertility? You may want to share the following suggestions with people significant to you. Their understanding and sensitivity can form a strong and cohesive support network for you and your partner.

**Learn about Infertility**

For most couples experiencing infertility, making a baby does not include passion or romance. Their only hope for a biological child lies with medical treatment that can be very stressful, time consuming and expensive. Infertility is a medical condition that cannot be cured by relaxing taking a vacation or adopting a baby.

**Be Sensitive**

Invite the couple to all social gatherings and family functions. Even if the occasion is a baby shower, let them make the decision to attend or not. Be understanding if they choose not to go or if they leave early. Be sensitive. Try not to center conversations around children or pregnancy. Avoid infertility clichés like “just relax and you’ll get pregnant for sure” or “think of all the fun you have trying.” Such comments are often perceived as thoughtless and uncaring by couples experiencing infertility.

Show the couple you care about them and sympathize with the difficulties they have had trying to get pregnant. Let them talk about their fertility problems if they choose. Don’t press for details or offer unsolicited advice.

Ask how you can help. A ride to a doctor’s visit, a casserole or an invitation to a movie can all show you care. Baby-sitting would certainly help a couple experiencing a secondary infertility. At times all they might need is a good listener or a hug.

**Maintain Confidentiality**

If the couple has shared their fertility problems with you, respect their confidence. They need to know they can trust you.
Counseling

Infertility can be overpowering. It can compromise your life goals and identity. It affects relationships with your partner, family members, friends and co-workers. A counselor can help you understand and deal with your feelings, communicate with your partner, work through treatment decisions, and explore family building alternatives.

Should you consider counseling? Feelings of depression, guilt, anger, anxiety, and loss of control are common reactions to infertility. In situations where these feelings become unmanageable, however, the empathy and objectivity of a counselor can be extremely helpful, even if only for a couple of sessions. Don’t wait until you are in a crisis to seek professional help. Use counseling as a resource, not as a last resort!

Choosing a Counselor

Select a counselor with care. You may need to interview several to find the right match. Your financial resources, schedule, physical limitations and level of comfort are all considerations. Ask for recommendations from people you trust and investigate local organizations that provide counseling services. Referral sources can include your physician, insurance company or HMO, social service agencies, and your minister, priest, rabbi or other pastoral counselors. Consider the counselor’s educational background and training. Are you looking for a psychiatrist? A psychologist? A social worker? Think about whether individual, couples or some other form of therapy is most appropriate. Other questions to ask include:

- Does the counselor have experience treating infertile couples?
- What is the fee per session? Is it fixed or based on a sliding scale?
- Is the counselor part of your HMO or PPO? Is there a deductible and/or co-payment? Is there a limit to the number of sessions covered?
- Is counseling covered by your insurance plan? What qualifications does the counselor need for his/her services to be covered? Is there a deductible and/or co-payment? How is billing handled? Is there a limit to the number of sessions covered?
- Is there a charge for missed or canceled appointments?
- How long is each session?
- What is the accessibility to the counselor between sessions?
Thoughts and Considerations

My sister is expecting again! I think she gets pregnant just rubbing up against her husband. I am so jealous and resentful. I hate myself for feeling this way. Why can’t I be happy for her?

Your feelings are normal and valid. Explore resources such as written material, support groups or counseling for help.

I know our friends feel uncomfortable around us. They are reluctant to announce their pregnancies or talk about their kids. We feel like we don’t belong anywhere.

Friends may not know how to react to your infertility. Tell them how they can help you. Spend time with friends with whom you feel comfortable and retreat when you need quiet time for yourselves.

It hurts so much when our parents ask about grandchildren. We feel like we are letting them down.

You are not to blame for your infertility. When you feel ready, let your family and close friends know that you are having trouble getting pregnant. Their support and encouragement can be extremely helpful.

We have one child but are struggling to conceive our second. People remind us all the time how lucky we are to have our son. They can’t imagine the pain we feel when he asks why he doesn’t have a little brother or sister.

Secondary infertility raises new issues. Why don’t you feel satisfied with one child? How do you explain your frequent doctor visits to your curious child? Would you consider adoption? What was previously a couple’s problem is now a family’s problem. Your desire for another child is a valid one. Take care that you do not deplete your energies and miss the experience of parenting the child you have.

I was the only childless woman at the baby shower. All they talked about was natural childbirth and pediatricians. Was I supposed to chat about my Pergonal injections? And all those little baby clothes! I felt like I was going to cry.

Take control of your social life. Decline invitations to functions you think might upset you. If you decide to attend, plan your exit in advance. Leave early if the situation becomes intolerable. No explanations are required!
Thoughts and Considerations (continued)

If one more person tells me I’ll get pregnant if I just relax, I’m going to scream!

Well-intentioned people have an endless supply of fertility advice. You maintain some control by choosing with whom to share this very personal part of your life. For example, it might be helpful for your mother to know that relaxation will not open blocked fallopian tubes. On the other hand, there may be no benefit to discussing your fertility problems with the receptionist at your office.

I’ve been offered a promotion at work, but what if I get pregnant next month?

Do not let your “maybe baby” run your life. Putting key decisions on hold will only intensify the disappointment and frustration you will experience if months pass and you are still not pregnant.

My prayers go unanswered. I feel abandoned by God.

Religious faith will be tested by infertility. God is not punishing you for sins, real or imagined. Sometimes bad things just happen. Instead of asking God for a baby, try praying for patience, strength and hope. Pastoral counseling can be helpful in these situations.

My wife is obsessed with trying to get pregnant. I want to look into adoption, but she insists on trying IVF for a third time. I dread the thought of going through another cycle.

Modern technology is a mixed blessing. It can give you your miracle baby, but it can also make the decision to stop treatment very difficult. One partner may be ready to explore alternatives before the other. Making a treatment plan with your doctor with an agreed-upon end point can help. A counselor can help identify options acceptable to both of you.

I don’t know if I could love another person’s child as much as a child of my own.

Is the pregnancy experience and genetic connection to your child more important to you than being a parent? This is often the starting point for couples considering third party pregnancy or adoption. Take time and talk about it. Try to work through the loss issues associated with infertility before you actively pursue other options. Counseling can be helpful in these situations.