

Controlled Ovarian Hyperstimulation/ Intrauterine Insemination

What to expect

This handout is for patients at University Reproductive Care (URC). It explains how a fertility treatment called “controlled ovarian hyperstimulation/intrauterine insemination” works.

How does this fertility treatment work?

This treatment increases the chance of pregnancy:

- For women who do not ovulate on their own
- For women who have a low number of eggs
- For men who have mildly low sperm counts or motility
- When the cause of infertility is unknown
- For women who use donor sperm

Each step of this fertility treatment is important:

- **Gonadotropin medicines** are injectable medicines that help the eggs grow and mature to prepare for ovulation, the release of a mature egg from the *follicle* (egg sac) within the ovary. These medicines also increase the chance that more than 1 mature egg will ovulate. This increases the chance that at least 1 egg will be fertilized.
- You will have a **pelvic ultrasound and a blood test** in the middle part of the cycle. These tests will show how your body is responding to the gonadotropin medicines. It will also tell us when you are ready for an ovulation trigger injection.



Please talk with a provider at University Reproductive Care if you have any questions about this fertility treatment.

- The **ovulation trigger injection (human chorionic gonadotropin/ hCG, or Lupron)** helps the egg mature and determines the time your intrauterine insemination should occur.
- **Intrauterine insemination** places the most *motile* (moving) sperm as close as possible to the egg(s) at the time when fertilization is most likely. This helps increase the chance of pregnancy.

What are the possible risks from this treatment?

The risks linked to the use of gonadotropin medicines include:

- **Multiple births:** Of the women who become pregnant with this method :
 - Less than 5% of women treated at URC (fewer than 5 out of 100 women) have twins
 - Less than 1% of women treated at URC (fewer than 1 out of 100 women) have triplets
 - Less than 0.1% of women treated at URC (fewer than 1 out of 1,000 women) have 4 or more babies
- **Cycle cancellation:** If too many mature follicles are available or your body does not respond to the stimulation medicine, the treatment cycle will be cancelled.
- **Ovarian hyperstimulation syndrome (OHSS):** This condition is linked with enlarged ovaries. It can cause fluid retention, nausea, constipation, decreased urination, and abdominal discomfort. Rarely, a woman must be admitted to the hospital.
 - Less than 3% of women treated at URC (fewer than 3 out of 100 women) develop mild to moderate OHSS
 - Less than 1% to 2% of women treated at URC (fewer than 1 to 2 out of 100 women) develop severe OHSS that may require a hospital stay. This occurs very rarely.

You and your care team will decide together if the possible benefit of this fertility treatment is worth the risks.

What side effects are linked with this treatment?

- **Medicine side effects:** Gonadotropin medicines (Gonal-F, Follistim, Bravelle, Menopur) may cause headache, breast pain, nausea, abdominal pain, injection site irritation, or other reactions. Changes in bowel habits are rare, but may occur.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

University Reproductive Care: 206.598.4225

Clinic hours: weekdays, 8 a.m. to 5 p.m.