**Oral Ovulation Induction-Sequential/Intrauterine Insemination**

*What to expect*

This handout is for patients at University Reproductive Care (URC). It explains how a fertility treatment called “oral ovulation induction-sequential/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 low egg reserves
- For men who have mildly low sperm counts or motility
- When the cause of infertility is not known
- This treatment also increases the chance of conception for women who do not have a known fertility barrier or who are using donor sperm.

Each step of this fertility treatment is important:

- **Clomiphene citrate (Clomid)** and letrozole (Femara) both help induce ovulation, the release of a mature egg from the follicle (egg sac) within the ovary. You will take one of these oral medicines early in the cycle for 5 days.

- **Follicle stimulating hormone** helps the follicle develop further. It can also help the uterine lining prepare for pregnancy. You will take this injectable medicine after you finish the clomiphene citrate or letrozole.

- You will have a **pelvic ultrasound** in the middle part of the cycle. This exam will show how your body is responding to the medicines. It will also tell us when you are ready for an ovulation trigger injection.
• The **ovulation trigger injection** helps us time your insemination for best success.

• **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 oral ovulation induction medicines include:

• **Having twins:** 5% to 8% of women (5 to 8 out of 100 women) who become pregnant using clomiphene citrate or letrozole have twins.

• **Having three or more babies:** Less than 1% of women (less than 1 out of 100 women) who become pregnant using these medicines have three or more babies.

• **Cycle cancellation:** If too many or too few follicles come to maturity, the treatment cycle will need to be cancelled. Follicles are fluid-filled sacs within the ovary that each contain an egg.

• **Ovarian hyperstimulation syndrome (OHSS):** OHSS causes the ovaries to become swollen. It can lead to problems with water retention, nausea, constipation, and abdominal discomfort. OHSS occurs for less than 1% of women (less than 1 out of 100 women) who take oral ovulation induction medicines.

Only you can decide if the possible benefit of this treatment is worth the risks.

**What side effects are linked with the medicines used in this treatment?**

Side effects linked with the medicines used in this fertility treatment are:

• **Clomiphene citrate (Clomid):** Hot flashes, abdominal swelling, bloating, headache, and changes in vision. If you have changes in your vision, stop taking Clomid and call URC.

• **Letrozole (Femara):** Hot flashes, dizziness, headaches, mild fluid retention, nausea, changes in bowel habits, joint and muscle pain, and fatigue. Using this medicine for ovulation induction is called “off-label use.” This means the drug was not originally approved for this purpose, but it is legal to prescribe it for this use.

• **Follicle stimulating hormone (Gonal-F, Follistim, or Bravelle):** Headache, breast pain, nausea, changes in bowel habits, abdominal pain, injection site irritation, or other reactions.

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.