Ovulation Induction Instructions/Schedule:

To use with clomiphene citrate (Clomid) or letrozole (Femara)

1. Day 1 of your cycle is the first day of bleeding, whether it happens with a naturally occurring period or is induced with progesterone. Starting on Day 5 of the cycle, take the prescribed medication (Clomid or Femara) for five consecutive days. If you have very short cycles (< 23 days), your doctor may ask you to begin on Day 3, continuing for 5 days to Day 7.

2. If you require medication to have a period, then this will be artificially induced with progesterone for each cycle, and prescribed by your doctor. Take one tablet of medroxyprogesterone acetate, 10 mg, per day for ten days. The bleeding/period should arrive within 1-5 days of finishing the tablets. The first day of bleeding is Day 1.

3. Starting on Day 9, you should check your urine daily for ovulation with a commercially available ovulation predictor kit. We recommend the Clear Blue Easy kit for all of our patients because it is easy to interpret. It is available at amazon.com for low cost. There will be a "smiley face" that appears on the day of "surge," which is release of LH (leutenizing hormone). This hormone triggers ovulation. Most women will ovulate, or release an egg, 24 hours after this trigger. Other commercially available kits use a system similar to a pregnancy test kit, with a control line and a test line. When the test line brightness of color is equivalent to that of the control line, the result is positive.

4. Begin timed intercourse on Day 9. Specifically, we recommend that you have intercourse every 36-48 hours for 5 days prior to ovulation and for 5 days after. The most fertile time will be 24 hours after the "smiley face" appears on your kit, usually around Day 14 for women who have a 28 day cycle.

5. If you do not have a "smiley face" or color change on your ovulation predictor kit during your cycle, please contact us. A blood test for progesterone needs to be drawn at approximately Days 22-24 of your cycle. This will help us determine whether or not the kit is functioning properly and whether or not you are truly ovulating. It will also help us to determine if the dose of your medication needs to adjustment.

6. If you are planning to undergo intrauterine insemination (IUI), we will plan to do this 24 hours after your ovulation indicator is positive. When the smiley face or color change occurs, please call us immediately to schedule the IUI and required semen washing.
7. Intrauterine insemination is performed with “washed” semen only. All semen washing is performed at St. John's Medical Center’s lab. It is by appointment only. After your ovulation kit tests positive, please call us and we will make the appointment for you and send the required referral to the lab. Your partner needs to arrive at the lab at the pre-determined appointment time to leave the semen specimen. Washing generally takes 1-2 hours. Please bring the specimen immediately after pick up to our office. IUI will be performed within 10 minutes of your arrival to maximize outcomes. Semen washing and IUI can be performed on weekends if necessary, and our office will arrange this for you.

8. If no menstrual bleeding has occurred by Day 35, please check a pregnancy test and call us with the results.

9. PLEASE NOTE that careful timing is required to use these medications and appropriately time your cycles. We rely on you, the patient, to time your cycles and to keep us informed. GET A CALENDAR! There are wonderful apps available for your mobile phone or laptop. One that we like is fertility friend, available at fertilityfriend.com.

10. Medications will be written initially for six total cycles. This means that your first prescription will have five refills. Of course, the plan may change depending on how you respond to the medication.

11. For patients undergoing IUI, we recommend a progesterone tablet in the vagina at night starting the evening of the insemination. This will be prescribed also with refills that should last 6 cycles (Prometrium 100 mg). Progesterone should be continued if conception occurs until 10 weeks gestation. If menses occurs, progesterone should be discontinued.

12. Occasionally it is unclear whether or not ovulation has occurred. If you are unsure, please call us. Your doctor or one of our nurses will guide you to the next step, which will be either a blood test Day 22-24 for progesterone levels or may involve ultrasound to look for mature follicles (small cysts that can release an egg at the time of ovulation).

13. There is a great book, Taking Charge of Your Fertility, by Toni Weschler, that can help you to understand the hormonal nature of the menstrual cycle. The more knowledge you have about how conception occurs, the better you will understand these prescribed treatments. Knowledge will help you to work with us on achieving a conception as efficiently and as quickly as possible!

14. Generally, most patients will use ovulation induction medications with or without IUI for 6 cycles. If unsuccessful, your doctor will talk to you about moving to the next step.