

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 “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 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:

- **Clomiphene citrate (Clomid)** and **letrozole (Femara)** are oral medicines that help eggs grow and mature to prepare for *ovulation*, the release of a mature egg from the ovarian *follicle* (egg sac). You will take one of these medicines for at least 5 days.
- **Gonadotropins (Follistim, Gonal-F, Bravelle, Menopur)** help the follicle develop further. 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. It is used to determine when your follicle/follicles 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 of your intrauterine insemination.
- **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:** Less than 5% of women treated at URC (fewer than 5 out of 100 women) who become pregnant using clomiphene citrate have twins. Less than 3% of women treated at URC (fewer than 3 out of 100 women) who become pregnant using letrozole have twins.
- **Having 3 or more babies:** Less than 1% of women (fewer than 1 out of 100 women) who become pregnant using these medicines have 3 or more babies at the same time.
- **Cycle cancellation:** If too many mature follicles are available or your body does not respond to the induction medicine, the treatment cycle will need to 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. OHSS occurs for less than 1% of women (fewer than 1 out of 100 women) who take ovulation induction medicines. Rarely, a woman must be admitted to the hospital.

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 the medicines used in this treatment?

- **Clomiphene citrate (Clomid):** Hot flashes, bloating, headaches, and changes in vision. If you see spots or have other changes in your vision, stop taking Clomid and call URC.
- **Letrozole (Femara):** Hot flashes, dizziness, headaches, mild fluid retention, nausea, changes in bowel habits, and fatigue. Joint and muscle pain are rare, but may occur. Using letrozole 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.
- **Gonadotropins (Gonal-F, Follistim, Menopur, or Bravelle):** may cause headaches, 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.