



Lakeside Medical Plaza
17001 Lakeside Hills Plaza, Suite 100
Omaha, NE 68130-4670
(402) 697-7200 phone
(402) 697-7282 fax
www.awhomaha.com

Robert C. Bossert, M.D.
Erin H. Evans, M.D.
Terrence J. Kolbeck, M.D.
Michael R. Nabity, M.D.
Nicole A. Pearsall, M.D.
Gema T. Simmons, M.D.
Ann. M. Sullivan, M.D.

Infertility Information

Infertility is the inability to get pregnant. It is usually diagnosed when a couple has had unprotected intercourse for at least 1 full year with no success for pregnancy.

The causes of infertility vary and may be due to:

- Being under or overweight
- Defects in the uterus (septum, fibroids, polyps, etc.)
- Hormonal imbalance
- Chronic uncontrolled diseases (Diabetes, thyroid disorders, etc.)
- Polycystic Ovarian Syndrome (PCOS)
- Pelvic Inflammatory Disease (PID)
- Semen/sperm abnormalities (low motility, low counts, previous traumas)

Abnormalities are usually diagnosed with a variety of tests, including but not limited to:

- Ovulation kits
- Blood hormone levels
- Pelvic ultrasound: to look at the uterus and ovaries
- Laparoscopic surgery: if endometriosis is suspected
- Hysterosalpingogram (HSG)-done at the hospital or Sonohystogram (SIS)-done in the office: to determine if fallopian tubes are open
- Ovarian Reserve Testing
- Semen analysis for male partner

Some of the treatments for infertility include:

- **Metformin (Glucophage)**
 - Metformin is an insulin sensitizing agent, commonly used in diabetic individuals to help improve the body's response to insulin.
 - There is strong evidence that excess insulin levels play a role in the development of PCOS (Polycystic Ovarian Syndrome). Doctors have used Metformin to help treat PCOS by improving ovulation or at least to help improve these individual's response to other fertility drugs.
 - Possible side effects of Metformin are gastrointestinal irritation or upset stomach. Starting on a lower dose and gradually increasing after 1-2 weeks can help with this side effect. Your doctor should give directions on how they would like you to take the medication.

- **Clomid (Clomiphene) or Femara**
 - Clomid is a medication used to treat infertility. It is given to individuals that do not have regular menstrual cycles or are not ovulating. It works by helping the pituitary gland in the brain improve the stimulation of follicles (cysts that contain eggs) in the ovaries.
 - The first day of your LMP (last menstrual period) is considered CD (cycle day) 1. Clomid is taken orally for five (5) days.
 - Clomid usually begins at a 50 mg dose but if your body does not produce follicles after a couple of cycles the dose can be increased.
 - Possible side effects of Clomid are hot flashes, blurred vision, nausea, bloating sensation and headache.
 - After starting Clomid your doctor will usually ask you to schedule a pelvic ultrasound on CD 14 or 15 to check ovaries to see if stimulation of follicles has occurred. They will check these follicles to make sure they are the right size for stimulation of ovulation.
- **Human Chorionic Gonadotropin (HCG) – Novarel or Pregnyl**
 - Once the pelvic ultrasound has been done to determine if there are follicles ready to be stimulated for ovulation, you may get an injection of the hormone HCG to stimulate the follicle to release an egg.
 - HCG is prescribed by your doctor and may be called in to your pharmacy at the same time as your Clomid prescription. You must bring this vial to the office for intramuscular injection on the day of your pelvic ultrasound.
- **Follicle-Stimulating Hormone (FSH) – Follistim or Gonal-F**
 - Given by injection, FSH works much like HCG in that it causes the ovaries to begin the ovulation process.
- **Intrauterine Insemination (IUI)**
 - Depending on your doctor’s recommendation an IUI may be helpful in achieving pregnancy along with the medications listed above.
 - Before an IUI your partner will need to do a semen analysis. A packet can be picked up in the office that will contain a specimen container, directions, and a written Rx.
 - Once the semen analysis results come back your doctor will determine if you and your partner will benefit from an IUI.
 - After determining good follicle production and the need for an IUI you will be scheduled usually on CD 16 or 17 for IUI.
 - For an IUI your partner will bring in a semen specimen that morning and the doctor will bypass the cervical mucus barrier and insert the specimen directly into the uterus to give the sperm a “head start” to the egg.