

Infertility Cost Information

- Infertility is often *not* covered by insurance. Due to this we do collect all infertility treatment payments up front before services are provided. If the insurance for some reason does pay we will keep the credit on your account until services are complete and then refund you the remaining.
- The following is a list of typical fees so you may prepare ahead of time. This may not be all inclusive:
 - Office visit to make a plan of care: \$79-211.00
 - Transvaginal ultrasound (per ultrasound): \$412.00
 - Intrauterine insemination with partner specimen: \$300.00
 - Intrauterine insemination with donor specimen: \$125.00
 - Injection: \$38.00
 - HSG: \$1500.00
- Labs, medications, and any services provided at another facility are not typically billed through our office and you will receive a separate bill for these.
- If you ever have questions please discuss these with any of the billing staff.

Infertility Information

- Please take a prenatal or multivitamin daily. This helps to decrease the risk of certain birth defects.
- It is very important that you keep track of your monthly cycles. We count day 1 as the day that you begin your cycles (the first day that you actually see blood). If you have not had a menstrual cycle by day 35 you need to take a first void of the morning urine pregnancy test and call us with the results.
- You may need to call on **day 1** of each cycle so we can make appointments or refill your medication(s) appropriately. If you start your period on the weekend, please call us **first thing** Monday morning. You *may* need ultrasounds on certain days of your cycle to plan medications, IUI, or follow up of follicles or cysts.
- For conception, we recommend that you have intercourse at least every other day for days 10 through 16, but not more than once a day.
- If you are taking fertility medications you may need to complete laboratory tests on certain days of your cycle. If that particular day falls on the weekend, please call our office prior to this date to make a plan.
- You may need to complete a day 21 laboratory test. If necessary, this test may be done on day 22 or 23. We will call you with the results of your progesterone level (ovulatory or not). Your provider will have a follow up plan based on these results.
- Do not use over-the-counter lubricants with intercourse during your fertile time as this may affect sperm. If you do feel lubrication is needed, please discuss with your provider. You and your partner should avoid hot tubs, stress, smoking, alcohol, drugs, and excessive caffeine. You and your partner should eat a healthy diet and exercise. Your partner should wear loose fitting underwear and clothing.

Clomid/Femara

- These are medications that can increase the chances of ovulation for women who do not ovulate regularly on their own.
- The first day you have vaginal bleeding is considered the first day of your menstrual cycle.
- These medications are usually started on day three or five of your menstrual cycle and are taken for five days. A home urine pregnancy test is required prior to taking them each cycle. Please take this test the morning that you are scheduled to start the medication. This test should be obtained the first time you urinate that day. If your pregnancy test is positive, please do **not** take the medication and contact the office. If your pregnancy test is negative you may proceed with Clomid or Femara as planned.
- Ovulation usually occurs between days 14 and 19. It may be helpful to use a home ovulation predictor kit to help determine when to have intercourse. These can be purchased over the counter without a prescription.
- If you do not ovulate, it may be appropriate to increase the dose during your next cycle. Your provider will discuss with you whether or not this is an option. If you do ovulate, increasing the dose will not increase your chances of conceiving.
- Most women who conceive on Clomid will do so in the first six cycles while taking the medication. If you do not conceive during this time frame, other causes of infertility should be evaluated.
- In women who are not ovulating due to PCOS, studies have shown that Femara results in higher ovulation, clinical pregnancy, and live birth rates compared to Clomid. Though Femara is recommended first line in these women, it is not yet FDA approved.
- There is an increased risk of multiple gestation pregnancy with ovulation induction. Approximately 5-10% of pregnancies will result in twin gestation. Less than 0.5% will result in triplets or greater.
- There is an increased risk of ovarian cysts with ovulation induction. It will be very important for you to monitor for pelvic pain while using these medications. Mild cramping is normal and can be a sign of ovulation. You should notify our office if you experience severe pelvic pain.
- Women with infertility may have a slight increase in their baseline risk of breast, ovarian, and endometrial cancer; however, fertility drugs do not appear to increase this risk.
- Possible side effects of Clomid include hot flashes, headache, nausea, vomiting, abdominal bloating, mood swings, and breast tenderness. Some women may experience visual disturbances such as blurry vision or spots. This occurs in approximately 1-2% of women, and usually resolves after treatment is discontinued. *Please contact the office if you have these symptoms.*
- Possible side effects of Femara include dizziness, fatigue, hot flashes, nausea, headache, swelling, and muscle aches.
- Being overweight or underweight can interfere with ovulation. Maintaining a healthy weight, with proper diet and regular exercise can only help your chances of conceiving.

Intrauterine Insemination

- Intrauterine insemination (IUI) is a procedure used in some cases to increase the chances of successful pregnancy. If you and your provider decide IUI is right for you, you will need to call our office on day 1 of your cycle so we may time your procedure correctly. You will then present to our office on day 10-13 (provider determined) for a pelvic ultrasound to check for the appropriate size of your follicles. If follicles are adequate, you will be given an injection of Ovidrel (human chorionic gonadotropin) prior to IUI. If your follicles are not adequate, you will be recalled to our office for another ultrasound in a few days to re-evaluate your follicles.
- Human chorionic gonadotropin may help some women who do not have an increase in their LH level midcycle and do not ovulate, despite having normally developing follicles (which contain an egg). These women often benefit from using an injection of human chorionic gonadotropin (eg. Ovidrel or hCG), which triggers ovulation. Transvaginal ultrasound is used to determine when the follicle is ready, and the woman and her partner can be taught to give the injection at home. Ovulation occurs 36-44 hours after the injection.