

## What is my next step after Clomid/Letrozole is unsuccessful despite ovulating?

Testing AMH, HSG, and Semen analysis should be completed. Remember preconception screening for diseases such as cystic fibrosis and spinal muscular atrophy (see Counsyl pamphlet to do salivary testing, results take two weeks)

Superovulation (controlled ovarian hyperstimulation, COH) involves injections of FSH, (no chemicals) from day 3 onward, for anywhere from 5 to 10 days. When you are near the point of receiving your trigger dose to begin the process of ovulation, (OVIDREL) you will be asked to take ANTAGON (ganirelix) that will prevent you from ovulating prematurely. When triggered we ask you to have intercourse and then either repeat sex 36 to 39 hours later, or do intrauterine insemination ( IUI). What decision to I have to make?

\* Intercourse versus IUI: IUI will double your chance of conception. Why? Unsure of why IUI vs. timed coitus is more effective; perhaps due to circumventing cervical barriers, placing so many motile sperm into uterus, etc. IUI only improves pregnancy rates if done in conjunction with stimulation meds (oral or injectable)

\* Costs: frequently your insurance carrier will not pay for your medications or monitoring visits if you decide to have IUI done. They consider this “artificial “and hence opt out of coverage. We have argued vehemently with the carriers to cover and even allow couples to pay for IUI themselves, but we have not succeeded.

\*feasibility : couples will engage in intercourse the evening the trigger dose is given, will take the next day off and then do IUI the next morning, 36 to 39 hours after the trigger dose. This means husbands will need to come to the office to give or drop off a specimen that morning. Wives will have their IUI scheduled, usually sixty or ninety minutes after drop off. DON'T WORRY SPECIMEN ONCE READY IS KEPT IN WARM INCUBATOR.

\* Who does IUI? : Usually a nurse or MD. It will unlikely be YOUR doctor as percentages have it that he or she will be doing something else as their schedules are determined weeks out. If you have had a difficult IUI then a physician will do your insemination

\* Costs: please determine with our financial folks. They will give you their best estimate but can only go by what your insurance carrier tells them. Plus the amount of medication and number of ultrasound visits vary person to person and cycle to cycle. The lower your ovarian reserve, (AMH low and age older) then expect to use more medication to stimulate your ovaries.

\* Number of IUI's: two IUI's per cycle improve pregnancy rates, but not significantly. So we would rather you not pay more for little increase in success. We DO recommend that you NOT do more than three IUI cycles before considering IVF with ICSI.