



## Cycle Monitoring

**Definition:** We rely on ultrasound and hormone testing, as well as the use of ovulation prediction kits (OPKs) to evaluate your menstrual cycle. This cycle monitoring allows us to track your menstrual cycle and determine if and when ovulation is occurring. In addition, the information gathered during cycle monitoring is used by our fertility specialists to determine the dosage and proper timing of fertility medications.

**Purpose:**

- a) Monitor your menstrual cycle, using blood tests, urine tests and ultrasounds;
- b) Determine the correct time for procedures (when applicable);
- c) Manage medication dosage (when applicable); and
- d) Track for ovulation.

**Process:**

- 1) Please call the clinic at (905) 634-4440 and choose the booking line on the first day of your period (full bleeding, not spotting). Your name will be placed on a list and your chart will be reviewed by a physician. A receptionist or nurse will call you back latest by 3pm on your cycle day two to let you know if there is a spot available to move forward with your treatment cycle that month.
- 2) Please follow your checked plan below. We require that infectious disease screening for you and your partner (if applicable) has been completed within one year, before treatment start. If you want to know when your screening needs to be repeated, please ask a nurse.

	For natural monitoring (no medication) book for Cycle Day 10 monitoring (unless otherwise instructed).
	For a cycle with oral medication book for Cycle Day 10 monitoring (unless otherwise instructed) Please take ___ pill(s) of your medication from day 3 to day 7.
√	For a cycle with injections (FSH) book for cycle day 3 monitoring. At this visit, you may pick up your medication. Injection teaching videos can be viewed on our website.
<b>* When booking your first appointment, please let reception know if you are monitoring for an intercourse cycle or insemination cycle.</b>	
*Please be prepared to attend approximately 1-3 visits during your monitored cycle. The number of visits will depend on your individualized cycle plan.	

If at any point during Cycle Monitoring you have any questions about the process or your individual treatment, please call one of our nurses at 905-634-4440. We strive to make cycle monitoring morning appointments as efficient as possible. To ensure that all patients can finish their visit safely and in a timely manner, these monitoring

appointments will be brief. You will meet with a nurse on your first cycle monitoring visit, and she will give you your treatment plan. You will be provided with all your medications for the cycle, during that visit. If you require more medications during your cycle, you must call the clinic to make arrangements to pick-up more medication. In depth questions will be answered at follow-up appointments with your primary physician.

3) At your Cycle Monitoring Appointment:

- a. Upon entry to the clinic,
  - i. You will proceed to check-in with the receptionist
  - ii. Don't forget your health card! You will be asked to swipe it at the front desk.
- b. Blood draw
  - i. A Phlebotomist (blood technician) will draw your blood for testing which will analyze your hormone levels;
  - ii. Your blood test results will be reviewed in the afternoon
  - iii. Nursing will only call you if there are changes to your cycle plan.
- c. Pelvic Ultrasound
  - i. A sonographer (ultrasound technician) will call you for your ultrasound;
  - ii. Our reception staff will notify you if a FULL bladder is required for your first cycle monitoring visit;
  - iii. The ultrasound will assess your ovaries and uterus;
  - iv. After your ultrasound on your first visit, you will be directed to a room to meet with a nurse. For every subsequent visit, you will leave directly after your ultrasound.
  - v. A nurse will call you after your visit only if your results need to be reviewed with you or if changes to your plan are made.

4) After 3 cycles of your treatment plan if you are not pregnant we recommend that you:

- a. **Re-assess your treatment plan**
- b. If you do not already have a plan for your subsequent treatment step, please book an appointment with your primary physician.
- c. If you have questions about your treatment, please book an appointment with your primary physician
- d. If you have a treatment plan and would like to continue with your plan, you may do so without an appointment with your primary physician.

\*You may be asked to see your primary physician sooner in some circumstances

## **FSH MEDICATION PROFILE**

### **Why is it ordered?**

Follicle Stimulating Hormone (FSH) is a man-made form of a hormone that occurs naturally in the body. This hormone works by stimulating ovaries to assist with egg development and maturation.

*Examples of medications your doctor may order that contain FSH include Puregon, Gonal-f or Menopur.*

### **How it works?**

FSH is given in the form of a subcutaneous injection. A nurse will give you your treatment plan during your first visit on cycle day 3. You will start your injections on cycle day 3 after 4 PM. You can access injection teaching videos on our website. You will stay on the injections until ovulation. We will monitor your cycle through bloodwork and ultrasound appointments while you are on the FSH injections and you will participate in ovulation monitoring using ovulation prediction kits (OPKs) when instructed to do so. OPKs can be purchased at drug stores or online. Please follow the instruction on the package. The number of required visits varies depending on your response during the cycle. The ultrasound will show us the number and size of follicles in the ovary. Inside each follicle should be an egg (oocyte). When the follicle(s) reach a mature size the physician will either wait for ovulation by having your take OPKS, assessing your bloodwork for an LH surge or prescribe a medication called Ovidrel to cause the egg(s) to be released. Please do not do an early home pregnancy test if you received Ovidrel as this medication may give you a false positive result if done too early. If an insemination (IUI/DI) is planned, it is done the day after positive OPK result, LH surge or Ovidrel injection.

### **What are the risks?**

The incidence of multiple pregnancies following FSH therapy with timed intercourse or insemination is between 10 and 20%. The majority of these are twins, but triplets and quadruplets occur in less than 5% of pregnancies. It is extremely important that you are aware of the possibility of a multiple birth. Please also discuss this risk with your partner if applicable. Please note that there is a risk of cycle cancellation if you produce too many follicles during stimulation. The incidence of birth defects with FSH therapy is no higher than it is in the general population.

### **What are the side effects?**

- Headache; which may be relieved by Tylenol if you are not allergic.
- Pain, swelling or rash at the injection site; may be relieved by applying ice or heat to the site.
- Gastrointestinal complaints may be relieved by avoiding specific foods that bother you
- Other minor side effects include fever, breast tenderness, and abdominal discomfort.

### **What happens after ovulation?**

There is evidence that taking Progesterone suppositories after ovulation improves outcome following an FSH treatment plan. You should pick up Progesterone suppositories during cycle monitoring. These suppositories should be taken twice a day (am and pm) vaginally or rectally starting 3-4 days post positive OPK, LH surge/Ovidrel/IUI. Please note, while on the suppositories you may experience heavy vaginal discharge, bloating, cramping, spotting and breast tenderness. If you are pregnant, you will continue taking the progesterone suppositories until approximately 10 weeks of pregnancy. If you are not pregnant, you will stop using the suppositories for that cycle. The suppositories may delay a period for those who are not pregnant.

## **DI – Donor Intrauterine Insemination Patient Information**

### **WHAT IS DONOR INTRAUTERINE INSEMINATION (DI)?**

Sperm deposited in the vagina during intercourse actively swim through the mucus within the cervix, into the uterus and then up and along the fallopian tubes where the process of fertilization takes place. Donor Intrauterine Insemination (DI) involves thawing a previously purchased and delivered donor sperm sample and if applicable washing dead and abnormal sperm out of a semen sample then concentrating the healthy-looking, moving sperm into a small volume of fluid (approximately 0.4 ml). This fluid is inserted directly into the uterine cavity using a fine plastic tube, which is passed through the cervix. Sperm are thus deposited higher than usual above the uterine cervix, bypassing one potential hurdle on their journey towards the fallopian tube.

### **WHAT ARE THE RISKS ASSOCIATED WITH DI?**

Passage of any instrument through the uterine cervix carries with it a potential for infection of the uterus and fallopian tubes. The methods used in preparing the sperm virtually eliminate the potential for transfer of bacteria from the sperm into the uterus and fallopian tubes. Please speak to the physician if you think you have any symptoms of infection during treatment. If you experience any complications after your procedure please contact our clinic and speak to one of our nurses. Please note that there is also a risk of cycle cancellation in certain cases.

### **ARE THERE ANY SIDE-EFFECTS?**

Occasional cramping and spotting can occur following an insemination. These problems are not dangerous and do not reduce the chance of pregnancy following treatment. You may take Tylenol (regular or extra strength) for cramping.

### **WHEN WILL MY DI BE?**

In order to time when to have your insemination, we require that you participate in ovulation monitoring using ovulation prediction kits (OPKs) when instructed to do so as well as attend cycle monitoring at the clinic. OPKs can be purchased at drug stores or online. Please follow the instruction on the package. If your OPK is positive, call the clinic to book your DI for the following day. Cycle monitoring involves having vaginal ultrasounds and/or blood test monitoring as per nurse and/or physician instructions. The date of your first visit for cycle monitoring will be determined by your doctor or nurse. At your cycle monitoring visit, the nurse will give you a treatment plan with further instructions. We may recommend a medication called Ovidrel that will cause you to release your egg in a timely manner. This medication is stocked in our clinic pharmacy or your convenience. If we use this medication, your DI will be on the day after your injection of this medication.

### **THE DAY OF DI:**

DI procedures are spaced out to limit the number of patients at the clinic at one time. You will be assigned a time to arrive to the clinic. When you arrive for the procedure, please check in with reception, show your health card, and settle your account. We will bring you into an exam room when the physician is ready for you.

### **WHO WILL DO MY DI?**

Our DI program is only one of the many fertility services offered by the clinic. Your DI will be performed by a physician who is a senior resident in gynecology from McMaster University, or by one of the ONE Fertility staff physicians. Please note, on the day of your insemination, your own physician may not be the doctor on-call. If you are unsuccessful after three treatment cycles, you should contact our clinic for further direction.

### **HOW DO I ORDER MY DONOR SPERM SAMPLE?**

Samples are ordered directly through the sperm bank. ONE Fertility uses Can Am Cryo ([www.canamcryo.com](http://www.canamcryo.com)). We encourage you to explore the website and speak with the sperm bank directly as they will assist you in making a choice. The sample can be ordered washed or unwashed but all samples still need to be processed in our lab and the processing fee will apply. One vial is used per DI. Your infectious disease screening includes CMV, a virus that is prevalent in our society. If you are non-reactive (negative) for exposure to CMV, ONE Fertility recommends you choose a donor sample that is CMV non-reactive. Your donor sample **MUST** be at the clinic before your active treatment cycle starts in order to avoid extra charges for a rush delivery.

### **WHAT ELSE IS REQUIRED?**

1. Everyone moving forward with DI must have counselling prior to treatment start. Our clinic will arrange counselling. Charges do apply for counselling. Your benefits may cover these charges.
  2. Consents for DI must be signed.
  3. Infectious disease screening that is done at an outside lab must be done within a year of treatment for the person having the DI as well as their partner when applicable.
- \*Please note that your treatment can be delayed if the above is not done.

### **WHAT ARE THE COSTS INVOLVED?**

Please refer to your financial agreement for the costs involved or contact our clinic.

### **NEED EXTRA SUPPORT?**

Please visit Donor Conception Network at <https://www.dcnetwork.org/>

You might be prescribed progesterone suppositories if you used injections during your stimulation. The suppositories, when required, start approximately two days after the DI. It is important that we know the outcome of your cycle.

PLEASE HAVE A PREGNANCY TEST DONE 2 WEEKS AFTER YOUR INSEMINATION (DI), EVEN IF YOU BELIEVE THAT YOU ARE HAVING YOUR PERIOD. IT IS NOT UNUSUAL TO BLEED IN THE EARLY STAGES OF PREGNANCY. WE WISH YOU EVERY SUCCESS

One Fertility Team