



Ontario Network  
of Experts in Fertility  
life through knowledge



Department  
of Obstetrics  
and Gynecology

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[www.onefertility.com](http://www.onefertility.com)

Dear ONE Fertility Patient

On behalf of our Nursing Team, we would like to welcome you to our clinic.

Our team of nurses at ONE Fertility is highly trained to provide you with safe, effective, and supportive care.

At your doctor's appointment, you discussed a treatment plan that is specific to your needs. Please see the documents that follow. If you have any questions about your plan, please CALL our nursing line directly. The number is listed below. Please do not send emails to the nurses as they are not checked regularly.

NURSING LINE: 905-634-4440, then select 2 for nursing.

Your doctor may have discussed how many cycles of a treatment plan to do and what the next step will be, however, if you would like to change your treatment plan, please contact our nurses to discuss.

As we are a specialist office, we understand that the wait-times for appointments with your doctor can be long. Our nurses monitor your results and communicate directly with your doctor so that changes can be made to your treatment plan in a timely manner. In some cases, your doctor may ask you to book a follow-up appointment. We can also help to answer any other questions that you may have about your reproductive health and your treatment.

Our nurses are here to support you with your care on behalf of our medical team.

We thank you for choosing ONE Fertility in planning your family and we hope that you feel supported throughout your journey with us.

We look forward to caring for you,

Our Nursing Team,  
ONE Fertility, Burlington

To learn more about insemination please take a look at our  
video located on our website

<https://onefertility.com/intrauterine-insemination-iii/>

## Getting Started with FSH injections and Donor Insemination Treatment

### **Before Treatment Start:**

- Please be advised that we require up to date testing before treatment starts. Specifically, infectious disease testing for you and your partner (if applicable) has to be done within one year, prior to treatment start. If you want to know when your screening needs to be repeated, please ask a nurse.
- 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. If you are reactive (positive), the CMV status of the donor is not relevant.
- Your donor sample needs to be at our clinic before your cycle starts to avoid extra rush fees. When selecting a donor please use one of our approved sperm banks:  
CAN-AM Cryoservices [www.canamcryo.com](http://www.canamcryo.com)  
Origin (formally Repromed) [www.originspermbank.com](http://www.originspermbank.com)  
Canada Cryobank [www.canadacryobank.com](http://www.canadacryobank.com)  
**YOUR DONOR NEEDS TO BE APPROVED PRIOR TO PURCHASE.** Please send your donor's genetic profile to [infoivf@onefertility.com](mailto:infoivf@onefertility.com) for approval prior to purchase. If your selected donor is a carrier for any genetic conditions, further testing and/or counseling will be required, and fees apply. This may delay treatment. Our lab can work with washed and unwashed samples.
- Look up the following drug identification numbers with your benefits to see if you have drug coverage for these commonly used medications that may be a part of your treatment plan:  
Puregon (injection to grow your eggs) DIN 02243948  
*\*estimated cost per cycle if no coverage \$500-\$1000 \*price subject to change*  
Ovidrel (injection to trigger ovulation) DIN 02371588  
*\*estimated cost per cycle if no coverage \$100-\$150 \*price subject to change*  
You will also be asked to take progesterone suppositories after the procedure.  
These are compounded by West End pharmacy. *\*estimated cost for 3 week supply \$215-\$250 \*price subject to change*
- Make sure that you have attended 3<sup>rd</sup> party counselling arranged by ONE Fertility.

### **Starting Treatment:**

- Please call the clinic at (905) 634-4440 then select 1 to book an appointment 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 clinical team member. A receptionist or nurse will call to book your first clinic visit.
- Your first clinic appointment will include a blood test, and a visit with a doctor or nurse to review your next steps. Your first visit will be booked for your cycle day 2 or 3.
- Your treatment consents will be sent with DocuSign. They must be completed prior to your 1<sup>st</sup> visit.
- The nurse will give you a prescription for your medication which you can pick up from West End Pharmacy, located inside ONE Fertility, when you come in for your first visit.

\*Please be prepared to attend approximately 1-5 visits during your monitored cycle. The number of visits will depend on your individualized cycle plan. You may be asked to use ovulation prediction kits as part of your cycle monitoring.

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 appointments as efficient as possible. To ensure that all patients can finish their visit 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. In-depth questions will be answered at follow-up appointments with your primary physician.

### **Coming to the Clinic for Cycle Monitoring:**

Upon entry to the clinic, you will proceed to check in with the receptionist. Don't forget your health card!

#### *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.

#### *Doctor/Nurse instructions*

- i. After your blood draw, you will be advised where to wait for a nurse or doctor
- ii. 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
- iii. For every subsequent visit, you will have the option to leave after ultrasound (and get a call later in the day with direction) or wait to see a nurse or doctor

#### *Pelvic Ultrasound at subsequent visits (after blood draw)*

- i. A sonographer (ultrasound technician) will call you for your ultrasound
- ii. The ultrasound will assess your ovaries and uterus

### **Duration of Treatment:**

Generally we recommend trying this treatment plan for 3 cycles although you can choose to do this treatment for a shorter or longer duration if you wish. If you are not pregnant after 3 tries of your treatment plan, we recommend that you **check in with us to reassess your treatment plan. Your doctor may have already discussed with you a subsequent treatment plan** - If you do not already have a plan for your subsequent treatment step, you can either book an appointment with your primary physician to discuss the next steps or communicate with our nursing team who can ask your doctor for next steps on your behalf.

\*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:

<https://onefertility.com/medications/>

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 may be asked to use ovulation prediction kits (OPKs). OPKs can be purchased at drug stores or online. Please follow the instructions 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 you 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 receive 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 and eventually the egg.

### **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 (fever, pain, foul discharge etc.), 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 cycle monitoring. 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 (injection) that will cause you to release your egg in a timely manner. This medication is stored in West End pharmacy, which is located inside the clinic for your convenience. If we use this medication, your DI will be on the day after this injection. To learn how to administer Ovidrel, you can take a look at a video found at this link <https://onefertility.com/medications/>

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

You will be assigned a time to arrive at the clinic. When you arrive for the procedure, please check in with reception, show your health card, and settle your account. We will take you into an exam room when the physician is ready for you.

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

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.

**WHAT ARE THE COSTS INVOLVED?**

Please refer to our website <https://onefertility.com/fees/>

**NEED EXTRA RESOURCES?**

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

**PLEASE HAVE A PREGNANCY TEST 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 SUCCESS!

ONE Fertility Team