

Women's Health Specialists

Family Fertility Program



1818 N. Meade Street
Appleton, WI 54911

Phone: 920-738-6242
Fax: 920-831-1851

Clinic Hours: Monday-Friday 7:00 AM – 12 Noon
Weekends and Holidays for procedures only by 10:00 AM

**Women's Health Specialists
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920-738-6242
920-831-1851 FAX**

Welcome

Women's Health Specialists Family Fertility Program (WHS-FFP) welcomes you. We hope the following information will give answers to some questions we routinely get about our program and office. We hope it proves helpful now, and in the future, as a reference.

The inability to conceive a child can be a trying experience. The Women's Health Specialist Family Fertility Program offer compassionate, personalized care to assist those who wish to become parents.

Our Program

We are dedicated to providing the highest quality medical care and treatment for persons experiencing varying degrees of infertility. Our Program along with your gynecologist, has advanced skills in helping couples achieve their dream of having a natural child and in other areas of gynecology such as treatment of endometriosis, uterine fibroids and problems associated with hormonal variations.

We work with you every step of the way, ensuring that you have the knowledge and support to make decisions in your care. Our team is committed to finding the cause of your fertility and working together to select the best option to achieve conception.

At Women's Health Specialists Family Fertility Program, we can also provide you with the latest in Assisted Reproductive Technology (ART) to diagnose and treat infertile or sub fertile couples. We also have a special interest male infertility and can offer a range of services within the area for testing. We work closely with the UW-Madison Reproductive Endocrinology Department who provides the additional staffing and equipment required for the advanced technology associated with ART. (IVF or IVF/ICSI)

We understand that no two medical problems or patients are alike, and treatment is individualized to every patient's needs.

Services

We set up our practice to offer most diagnostic tests and services within our office.

- Artificial Insemination Husband or Donor 7 days a week
- Clomid cycle monitoring
- Ovulation Induction with injectable agents
- Evaluation and treatment of recurrent miscarriages
- Infertility Evaluation
- In Vitro Fertilization (IVF) monitoring of labs and ultrasounds
- Office hysteroscopy
- Office Ultrasound/ sonohystogram
- Hormonal Assays
- Pregnancy testing

The following services are located on the same campus and include:

- Semen Analysis
- Cryopreservation
- Sperm Storage

What is infertility?

Infertility is defined as a couple's inability to become pregnant after 1 year of sex without using birth control. However, "normal fertility" is defined as the ability to naturally conceive within 2 years' time.

A woman's fertility gradually declines from her mid-30s into her 40s, due in great part to the natural aging of the egg supply. A man's fertility is not known to be severely affected by age.

One in 6 couples experience some form of infertility.

General Information

This Patient Handbook is offered as a valuable resource, which you, the couple, may refer to throughout the course of your treatment. By virtue of its sensitive nature, fertility care engenders a wide range of emotions and it is because of this that we at WHS-FFP strongly encourage you to review the enclosed information together as a couple. It is our hope that the information contained in this Patient Handbook will contribute to a greater understanding of the reproductive process and serve to alleviate any anxiety or concern you may be experiencing prior to the start of any infertility treatment at WHS-FFP.

Telephone Calls for Scheduling During Clinic Hours

During the regular work week, routine appointments may be scheduled as follows at Appleton Medical Center, Andrology Lab or Women's Health Specialists in Appleton.

ANDROLOGY APPTS

Andrology appointments are scheduled
From 6:30 AM-10:30 AM
Please call 920-738-6460 to schedule an
Appointment. Andrology is located on
The 2nd floor of Appleton Medical Center

CHEMISTRY/BLOODWORK APPTS

Labwork appointments are scheduled between
7:30 AM-8:00 AM. Please call 920-738-6242
to schedule an appointment. Labwork is done at
Women's Health Specialists in Appleton, unless
we tell you otherwise.

MORNING ULTRASOUND APPTS

Morning ultrasound appointments are
Scheduled in chronological order beginning
At 7:45 AM and ending at 7:00 AM.
Occasionally, you will be asked to come in
Earlier or go to the Neenah office if needed

INSEMINATION APPOINTMENTS

Insemination appointments are scheduled in
correlation with the Andrology lab. Please call
920-738-6242 to schedule your insemination.
Weekdays, please call by 11:00AM
Weekends, please call our voice mail by 10:00

TELEPHONE CALLS FOR NURSING STAFF DURING CLINIC HOURS

Staff are available from 7:00 AM- 12 Noon to return phone calls relating to specific medical questions and processing of requests for medication refills. Please call 920-738-6242, if we are on another line or with a patient, our phone will go to voicemail. Please leave a message stating your name, message, or pharmacy information. Please note that while our goal is to try to return all patient calls the same day, this may not always be feasible.

TELEPHONE CALLS AFTER CLINIC HOURS, WEEKENDS & HOLIDAYS

For life threatening emergencies, dial 9-1-1

If you are pregnant and having significant vaginal bleeding or pelvic pain, you should contact your OB/GYN office. Please leave us a message, as well, so we may follow up with your physician.

If you are in need of medication, leave us your name, phone number and pharmacy, as well as the name and amount of medication needed. Medication will be called when we are in office by 12 Noon weekdays and by 10:00AM on weekends and holidays.

To schedule an appointment for lab tests, ultrasounds or non-emergent situations, leave your name and telephone number and you will be contacted the next day. For medical emergencies, please contact your physician.

Examples of Medical Emergencies

Pelvic pain or vaginal bleeding after retrieval or insemination
Fever after retrieval or insemination
Signs or symptoms of OHSS (Nausea, vomiting, fever, greater than 10# weight gain in any day)
Dizziness or feeling faint after insemination
If Pregnant and experiencing bleeding or cramping, please contact you OB/GYN

CLINIC and REPRODUCTIVE ENDOCRIOLOGIST APPOINTMENTS

Every attempt is made to keep the clinic operating on schedule, therefore please plan to arrive 10- 15 minutes prior to your scheduled appointment. If you arrive late, you may be asked to re-schedule or if you're late for an insemination appointment, you will be asked to wait in Andrology until we can see you in the WHS-FFP suite.

Reproductive Endocrinologist Appointments

Call 920-738-6242 to schedule your appointment with Dr. Mark Severino, Reproductive Endocrinologist from Aurora Bay Care in Green Bay. The doctor see patients in our clinic, typically once a month. Our staff will conduct a preliminary telephone interview to assure that we are adequately prepared for your appointment.

Once the appointment is scheduled, our staff will send a Welcome packet. The packet will include authorization for release of medical information, and a new patient history questionnaire for both partners to complete and those forms will need to be sent back to us by 2 weeks prior to your appointment. Failure to meet the above requirements can result in cancellation of your appointment.

The week prior to your appointment the Women's Health Specialist Family Fertility Program will obtain your medical records, surgical notes, x-ray films (hysterosalpingogram), copies of lab work related to infertility.

Infertility evaluations require us to obtain copies of your partner's semen analysis or urology workup. A separate authorization consent, mailed in your Welcome packet) must be returned to us prior to your appointment.

For a comprehensive fertility assessment, both partners should be present at the appointment. This evaluation usually requires about an hour. The cost for consult visit depends on the type of testing necessary to establish a diagnosis for the couple, and is generally in the range of \$250.00 to \$500.00.

Services offered in correlation with Aurora BayCare

In Vitro Fertilization (IVF)
Gamete Intrafallopian Tube Transfer (GIFT) Zygote Intrafallopian Tube Transfer (ZIFT)
Embryo Cryopreservation
Donor Egg Program
Embryo Donation Program
Tubal reversal

PATIENT RIGHTS & RESPONSIBILITIES

The patient has the right...

- To anticipate and receive efficient, quality health care conducted in a respectful and compassionate manner
- To receive all medically necessary services (Please be aware that each insurance plan utilizes its own definition of "medically necessary")
- To be fully informed and active in all aspects of their treatment plan
- To expect the complete confidentiality of their medical records
- To receive a prompt and fair review of any complaints or concerns they may have regarding clinic services

The patient has the responsibility...

- To fully understand their health insurance benefits, with regard to covered and non-covered services
- To treat WHS-FFP staff with courtesy, respect, and patience throughout the duration of their treatment plan
- To arrive for scheduled appointments on time, or provide the required advanced notification for cancellation
- To prepare for those appointments requiring the signing of consent forms by thoroughly reading in advance those forms to be signed
- To allow WHS-FFP to propose or provide the appropriate treatment, even if it differs from the treatment, which they may have received at another clinic
- To provide a complete and current health history for the purposes of accurate diagnosis and clinical treatment
- To notify WHS-FFP in advance of any reasons why they cannot or will not follow the recommended treatment plan
- To pay co-payments, deductibles, co-insurance, or charges for non-covered services upon notice

The staff of WHS-FFP has the responsibility...

- To provide quality patient health care in a safe and compassionate environment, catering to your physical and emotional well-being
- To include you in the formation and subsequent development of your personalized treatment plan
- To answer questions regarding any potential risks or benefits of treatment
- To return your telephone calls in a timely and amicable manner

Confidentiality

We work hard to protect our patients' privacy. We do not release medical records or portions of them without written authorization from the patient. Please sign and return the attached if applicable.

LIFESTYLE / ACTIVITY

Exercise / Activity: You will be advised by either a member of the WHS-FFP team as to what type of exercise is permissible during your infertility treatment. High impact aerobic activity, such as jogging or weight lifting is generally not recommended, as it poses certain medical risks. However, moderate exercise, such as walking or swimming is often encouraged, especially when the patient is undergoing ovarian stimulation treatment.

Diet: Healthy eating habits are strongly recommended during infertility treatment; therefore any diet you may be contemplating must be approved by WHS-FFP.

Caffeine consumption should also be minimal or avoided altogether.

Smoking: At least three months prior to initiation of any treatment cycle, all couples MUST stop smoking.

Alcohol: During treatment, alcohol consumption should be severely limited by the patient and partner and must be discontinued altogether once pregnancy is possible.

Medications: If you are currently taking any prescription medications, please be certain to inform the WHS-FFP staff. It is imperative that your prescribing physician be made aware of your current infertility treatment as he/she is the most qualified person to determine the need to discontinue or change your current medications. Over the counter medications, such as Tylenol, and Sudafed may be taken during the course of your infertility treatment. If you are uncertain as to which medications you may safely take during your treatment, please contact a member of WHS-FFP staff. We strongly discourage the use of herbal remedies during any portion of your treatment or early pregnancy.

Exercise and diet improvements are excellent enhancements to fertility therapy. There is evidence of a reduced risk of diabetes, high blood pressure, and pre-eclampsia in women who exercise in pregnancy. Some reports have identified a greater sense of well-being, shorter labor and fewer obstetric interventions in physically well-conditioned women. The standard recommendation by the Centers for Disease Control and Prevention, as well as the American College of Sports Medicine suggests that a minimum 30 minutes or more of moderate exercise per day, every day of the week, is ideal for pregnant women. The American Academy of Family Physicians and the American College of Obstetricians and Gynecologists (ACOG) endorse this 30 minutes per day recommendation.

In addition to physical benefits, gentle to moderate exercise is a healthy way to control the stress related to dealing with infertility diagnosis and treatment, but not all exercise is beneficial.

Level of Exercise

Everyone has a different level of exercise at which point it interferes with fertility. There is risk that the biological stress associated with exercise may induce ovulation problems and can, at times, increase the risks associated with fertility treatment. Maintaining or initiating a well balanced diet is important. This includes diverse nutrients (complex carbohydrates, balanced protein, low fat), a vitamin supplement and adequate hydration, especially during periods of exercise. Weight should be monitored: if weight loss occurs, intake should be increased; if weight gain occurs, intake should be evaluated and revised accordingly. Rapid weight gain or loss is not recommended.

Extreme exercise may affect fertility in both men and women. Serious athletes may have to add more calories to ward off fertility problems. Individual evaluation by a physician is recommended for those who are in a rigorous exercise program and concerned about their fertility.

If a woman has an established exercise program prior to treatment, that level of activity may be maintained and continued with some minor modifications and reasonable precautions.

If a woman has not begun an exercise program prior to treatment, a gentle start is advised such as walking or swimming 15 to 30 minutes, three days a week. A slow and steady increase in duration and frequency can be accomplished over a period of several weeks. A good guideline to follow is if it is difficult to carry on a conversation, slow down. For those starting a new program and can afford the luxury of a professional trainer, working with one who has expertise in exercise during pregnancy is a great way to begin.

Heavy exercise spurts followed by long periods of no activity is not recommended. Gentle to moderate, regular exercise is best.

Modifications to Exercise During Infertility Care

Generally, it is safe to assume that if an activity is uncomfortable, don't do it, especially when considering discomfort in the region of the ovaries. Near the end of an IVF cycle and for a month after, avoid jostling tender ovaries and activities where even slight injury to the abdomen may occur. Ovaries are enlarged and may be uncomfortable when being jostled. Aside from causing discomfort, there is an increased risk of ovarian torsion, particularly after 5-7 days of gonadotropins. Bouncing exercises to avoid include vigorous step aerobics and running. Less traumatic, low impact exercises, such as walking, yoga, Pilates, swimming, are preferred.

A general rule of thumb is to aim for a target heart rate of 120-130 from stimulation day 8 to one week post transfer.

Contact sports or other activities that may increase the chance of bumping or hitting the abdomen or increase the risk of a fall such as horseback riding, vigorous racquet sports and downhill skiing should be avoided.

Avoid overheating especially during exercise; this includes hot tubs, hot yoga and exercising during very hot days.

Avoid conditions that limit oxygen availability especially during aerobic exercise; hiking up to a 6000 feet altitude is an acceptable limit.

Scuba diving is absolutely not recommended.

These are general guidelines, however, everyone's level of comfort and physical condition is unique. It is always recommended patients discuss their exercise regimen with their physician.

Women's Health Specialists Family Fertility Program Patient Test Requirement

Upon calling Women's Health Specialists Family Fertility Program the nurses will take an in depth look at your health history. You may have already seen a primary care physician or obstetrician/gynecologist with your fertility concerns. If so, having information from those visits will be beneficial to their evaluation. Upon evaluation of your past infertility history, the appropriate lab work, X-ray testing, and in some cases surgical procedures will be ordered for you.

Given that the miracle of conception involves numerous factors, every patient's testing will be different. Which testing might be necessary for you will be discussed after our history review.

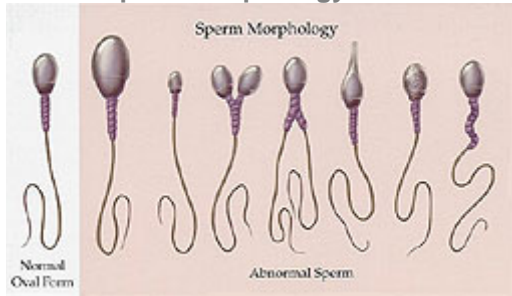
The testing may include, Blood tests for hormone levels and genetic conditions, Semen Analysis, Hysteroscopy, to view inside the uterus, Laparoscopy, to view inside the abdomen, Hysterosalpingogram an X-ray study of your fallopian or Sonohysterogram a vaginal ultrasound to view the inside of your uterus.

Semen Analysis

Semen analysis is usually one of the first tests done to help determine whether a man has a problem fathering a child (infertility). A problem with the semen or sperm affects more than one-third of the couples who are unable to have children (infertile).

Tests that may be done during a semen analysis include:

- **Volume.** This is a measure of how much semen is present in one ejaculation.
- **Liquefaction time.** Semen is a thick gel at the time of ejaculation and normally becomes liquid within 20 minutes after ejaculation. Liquefaction time is a measure of the time it takes for the semen to liquefy.
- **Sperm count.** This is a count of the number of sperm present per milliliter (mL) of semen in one ejaculation.
- **Sperm morphology.** This is a measure of the percentage of sperm that have a normal shape.
- **Sperm morphology refers to the size and shape of the sperm.**



- **Sperm motility.** This is a measure of the percentage of sperm that can move forward normally. The number of sperm that show normal forward movement in a certain amount of semen can also be measured (motile density).
- **pH.** This is a measure of the acidity (low pH) or alkalinity (high pH) of the semen.
- **White blood**
- **cell count.** White blood cells are not normally present in semen.

How To Prepare

You may be asked to avoid any sexual activity that results in ejaculation for 2 to 5 days before a semen analysis. This helps ensure that your sperm count will be at its highest, and it improves the reliability of the test. If possible, **do not** avoid sexual activity for more than 1 to 2 weeks before this test, because a long period of sexual inactivity can result in less active sperm.

Be sure to tell your health professional about any medications or herbal supplements you are taking.

How It Is Done

You will need to produce a semen sample, usually by ejaculating into a clean sample cup. You can do this in a private room or in a bathroom at your health professional's office or clinic. If you live close to your health professional's office or clinic, you may be able to collect the semen sample at home and then transport it to the office or clinic for testing.

- The most common way to collect semen is by masturbation, directing the semen into a clean sample cup.
- You can also collect a semen sample during sex by using a special condom. You cannot use a regular condom as it that might kill sperm. You may use a special condom provided by the clinic that does not contain any substance that kills sperm. After you have ejaculated, carefully remove the condom from your penis. Tie a knot in the open end of the condom and place it in a container that can be sealed in case the condom leaks or breaks.

If you collect the semen sample at home, the sample must be received at the laboratory or clinic within a 1/2 hour. Keep the sample out of direct sunlight and do not allow it to get cold or hot. If it is a cold day, carry the semen sample container against your body to keep it as close to body temperature as possible. Do not refrigerate the semen sample.

Since semen samples may vary from day to day, 2 or 3 different samples may be evaluated within a 3-month period for accurate testing.

What you should know

- A semen sample collected at home must be received at the laboratory or clinic within 30 minutes of collection. Keep the sample out of direct sunlight and do not allow it to get cold or hot. If it is a cold day, carry the semen sample container against your body to keep it as close to body temperature as possible. Do not refrigerate the semen sample.
- A man whose mother took the medication diethylstilbestrol (DES) during her pregnancy with him has a greater-than-normal risk of being unable to father a child (infertile).
- Additional tests may include measuring hormone levels, such as testosterone, luteinizing hormone (LH), follicle-stimulating hormone (FSH), or prolactin.
- Other fertility testing, including sperm penetration, the presence of antisperm antibodies, or analysis after sexual intercourse (postcoital), may be recommended for infertility problems..

What effects the test

Look at how many days of abstinence there was prior to the semen analysis, if longer than 5 days, the sperm will be less active and not able to swim out of the semen. It will also give less volume.

Medications, such as Tagamet, male and female hormones (testosterone, estrogen), sulfasalazine, nitrofurantoin, and some chemotherapy medications.

Caffeine, alcohol, cocaine, marijuana and smoking tobacco.

Herbal medications such as St. John's Wort and high doses of echinacea

Does he bike or jog (heats scrotal area and kills off the sperm)

Does he sit in a car or truck all day (heats scrotal area) have him direct cooler air or ice packs

Does he use a laptop computer on his lap

Does he carry a cell phone in his front pocket

Did he have a fever in the last couple of months

Was he on any antibiotics

Was he in a hot tub just casually or all the time

Does he work construction (summer months), in prolonged heat exposure situations

Does he work with chemicals (chlorine, ammonia, pesticides or spermicides

Intercourse and lubricants

It has been known for quite some time that many lubricants used to facilitate intercourse or as an aid in masturbation for sperm collection may actually be toxic to sperm. A new study presented at the American Society for Reproductive Medicine 2005 conference confirmed this through a more rigorous study analyzing sperm motility and DNA damage after exposure to four brands: FemGlide, Replens, Astroglide and Pre-Seed.

Although no single product left the sperm completely free of damage, the research identified the Pre-Seed product as causing considerably less motility and DNA damage than the others.

The company that distributes this product claims that Pre-Seed is of the same osmolarity (salt density) and pH as seminal fluid. They further claim that it contains a plant sugar that acts as an anti-oxidant.

The study was jointly conducted without funding from any of the lubricant companies by researchers at Cleveland Clinic Foundation in Cleveland, Ohio; South Dakota State University in Brookings, South Dakota; and Washington State University in Spokane, Washington.

In the first experiment, sperm from 13 different donors was analyzed for progressive motility after 30 minutes of exposure to each lubricant while compared to a control batch from the same sperm donors with no lubricant exposure.

The results showed that sperm activity ranged from a high of 66 percent in untreated sperm, followed by 64 percent with sperm treated with Pre-Seed, followed by 51 percent with FemGlide and 25 percent with Replens. The lowest reported sperm motility was 2 percent in a solution containing Astroglide.

In a second experiment, spermatozoa was exposed for 4 hours and then evaluated for sperm chromatin integrity and then analyzed for percentage of DNA fragmentation, and then compared to non-exposed sperm. Again, the results indicated that Pre-Seed was associated with the smallest amount of sperm DNA damage at 7 percent more than untreated sperm, followed by KY at 10 percent and FemGlide at 15 percent.

Besides the brands tested, it is also thought that KY Jelly, Vaseline, and even saliva can have a negative impact on sperm. (One of the least toxic substances is pure mineral oil but it is generally not advised that women use lipid-based products in the vagina. Mineral oil remains an excellent choice for lubrication for masturbation.)

We welcome the news that a product that is backed by independent laboratory analysis is now available that can make vaginal intercourse more comfortable as well as acting as a promoter of fertility

Exercise and diet improvements are excellent enhancements to fertility therapy. There is evidence of a reduced risk of diabetes, high blood pressure, and pre-eclampsia in women who exercise in pregnancy. Some reports have identified a greater sense of well-being, shorter labor and fewer obstetric interventions in physically well-conditioned women. The standard recommendation by the Centers for Disease Control and Prevention, as well as the American College of Sports Medicine suggests that a minimum 30 minutes or more of moderate exercise per day, every day of the week, is ideal for pregnant women. The American Academy of Family Physicians and the American College of Obstetricians and Gynecologists (ACOG) endorse this 30 minutes per day recommendation.

Ovulation Predictor Kits

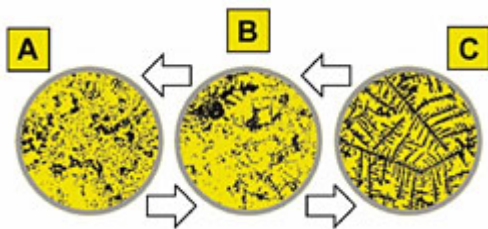
The marketplace offers a dizzying selection of devices to help women predict ovulation to increase their odds of conceiving. Collectively, these products are called ovulation predictor kits (OPKs) or fertility monitoring devices.

They are broadly grouped into two main types: those that gauge a woman's Luteinizing hormone (LH) surge and those that monitor one's estrogen level. The LH surge is tracked with urine testing strips, which are then discarded. Estrogen can be tracked with longer-use fertility monitoring devices that check saliva or other bodily fluids.

When under-going artificial insemination (AI) and intrauterine insemination (IUI), women need a very precise measurement of ovulation. Single-use OPKs that require urine testing first thing in the morning or after 2-4 hours of "holding it" are ideal for this. They react when a woman's pituitary gland sends out an LH surge, directing the egg to leave the ovary in 24-36 hours, like clockwork. The egg then spends the next 6-12 hours sliding down the fallopian tube where it must be fertilized before implanting into the uterus. This critical window requires sperm to be on the spot, ready to fertilize.

For LH testing, WHS-FFP recommends **ClearPlan/ClearBlue Easy and Ovu-Kit One-Step** because, in our experience, they tend to give the most unambiguous results. The kits that are not as highly recommended are Answer, First Response and generics; they appear to be more prone to false negative results.

For couples timing pregnancy to the LH surge, natural intercourse is recommended both on the day that the kit changes, and the next day. If a couple is going through IUI with fresh sperm, the insemination will be timed the day after the kit shows ovulation. If frozen sperm is being used, many times two inseminations take place: one on the day of change and another the following day.



The longer-use ovulation monitors that use saliva to measure estrogen levels typically identify a 72 hour peak "zone" of fertility. Tracking estrogen levels can be a fascinating process, although patients may need additional time to train their eye to spot the critical pattern that appears in saliva with elevated estrogen. Curiously, the salt content in body fluids increases with a rise in estrogen. Once dried in a magnified setting, the saliva reveals a distinct crystallization, or "ferning" from the salt level (see illustration on left), similar to ice patterns on a frosty window.

Some name brands include Fertile Focus, the Donna and Lady-Q. These devices are useful if couples can have frequent intercourse during their 3-6 day zone of fertility.

A brand new product that also tracks ovulation via estrogen levels uses a wrist watch-like calculator that must be worn every night. This device makes direct contact with one's skin, and uses a sensor that contains a non-allergenic gel released to detect one's estrogen from the moisture released off the wrist.

Since WHS-FFP has not reviewed the estrogen-monitoring products and their efficacy, patients are strongly advised to do their own research.

SCHEDULING AN INTRAUTERINE INSEMINATION (IUI) WITH HUSBAND SEMEN

• General Information

Inseminations are performed the day after you surge. Please observe the following guidelines to schedule your inseminations.

The Andrology Laboratory and Women's Health Specialists Family Fertility Program are open Monday-Friday, and open for limited service (Inseminations) on Saturday and Sunday mornings by previous appointment only. Appointment times are:

	Monday - Friday	Saturday	Sunday
• Sample collection time	6:30 a.m.-10:00	AM ONLY	AM ONLY
• Insemination time	8:30 a.m.12 Noon	AM ONLY	AM ONLY
• Approx. interval between collection & insemination	1½-2 ½ hours	1½-2 ½ hours	1½-2 ½ hours

Note: Exact appointment availability varies depending upon the clinic daily schedule.

• Monday IUI

To schedule an IUI for Monday, call the Family Fertility Program telephone answering machine at 920-738-6242 on Saturday/Sunday by 10:00 AM and leave a message. Please state:

- o Your name and your husband's name , Dates of Birth
- o Your physician's name
- o A phone number where you can be reached

• Tuesday-Friday IUI

Call the Family Fertility Program between 7:00 a.m. and 11:00 AM on the day of your surge to schedule service for the next day. You will be scheduled for both the sample collection and insemination times.

• Saturday/Sunday IUI

IUI is available on Saturday and Sunday morning. In order to schedule, you must call to schedule your insemination at 920-738-6242, **before 11:00am on Friday for Saturday Inseminations**, or **by 10:00 AM on Saturday for a Sunday Insemination** to obtain assigned collection and insemination appointment times.

Sunday At the previously scheduled time, husband/couple should go to the Andrology Lab at Appleton Medical Center, for sample collection and insemination.

FAILURE TO CONTACT BOTH THE CLINIC STAFF AND THE ANDROLOGY LAB BY 11:00 AM ON FRIDAY AND/OR ON SATURDAY BEFORE 10 O'CLOCK AM, MAY RESULT IN NO SERVICE ON SUNDAY. PATIENTS WHO FAIL TO CALL ON TIME FRIDAY/SATURDAY WILL INCUR AN ADDITIONAL \$ 60 FEE. WEEKEND INSEMINATION WILL BE SCHEDULED ACCORDING TO THE STAFF'S AVAILABILITY.

• Holidays

We are available for all holidays, except (see note below) Christmas/New Year's. We will follow the Saturday/Sunday instructions above.

The one week of the year that the clinic and the Lab are closed for all services is December 24th thru January 1st .Please call well ahead to inquire about coverage.

• Payment of Fees

Fees are payable at time of service. If you have any questions, call Gloria, at Women's Health Specialists Billing Department at 920-749-4000 .

• Insemination Fee	200.00
• Lab Fee Partner	353.00
Lab Fee Donor	73.00
• Weekend Fee (if applicable)	60.00

• Questions

For clarification of the above items, please call the Clinic Nurse at 920-738-6242.

Infertility Medications and Information

Critical Information Regarding Your Medications

Whenever you receive a quantity of medication and injections supplies it is extremely important that you double check for accuracy. You will want to ensure that you have not only received the correct medication(s), but also the appropriate quantity of vials/ampules/cartridges/tablets/syringes, etc., that the prescription or refill indicates.

Checking for accuracy is especially critical around the weekends and holidays. It is often difficult to locate pharmacies (especially in smaller communities) that routinely stock infertility medications. Therefore, it is your responsibility on Fridays to ensure that you have enough medication and supplies to carry you through the following Tuesday. If a holiday falls during your treatment cycle, you will want to ensure that you have enough medication and supplies to carry you through the next business day following the holiday. Lastly, you will also need to take into account any dosage increases, if applicable.

After Hours: Please remember that we are always available during our regular business hours to assist you with acquiring your medications and supplies, refill ongoing prescriptions, and/or answer any questions you may have. If it is **after 12 Noon** during the week, if you have an emergency situation, call your MD office or service, if they are not available, go to your local emergency room or wait until morning.

MEDICATIONS

Just as no two people are identical, no two infertility treatment protocols are either. At some point during your treatment cycle, you will receive an individualized medication protocol designed specifically for you, the details of which will be reviewed with you several times throughout the course of your cycle. The overall design of the protocol will depend on your selected type of treatment. (ie. timed intercourse, insemination, IVF, etc...) Although protocols are quite similar, the type and quantity of medications, number of injections, and administration times will vary greatly from patient to patient. The information provided below is designed to familiarize you with the basic types of infertility medications, their functions and side effects.

MEDICATIONS

Baby Aspirin

- **Description**

Low dose aspirin treatment has been shown to enhance blood flow to the uterus and ovaries. As a result of this improved responsiveness to gonadotropins, increased implantation and pregnancy rates have been noted.

- **Side effects**

Aspirin can cause indigestion and should be used with caution, if at all, in somebody prone to heartburn or indigestion. It is best to use aspirin after food. Skin rashes occur in some people and sometimes there is dramatic swelling of the face and mouth to include difficulty breathing (anaphylactic reaction).

THE MOST COMMON SYMPTOMS AND SIDE EFFECTS:

Clomiphene (Clomid, Serophene®)

- **FDA:** FDA-approved for ovulation induction in anovulatory women, but widely used for unexplained infertility in women who do ovulate regularly on their own.
- **Most common side effects:** Hot flashes, night sweats, dizziness, mood swings
- **Adverse reactions:** ovarian hyperstimulation, abdominal pain or bloating, temporary visual disturbances.
- **Long term effects:** Possible increased incidence of noninvasive ("borderline") ovarian tumors – not proven to be causative. Most recent studies find no link with invasive ovarian cancer. Because more than one follicle may develop (potentially releasing more than one egg during ovulation), multiple pregnancy(4-6% chance) is a possible complication. Additional side effects may include increased frequency of headaches, visual changes, mood swings, ovarian cysts, or hot flashes.

Estrace (Estradiol)

- **Description**

Oral estrogen used in frozen embryo transfer or donor recipient embryo transfer protocols for the purpose of helping build the endometrial lining. Estrace is also used for patients undergoing a Clomid or Letrozole cycle or fresh IVF retrieval cycle to supplement the bodies natural estrogen production.

- **Side effects**

Migraines, nausea, abdominal cramps, bloating, mood swings
Multivitamin

- **Description**

Oral vitamin given to supplement your diet by providing you with the necessary vitamins and minerals. This vitamin contains the recommended amount of folic acid (400mcg).

- **Side effects**

Constipation, nausea, darkening of the stools due to iron contained in the vitamins.

Drink plenty of water as well as include fiber in your diet to help counteract these effects.

GnRH agonists (Lupron, Synarel)

- **FDA:** Although Lupron and Synarel are not FDA-approved for IVF use, they are widely used in the U.S. to prevent premature ovulation in IVF cycles.
- **Most common side effects:** Mild headache
- **Adverse reactions:** Patients with unrecognized pituitary tumors can experience a type of pituitary “stroke” when on Lupron. This is very rare but potentially serious.
- **Long term effects:** bone loss in long-term users, not significant for the short courses used for IVF.

Gonadotropins (Follistim, Gonal-f, Repronex, Menopur)

- **FDA:** FDA-approved for super-ovulation and in IVF to recruit multiple eggs.
- **Most common side effects:** Tiredness, local injection site skin reactions such as pain and redness (especially Repronex), abdominal fullness, bloating. Contrary to popular belief, we rarely hear our patients complaining of mood swings on gonadotropins.
- **Adverse reactions:** Ovarian hyperstimulation, multiple pregnancies (twins or more).
- **Long term effects:** Some concern was raised in the early 1990's about whether these drugs could increase a woman's risk of ovarian cancer. Most recent studies are reassuring that there is not an increased risk. These studies are ongoing because this class of drugs has only been in wide use for about 25 years. Because all of these medications act directly on the ovary and induce development of more than one follicle, multiple pregnancy is a possible complication. However, with careful monitoring and low-dose medication, the frequency of multiples is decreased. As previously indicated, these medications result in the development of multiple follicles. While large follicles can be expected to ovulate, the smaller follicles that do not will continue to grow in response to the HCG injection. This activity may result in ovarian hyperstimulation syndrome. Other adverse effects may include dizziness, nausea, abdominal discomfort, ovarian cysts, and breast tenderness. You may experience pain, redness and itching at the injection site. Generally, patients experience less discomfort if it is administered subcutaneously in the abdomen.

GnRH Antagonists (Ganirelix, Cetrotide)

- **FDA:** FDA-approved for use in IVF to prevent premature ovulation.
- **Most common side effects:** None that we have seen.
- **Adverse reactions:** Earlier (pre-FDA approval) versions of these medications were sometimes associated with severe allergic reactions but we have not seen any yet in our practice.
- **Long term effects:** bone loss in long-term users, not significant for the short courses used for IVF.

hCG (Novarel, Pregnyl)

- **FDA:** FDA-approved for ovulation induction. Commonly used in clomiphene, gonadotropin and IVF cycles to time insemination or egg retrieval.
- **Most common side effects:** Some increased discomfort, rarely outright pain, at the time of ovulation.
- **Adverse reactions:** If a patient has multiple follicles on gonadotropins, hCG can be the final kick to the ovaries to tip someone over into hyperstimulation syndrome. This is not seen in natural cycles or in most patients on clomiphene.
- **Long term effects:** When given by itself, there are few adverse effects associated with HCG. When given in conjunction with either clomid or gonadotropins, however, HCG can contribute to ovarian hyperstimulation syndrome (OHSS). Some patients also experience the following generalized side effects: headache, nausea, breast tenderness, fatigue.

Letrozole (Femara)

- **Description**

Is the most recent addition to the drugs being used for fertility treatment. It has been widely used in women with breast cancer. It is an aromatase inhibitor, an enzyme that is responsible for the production of estrogen in the body.

- **Indications** This medication is used for treatment of infertility. It is especially effective on patients with PCOS or patients who do not respond to Clomid.
- **Side Effects** Hot flashes, headaches, breast tenderness
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Ovidrel

- **Description**

Ovidrel® is the only recombinant chorionic gonadotropin (r-hCG) approved in the U.S. Ovidrel® is administered subcutaneously (just under the skin) with a small needle. Other available hCG products are urine-derived and need to be given intramuscularly with a much larger needle.

- **Indications**

Ovidrel® is indicated to help egg follicles mature and to trigger the release of mature eggs in women following the follicular phase of fertility treatment. Ovidrel® should not be taken if there are signs or symptoms that ovarian hyperstimulation syndrome (OHSS) or over-stimulation of follicles may occur.

- **Side effects**

As with other hCG preparations, side effects can occur with the use of Ovidrel®: discomfort at the injection site, stomach pain, nausea and vomiting have been reported. As with all medications, it is important to report any physical changes and all symptoms to your health care provider. Contact your doctor immediately if you experience severe pain or bloating in the stomach or pelvic area, severe upset stomach, vomiting, or weight gain. These may be symptoms of a rare but serious condition called ovarian hyperstimulation syndrome (OHSS). Severe OHSS occurred in less than 1% of patients during clinical trials.

Progesterone (Prometrium, Progesterone suppositories, Progesterone in oil)

- **FDA:** Only Prometrium is FDA approved and it is approved for use in menopause in conjunction with estrogen hormone replacement. It is pure oral micronized progesterone. Progesterone suppositories and Progesterone in oil are usually compounded by individual specialty pharmacies (pharmacies that specialize in distributing fertility drugs). Most progesterone packaging advises not to use in pregnancy but these drugs are the exact same progesterone produced by the human ovary in the luteal phase and in early pregnancy so are widely used in fertility treatment.

- **Most common side effects:** Mostly very minor things like breast tenderness or mild bloating. For patients on progesterone in oil, local pain and redness at injection sites is common.

- **Adverse effects:** Local vaginal reactions such as irritation or itching from suppositories. Severe local skin reactions to progesterone in oil are fairly rare.

- **Long term effects:** Questions have been raised as to whether high doses of progesterone in early pregnancy may be associated with urinary tract abnormalities in the fetuses of the mothers taking progesterone. There has never been any such association proven. Mood swings, weight gain, breast tenderness, insomnia, local irritation at injection site (it is normal to have some redness or irritation at site due to loculation of oil; massaging the area, applying hot packs to the area before and after injection to help relieve these symptoms).

If taking progesterone in oil notify the clinic immediately if hives or rash develops. Do not use if allergic to peanut or sesame oil.

Cold and Flu Guidelines

The best prevention against cold and flu viruses is adequate rest, a good diet, and frequent handwashing. A head cold may last 7-10 days.

If necessary while trying to conceive or questionable pregnancy, plain Tylenol may be used for aches, pains and fever. Over the counter Sudafed, Actifed or Tavist tablets may be used as directed for nasal congestion. Afrin nasal spray may also be used for no more than 3 days. Prolonged use may worsen nasal congestion. Plain Robitussin may be used for cough. Throat Lozenges or cough drops are safe to use as directed.

For stomach upset or heartburn, you may use Tums, Maalox, or Mylanta as directed.

When you have a cold, drink fluids and get extra rest. A vaporizer at night and extra pillows to elevate your head may also be helpful. If your cold symptoms seem more severe than usual, or if you have a severe sore throat, please call your MD.

For flu symptoms, a clear liquid diet for 24 hours may prove helpful. Clear liquids include tea, Kool-aid, strained lemonade, strained fruit juice (orange, grape, cranberry, apple, cranapple) fruit-flavored beverage, fat-free broth, bouillon, gelatin, hard candy, popsicles, fruit and ice.

Again, call your MD if symptoms persist or if unable to tolerate liquids.