

The Center for Advanced Reproductive Services- Farmington, Branford, and Hartford

**OVULATION INDUCTION / (Intrauterine Insemination) “IUI” PROGRAM
Center for Advanced Reproductive Services**

FARMINGTON OFFICE: 844-467-3483

HARTFORD OFFICE: 860-525- 8283

BRANFORD OFFICE: 203-481-1707

IUI Teaching Class Handbook

6.14.01 MMR

revised 9.04.01 8.4.02; 8.22.02;4.03; 5.13.03;

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SD: 7.15; 8.15; 7/21

Welcome to the On-Line IUI Injectable Teaching Program at The Center for Advanced Reproductive Services. Before starting your injectable medications, the following steps MUST be completed:

- 1. All medical pre-requisites prescribed by your physician must be completed. This includes update blood work, physical exams, HSGs etc.**
- 2. Your insurance pre-authorizations must be completed with your Financial Service Representative (FSR). You cannot start a cycle until “financially cleared”.**
- 3. Once above completed, call your primary (“clinical”) RN to obtain your medication plan and a list of medication videos that you will need to watch on-line through our website. (See “MEDICATION CHECKLIST ADDENDUM for list and website instructions)**
- 4. You are responsible for thoroughly reading this entire (Ovulation Induction) IUI Injectable Teaching Packet**
- 5. You are responsible for reviewing all assigned medication videos. See “MEDICATION CHECKLIST” ADDENDUM at the end of the packet.**
- 6. Once you have reviewed both this teaching packet AND the medication videos assigned by your primary (“clinical”) nurse, call your clinic nurse and leave a message that you have done so and are ready to begin your treatment.**
- 7. Your call will be returned WITHIN A FEW DAYS to complete a short phone interview to verify your understanding of your current medication protocol; to answer any questions that you might have; and to receive your actual prescription.**
- 8. Consents MUST be signed BEFORE you may start medications. Please note: The consents must be signed through Engaged MD.**
- 9. Once all the above is completed, you will be able to start your cycle.**

PART 1 ABOUT OUR OVULATION INDUCTION/IUI PROGRAM

IMPORTANT INFORMATION FOR YOU TO KNOW BEFORE AND DURING YOUR CYCLE

WORKING WITH THE TEAM

The doctors, nurses, laboratory, and office staff are all very invested in your care. This handbook was designed with your needs in mind to use as a reference and to encourage you to participate in your own care.

IMPORTANT PHONE NUMBERS

- Farmington Office: 844-467-3483 or 860-321-7082
- Hartford Office: 860-525-8283
- Branford Office: 203-481-1707

Note: We have 3 clinical offices where we perform IUIs –Farmington, Branford and Hartford. (Only Branford patients can do IUIs in the Branford office Monday-Friday). The Hartford and Branford office is closed on weekends and major holidays. All cycling ultrasounds, intrauterine inseminations, and urgent/emergency care needs are performed **ONLY** at the Farmington office on weekends and major holidays. (Our New London office has limited ultrasound monitoring hours Monday through Friday and bloodwork. No IUIs are performed in the New London office.)

FOR AFTER HOUR AND WEEKEND EMERGENCIES: ALL OFFICES:

If you have an emergency and it is after office hours or on weekends, call 844-467-3483 or 860-321-7082 and ask for the physician on call.

If it is a question or concern that can be answered during normal business hours, please leave a message on the nurses' line and we will get back to you when the office re-opens.

“CLINICAL NURSES” LINE:

While you are preparing to cycle (that is, prior to actually starting your injections), call your clinical nurse for any questions or concerns you may have:

For Dr. Nulsen's patients	860-321-7082 X 8026 (Nina in Farmington)
For Dr. Benadiva's patients	860-321-7082 X 8028 (Leah in Farmington)
For Dr. Grow's patients	860-321-7082 X 8328 (Krista in Farmington)
For Dr. Schmidt's patients	860-321-7082 X 8035 (Jenny in Farmington)
For Dr. Engmann's Hartford/Farmington patients	860-525- 8283 X8106(Mary-Kate)
For Dr. DiLuigi's patients	860-525- 8283 X 8109(Chelsea in Hartford)
For Dr. Makhijani's Farmington patients	860-321-7082 X 8026 (Nina in Farmington)
For Dr. Makhijani's Branford patients	203-481-1707 X 8153 (Haley in Branford)

- Do not leave an emergency message on this line. If your call is not urgent you may not hear from the clinical team until the following business day.
- Messages are not retrieved from these lines after hours or on weekends. However, on Mondays all calls received on the weekend will be retrieved.

IMPORTANT INSURANCE INFORMATION

Insurance company benefits vary greatly when it comes to infertility treatments. It is your responsibility to discuss benefit coverage with your Financial Service Representative (FSR) here at The Center **BEFORE** you begin your treatment plan.

If you begin your treatment without completing the pre-certification/financial clearance, you may be required to pay “out of pocket” for procedures, ultrasounds, lab services, blood work, and medications associated with your treatment.

A start date from the medical staff does not mean that you are financially cleared. You must check with your FSR before beginning or making a change to your treatment plan.

Before beginning treatment:

Dr. Nulsen’s patients:	FSR Sonia at (860)-321-7082 X 8061
Dr. Benadiva’s patients:	FSR Chrissy at (860)-321-7082 X 8021
Dr. Schmidt’s patients:	FSR Tammy at (860)-321-7082 X 8031
Dr. Grow’s patients:	FSR Sonia at (860)-321-7082 X 8061
Dr. Engmann’s patients:	FSR April at (860)-525-8283 X 8104
Dr. DiLuigi’s patients:	FSR Amanda at (860)-525-8283 X 8103
Dr. Makhijani’s Farmington patients	FSR Sonia at (860)-321-7082 X8061
Dr. Makhijani’s Branford patients	FSR Theresa at (860)-321-7082 X 8329

IMPORTANT PRESCRIPTION MEDICATION INFORMATION

Have your prescriptions filled by 1 week prior to your anticipated cycle start. Infertility medications are specialty items. This is why we have listed pharmacies that specialize in these medications. *Your prescription will come with refills so you can call your pharmacy when necessary to activate the refills. Monitor your available medications so that you can order refills with enough lead time for delivery. Be prepared for the weekends when it is more difficult to obtain refills. It is your responsibility to activate the re-fills.*

- *Some insurance companies are specific and dictate which pharmacy you must go to for coverage. As a result, in certain circumstances, it may take you several weeks to obtain your medications.*

Beacon (Southington)	(860) 628-3972	Monday- Saturday
Village Pharmacy	877-334-1610	24 Hours (no Sunday delivery)
Freedom Drug	800-660-4283	24 Hours (no Sunday delivery)
Aetna Specialty	866-782-2779	(insurance specific)
Caremark	877-408-9742	(insurance specific)
Tel-Drug (Cigna)	800-351-3606	(insurance specific)
Walgreen’s Specialty	800-424-9002	24 Hours (no Sunday delivery)
Express Scripts	888-327-9791	(insurance specific)

EMERGENCY MEDICATIONS:

Walgreens Pharmacy	24 Hour pharmacy
102 Washington St.	860-826-7272
New Britain, CT	

We can also send your prescription to any of these pharmacies as per your request.

PRENATAL VITAMINS/FOLIC ACID:

Begin taking prenatal vitamins before you start cycling. Several studies have shown that folic acid supplementation can significantly reduce the occurrence of neural tube defects in infants (such as spina bifida). This can be accomplished by taking the prenatal vitamin we have included in your prescription. This prescription contains 1 mg of folic acid.

NON-PRESCRIPTION MEDICATIONS

Please check with your primary care physician before taking any medications during your cycle.

Some herbal medications (St. John's Wart, Ginkgo, and Echinacea) have been found to be detrimental to eggs and sperm interaction. UConn Health Center does provide a "Pregnancy Riskline" to answer your questions related to medication and other exposures during pregnancy. You can contact the experts at Mother to Baby @866-626-6847 or online at mothertobaby.org.

CAFFEINE AND SMOKING

Eliminate cigarettes and minimize your intake of caffeine. Both of these substances have been shown to affect fertility. Switch to decaffeinated beverages if needed.

CONSENTS

- *Prior to beginning your ovulation induction therapy, your consents should be up to date.*
- Consents must be signed through Engagedmd.

ANSWERING MACHINE OR VOICE MAIL

Please have a functioning answering machine or voice mail with either your first name or your phone number identified in the greeting so that we can leave a message on the answering machine if necessary. Check your answering machine/voice mail every day when you are cycling.

www.uconnfertility.com

- This is The Center's own website which contains links to educational programs.
- Click on to "Patient Information" then "Patient Teaching" and you will see a link to Village Pharmacy and Freedom Fertility Pharmacy icons which have video and audio presentations on all medications and injection techniques. Specific instructions for these are your the Medication Checklist (See addendum at end of handbook)
- You will be given a list of your medications to review.
- Review assigned videos on EngagedMD

PART 2 – STEPS INVOLVED IN A CYCLE

THE TYPICAL SEQUENCE OF EVENTS INVOLVED IN AN OVULATION INDUCTION CYCLE CONSISTS OF:

- 1. TAKING INJECTABLE MEDICATIONS**
These medications supplement the body's production of the natural hormone FSH. This results in the development and maturation of multiple eggs during the woman's "stimulated" menstrual cycle increasing the probability of pregnancy. Typically a woman takes these medications for approximately 8 to 10 days.
- 2. A TIMED, MIDCYCLE INJECTION of "HCG" MEDICATION**
A timed, midcycle, single injection of HCG hormone mimics the "LH surge" which is experienced during a normal menstrual cycle. This results in the final maturation and release of the eggs from the ovaries.
- 3. A TIMED INTRAUTERINE INSEMINATION (IUI)**
A timed intrauterine insemination (IUI). This brings the sperm in closer proximity to the eggs and increases the woman's probability of pregnancy
- 4. ADDING PROGESTERONE**
The addition of Progesterone in the later half of the cycle supports the development of the uterine lining to nourish an embryo.

PART 3 GETTING STARTED WITH YOUR CYCLE

1. We monitor your cycle with ultrasounds and blood work to evaluate your response to the medications.

This is done intentionally so that we can help you get in and out as quickly as possible to avoid interrupting your work and personal schedules. Please be assured that you will get the time you need to address your personal needs. Each day your physician and the team will review your blood work and ultrasound results later in the day. Much of this is done by your own physician behind the scenes. If needed, you will receive a call from us to adjust or confirm your treatment plan.

FARMINGTON PATIENT APPOINTMENTS:

- Cycling ultrasounds are done between 7:30 AM and 9:15 AM in Farmington on the second floor. Ultrasounds and bloodwork are done by appointment only.

HARTFORD PATIENT APPOINTMENTS:

- Cycling ultrasounds are scheduled in the Hartford office from 7:15 am to approximately 9 am. Please call for an appointment time.

BRANFORD PATIENT APPOINTMENTS:

- Cycling ultrasounds are scheduled in the Branford office between 7:30 am and 9:00 am. Please call for an appointment time.

NEW LONDON PATIENT APPOINTMENTS:

Cycling ultrasounds are scheduled in the New London office between 7:30 am and 8:00am. Please call for an appointment time

2. Cycle Day #1 refers to the first day of “full flow” of your menstrual cycle. Any time before midnight that your usual menses (period) starts with your usual “full flow”(not spotting) is called CYCLE DAY # 1
3. **YOU NEED TO COME IN FOR A BASELINE ULTRASOUND AND BLOOD WORK ON CYCLE DAY #2 OR # 3 BEFORE YOU START MEDICATIONS** to be checked to be sure that it is safe to start your medications. This baseline will be scheduled by your nurse.
4. Injectable medications are started on **CYCLE DAY #2 or #3** after you have been given the medical OK to start by the clinical team
5. To schedule your first ultrasound and blood work appointment follow these instructions:

PATIENT INSTRUCTIONS FOR MAKING ULTRASOUND AND BLOOD WORK APPOINTMENTS

Monday through Friday:

- If your menses (period) starts during the workday while our office is open (until 4:30 PM), please call your specific physician's office to schedule your baseline appointment for the next day.

Weekends: Special Instructions

- If your menses starts on a Friday after our office is closed (4:30 PM), call the main number SATURDAY morning at 9 am (hit "1" for the operator) and tell them to please put you through to the front desk staff. We will either get a nurse for you or ask a nurse to call you back to book your baseline appointment for the appropriate date/ time.
- If your menses starts on a Saturday after 9 am, call the main number SUNDAY morning at 9 am (hit "1" for the operator) and tell them to please put you through to the front desk staff. We will either get a nurse for you or ask a nurse to call you back to book you a baseline appointment for the appropriate date/ time.
- If your menses starts on a Sunday before 4:30 PM, please come into your specific physician's office on *Monday* morning at 7:30-8:45 AM for a baseline ultrasound and blood work.
- If your menses starts on Sunday after 9am, call the main number Monday morning at 9 am and speak to the front desk staff to get you connected to a nurse's extension or leave a message for your nurse. We will call you back to book your baseline appointment for Tuesday.

GETTING BLOODWORK:

- It is imperative that your blood be drawn on the day it is ordered in a timely manner. We must have your results back early enough in the day (preferable by noon) so that we can evaluate results, make decisions, and communicate those decisions to you that same day. *This is a critical component of your cycle.*
- During your cycle your lab work **MUST BE DRAWN EARLY IN THE MORNING BY 9:00AM** to ensure that results are available in a timely manner for review at the team rounds.
- **The Center's Lab is the Preferred Lab for Patients.** Although The Center's Lab is preferred, for your convenience, during the week you may go to Quest for bloodwork appointments. However, your blood must be drawn by 8:30 am to get timely results for your MD to review. On weekends, all bloodwork **MUST** be drawn in the Farmington office.

***** ALL WEEKEND CYCLING LABWORK MUST BE DONE AT OUR FARMINGTON
OFFICE ONLY BETWEEN 7:30 AM and 9:00AM******

- ***Farmington Lab Hours:***

Monday- Friday 7:15 – 9:15 AM

Sat & Sunday 7:30 – 9:00 AM

- ***Hartford Lab Hours:***

Monday –Friday 7:30 – 9:00 AM

Sat & Sunday 7:30 – 9:00 AM Farmington office

- ***Branford Lab Hours:***

Monday –Friday 7:30 – 9:10 AM

Sat & Sunday 7:30 – 9:00 AM Farmington office

- **Quest is not acceptable for cycling and follow-up blood work on the weekends.**

RESULTS AND CALL BACKS:

Blood work results are not available to us until the afternoon and are then reviewed by the medical team. If we did not give you instructions at your morning ultrasound, then we will call you in the afternoon with your plan. Expect to hear from us by 5:30 PM. *If you do not hear from us by 5:30 PM, please call the office.*

POTENTIAL RISKS AND SIDE EFFECTS ASSOCIATED WITH STIMULATION MEDICATIONS

- **Monitoring during your stimulation phase is necessary to help prevent untoward side effects from your medications such as “Ovarian Hyperstimulation”.**
- **Hyperstimulation may result from too exuberant a response by your ovaries to your stimulation medications.**
- **If monitoring indicates that your ovaries are responding too exuberantly to your medications, your medication dosage may be adjusted, or you may be counseled about canceling your cycle if you are at increased risk for significant HYPERSTIMULATION or High Order MULTIPLE PREGNANCIES (triplets or greater).**

1. MEDICATION SIDE EFFECTS

- **Side effects which may be observed during a medication cycle are breast tenderness, mood swings, bloating, fatigue and pelvic discomfort related to ovarian enlargement. Some women form cysts on their ovaries after ovulation. These cysts do not usually cause problems other than pelvic fullness. Sometimes they grow excessively (size of an orange) and may cause abdominal pain or bloating. The resulting condition is referred to as HYPERSTIMULATION.**

Significant hyperstimulation, however, is a relatively infrequent occurrence in IUI cycles since relatively small amounts of ovarian stimulation medication are used (compared to an “IVF” In Vitro Fertilization cycle for example). Typically, if hyperstimulation symptoms occur, symptoms generally occur about 1 week after your HCG trigger injection.

Please call us if you develop any problems during this time particularly if you experience dizziness, decreased urination, shortness of breath, severe abdominal pain, or weight gain of more than 3 pounds. These cysts usually start to resolve by the 12th day after your injection of “HCG” unless you conceive. With pregnancy, the symptoms of HYPERSTIMULATION may last a little longer.

Hyperstimulation treatment usually consists of bedrest and increased fluids, especially Gatorade, Powerade, V-8 juice, or canned soups which all contain fluid and electrolytes.

2. MULTIPLE BIRTHS

- **Stimulation drugs are associated with an increased risk of multiple birth. The incidence of multiple birth is approximately 20%, usually twins. About 5% of the total pregnancies result in triplets or more. Additionally there may be a slight increase in the rate of miscarriage.**

3. OVARIAN CANCER

- Several things contribute to a woman’s risk of developing ovarian cancer. These include family history of ovarian cancer, personal history of other cancers, and reproductive history. Not experiencing pregnancy in itself is associated with an increased risk of developing ovarian cancer. The more times a woman ovulates in her lifetime, the higher her risk of developing ovarian cancer. For example, a woman who experienced her first menstrual period at a young age, never has a pregnancy, and undergoes menopause at a late age has a higher risk of ovarian cancer than a woman who had a late first period, had several pregnancies and breastfed afterwards, then an early menopause. Birth control pills are protective against ovarian cancer because they prevent ovulation. Most studies have found that ovulation medications do not increase the risk of either ovarian or breast cancer. At this time, there is no definitive evidence to prove that a relationship exists between infertility medications and ovarian cancer. The American Society for Reproductive Medicine came out with this statement in 2002: *“More recent research indicates that patients taking ovulation-inducing drugs face no greater cancer risk than the general population”*. Although future studies could find an association, at this time ovulation-inducing medications appear to be safe for short-term use and do not appear to cause ovarian cancer.

<h3>ABOUT YOUR HCG “TRIGGER” MEDICATION</h3>
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- When both your blood work and ultrasound results indicate that the eggs should be mature, you will be instructed to stop your stimulation medications and instead use an injectable medication that evening called “HCG” (Human Chorionic Gonadotrophin). “HCG” is taken to “trigger” the release of the eggs. Brand names for this same medication include Novarel, Pregnyl or Ovidrel.
- “HCG” causes the final maturation of the eggs and the release of the eggs from the ovaries for fertilization.
- “HCG” MUST BE TAKEN AT THE PRESCRIBED TIME to coordinate with your insemination. Generally this time is between 8:00 PM and 10:00 PM
- HCG is generally prescribed in a 10,000 unit dose. The dose may at times be adjusted. If this is the case, we will give you special instructions at the time.
- HCG is a single dose medication and is given with a short needle (subcutaneously) into the abdomen or outer thigh. (Note: the HCG box indicates intramuscular use (long needle injection) but now the accepted practice is to give it as a subcutaneous (short needle) injection.)

Note:

- The day you are instructed to take your “HCG”, you will also be given an appointment for your partner to produce a sperm sample to be processed for your IUI.
- If you live within a one hour drive from The Center, your partner can produce the sample at home and drop it off at The Center. This appointment will be scheduled. The sample should be protected from heat and cold. A suggestion is to transport the container tucked inside his shirt so that body heat maintains the sample. We will give you the container for this. **Your partner will need to drop off the sample and bring a photo ID (driver’s license) with him.**
- Note: If your partner cannot drop off the sample himself in the morning, then you may strongly wish to have him arrange an appointment here at the center to produce a sample for cryopreservation (freezing). This way the sample will be available to you if such a situation arises. Call 844-467-3483 or 860-321-7082(Farmington) or 860-525-8283 (Hartford) to make an appointment for this.
- If your partner’s sperm is being used for the insemination (as opposed to donor sperm), it would be ideal if he abstains from ejaculating for at least 2 days, but not more than 7 days prior to the insemination.

ABOUT YOUR INTRAUTERINE INSEMINATION (IUI)

- An intrauterine insemination is a procedure which allows sperm to be deposited directly inside the uterus.
- The purpose of the IUI is to increase the woman’s ability to become pregnant by both washing the sperm to enhance its motility and by mechanically placing the sperm closer to the egg.
- An intrauterine insemination is done by using a small flexible catheter.
- You will be positioned as if you were having a PAP test. A speculum is inserted into the vagina and using a very thin flexible catheter, the washed sperm is drawn up into a syringe and gently guided through the cervical opening of the uterus and into the body of the uterus. Minimal cramping, as experienced during a pap test, may be experienced by some women.
- The procedure typically takes a few minutes. You will be asked to rest for about 5 to 10 minutes after the procedure before going back to home or work.
- You can resume your normal activities (including intercourse) unless counseled otherwise by your physician.

ADDING PROGESTERONE

(“CRINONE” GEL or “ENDOMETRIN” or PROGESTERONE SUPPOSITORIES)

- Progesterone supports the uterine lining and prepares a nourishing environment for the embryo
- Progesterone comes in various formulations including: vaginal gel applicators called “Crinone”; vaginal ovules called “Endometrin”; and natural progesterone vaginal suppositories
- Progesterone is added in to your cycle beginning the **SECOND MORNING AFTER your IUI**
- You will stay on progesterone until the onset of your next period (in the event that you are not pregnant) or until instructed to discontinue the medication at your pregnancy ultrasound appointment (approximately 4 to 5 weeks after your IUI)
- See “Helpful Hints for Progesterone”.

POST INSEMINATION FOLLOW-UP INSTRUCTIONS

- If your physician has specific instructions regarding follow-up for your cycle, these instructions will be reviewed with you.
- If you do not have a period by 16 days after your IUI, please call your clinic nurse and include your name, spelling of your name, (or date of birth) and # at which we can reach you. We will call you back with instructions during scheduled business hours.
- If your pregnancy test is positive, you will receive instructions for follow-up blood work and we will schedule you for a pregnancy ultrasound for approximately 4 to 5 weeks after your IUI. This is a transvaginal ultrasound.

PART 4 TIME TO REVIEW THE TEACHING WEBSITE

- You are responsible for reviewing all assigned medication videos. See **MEDICATION CHECKLIST ADDENDUM AT END** of handbook
- To reach the website:
 - Log on to www.uconnfertility.com
 - Select “Patient Information”
 - Select “Patient Teaching and Resources”
 - CLICK on “Village Pharmacy” icon
 - Click on to each assigned medication(s)
- You can also review the medication videos on EngagedMD in the assigned section.
- Once you have reviewed both this teaching handbook AND the medication and injection videos, call your clinical nurse and leave a message.
- Your call will be returned **WITHIN A FEW DAYS** to complete a short phone interview to verify your understanding of your current medication protocol; to answer any questions that you might have; and to receive your actual prescription.

SUMMARY & KEY POINTS TO REMEMBER

1. You will not be able to start a cycle until you have financial and medical clearances
2. Signed consents **MUST** be on your medical record before you begin to cycle.
3. Call the first day of your period to schedule your baseline ultrasound and blood work as possible.
4. Typically injectable medications will start on Cycle day #2 or #3
5. You will be told when to start your injectable medications at your baseline ultrasound
6. Typically, you will be on these injectable medications for approximately 8 to 10 days
7. During this time your progress will be monitored with blood work and ultrasounds until your follicles/eggs are matured
8. You will be told when to take the HCG “trigger” injection
9. You will be scheduled for an Intrauterine Insemination (IUI) typically 2 days after the HCG “trigger” injection)
10. You will begin progesterone for uterine support the *second* morning after your insemination.

ADDENDUMS

HELPFUL HINTS WHEN TAKING INJECTABLE MEDICATIONS:

- Take the medications at approximately the same time of day (within 1 hour leeway). Generally, evening medications are given between 7:00 PM to 9:00 PM. If your medication plan calls for injections twice a day, space them about 12 hours apart.
- Before injecting the medication, apply ice (wrapped in a cloth) for a few minutes to the area where the medication will be given to help minimize discomfort
- “Rotate” your injection sites for greater comfort
- To avoid bruising at the injection site, apply pressure with a dry gauze pad for approximately one minute to the site

ABOUT MENOPUR INJECTIONS:

- Based upon our patients’ experience, you may find it easier to mix **WITHOUT THE Q CAP**. It is really a matter of preference.

HELPFUL HINTS FOR USING CRINONE (PROGESTERONE) GEL:

- Insert Crinone **ONCE A DAY** in the morning into the vagina so that the gel will spread evenly throughout the day with normal daily activities. This will help minimize “clumping” of the gel in the vagina. Insert the applicator approximately one third of the depth of the applicator length into the vagina.

HELPFUL HINTS FOR ENDOMETRIN (PROGESTERONE) OVULES:

- The usual dose for endometrin ovules is 1 ovule **TWICE A DAY** (morning and evening) inserted into the vagina with the endometrin applicator.

HELPFUL HINTS FOR USING PROGESTERONE SUPPOSITORIES:

- **Vaginal suppositories are inserted into the vagina TWICE A DAY – once in the morning and then again in the evening**
- **Insert your morning suppository approximately ½ hour before you get up out of bed**
- **Insert suppository approximately 2/3 the length of your index finger (Inserting the progesterone suppository too far into the vagina and up to the cervix may cause some “spotting” to occur.)**
- **Wear a mini-pad for greater comfort and to protect your clothing**
- **Intercourse is permitted when on progesterone suppository therapy. However, refrain from having intercourse for approximately ½ hour after inserting the suppository to allow it to melt.**

Medication Checklist (Revised 8.15)

- Cetrotide __ 0.25 mg __ 3mg AND “Subcutaneous injection” videos
 Ganirelix Acetate 250 mcg AND “Subcutaneous injection” videos
 Leuprolide Acetate (2 week kit) AND “Subcutaneous injection” videos
 Microdose Lupron (40mcg/0.1ml) AND “Subcutaneous injection” videos
 Follistim pen Dose: _____
 Gonadotropin pen Dose: _____
 Luveris vial (75IU) AND “Subcutaneous injection” videos
 Menopur (75IU) (without Q cap) AND “Subcutaneous injection” videos
 *See the addendum attached in packet for hints for mixing without the Q cap
 Repronex (75IU) (without Q cap) and Subcutaneous injection” videos
 Ovidrel 250 mcg AND “Subcutaneous injection” videos
 HCG (10,000IU) AND “Subcutaneous injection” videos
 Leuprolide Acetate 0.5cc (1mg/0.2ccvial) AND “Subcutaneous injection”
 Videos
 Progesterone in sesame oil (50mg/cc) AND “Intramuscular injection” videos
 Progesterone in olive oil (50mg/cc) AND “Intramuscular injection” videos
 Progesterone in ethyl oleate (50mg/cc) AND “Intramuscular injection”
 videos
 Crinone 8% gel vaginal applicator
 Endometrin vaginal insert (100mg)
 Progesterone supp ____ 50mg ____ 100mg
 Vivelle dots (0.1mg)
 Bravelle (75IU) AND “Subcutaneous injection” videos