

Clomid & IUI

Clomiphene Citrate (Clomid) has been in clinical use since 1957. Over 90% of pregnancies with Clomid and timed intercourse occur within the first 3 to 4 cycles. Almost all OB/Gyns will refer their patients to a reproductive endocrinologist after 3 or 4 failed Clomid attempts. During my 30 years of clinical practice, however, I have seen 2 patients who referred themselves, who had been treated by their gynecologists with 20 and 25 cycles of Clomid ... this is inappropriate, unethical and potentially harmful.

Clomid (an anti-estrogen) stimulates the pituitary gland to produce more follicle stimulating hormone (FSH) which causes your ovary to usually develop one or two mature follicles (egg sacs), each containing an egg. Clomid tablets have a positive effect on the ovaries (increased eggs and increased progesterone) however, Clomid's anti-estrogenic effect on the cervical mucus quality and on the uterine lining are unfavorable over time. That's why most pregnancies with Clomid and timed intercourse happen within the first 4 tries. Eventually the cervical mucus becomes unfavorable (less sperm picked up) . . . for every 1 million sperm deposited vaginally during intercourse probably only 1 per million make it to the fallopian tubes. In addition, as the uterine lining thins, it becomes less suitable for an early embryo to implant.

Future appropriate options include discussing Clomid in conjunction with intrauterine insemination (IUI), FSH gonadotropin injections with insemination and/or in vitro fertilization (IVF). Each option has its various benefits, pregnancy success rates, risks of multiples and variable cost. Your work schedule and your time commitment is also an important factor. Women under 40 with normal tubes (or 1 normal tube) and normal or slightly abnormal sperm, are good candidates for trying Clomid with IUI for up to 3 or 4 attempts since it is the least risky, least expensive and easiest regarding your time commitment. If you are going to have success with this treatment plan (Clomid/IUI), it usually will work within the first 3 tries.

During your menstrual period, on days 2, 3 or 4, we check a baseline ultrasound to rule out ovarian cysts and make sure your ovaries are okay for stimulation. Then we will tell you which 5 days to take the Clomid tablets (variable doses), usually beginning on days 3, 4 or 5. Often times we will add natural estrogen and/or natural progesterone to the therapy in order to counteract the antiestrogenic effects of Clomid (de Ziegler protocol). Approximately 5 days after your last Clomid pill we will set up a follicle ultrasound since 95% of women are ready at that time with 1 or 2 mature sized follicles, approximately 19-20 mm in size or larger. If the follicles are ready, we give an injection of HCG hormone, a pregnancy hormone which mimics the LH (luteinizing hormone) surge in nature. This HCG injection will cause you to ovulate 24 to 38 hours later, allowing for excellent timing of the IUI. Do not have intercourse the night before your scheduled IUI.

At FCI, we do IUIs 7 days a week. Your husband/partner can collect his specimen at home in a sterile container we provide or use our collection

room in each of our offices. The specimen should ideally get to us within one hour of collection at home. If you have to bring in the specimen, you will spend more time in the office waiting for the sperm to be prepared. If he can bring it in or collect in the office, you spend far less time in the office.

It takes approximately one hour to process the sperm. Sperm washing is done to separate out the sperm from the debris and chemicals in the semen that don't belong inside the uterus. Then a "swim up technique" is used to separate out the better swimmers to improve the motility of the specimen.

The actual IUI uses a thin, soft plastic catheter to deposit a few concentrated drops of millions of highly motile sperm into the top of the uterus. This IUI takes 1 to 2 minutes and is generally painless or very mildly uncomfortable. Thousands of motile sperm will make it to the fallopian tubes. Then we have you rest, lying down for 10 minutes in order to minimize uterine contractions. After that there are no restrictions.

Most studies indicate that with Clomid therapy, one IUI per month is almost as good as 2 but there are exceptions such as when using frozen sperm. If the man's sperm count is reasonable we will often suggest 2 IUIs per month. One week later, we check progesterone levels and supplement with natural progesterone as needed and do a pregnancy test 2 weeks after the IUI.

IUI is safe, simple, relatively inexpensive, and helps get you exposed to far more sperm than intercourse. Ideally we want 1 or 2 mature sized follicles (18+mm) and if 3 follicles are present that are mature, we will give the couple the option of canceling as well as discussing selective reduction options. If 4 or more mature follicles are present, we will recommend cancellation. Side effects include primarily multiple births (6-8% twins, less than 1% triplets, less than .1% quadruplets) with resulting prematurity, and rare ovarian hyperstimulation. Remember, the risk of multiples does not increase with IUI since more sperm is a good thing, whereas too many eggs being released, is not.

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