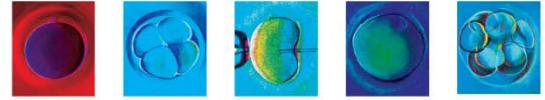


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FERTILITY FACT SHEET

San Ramon / Orinda / San Jose

Under 35 years old and Clomid has not worked?

If you have infertility or have been trying to get pregnant for 6-12 months without success, you are starting to get frustrated (or way past frustrated?) Everyone tells you that you are young. Everyone tells you just to go on vacation and you'll get pregnant. Everyone tells you to just keep trying.

But what are the real statistics and what should you do?

If you have unexplained infertility (defined as monthly ovulation, normal sperm count, and at least one open fallopian tube) and have not gotten pregnant in the first year, your success on a per month basis trying on your own is 2% according to some studies. Of the 20% of patients that were not able to get pregnant in their first year of trying, 1/2 (10%) of them will get pregnant in the second year.

The treatment options available to you include: 1) oral medications such as Clomid, 2) FSH shots, or 3) in vitro fertilization (IVF).

If you have been trying Clomid for the past 3 to 4 months, your success with a 5th, 6th, 7th etc. cycle of Clomid is <5% per month. Occasionally, sonogram monitored Clomid cycles or insemination coupled with a well timed ovulation will make a repeat Clomid cycle more successful, but the success rates are still less than 8% per month.

Moving to FSH shots with IUI is associated with a 10-15% success per month if you have unexplained infertility.

If you do not ovulate and have not gotten pregnant when ovulating with Clomid, moving to FSH shots is associated with a 15-20% success per month (in the first 3 cycles of treatment).

One of the greatest risks with FSH shots is getting pregnant with twins or triplets. With FSH shots, if you get pregnant, there is a 5% chance you will get triplets. It is almost impossible to predict who will get triplets if you are less than 35 years old. Even smaller follicles can cause triplets.

If you have triplets, you will need to see a high risk specialist and choose whether or not to undergo multi-fetal reduction. This means that at 12 weeks of pregnancy you will need to consider a procedure where they inject a solution in to the uterus to stop one or more of the babies from growing. You will need to be on bedrest after the procedure. There is a risk of losing the whole pregnancy. You will still be at risk of preterm labor; greater than what would be expected with twins alone.

You may choose not to reduce the pregnancy. 1 in 5 triplet pregnancies will end up with a child permanently handicapped because they were born premature. Bed rest and medicine may delay labor, but the average delivery date for triplets is 32 weeks (2 months early). Time (and work) lost by being on bed rest for several months and the cost of NICU hospital care and specialty care at home can be financially challenging.

Moving directly to IVF, if Clomid has failed, may be the smartest move in terms of your health and the baby's health, especially if you stand to produce multiple eggs with injectable medicine. Success rates with IVF are 50% or higher per cycle if you are <35 years old. There are still risks such as ovarian hyperstimulation and twins, but the risk of triplets from transferring 1-2 embryos is <1%. Many patients are choosing an elective single embryo transfer with success rates around 60% and then freezing the remaining embryos for more tries or children in the future. Birth defects and miscarriages are no higher with IVF than with conception through inseminations.

At RSC, we strongly encourage patients less than 35 years who have failed Clomid cycles to consider the risks of the various treatments and perhaps choose to move directly to IVF to avoid complications such as triplets.