

In Vitro Fertilization Cycle Treatment Plan

Suppression Cycle: Name: _____ LMP

1. All pre IVF tests, including infectious disease tests for both partners, and completed consents must be done before we will order your fertility drugs. If you have not heard from a pharmacy by _____ contact the office.

If you don't have your medications by _____ your cycle may be cancelled. For injection training videos visit www.villagefertilitypharmacy.com

2. Most women are on birth control pills for 3 weeks, but this may be shortened or lengthened to accommodate scheduling of the egg retrieval. If birth control pills are taken longer than 21 days, a second pack of birth control pills is used. **Only the active hormone birth control pills are taken**, throw away the 7 placebo pills (pills of a different color).

Birth control pill Start date _____ Last day of birth control pills _____

Birth control pill Start date _____ Last day of birth control pills _____

____ Aspirin, 81 mg, (low dose) starts on _____

3. Lupron, microdose Lupron, and Ganirelix (or Cetrotide) are taken to prevent the early or premature release of your eggs (oocytes). Lupron starts 2 weeks before you start gonadotropins (Follistim, Menopur). Microdose Lupron starts 2 days before you start gonadotropins. Ganirelix (or Cetrotide) starts after you are already taking the gonadotropins.

You will take: _____ Ganirelix (Cetrotride) _____ Lupron _____ Microdose Lupron

4a. _____ LUPRON

You will take Lupron during the suppression cycle. You will have a menstruation (period) while taking the Lupron. You will be scheduled for a baseline ultrasound and blood tests after taking the Lupron for 10 to 14 days. Your Lupron dose may change the day you start your gonadotropins.

Lupron start date _____ Lupron dosage 0.2 ml = 20 units = 1.0 mg daily.

4b. Day 1 of stimulation (gonadotropins) _____ decrease your Lupron dosage to: _____ 0.05 ml = 5 units = 0.25 mg _____ 0.1 ml = 10 units = 0.5 mg
_____ stop taking Lupron

5. Baseline Monitoring

You will get a period a few days after finishing the birth control pills. A baseline ultrasound is done before the gonadotropin stimulation starts. Your period may not start until after starting the gonadotropins.

You should watch the video instructions on mixing and injecting your medications before this visit. Please bring all your medications with you.

Baseline ultrasound & hormones date _____ time _____ TP MN

Office use only:

OCPs patient notified _____ Patient has OCP script _____ Patient has copy of plan _____

injection training done _____ Infectious labs done _____ Patient has medications _____

IVF cycle treatment plan dec18 _____ www.myIVFbaby.com Sperm cryobackup expl _____ sched _____ done _____

Stimulation Cycle:

6. ____ MICRO DOSE LUPRON Starts _____
Lupron 40mcg/0.2ml comes in a 10 ml vial. You will take 0.2 ml of Lupron twice a day subcutaneously. The Lupron is a separate injection from the gonadotropins but should be taken at the same time as your gonadotropin injections. This injection is taken up to and including the day you take your hCG injection.

7. Gonadotropins are taken to stimulate the development of eggs (oocytes). Your beginning dosage of gonadotropin is:

Morning: _____ iu / vial of _____
_____ iu / vial of _____
Evening: _____ iu / vial of _____
_____ iu / vial of _____

Gonadotropin start date _____ This is the day you change your Lupron dose (see step 4b)

8. Doxycycline, 100 mg, is an antibiotic taken twice a day by mouth by **both partners**. You will both take doxycycline until the day of egg retrieval.

Start doxycycline on _____

9. Once your stimulation starts you will be monitored with ultrasound and blood tests. Monitoring starts after 4 to 6 days of medication and continues until you are instructed to take the hCG. You will be on the gonadotropins for approximately 8 to 12 days. Do not change your dose of medication or take the hCG unless instructed to by Dr. Levrant or the clinical staff.

First ultrasound and blood test date/time _____ TP MN

Bring the Ganirelix or Cetrotide to your first ultrasound appointment but do not start taking it until instructed.

Second monitoring date/time _____ TP MN

Third monitoring date/time _____ TP MN

Fourth monitoring date/time _____ TP MN

10. ____ Ganirelix (or Cetrotide) starts after the first or second monitoring dates, wait for instructions. Once started Ganirelix should be taken the same time each day. Ganirelix or Cetrotide is to prevent the premature release of your eggs (oocytes).

Last day low dose aspirin (81mg) is taken before retrieval is on _____

In Vitro Fertilization Cycle (continued)

11. Trigger shot is given 35-36 hours before the egg retrieval. You will be instructed on the time and dose, without this injection no eggs can be retrieved. **hCG** or human chorionic gonadotropin, (Novarel, Pregnyl, Ovidrel) or Lupron.

12. Egg retrieval is a non-surgical ultrasound-guided transvaginal procedure performed 35-36 hours after taking the hCG injection. A semen sample is required on the day of the egg retrieval. Eggs and sperm are placed together in culture medium in the laboratory so that fertilization can take place in-vitro. If ICSI is to be done, it is done on the day of egg retrieval.

Your plan is for ICSI YES NO ICSI Split

13. The egg retrieval is performed by Dr. Levrant. A nurse anesthetist or anesthesiologist will be present to provide sedation and pain relieve during the procedure. **Do not eat or drink anything after 10 pm, the night prior to the egg retrieval.** You will be given a retrieval discharge instruction sheet on the day of your retrieval.

14a. Progesterone hormone supplementation starts **the morning after** your egg retrieval. Vaginal inserts (Endometrin 100mg or Prometrium 200mg) are taken every 8 hours (three times a day). Vaginal gel (Crinone 8%) is taken once a day in the morning. You will use only one of these vaginal progesterones. In addition to the vaginal progesterone you will take progesterone in oil (50mg) intramuscular injections, every other day, also starting **the morning after** your egg retrieval.

Low dose Aspirin (81mg) restarts day after egg retrieval

14b. Estradiol 0.1 mg transdermal (skin) patch starts 7 days after the egg retrieval and is changed every other day. The estradiol patch stops on the day of your 6 week OB ultrasound.

15. Fertilized eggs (embryos) are transferred to your uterus between 3 to 5 days after the egg retrieval. Place the morning progesterone vaginal capsule 5 hours before your embryo transfer. You will take Valium 10 mg (orally), 1 hour prior to your embryo transfer. You should arrive 30 minutes prior to your scheduled embryo transfer and start to drink 2 tall glasses of water. We want your bladder almost full during the embryo transfer. After placing the embryo(s) into your uterine cavity you will rest on the exam table for approximately 20 minutes. You will be restricted to light activity the day of the transfer and the day following the embryo transfer.

17. A blood pregnancy test is done approximately 15 to 18 days after the retrieval. If positive, the test may be repeated in 2 days and ultrasound performed 10 to 14 days later. If negative, all medications are discontinued. If no menses occurs within 10 days the pregnancy test is repeated. A close out consultation is done to review the IVF cycle and offer recommendations on future therapy.

Medications for In-Vitro Fertilization

- _____ Oral contraceptive pills, **only take the active hormone pills**. Do not take the placebo pills (last 7 pills of 28 day pack).
- _____ Lupron 2 week kit (SQ) #2 *OR*
- _____ Ganirelix 250 mcg # 5 (Cetrotide 0.25 mg or 3 mg) *OR*
- _____ Microdose Lupron 40 mcg/ 0.2 ml #1 10 ml vial
- _____ Gonadotropins: _____ Follistim pen takes 300 iu or 600 iu or 900 iu cartridges.
_____ Gonal-F pens 300 iu, 450 iu, or 900 iu.
_____ Menopur, Bravelle, and Repronex come in 75 iu vials.
- _____ Doxycycline 40 tabs (enough for both partners), 1 pill twice a day, both partners, starting on the third day after you start taking the gonadotropins.
- _____ Trigger shots include (1) human chorionic gonadotropin (hCG, Profasi, Pregnyl, or Novarel) in 10,000 iu or 5,000 iu vial; (2) Ovidrel (choriogonadotropin alfa) 250 mcg prefilled syringe; and (3) Lupron 4 mg (80 units or 0.8 ml) x 2 doses 12 hours apart.
- _____ Valium 10 mg tablet, 1 tablet 1 hour before embryo transfer.
- _____ Endometrin 100 mg progesterone vaginal inserts, every 8 hours, #63
- _____ Crinone 8% progesterone vaginal gel, once daily in the morning
- _____ Micronized progesterone (Prometrium) 200 mg capsules, every 8 hours, #63
- _____ Progesterone in oil 50 mg intra-muscular injection once every other day,
10 ml bottle (These are multi-dose bottles, each bottle contains 10 injections) #2
- _____ Estradiol 0.1mg (Vivelle) transdermal skin patches, applied every other day, # 16
- _____ Low dose aspirin, 81 mg, start first day of birth control pills, stop before expected HCG trigger shot, and restarts the day after egg retrieval.

Other Medications _____

Pre IVF testing & Infectious Disease Screening

Female Partner:

Ovarian reserve testing: day 3 FSH, LH, Estradiol; Antral follicle count, AMH

Hormones: Fasting prolactin, TSH

Infectious disease screening (dx code Z11.5, Z11.4, Z11.59, Z11.8) includes: Hepatitis B surface antigen (87340), RPR (syphilis-86592), rubella titer (86762), Hepatitis C antibody (86803), HIV 1 & 2 (86703 or 87389), varicella titer (86787), and CMV (cytomegalovirus) antibody IgG (86644) & IgM (86645).

Pre-operative: CBC, (PT, PTT, and chemistry panel if indicated).

Gonorrhea & Chlamydia (GC/CT) within 12 months.

Blood type and Rh (86901, 86900)

PAP smear and/or HPV per current ASCCP/ACOG guidelines.

Anatomical: Hysterosalpingogram and transvaginal ultrasound or sonohysterogram

Genetic testing: (refer to the ASRM Fact Sheet on Genetic Screening for Birth Defects)

- Sickle cell, 1 in 10 women of African-American ancestry may be a carrier;
- Tay Sachs has a high incidence in Eastern European Jews and French Canadians;
- Thalassemia has a high incidence in people of Mediterranean or Asian descent. If your MCV on a CBC is < 80 a hemoglobin electrophoresis should be done. About 3% of the world's population carries the B Thalassemia gene.

Please let Dr. Levrant know if you believe you should have genetic screening.

Male Partner:

Semen analysis complete with strict morphology (89322)

Infectious disease screening (dx code Z11.5, Z11.4, Z11.59, Z11.8) includes: Hepatitis B surface antigen (87340), Hepatitis C antibody (86803); HIV 1 & 2 (86703 or 87389), RPR (syphilis-86592), CMV (cytomegalovirus) antibody IgG (86644) & IgM (86645).

Blood type and Rh (86901, 86900)

Cystic Fibrosis (81220) if congenital absence of the vas deferens. Karyotype (88262) for severe Oligospermia or Azoospermia to screen for sex chromosome abnormalities