

Thank you for selecting the NYU Langone Fertility Center to provide your fertility treatment. Your doctor is recommending an ovulation induction treatment cycle, which may also include intrauterine insemination (IUI), commonly referred to as artificial insemination.

Ovulation induction is a process that uses medication – either pills or injections – to stimulate your ovaries to produce multiple eggs within one menstrual cycle. Once the medication has resulted in the ovaries producing the eggs, sperm is injected into your uterus (IUI) by your health care provider using a small catheter. You also can have an ovulation cycle with sperm from intercourse. The timing of the IUI or intercourse (or sometimes both) is determined by your response to the medication. Your body’s response to medication is measured by analyzing blood over the course of the medication administration and through transvaginal ultrasound.

The process includes taking the medication prescribed according to instructions provided, and then, as ovulation nears, you may also be prescribed a medication to trigger its onset, and then schedule an IUI in our office. Your male partner will need to be available the day of the IUI to provide a sperm specimen, or a specimen can be frozen before you begin your treatment cycle, or donor sperm can be used.

After ovulation, you will wait 14 days and then take a home pregnancy test. Please call one of our Ovulation Induction Nurses with the results of your pregnancy test (positive or negative).

We have a team of professionals available to work with you over the course of your treatment.

<p>Ovulation Induction Nurses Andrea Kwiatkowski, RN (212) 263-8651 Carol Ryan, RN (212) 263-8653 <i>If you are instructed to contact an ovulation induction nurse and it's after office hours, the weekend, or a holiday, call the Main Office number.</i></p> <p>Andrology Coordinator Idalisse Cabezas (212) 263-0079 Andrology Lab (212) 263-7172</p>	<p>Authorizations Joanne Healy (212) 263-0037 Michelle Headley (212) 263-2707 Nati Marté (212) 263-0392 Blanca Remache (212) 263-6175 Vicki Salinas (212) 263-0375 Main Office (24 hours) (212) 263-8990 NoMad Office (212) 263-0040 Website: www.fertilityny.org</p>
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GETTING STARTED

INSURANCE AUTHORIZATION

Your first step is to know the coverage your benefit plan provides for ovulation induction and IUI- which is considered basic infertility treatment. You must contact a member of our Authorizations team who will help get your cycle and medications pre-authorized by your insurance carrier - if a benefit exists. Unless you are paying out of pocket for your treatment, you cannot start a cycle without authorization and you cannot have an IUI without authorization. Based on your insurance, you may need every cycle including medication, to be authorized individually.

Ovulation Induction Checklist

- Get authorization from insurance.
- Make sure partner will be available to provide sperm specimen on day of IUI or else have specimen frozen in advance.
- Make sure frozen sperm specimens are onsite (if applicable).
- Day 1 of menstrual cycle: call nurses. You may need to come to the office this week if your cycle is to be monitored.
- Have all medications/supplies from pharmacy
- Follow all nurses' instructions for the remainder of your treatment cycle.
- All checklist bloodwork done for patient and partner.

COMPLETED CHECKLIST

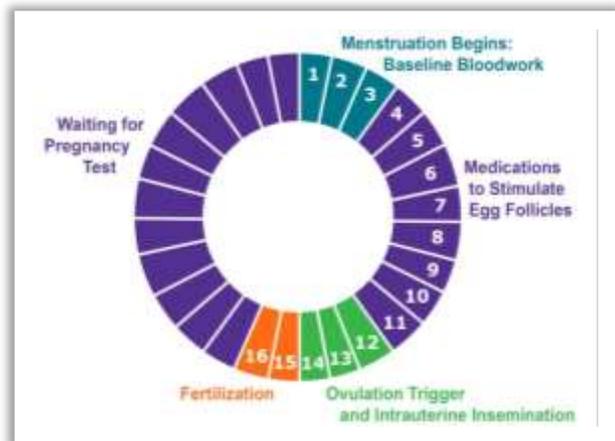
Your fertility care plan checklist must be completed before you can begin a cycle. Female patients are now required to show evidence of immunity to Measles as part of the checklist. If immunity is not shown via a blood test, you must receive the vaccination from your primary care provider and provide us with proof of vaccination. Intrauterine insemination cannot occur until one month after vaccination to prevent exposure risk to a developing fetus. If applicable, your partner must also have all checklist bloodwork completed and genetic screening as required.

ELECTRONIC PRESCRIPTIONS

Prescriptions in New York State are required to be submitted electronically. Provide your MD's office with the name, phone number & address of your preferred pharmacy so that information is entered into our database. Verify your pharmacy requirements before starting a cycle as your carrier may mandate that medication be obtained by a specialty pharmacy located out of state. This will take time.

SPERM SPECIMEN

Are you using fresh sperm, frozen sperm or frozen donor sperm? If you are using a fresh sperm specimen from your male partner for the insemination, you will be given instructions on that process. If you are using frozen donor sperm or your male partner is freezing his sperm due to medical reasons, travel or convenience, advise your doctor, plus Carol and Andrea. They can assist you with coordinating donor sperm from a NYS licensed sperm bank, or put you in touch with our Andrology team if you need to have your male partner's frozen specimen transported to NYULFC. Transport into the Fertility Center requires planning and fees; frozen specimens must be onsite at our office before your treatment begins.



STARTING MENSTRUATION

On the day your menstrual cycle begins, you will call Andrea or Carol - on the weekend call our main number. Day 1 is considered the first day of full flow, not spotting or staining, before midnight. Call only if you have received authorization and frozen sperm specimens have been delivered to NYULFC (if applicable). Otherwise, wait until the next period when all administrative tasks are cleared.

MEDICATION & STIMULATION

Clomiphene Citrate (Clomid®, Serophene®) or Letrozole (Femara®) is taken orally to increase the production of follicle stimulating hormone (FSH) and luteinizing hormone (LH) from the pituitary gland. These medications are generally started between Days 3 - 5 of your cycle. During this time, patients may either self-monitor their cycle using an ovulation predictor kit or visit the office during morning monitoring (7am-9am) for a blood test. The decision to self-monitor or to monitor at the office if the above drugs are prescribed, should be made with your doctor and the nursing team. Fees apply to all services provided at the Fertility Center.

Gonadotropins (Follistim®, Gonal-F®, Menopur®) contain either FSH or a combination of FSH and LH and are administered by injection. These injectable medications are usually started between Days 2 - 5 of your cycle and taken until the egg(s) is mature and ready to be released from the follicle. You must come to the office for frequent morning monitoring (7am-10am) when using gonadotropins.

MONITORING

If you will be self-monitoring, we encourage you to use an ovulation predictor kit from any local pharmacy. We do not recommend a specific brand, but do suggest using one that detects your luteinizing hormone (LH) surge via urine sample. Follow the directions provided with your kit. Ovulation tracking applications for your phone are also available.

If you will be coming to the office for monitoring, you will be asked to come to the office once between Days 2 – 5 of your cycle for baseline blood tests. You will then return 2 – 6 more times after starting your medications. The number of visits will be determined by how your body is responding to the medications and cannot be predicted in advance. Please keep your morning schedule open and flexible during the first two weeks of your cycle.

OVULATION

If you are coming to the office for monitoring, we will let you know when you are nearing ovulation. If you are monitoring at home, you will know you are nearing ovulation when the LH surge is detected. At this time, you need to contact the Andrology Coordinator to schedule your IUI for the following day. Make sure you have authorization for the IUI in place.

If you have been using oral medications, such as clomid or letrozole, and injectable gonadotropins such as Gonal F® or Follistim®, you may also be prescribed Ovidrel®, an injection that makes you ovulate and is timed to work with timed intercourse or IUI procedure to improve fertilization results.

MORNING MONITORING at NYULFC

Your physician will be monitoring your specific response to prescribed fertility medication(s) by measuring hormone levels in your blood and measuring your ovary size and follicle development via transvaginal ultrasound scan. Once in cycle, an office visit for this blood work and/or ultrasound is called “Morning Monitoring”.

Main Office Appointments

660 First Avenue, 5th Floor
7 days a week, including some holidays
7:00 am – 10:00 am by appointment

NoMad Appointments

109 W. 27th Street, 9th Floor
Monday through Friday, excluding holidays
7:20 am – 9:00 am by appointment

Sperm can live inside the reproductive tract for up to 72 hours. Unless otherwise indicated due to male factor fertility issues, couples are encouraged to engage in intercourse during the first half of the cycle and the day immediately following an IUI.

Prior to ovulation, you will be instructed on the timing of intercourse with your partner and/or scheduled to come in for an IUI procedure. For an IUI procedure, a “washed” sperm sample is placed directly into the uterus, increasing the number of sperm in the reproductive tract and fallopian tubes where fertilization usually occurs. It is especially helpful for male factor infertility issues, including low semen volume, low sperm concentration, or decreased sperm motility. It is also used in women with cervical mucus problems.

If you have a male partner providing a fresh semen specimen, he will need to come to the office on the day of your IUI. (Also be sure instructions are followed).

Appointments for men to produce a fresh specimen are generally between 8:00am – 9:30am. If he will not be available to produce a fresh specimen due to travel or other commitments, he should freeze a sample prior to the start of your ovulation induction cycle. Be sure all consents to thaw are signed/notarized.

Your appointment for the IUI is generally between 11:00am – 1:00pm. The procedure takes about 10 minutes and you are then asked to remain lying down for an additional 15-20 minutes before continuing your day. It is performed in an exam room and no sedation is needed. You may return to work.

THE “TWO-WEEK WAIT”

After ovulation, in what is called the luteal phase, you may be prescribed progesterone to enhance your uterine lining and encourage implantation of an embryo.

After you have ovulated and attempted conception, either through intercourse or IUI, you will wait 14 days and then take a pregnancy test at home. The trace amounts of the hormones used during stimulation and egg release in your system may give you a false positive on a home pregnancy test. Though the wait is difficult, we encourage you to come back to our office for a blood pregnancy test.

BILLING

You received a financial policy agreement and signed that document along with a waiver of benefits for included and excluded services. You agree to abide by the terms of your insurance contract. Fees are due at the time of service. Patients obtaining services without prior authorization are responsible for the full fee.