Ovulation Induction Using Clomid Tablets

Understanding ovulation
To understand how Clomid works it is helpful to have a basic understanding of ovulation. Normally a woman produces one egg every 24–35 days. Ovulation usually occurs midway through the menstrual cycle, approximately 12–14 days before the next menstrual period. A woman’s best chance of becoming pregnant occurs around 1–2 days before or after the day of ovulation. The process of ovulation is controlled by the brain which releases hormones called follicle-stimulating hormone (FSH) and luteinizing hormone (LH).

What is Clomid and how does it induce ovulation?
As part of your fertility treatment your doctor has recommended Clomid tablets (clomiphene citrate) which belong to a group of medicines called ovulation stimulants. Clomid works by increasing your own hormone levels of FSH and LH. An increased level of FSH improves the chances of growing an ovarian follicle that can then trigger ovulation to produce one ripe egg ready for fertilisation.

How do I take Clomid?
• Clomid is a tablet taken orally (swallowed).
• You should start taking Clomid on day two of your menstrual cycle (day 1 of your cycle is the first proper day of your menstrual bleed).
• Your doctor will tell you what dose to take – commonly this is 50mg (one tablet) once daily, at the same time of day, for five days. Sometimes the dose is increased if you are still not ovulating on your current dose.

How many cycles of Clomid will I have?
Usually you will have up to six cycles.

What if I have irregular menstrual cycles?
If you have irregular or very infrequent periods, you may be given a tablet called Provera to induce bleeding. You should then commence Clomid on the second day after your induced period has started.

What should I do if I forget a dose?
Take the missed dose as soon as you remember it unless it is almost time for the next dose – please call your doctor for additional directions if this is the case. Do not take a double dose to make up for a missed one.

What is the response to treatment?
Approximately 7–8 out of 10 women treated with Clomid will ovulate and three or four out of 10 women will conceive. Most women who ovulate will do so during the first three months of treatment.

What side effects can this medication cause?
Common side effects of Clomid include hot flushes, headaches, abdominal bloating and pain, nausea and vomiting, breast tenderness and menstrual irregularities with bleeding or spotting between cycles. In 1–2% of women visual symptoms can occur, including blurred or double vision and visual spots or flashes. If these occur you must stop treatment and inform your doctor immediately. These symptoms usually resolve when treatment stops. There is no increased risk of breast cancer or uterine cancer. There may be a slightly increased risk of ovarian cancer if more than 12 cycles of Clomid are used.
What is the risk of ovarian hyperstimulation syndrome?

There is a small risk of ovarian hyperstimulation syndrome (OHSS) with Clomid. This is a rare but potentially serious complication where the ovaries are excessively enlarged. If you experience abdominal swelling, bloating or pain; nausea; vomiting; extreme thirst; passing concentrated small volumes of urine; weight gain; a red, hot, swollen and tender leg; or shortness of breath, you must contact a doctor immediately.

Does Clomid treatment cause an increased risk to the pregnancy?

The incidence of twins is increased by 5–10%, but multiple births of more than twins are rare (less than 0.5%). The rate of miscarriage is not increased, nor is the incidence of birth defects.

How do I know if the treatment is working?

A blood test form will be given to you when you start Clomid. The blood test should be done during your second cycle with Clomid on day 21 (either at your GP's surgery or the hospital). The treatment is working and you are ovulating if the blood test shows your progesterone level to be more than 30. No further blood tests are needed for the rest of your treatment. The dose of Clomid may need to be increased if your progesterone level is less than 30. A further blood test will be required in your next cycle if the dose of Clomid you are taking has been increased. You should contact the Fertility Monitoring Unit the day after the blood test to obtain your result.

What if I do not fall pregnant with Clomid?

You will see a doctor if Clomid has not worked. He or she will recommend other treatments, such as using stronger drugs like gonadotrophins, making small holes in your ovaries by keyhole surgery or IVF.

Whom do I contact to get the results of my blood test or I have a query about my treatment?

You will need to contact the Fertility Monitoring Unit on 01473 703092. You will be connected to an answering machine and asked to leave your name, telephone number and message. It is necessary to have an answering machine as there is normally only one member of staff on duty in the Unit. A member of staff will call you back as soon as possible.

Whom do I contact if I have an urgent call or enquiry?

If you feel your call is urgent, please contact 01473 704788. This phone is connected to the nurse treatment room and may not be answered immediately if the nurse is with a patient. Please feel free to try again or leave a message. We aim to return most calls the same day or the next working day at the latest. Messages left after 12.20 pm will not usually be picked up until the following working day.

When is my best chance of becoming pregnant?

The most fertile time is the day of, and two days following, ovulation. This is usually day 14 of a 28-day menstrual cycle. It is recommended that you have sexual intercourse two or three times during this period to give the best chance of becoming pregnant.