

**CLOMID DOSING****CLOMID USE FOR INFERTILITY**

|             |  |
|-------------|--|
| Day 1       | When menstrual cycle begins  |
| Day 5       | Start Clomid 50 mg pills, two per day until Cycle Day 9  |
| Day 11      | Start "First Response" or similar brand LH Kit every morning<br>Day LH Kit is positive, coitus that evening and again the next morning |
| Day 22 - 23 | Go to lab for Progesterone blood test. This determines dose for the next cycle if you do not conceive                                  |
| Day 25 - 26 | Call office for Progesterone result and recommendation for next cycle's Clomid dose  |
| Day 35 - 38 | Call office for pregnancy test if you do not have a menstrual period by this point   |

Clomiphene citrate is an anti-estrogen. Clomid blocks feedback of estrogen at the hypothalamus and causes the pituitary to elaborate additional FSH. Clomid is known to double the likelihood of twin gestation; however, Clomid is not related to increase in the incidence of higher order multiple gestations. Pregnancy rates plateau after three to four ovulatory cycles with Clomid. In other words, the cumulative pregnancy rate increase between the fifth cycle and the twelfth cycle is minimal. At DWC we treat patients with up to four ovulatory cycles of Clomid. Should she achieve ovulation on four cycles and not conceive we recommend treatment by an infertility specialist with likely superovulation with menotropins, intrauterine insemination with sperm washing, or progression to more sophisticated assisted reproductive technologies.

DWC's protocol for Clomid dosing is as follows: Day #1 defines the first day of the patient's menses. On day #5, the patient will begin Clomid at a dose of 50 mg two pills daily from the fifth day till the ninth day. On cycle day #11, the patient will commence an LH detector kit (First Response kit recommended; however, other alternatives are available readily in the marketplace) with daily morning urine to be tested going forward. The morning that the LH detector kit is positive the patient is instructed to have vaginal coitus that evening and again the next morning. These are the two times that will contribute to conception as there is approximately a 24- to 36-hour window of fecundability in the month. LH surge antedates ovulation whereas basal body temperature charting shows that ovulation has already occurred. By the time that ovulation has occurred, the amount of time available for sperm to fertilize egg is sharply decreased and this is why at DWC we recommend LH detector kit and LH testing to time coitus.

Patients go to the laboratory on cycle day #22 or 23 for a progesterone level to determine whether ovulation actually did occur. Should the patient not have ovulated, the next cycle Clomid dose will be increased to 150 mg day #5 through #9 and the dose would be increased at 50 mg increments until the patient ovulates or until a dose of 250 mg is administered. Should the patient not ovulate at a total dose of 250 mg cycle days #5 through #9 it is DWC policy to refer this patient to an infertility specialist for more sophisticated treatment.

On an ovulatory dose, the patient will either conceive or repeat the same dose. A total of four ovulatory doses will be prescribed.

Patients are made aware that if significant abdominal discomfort develops an office visit is indicated to assess for ovarian cyst(s).

Patients are instructed to continue maternal vitamins with folic acid as it is well known that women who conceive on folic acid preparation have a decreased incidence of open neural tube defect and spina bifida.