

FREQUENTLY ASKED QUESTIONS

1. **Do you provide on-call services?**

We do have medical emergency on-call services after normal clinic hours. Our answering service number is 651-229-3495 who will page our on-call staff for you. We ask that you reserve this service for medical emergencies only. For life threatening emergencies, either call 9-1-1, or go directly to the emergency room.

Contact your OB/GYN if you are pregnant and have vaginal bleeding or pelvic cramping.

If you have a question that can be answered the following morning or during normal business hours, please leave a voice mail and your call will be returned.

Please be aware that the on-call staff **cannot** assist you with:

- Scheduling appointments/lab tests
- Prior authorization of medications
- Insurance/financial issues/concerns

2. **Can I stop in to the clinic to get a quick question answered?**

No. Our nursing staff is scheduled with patient appointments all day. We do not offer walk-in services. We are happy to assist you with your questions/concerns when you call.

3. **I need a “landmark” drawn for an injection. Can I stop in to have this done?**

Please call to schedule this. Our nursing staff is happy to accommodate this request with advance notice only. Please refer to the Medication section of the handbook.

4. **My menses started on Friday night. I need to schedule day 3 labs or my baseline ultrasound. What do I do?**

Call the main RMIA phone number (651-222-6050). You will be given the option of paging the on-call nurse or leaving a voice mail. Since this is not an emergency, choose the voice mail option. Leave your name, phone number and reason for your call. Although we do not answer the phones on weekends, a staff member will still retrieve messages and contact you to schedule your appointment.

5. **I forgot what my next step is before my next appointment.**

Refer to your “Follow-Up Appointment” checklist. You received this at your Phase I appointment. All requested labs/records needed for your next appointment are listed on this form. Your next appointment cannot be scheduled until every item requested is received/completed.

6. **I'm supposed to have a laparoscopy/D&C/HSG/etc., done before I am seen again. Do I need to do anything else?**

You will be scheduled for your next appointment once we have received the actual operative report, film or pathology report. You need to sign a record release form at the time of the procedure to authorize your physician to send these records to RMIA.

HSG films are stored at the facility/hospital in which the procedure was performed. You must request the films from this facility.

7. **What do you mean by day 1, day 3?**

Day 1 refers to the first day you are menstruating, that which is considered a normal red flow based on your regular cycles. If you are only spotting sporadically, please wait until you have a consistent flow before counting it as the first day. If spotting occurs early in the day but it progresses to red flow before you go to bed, this is considered to be "day 1".

ORAL CONTRACEPTIVE PILLS (OCP'S)

1. **Why am I on OCP's if I am trying to conceive?**

Many of the infertility diagnostic tests need to occur after menstruation stops and before ovulation. Patients are placed on OCP's to assist in scheduling their tests/treatment in a timely fashion.

2. **When do I start my OCP's?**

Most people will start on day 3 of their menses and continue on **active** pills until their next appointment. If you have a 4-week pill pack, you will omit the last week of pills (these are a different color) and start with a brand new pack of OCP's. Do not stop taking OCP's until directed to do so. Refills are available at your pharmacy.

Note: **Never** start OCP's until **after** your day 3 labs are drawn if they are ordered.

3. **Is it okay if I am spotting while taking OCP's? What about nausea?**

Spotting or bleeding is a frequent side effect of OCP's and will not interfere with the pills effectiveness. Continue to take the pill daily until your official stop date. Nausea is also quite common, especially during the first week. You may minimize this problem by taking your pill nightly with food.

4. **I have stopped taking OCP's and have not begun bleeding. Is this normal?**

Yes, bleeding (or spotting) is the desired condition prior to IVF stimulation. Absence of bleeding may occur and should be brought to the attention of the medical staff prior to your baseline ultrasound. Keep in mind, however, if bleeding occurred while taking the OCP's, the withdrawal bleed when the OCP's have stopped may be minimal.

5. **I was told to call and schedule an appointment for my first day of "normal menstrual flow". What does this mean?**

This refers to the first day you are menstruating at what is considered a normal red blood flow based on your regular cycles. The level of blood flow varies greatly from person to person. If you are only spotting sporadically on a given day, please wait until you have consistent flow before counting it as the first day. If spotting occurs early in the day, but it progresses to red flow before you go to bed, this is considered "day 1".

MEDICATIONS

1. **I need a refill on my medication, what should I do?**

First, **check with your pharmacy** for refill availability as most prescriptions are written to include refills.

- ◆ Always check your medication supply prior to the weekend so as to avoid refill problems over the weekend. After hours, it can be difficult to find a pharmacy that carries infertility drugs.
- ◆ If you are out of a particular medication, please call a member of our nursing staff. You will need to provide a pharmacy phone number at the time of your request.

2. **I received a package insert from the pharmacy that says progesterone-in-oil should not be used if I am pregnant. What does that mean?**

We have used progesterone for over 20 years to support early pregnancy without problems or increased instances of birth defects. Progesterone-in-oil is chemically identical to what your own body produces.

3. **I forgot how to mix my medication.**

Please refer to the medication section of this handbook. Detailed teaching sheets are located there.

4. What needle do I use?

This depends on which medication you are injecting.

a) Subcutaneous (subq) – short needle should be used for:

- i. Follistim
- ii. Gonal-F
- iii. Bravelle
- iv. Lupron
- v. Menopur
- vi. Ganirelex Acetate (has own syringe)
- vii. Cetrotide (has own syringe)
- viii. Heparin
- ix. Ovidrel
- x. Repronex

b) Intramuscular (IM) – long needle should be used for:

- i. Pregnyl – HCG 10,000 (Can be subcutaneous too. IM only if instructed)
- ii. Novarel – HCG 10,000 (Can be subcutaneous too. IM only if instructed)
- iii. Progesterone-in-oil
- iv. Repronex (may be used if subq is irritating)

Refer to the medication section of this handbook for further details regarding these medications.

5. How long should we take the doxycycline?

Doxycycline, an oral antibiotic, will be taken by you and your partner twice daily when your IVF stimulation begins. For the male partner, it is discontinued once he collects the semen sample the day of the egg retrieval. The female patient should discontinue use the evening of the embryo transfer. You should take doxycycline with a large glass of water.

6. I am currently undergoing treatment and was diagnosed with a virus infection, disease, etc. The family physician wants to prescribe an antibiotic. Is this okay?

If you need to be treated for a condition by another physician while you are undergoing fertility treatment, please inform the attending physician you are currently attempting pregnancy through infertility treatment. If the medication is considered safe during pregnancy, it is also safe for you to take during your infertility treatment.

7. I forgot to take a dose of my medication. What do I do?

Contact the clinic for further instructions.

8. I have a cold. What can I take?

Tylenol, Sudafed, and Robitussin cough syrup are acceptable medications while undergoing infertility treatment or in pregnancy.

1. I took a urine pregnancy test and the results were negative. Could I still be pregnant?

Urine pregnancy tests are not as sensitive as blood pregnancy tests. If you are in the very early stages of pregnancy, the urine test may not detect low levels of pregnancy hormone in your system.

2. I just had my day 3 blood tests drawn, what is my next step?

If you are undergoing pre-screening in preparation for IVF, you may need to begin taking OCP's. (Please call one of the nurses to confirm). Since there are several IVF pre-screening tests, call your nurse to inquire as to what additional tests may be needed if you are uncertain.

If you are not undergoing IVF pre-screening, review the "Follow-Up Appointment" checklist given to you at your Phase I visit.

3. When will I get the results of my lab tests?

If you are a Phase I patient and have currently undergone the required diagnostic testing, your results will be reviewed with you by the Physician at your Phase II appointment. The nurses do not review these tests with you over the telephone.

All results are posted on the Medvoice system. Check Medvoice after 4:00pm.

4. I am an IVF patient, why do I need two pregnancy blood tests?

The blood tests are drawn just as the pregnancy hormone is becoming detectable in your system. Comparing the value of your two tests allows your physician to accurately determine if there is an appropriate rise in pregnancy hormone.

5. What is an estradiol?

Estradiol is an estrogen hormone produced by the ovaries. When undergoing ovarian stimulation, the result of the estradiol blood tests and ultrasounds provide your physician with information regarding the maturity of the oocytes (eggs).

IVF

1. I am an IVF patient. Where should I park?

All IVF/TVOR/ET patients may park adjacent to our building the day of their procedures.

2. When will I get the results of my pregnancy test?

After 2:00 p.m., the day of the second blood draw.

3. How long will I be there for a TVOR (transvaginal oocyte retrieval)?

You will be asked to arrive 1-hour before your scheduled retrieval. Following the actual retrieval which takes approximately 15-20 minutes, you will be in recovery an additional 1 to 1-1/2 hours.

4. How long will I be there for an ET (embryo transfer)?

You will be asked to arrive 45-minutes prior to the scheduled embryo transfer time. Following the embryo transfer which takes approximately 15-minutes, you will be asked to remain in the treatment room for an additional 5 minutes.

5. I had a TVOR done. When will we know how good the eggs are or how many we got?

Egg quality and number will be discussed with you the morning of your scheduled embryo transfer by the embryologist.

6. When do the eggs get fertilized? (When is the sperm and egg put together)?

On the day of your TVOR.

7. Does each follicle give you an egg?

The number of ovulatory sized follicles will usually not correlate with the number of oocytes retrieved. Some oocytes may be too mature with others being too immature.

MISCELLANEOUS

1. **Am I able to exercise during ovarian stimulation?**

Yes, but only during the early stages. As your ovaries become enlarged, exercise may become uncomfortable and should, therefore, be discontinued. Walking is fine at any time.

2. **May my partner and I have intercourse?**

Yes. We desire only 2-5 days of sexual abstinence prior to the collection of the semen sample the day of the egg retrieval or IUI. We will remind you of this when we advise you on the timing of your HCG/Ovidrel administration.

3. **I think that I may have a bladder infection. Does RMIA offer testing and treatment?**

RMIA is a subspecialty clinic, therefore, we see patients strictly for infertility treatment. Please contact your primary health care provider or OB/GYN for routine health care and treatment of illnesses.

4. **I am really finding this process very stressful. What can I do?**

Counseling services are available for couples struggling with infertility. Contact RMIA to schedule an appointment.

5. **Can I have a massage or acupuncture before or after TVOR/ET?**

Massage is OK provided they don't perform any deep muscle massage of the lower abdomen. The use of acupuncture is supported by RMIA. Please discuss this with your Physician if using an Acupuncturist during your treatment.

6. **How many ultrasounds will I need?**

Anywhere from 2-5. It depends on how fast the follicles are growing and how many there are.