Gonadotropins “fertility drugs”

(Follistim®, Gonal-F®, Bravelle®, Menopur®)

These medications are used to stimulate the ovaries to induce growing eggs (oocytes) over 8+ days. They contain the hormones FSH and LH.

Risks:

* Bruising, redness, swelling, or discomfort at injection site
* Bloating
* Fatigue
* Headache
* Weight gain
* Mood swings
* Nausea
* Blood clots
* Up to 2% develop OHSS \*link to OHSS in risks to woman section
* Ovarian cancer (risks are associated with infertility itself and NOT necessarily with fertility medications)

GnRH-agonists (Leuprolide acetate)

(Lupron®)

The primary role of this medication is to prevent a premature LH surge, which could result in the release of eggs before they are ready to be retrieved. Additionally, it can be used to start the growth of the follicles or initiate the final stages of egg maturation. There are two forms of the medication: A short acting medication requiring daily injections and a long-acting preparation lasting for 1-3 months.  GnRH-agonists have not been associated with any fetal malformations, however, you should discontinue use as soon as pregnancy is confirmed.

Risks:

* Hot flashes
* Vaginal dryness
* Bone loss
* Nausea
* Vomiting
* Skin reactions at injection site
* Fluid retention
* Muscle aches
* Headaches
* Depression

GnRH-antagonists (Ganirelix Acetate or Cetrorelix Acetate)

(Antagon®, Cetrotide®)

The purpose of these medications is to prevent premature ovulation. GnRH-antagonists are used for short periods of time in the late stages of ovarian stimulation and are administered by injection.

Risks:

* Abdominal pain
* Headaches
* Skin reaction at injection site
* Nausea

Human Chorionic Gonadotropin (hCG)

(Novarel®, Pregnyl®, Ovidrel®)

hCG is a hormone used in IVF cycles to induce the eggs to become mature and fertilizable.  The timing of this medication is critical to retrieve mature eggs. hCG is administered by injection.

Risks:

* Breast tenderness
* Bloating
* Pelvic discomfort

Progesterone (Endometrin®, Crinone®, Prochieve®, Prometrium®) and Estradiol (Estrace)

Progesterone and estradiol are hormones used to ensure adequate hormonal support of the uterine lining. Progesterone can be administered by an injection or vaginally after egg retrieval. Estradiol can be administered orally, trans-dermally, intramuscularly, or vaginally.

Risks

Progesterone:

* Has **NOT** been associated with fetal abnormalities
* Depression
* Sleepiness
* Allergic reaction
* If given by intramuscular injection, possible infection or pain at site of application

Estradiol:

* Nausea
* Irritation at injection site
* If given by trans-dermal route, risk of blood clots or stroke

Oral contraceptive pills (OCP) and Estradiol (Estrace)

In order to suppress hormone production or to schedule a cycle, OCPs are taken for 2-4 weeks or Estrace 1-4 weeks before gonadotropin injections. Since Estrace is sometimes administered after ovulation and prior to menses, it is possible that it can be taken early in pregnancy. The safest course of action while using Estrace is to use a barrier method of contraception (condoms) during the month you start Estrace.

Risks

* Unscheduled bleeding
* Headache
* Breast tenderness
* Nausea
* Swelling
* Risk of blood clot and stroke
* Estrace has **not** been associated with any fetal malformations, but you may be told to discontinue use as soon as pregnancy is confirmed

Other medications

1. Antibiotics

Given for a short period of time to reduce risk of infection associated with egg retrieval or embryo transfer

Risks:

* + yeast infection,
  + nausea
  + vomiting
  + diarrhea
  + rashes
  + sensitivity to the sun
  + allergic reactions

1. Anti-anxiety or muscle relaxants

May be recommended prior to embryo transfer

* Risk:
  + most common side effect is drowsiness

1. Steroids
2. Heparin
3. Low molecular weight heparin
4. Aspirin