

# Boston IVF

## FREQUENTLY ASKED QUESTIONS

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### GENERAL QUESTIONS

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**All of our initial testing came back normal; why am I not getting pregnant?**

The initial testing is useful in detecting large problems such as low sperm counts or blocked fallopian tubes. Approximately 20-25% of patients presenting with infertility will have normal testing (called “unexplained infertility”). This may be at least partly explained by an age-related decline in fertility. Often times we are able to obtain further information as to why you have not gotten pregnant through monitoring and may be able to help overcome this underlying infertility with treatment.

**When will my genetic blood test for carrier screening be available?** On average 2-3 weeks.

**Can I swim during treatment (pool, ocean or lake)?**

Yes, no restrictions.

**Can I still be nursing (breast feeding) when I start another treatment cycle?**

No. We recommend complete weaning of breastfeeding or pumping of breast milk prior to initiation of any new fertility treatment cycle.

**Can I use my hot tub or Sauna during treatment?**

Avoid the hot tub/Sauna during treatment and once pregnant.

**Is this really my period? What is cycle day 1?**

We consider Day 1 of your period to be the first day of “full flow” (i.e. not just spotting that precedes your period). If you were asked to call your nurse on day 1 of your period, please only call during daytime hours (9am-5pm; weekends included). If after 5pm, please call the next morning.

**Why am I bleeding between periods, is this normal?**

This can be a result of medications given, or can be a sign of a possible hormonal or structural issue such as a polyp or fibroid. You should contact your team nurse if this occurs unexpectedly.

**Should I stay on all my prescribed meds during treatment for high blood pressure, thyroid, depression etc.?**

You should have a discussion with your Boston IVF physician about all medications that you currently take prior to starting treatment, but typically you can remain on most medications unless specifically asked to stop.

**Can I drink coffee during treatment or other caffeinated beverages?**

Limit caffeinated beverages to two 8 oz caffeinated beverages per day (or less than approximately 150-200mg caffeine) during treatment and when pregnant.

**Do I need to get a flu shot? Does it need to be without preservatives?**

We strongly recommend the flu shot for all of our patients, as pregnant women can especially get very sick if they get the Flu. If your PCP has specifically recommended preservative free for you (this is rare), then you must get a preservative-free flu shot.

**Abstaining from intercourse: Do I need to abstain from intercourse before a semen analysis? What about after an IUI (insemination)?** Please abstain for 48 hours prior to a semen analysis. There are no restrictions around intercourse after IUI. See below for further recommendations regarding abstaining from intercourse during IVF and embryo transfer cycles.

**Does it help to have an orgasm the night before my IUI? Or after the IUI?** There are no restrictions or recommendations.

**Why do I need to take low dose aspirin?**

Although not routine, there are a number of potential reasons your physician may recommend for you to take baby aspirin during treatment; please discuss directly with them and only take aspirin if you are advised to do so by your physician.

**What is a good count for an IUI sperm sample?**

We generally consider a total motile count of at least 5 million sperm (post-processing) as an adequate sample for IUI.

**Can I get Novocaine at the dentist?**

Yes. If pregnant, let the dentist know that they may give you Novocaine without epinephrine.

**Is it OK to get my hair colored?**

The data on the effect on IVF or pregnancy is quite limited. We recommend that you wait until the second trimester (or after pregnancy), or check with your OBGYN once you are pregnant.

**Is it OK to get a manicure and pedicure?**

No clear restrictions, but we recommend you go somewhere with good ventilation.

**Is it OK to get a body massage?**

Yes, but let the therapist know that you are in treatment or pregnant beforehand.

### **Is there a restriction on herbal supplements?**

Herbal supplements are not controlled and therefore we cannot recommend them. However, if you are on them, be sure to tell your doctor everything you are taking prior to testing/treatment. NOTE: If you are taking a biotin supplement (often a hair/nails supplement), please discontinue this at least 3 days (preferably 1 week) prior to blood tests, as this can interfere with results.

**Are there any services available to help me (and my partner if applicable) through this very stressful fertility journey?** Yes, there are many services available. Through the Domar Center at Boston IVF Waltham there are three psychologists who offer individual and couples counseling, acupuncture, The Mind Body Program and nutritional counseling with a registered dietician. Also there is a psychologist on staff at the Lexington Center and three social workers who consult with Boston IVF and offer individual and couples counseling at the Waltham Center and at their private practices.

### **Zika and Zika countries concerns**

Please let your Boston IVF team know if you have recently had or are planning any such travel and review the latest CDC guidelines for more information:

<https://www.cdc.gov/zika/pregnancy/index.html>

In general terms: for purple areas on the map in the continental U.S. →→ avoid mosquitos;  
for purple areas outside the U.S. →→ avoid travel.

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## **MEDICATION                      QUESTIONS**

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### **When am I going to get my period after Provera/Prometrium?**

It is usually within 7 to 10 days; if no period by then, contact your team nurse.

### **When am I going to get my period after OCPs (birth control pills)?**

Usually within 2-5 days after the last pill; if no period, please contact your team nurse.

### **When am I going to get my period after my trigger injection? (Lupron vs. HCG/Ovidrel)**

Without an immediate embryo transfer (freeze-all cycles, egg freeze cycles, etc.), a period will usually start 2 weeks after HCG-based trigger and about 1 week after a Lupron trigger.

### **I have a rash/reaction after injecting Cetrotide®/Ganirelix®...what should I do? Is this ok?**

Cetrotide and Ganirelix can be irritating and you may see redness at injection site; this is common and does not represent a true allergic reaction. Using ice at the injection site can help with discomfort and redness. It should go away within 24 hours.

If you develop breathing changes or other serious signs/symptoms of a severe allergic reaction (very rare), call 911/go to the nearest emergency room immediately.

### **Is there any difference in effectiveness between Crinone and Endometrin?**

They are interchangeable vaginal progesterone preparations (except the dosing may be different).

**Why do I have to do progesterone in oil injections?**

Your doctor will decide on the best route for you to take progesterone. Sometimes it's taken vaginally, sometimes intramuscularly, and sometimes both.

**Is it OK if I take my stimulation meds (Gonal-F®/Menopur®) a few hours late tonight because I'm going to a concert?**

Yes.

**Is it OK if I take my TRIGGER shot (HCG/Ovidrel/Lupron) a few hours late tonight because I'm going to a concert?**

NO! The "trigger" shot prior to egg retrieval is the one medication that is quite time-sensitive. We recommend setting an alarm and reminders for yourself to take at the exact time you are advised ( $\pm 15$  minutes). If you take your trigger shot at a different time than advised, please contact your team nurse or the nurse on call, as your egg retrieval time may need to be changed.

**Can I take ibuprofen/Motrin®/Aleve® (NSAIDs) after egg retrieval for pain? Or still just Tylenol? Freeze-all cycle vs. Fresh embryo transfer?**

You can take any of these NSAID medications as directed (whatever you typically take for menstrual cramps) for pain relief starting 6 hours after your egg retrieval, as we give an IV version of these during your procedure. Please discontinue the day before your embryo transfer (and do not take during pregnancy).

If you are having an egg retrieval, please stop these medications at least one day before your planned procedure since these medications can increase bleeding during surgery.

Tylenol (per package directions) is OK during treatment and pregnancy.

**The label on the HCG trigger says to take IM (intra-muscular), but the nurse told me SC (sub-cutaneous) like all my other IVF cycle meds. Which do I do?**

All trigger shots should be given SC like other IVF injections—ignore the box directions.

**I missed my dose of birth control, estradiol, Crinone, Clomid, letrozole...should I double up? Or just keep going?**

Contact your team nurse for specific instructions, but typically one missed oral medication dose like this will not affect outcome.

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## IVF QUESTIONS

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### **When will my PGT (embryo biopsy) results be available?**

On average 3 weeks from egg retrieval. This may seem like a long time to wait, but this is not wasted time. During this time, we have to wait for your period and then start the frozen embryo transfer cycle.

### **What are the success rates for me?**

This should be discussed with your Boston IVF physician as they know your complete clinical picture. Success rates vary and must take into account several different factors like history, test results, diagnosis and age.

### **Is acupuncture helpful? Is it recommended?**

The studies on acupuncture before and after your embryo transfer or during any fertility treatment show mixed results on improving success rates. However, some patients may benefit and we recommend it if you'd like to try it. We have acupuncturists who specialize in this type of treatment in our Domar Center.

### **Can I have a glass of wine during my treatment cycle?**

We suggest that you limit it to an occasional drink during treatment and avoid drinking alcohol once you are pregnant.

### **Why do I need to take progesterone and estrogen after my embryo transfer?**

For frozen embryo transfers (depending on the type of cycle your physician prescribes), the lining of the uterus is sometimes prepared with estrogen followed by the addition of progesterone. For fresh IVF cycles, progesterone alone is usually sufficient.

### **What does it mean that I have a cyst on my ovary? Is this bad?**

Ovarian cysts are very common and associated with your normal menstrual cycle; usually they will resolve on their own. If there are any concerns your physician will discuss with you.

### **Can I fly during IVF stimulation? Can I fly/travel after embryo transfer during the 2 weeks wait before my first pregnancy test? Can I fly/travel after I find out I'm pregnant?**

There are no flight restrictions while waiting for your pregnancy test. However, we do not recommend travel after a positive pregnancy test until we can do an ultrasound to assess for location/viability of the pregnancy-- typically 2-3 weeks after a positive result.

Of note, pregnancy (even early pregnancy) carries an increased risk of blood clots that, while rare, can be very serious if they happen. Prolonged travel and other periods of sitting/inactivity increase this risk, so be sure to stay active during pregnancy and travel to minimize your risk.

**Is it ok if I exercise/run after IUI? After ET or FET?**

Refer to the full Boston IVF exercise guidelines that are based on the current literature but here are some helpful guidelines:

- Continuing exercise that you already routinely do is generally OK after IUI/relations/frozen embryo transfer
- The major restrictions are after an IVF stimulation cycle and egg retrieval, as this stimulation causes your ovaries to enlarge. This increases risk of ovarian torsion (when your ovary twists on its own blood supply, causing severe pain and ovarian tissue damage) so we advise NO high impact exercise such as running, HIIT, aerobics, etc. during treatment
- Walking is OK and recommended if you feel up to it!

**Is it ok for me to lift my toddler while on stimulation medication and after the egg retrieval or embryo transfer?**

Yes.

**Can we have intercourse during IVF?**

For an IVF/embryo transfer cycle (including frozen embryo transfers), we advise that you abstain from intercourse or use condoms during your treatment cycle until a pregnancy test to avoid a high risk multiple gestation pregnancy from a concurrent natural conception.

For an IUI cycle, you can have unprotected relations the day of your IUI and after (but this is not necessary for cycle success).

See above Q&A about intercourse before/after IUI/semen analysis.

**What if it's time for trigger and my husband/partner hasn't ejaculated in over a week?**

There is no need to be concerned.

**Can I just bring in my husband's sample for him?**

In order to maintain appropriate chain of custody, your partner will need to bring his sample to Boston IVF himself with a valid photo ID, or unfortunately the sample cannot be accepted.

**Do I need a ride home after my embryo transfer?**

Most transfers do not include anesthesia so you can drive yourself if needed. If your transfer does include anesthesia (which is rare), then you cannot drive for the rest of that day.

**Do I need a full/empty bladder for a vaginal/abdominal ultrasound?**

An empty bladder is best for vaginal ultrasounds and a full bladder is best for abdominal ultrasounds (including for embryo transfer).

**What is the embryo grading? What does it mean as far as being genetically normal?**

Embryo grading tells us about the rate of embryo growth and integrity of the cells; however, it does not give us any genetic information about the embryo (if it is chromosomally normal).

**For treatment with IUI/IVF/ IVF with PGT-A: what are my chances of success?**

This would require a discussion with your Boston IVF physician.

**What is the risk of miscarriage with IUI/IVF/FET?**

This is determined by a number of factors; you should discuss this with your physician.

**I had one embryo transferred; why am I pregnant with twins?**

As with natural conceptions, an IVF-derived embryo can split during early development (after embryo transfer) and result in an identical twin pregnancy.

The other possibility is if you have unprotected sex around the time of your embryo transfer and have a concurrent natural conception. This is why we recommend abstaining or using condoms while undergoing an IVF/embryo transfer cycle. Our goal is always ONE healthy baby at a time!

**What's the chance of having an abnormal embryo with PGT-A?**

This is determined by multiple factors including your age and pre-conception testing. Please discuss with your physician.

**I had PGT done and a normal embryo was transferred; why didn't I get pregnant?** The chance of implantation after transfer of a chromosomally normal (euploid) tested embryo is up to 60-70% (never 100%) and several factors may explain this. You will have a follow up appointment with your physician who will carefully review your treatment cycle details with you.

**I'm under age 40-- why are my embryos abnormal?**

All reproductive age women have some chromosomally abnormal eggs (that would result in a chromosomally abnormal embryo); the proportion of abnormal eggs just increases with age.

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## **PREGNANCY                      QUESTIONS**

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### **I'm pregnant and spotting. Is this ok?**

We often see pink/red/brown spotting, which can be a small amount of blood from the egg retrieval/embryo transfer/IUI mixed with vaginal discharge and this is typically not concerning. You can also commonly see spotting related to vaginal/cervical irritation from vaginal progesterone application (if you are taking this medication) or after intercourse. If you have heavy bright red bleeding, please contact your team nurse.

### **Can I eat fish/sushi/unpasteurized cheese/dairy?**

Stick with cooked/pasteurized foods and low mercury fish during pregnancy. Also avoid alcohol.

### **How many HCG levels (blood test for pregnancy) do I need? Can I get another HCG level just to be sure?**

Following a treatment cycle, we will draw one HCG level 10 days after embryo transfer (or 14 days after IUI). If it is positive, we will get one more 48 hours later. If there is an appropriate interval rise, the next step is an early OB ultrasound at 6-7 weeks gestation (which is actually just a couple weeks after your blood tests).

If a reassuring level is seen on the second HCG test, the further HCG levels are not needed and the prenatal ultrasound can be scheduled. If the HCG level is not rising appropriately, your team will follow serial levels to help determine if this is a viable pregnancy.

### **Why is my HCG rising abnormally? Why do you need to follow so closely/what is the risk?**

With any pregnancy there is a risk of an abnormal pregnancy/early pregnancy loss or an ectopic pregnancy (a pregnancy outside of the uterus). These scenarios can present with abnormally rising HCG levels and are followed closely by your team.

### **My HCG levels are normal; why am I bleeding?**

There can be several reasons for bleeding in early pregnancy and this would warrant a call to your team nurse, especially if bright red and heavy like a period. As above, light spotting in early pregnancy is very common and often not concerning.