

Clomiphene Citrate Patient Information Sheet

What is clomiphene?

Clomiphene is a fertility drug that can increase the chance of ovulation occurring. Clomiphene acts on the pituitary gland, forcing it to release more follicle stimulating hormone (FSH) and more luteinising hormone (LH) than it normally would. This encourages your ovaries to produce follicles and for the follicle containing the egg to grow and develop to ovulation.

Clomiphene may be prescribed to:

- Stimulate ovulation in a woman who does not ovulate or who ovulates irregularly.
- Regulate and potentially induce multiple ovulations typically in a woman who and/or is going to have intrauterine insemination of sperm.

Pharmacy:

Clomiphene is marketed under the names Clomid®. One tablet is of 50mg each. Clomiphene is stored at room temperature

How and when to take clomiphene?

First, remember day 1 of the cycle is the first day of full menstrual flow. Clomiphene is taken for 5 days early in the menstrual cycle - from day 3 to 7 of the cycle. Orally at approximately the same time every day.

What are the potential side effects of clomiphene?

Bloating, pelvic pain, nausea, vomiting, insomnia, light-headedness, constipation, breast discomfort, fatigue and a change in menstrual flow can all occur while taking clomiphene. If you develop blurred or altered vision, please discontinue clomiphene and contact specialists on honeysuckle.

Multiple pregnancy?

Generally speaking, Clomiphene causes twin pregnancies about 8% of the time, with less than 1% of clomiphene pregnancies leading to triplets or higher order pregnancies.

Getting the timing right.

If your cycles are 28 days, you will ovulate on day 14, but if your cycles are shorter, 25 days, by subtracting 14 days, you will ovulate on day 11. It is recommended that you have intercourse three or four days prior to, and on your ovulation day in order to maximize your likelihood of becoming pregnant. There are many ovulation calendars available online which automatically

calculate your most fertile days based on your provided dates. try www.babycenter.com.au/tools/ovu/ or [www.mydr.com.au/ tools/ovulation](http://www.mydr.com.au/tools/ovulation) Calculation

How often is enough?

Not having intercourse for five days' increases sperm count but may affect the motility (active movement of the sperm). Having intercourse, more than once a day is probably too much. To be on the safe side, when you are close to ovulating, have intercourse at least every other day, if not every day is probably best.

Day 21 Progesterone testing:

Please remember to get your blood test done on the 21st day of your cycle and phone in to check your results if we have not already contacted you as you may not conceive during the first cycle. Indeed, most patients require a few months of clomiphene treatment and sometimes dosage adjustments are required. We will advise the dose for your upcoming cycle based on the progesterone levels of your previous cycle.

When should I test for pregnancy?

Most menstrual cycles are approximately 28 days long and ovulation occurs 14 days prior to the onset of menstrual flow. If you are pregnant the menstrual flow will not come unless you are on progesterone tablets for luteal phase support. Test for pregnancy using a home pregnancy test.

Contact us if your menstrual period does not come 35 days after your last period and the pregnancy test remains negative. Please also contact us if you do become pregnant!

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Increase your intake of folic acid.

Increasing your intake of folic acid (known as folate in its natural form) before conceiving and for the first three months of pregnancy can reduce the risk of having a baby with neural tube defects, such as spina bi da. folic acid is readily available in tablet form from pharmacies (at least 0.4–0.5 mg of folic acid each day)

This information sheet does not replace any urgent queries you may have. Please do not hesitate to contact us in case of an emergency.