

## Boston IVF Patient FAQs

- When will my genetic blood test results be available? **On average 2 weeks**
- Can I swim during treatment (pool, ocean or lake)? **Yes, no restriction**
- Can I use my hot tub or Sauna during treatment? **Avoid the hot tub/Sauna during treatment and once pregnant**
- When will my PGT (embryo biopsy) results be available? **On average 3 weeks from egg retrieval**
- 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 (8am-4pm; weekends included). If after 4pm, please call the next morning.**
- When am I going to get my period after Provera/Prometrium-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 contact your team nurse**
- When am I going to get my period after my trigger injection? (Lupron vs HCG/Ovidrel) **If not pregnant or a freeze-all cycle, usually a period will start 2 weeks after HCG trigger and about 7 days after Lupron trigger**
- I have a rash/reaction after injecting Cetrotide/Ganirelix...what should I do? Is this ok? **Cetrotide and Ganirelix can be irritating at injection site you may see redness; this is very common. Using ice at the injection site can help with discomfort and redness. It should go away within 24 hours. If you develop a rash, injection site that is warm to the touch, or breathing changes (very rare) contact your team nurse by phone or call 911/go to the nearest emergency room if a severe allergic reaction is suspected**
- I'm pregnant and spotting brown. Is this ok? **We often see pink/red/brown spotting, which can be a small amount of blood from the egg retrieval/embryo transfer/UII mixed with vaginal discharge and this is typically not concerning. If you have heavy bright red bleeding, please contact your team nurse. You can also commonly see spotting related to vaginal/cervical irritation from vaginal progesterone application (if you are taking this medication) or intercourse.**
- I'm pregnant and spotting red is this ok? **Spotting is very common, even in pregnancy. Let your team nurse know if you are concerned or if have period-like (or heavier) bleeding.**
- Can I eat fish/cold cuts/unpasteurized cheese/dairy? **Stick with pasteurized foods and low mercury fish. Check with your OB/GYN once pregnant for any restrictions.**
- Can I get another BHCG (pregnancy hormone) for reassurance? **When pregnant, BHCG levels are checked twice: one to confirm a pregnancy and then repeated 2-4 days later to make sure the hormone is rising appropriately. The next step is an early OB ultrasound at 6-7 weeks. If an appropriate rise is seen, BHCG levels between the 2<sup>nd</sup> BHCG and the OB ultrasound are not indicated in most cases. If**

**the BHCG level is not rising appropriately, your team will follow serial BHCG levels for a better understanding about whether this is an viable pregnancy.**

- **Why is my BHCG 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 BHCG levels and are followed closely by your team.**
- **I am pregnant; when can I have an ultrasound? Typically it is scheduled at 6-7 weeks gestation, determined by your team.**
- **Can I have a glass of wine during my treatment cycle? We suggest that you avoid drinking alcohol during fertility treatment and pregnancy**
- **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.**
- **Is acupuncture helpful? Is it recommended? Acupuncture before and after your embryo transfer may help implantation and is recommended if you'd like to try it. We have acupuncturists who specialize in this type of treatment in our Center for Healing Arts at 812-842-4020.**
- **What are the success rates for me? This should be discussed with your Boston IVF physician as they know your complete history and success rates take into account several different factors like test results, diagnosis and age**
- **Why do I need a rest month or longer after IVF/PGT before starting my frozen embryo transfer? This time is needed to await embryo biopsy results, have you meet with your Boston IVF physician to review results and the next treatment plan. You also you may need to obtain another insurance approval for embryo transfer treatment.**
- **Is there any difference in effectiveness between Crinone and Endometrium? They are interchangeable vaginal progesterone preparations (except the dosing may be different)**
- **Why do I have to do progesterone in oil injections? There is some data supporting that success rates may be slightly increased using IM (intra-muscular) injections of this type of progesterone with your treatment plan.**
- **Is it ok if I take my Gonal-F/Menopur a few hours late tonight because I'm going to a concert? Yes**
- **Can I drink coffee during treatment or other caffeinated beverages? Limit caffeinated beverages to two 8 oz caffeinated beverages per day (16 oz total) during treatment and when pregnant (unless your doctor specifically tells you otherwise).**
- **Can I take ibuprofen/Motrin/Aleve (NSAIDs) after egg retrieval for pain? Or still just Tylenol? Freeze all vs Fresh ET? 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. However, if you are having a fresh embryo transfer, please stop these medications at least one day before your planned transfer (and avoid during pregnancy). Tylenol is OK during treatment and pregnancy.**

- Why can't I take ibuprofen **before** my egg retrieval/during IVF cycle stimulation? **Ibuprofen can inhibit ovulation (see prior Q&A for guidance on taking ibuprofen AFTER your egg retrieval)**
- 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 (rare), then you must get a preservative-free flu shot.**
- What does it mean that I have cyst? 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 week 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. 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 + test).**
- 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 normally do is generally OK after IUI/relations/frozen embryo transfer**
  - **The major restrictions are after an IVF stimulation cycle and egg retrieval, as this causes your ovaries to enlarge; in this scenario, we worry about ovarian torsion (when your ovary twists on its own blood supply, causing severe pain and ovarian tissue damage) and advise NO high impact exercise such as running, HIIT, aerobics, etc.**
  - **Walking is always OK and recommended!**
- Is it ok for me to lift my toddler while on stim meds and after VOR? **Yes.**
- Can we have intercourse during IVF? IUI? **For an IVF/embryo transfer cycle, we advise that you abstain or use condoms during your treatment cycle until a pregnancy test to avoid a concurrent twin pregnancy from a natural conception. For an IUI cycle, you can have unprotected relations the day of your IUI (but this is not necessary for cycle success).**
- Does it help to have an orgasm the night before my IUI? Or after the IUI? **There are no restrictions or recommendations**
- When should my husband/partner last ejaculate before VOR/IUI? **2-3 days (and studies have even shown no negative effect on sperm counts even with last ejaculate 1 day before)**
- What if it's time for trigger and my husband/partner hasn't ejaculated in over a week? **He should ejaculate on the day/night of the trigger and then abstain until egg retrieval day**
- The label on the HCG trigger says to take IM (intra-muscular), but the nurse told me SC (sub-cutaneously) like all my other IVF cycle meds. Which do I do? **We inject all triggers injections subcutaneously—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 this will not affect outcome.**
- I took my trigger injection late is that ok? **The trigger shot prior to egg retrieval is the one medication that is very time-sensitive. We recommend setting an alarm**

**and reminders for yourself to take at the exact time you are advised (within a few minutes). If you take your trigger shot at a different time than advised, please immediately contact your team nurse or the nurse on call as your egg retrieval time may need to be changed**

- **Can I just bring in my husband's sample for him? Because of chain of custody your husband/partner will need to bring his sample to Boston IVF himself with a valid picture ID.**
- **Do I need a ride home from 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 bladder for a vaginal ultrasound? No. An empty bladder is best for vaginal ultrasounds and a full bladder is best for abdominal ultrasounds.**
- **Can I use a heating pad during treatment after IUI/ET? Yes if on a low setting**
- **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**
- **What are the chances of IUI/IVF/ IVF with PGT-A, what's the percentage of it working vs the other? This would require a discussion with your Boston IVF physician**
- **Why am I bleeding between periods, is this normal? This can be normal though sometimes it is a sign of a possible hormonal or structural issue such as a polyp or fibroid. You should contact your team nurse if this occurs**
- **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 and results in an identical twin pregnancy. The other possible scenario 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 IVF/embryo transfer treatment. Our goal is always ONE healthy baby!**
- **When does one blastocyst actually split and become identical twins? Up to 9 days after fertilization (so up to 4 days after transfer of a day 5 blastocyst)**
- **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 pregnancy after transfer of a normal (euploid) PGT-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.**
- **Why do I need to take progesterone and estrogen after my embryo transfer? To support implantation until the placenta is fully developed and takes over hormonal support of the pregnancy**
- **Why do I need to take low dose aspirin? There are a number of reasons your physician may recommend for you to take baby aspirin during treatment, please discuss directly with them**

- Why, if my BHCG numbers are rising appropriately, am I bleeding? **There can be several reasons why you are bleeding and this would warrant a call to your team nurse, especially if more than just spotting**
- 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.**
- 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% 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.**
- I want to know what the IUI sperm numbers mean: count/motility/ROP, is it a good sample? **We generally consider a total motile count of at least 1-5 million sperm (post-processing) as an adequate sample for IUI**
- Is it OK to get my hair colored? **We recommend that you wait until the second trimester (or after pregnancy)**
- Is it OK to get a manicure and pedicure? **No restriction**
- 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 we cannot recommend them. However, if you are on them, be sure to tell your doctor everything you are taking prior to testing/treatment.**
- Can I get Novacaine at the dentist? **Yes. If pregnant, let the dentist know that they may give a novacaine without epinephrine**
- What number should my BHCG be at this point? **The first *appropriately timed* Bhcg pregnancy hormone level should be 50 or greater and then we look for an "interval rise" over the next 2-3 days as studies show viable pregnancies do not necessarily have to double every 2-3 days.**
- Zika and Zika countries concerns- **We advise against any travel for you *or your partner* to any country with known Zika while in treatment or during pregnancy. 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>**