



Fertility & Women's HEALTH CENTER OF LOUISIANA

Helping couples build families.

Ovulation Induction Gonadotropins

Unlike clomiphene, which stimulates your pituitary gland to produce FSH and LH, gonadotropins directly stimulate your ovaries. Gonadotropins may help you conceive if you tried clomiphene but you did not respond to it. The following gonadotropins are available:

- **Human Menopausal Gonadotropin (hMG)**
This medication, a mixture of FSH and LH, may be recommended for women who do not menstruate on their own due to the failure of their pituitary gland to stimulate ovulation. This drug is sold as Repronex®.
- **Urofollitropin or Recombinant FSH**
This medication is similar to hMG but without the luteinizing hormone. It works by stimulating your ovaries to mature egg follicles. This drug is sold as Bravelle®, Follistim®, or Gonal F®.
- **Human Chorionic Gonadotropin (hCG)**
This medication stimulates the mature follicle to release its egg and is used in combination with clomiphene, hMG, and FSH. This drug is sold as Novarel®, Pregnyl®, Profasi® or Ovidrel®

Your doctor may also recommend a gonadotropin (alone or in combination with other fertility drugs) before you begin an [assisted reproductive technologies \(ART\)](#) treatment, such as [in vitro fertilization](#) since a gonadotropin may help you produce several eggs for the procedure.

Human menopausal gonadotropins (hMG) and urofollitropin or recombinant FSH are given as injections for 7 to 12 days to prompt your ovaries to produce several eggs. This is usually followed with an injection of human chorionic gonadotropin (hCG), which tells your ovaries to release the mature eggs into your fallopian tubes.

You will need to receive shots of the medication (hMG or FSH) for 7 to 12 days each month depending on how long it takes your eggs to mature. Your fertility doctor or a nurse at the fertility center will train you and your partner to give the shots.

You will also be checked often to see if you are responding to the medication - frequent ultrasounds and blood tests may be necessary. When your doctor determines that your eggs are mature, you will be given an injection of hCG. Most likely you will ovulate within 24 to 36 hours and you will either be sent home to have intercourse, or your doctor will schedule you for [intrauterine insemination \(IUI\)](#).

Most women who use gonadotropins go through a maximum of three to six cycles of treatment-your chance of getting pregnant does not improve if you use the drugs for a longer period of time. You will need to be checked by your doctor on a regular basis to see if ovulation is occurring. If you do not succeed after three or more cycles, your doctor may recommend a higher dose of one of the drugs or suggest another treatment such as an [assisted reproductive technology \(ART\)](#).

Gonadotropins may cause some side effects-pain at the site of the injection, stomach pain or tenderness, breast tenderness, headaches, fatigue, and emotional irritability-these are usually mild and clear after the medication is stopped. Some women also develop a condition called *ovarian hyperstimulation syndrome (OHSS)*, a condition in which your ovaries swell to several times their size and leak fluid into your abdomen causing weight gain, a bloated feeling, and sometimes shortness of breath, dizziness, pelvic pain, nausea, and vomiting. OHSS happens when a woman responds too well to the gonadotropins and produces too many eggs. OHSS usually resolves itself without any residual problems, but in some women may be severe.

Between 20 percent and 60 percent of women who use gonadotropins will conceive. There is also an approximately 10 percent to 40 percent chance that you will conceive twins or more with the use of gonadotropins.