

Clomiphene Citrate (Clomid) Information

General Concerns

- Do a pregnancy test before starting clomiphene even if your period seems normal. There is a possibility of birth defects if clomiphene is taken while you are pregnant and possibly if taken the month before.
- Take one prenatal vitamin every day all the time. Increase to 5 mg of folic acid daily anytime you might be pregnant and until you are 8 weeks pregnant to decrease the chance of birth defects. Days 14 to 30 days after ovulation are the most important.
- Clomiphene is usually started on day 3 of a cycle but can be started from day 1 to 5 depending on circumstances.
- The lowest dose of clomiphene that works is usually the best dose. Increasing the dose may decrease pregnancy rates.
- Ovulation tests and ovulation monitors are commonly used for timing sex. Clomiphene can cause false positive ovulation tests. Start testing 3 days after finishing clomiphene.
- A PCT (post-coital test / Huhner's test) is used to check mucus and sperm interaction. If the mucus is gummy, estrogen, Robitussin, estrogen or artificial insemination are considered.
- Blood estradiol checks for ovarian production.
- A sonogram at ovulation checks on ovarian egg production and lining growth.
- Progesterone levels on day 21 and 24 can be used to confirm ovulation.
- 85% of all pregnancies occur in the first three ovulatory cycles. If you are not pregnant in three to six ovulatory cycles, plans need to be changed. Other tests such as an X-ray of the tubes or laparoscopy may be useful if not already done. Intrauterine insemination (IUI) or in vitro fertilization (IVF) can be considered.

Side Effects

- Multiple births occur. Clomiphene has caused one set of quadruplets, five triplets, and uncounted twins in 36 years in my practice.
- Side effects such as mood swings, hot flashes, body heat and sweating are common.
- An exam or ultrasound (sonogram) can be done when there is pain, fullness or pelvic discomfort to check for a cyst. Clomiphene is stopped with a cyst. Cysts require hospitalization.
- Clomiphene may interfere with mucus, the lining or hormones. Fertility may decrease when used with male problems.
- There is an increased risk of ovarian cancer in women who do not have children. This is particularly with more than 12 cycles of clomiphene. Clomiphene may a marker or it may be part of the problem. Studies since 1989 have few firm conclusions. Women who have no children should be monitored closely, particularly at age 40 to 60, for evidence of ovarian cancer. Adhesions and endometriosis may be part of the problem Risks to age 65:

General population	1.4%
High fat diet	2.0%
Breast cancer	2.0%
Infertility	2.0%
Infertility and no children	5.6%
One 2nd degree relative	2.9%
One 1st degree relative	4.5%
Two 1st degree relatives	39.1%
- There is an increased risk of uterine cancer in women who do not ovulate regularly and use multiple cycles of clomiphene. An ultrasound, biopsy or D&C may be useful.
- Infertility is also associated with birth defects. Clomiphene may increase the risk of hypospadias and neural tube defect.
- If you are concerned about other problems, be sure to ask as this is not an exhaustive list.

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