

Recipient Medications to stimulate receptive endometrium

- A. **LUPRON** (Luprolide acetate- 2 week kit) Lupron acts upon the pituitary gland in the brain to alter the secretion of FSH and LH (the two hormones responsible for egg development and ovulation). Initially Lupron will cause increased secretion of the two hormones, with a subsequent rise in estrogen secretion. Continual administration of Lupron, however, will lead to a suppression of the pituitary hormones, with subsequent drop in estrogen production and suppression of the ovaries. In FET, Lupron will not allow ovulation and let us control the development of a normal uterine lining.

Administration: Lupron is taken as a subcutaneous injection, once per day, beginning on or about cycle day 21 in the month prior to egg retrieval.

Side effects: headaches, fatigue, mood-swings, hot flashes, delayed onset of your period, bruising or irritation at the injection sites.

- B. **PROGESTERONE**

This hormone will act upon the lining of the uterus (the endometrium) to make it receptive for embryo implantation. There is a window of implantation that requires appropriate estrogen and progesterone stimulation. Progesterone is vital for endometrial development and continued embryo support. It is absorbed by the body most efficiently through intramuscular injections.

Administration: Intramuscular injections as noted on the protocol.

Side effects: breast tenderness, soreness at the injection sites, delayed onset of your period (even in the absence of pregnancy).

- C. **PRE-NATAL VITAMINS**

Studies have shown that increasing the intake of folic acid prior to conception helps to decrease the chances of certain spinal cord defects in babies. It is also a good idea from a general health point of view to be on these multi-vitamins prior to and throughout pregnancy.

Administration: 1 tablet per day, usually at bedtime.

Side effects: stomach upset, nausea and constipation.

- D. **METHYLPREDNISOLONE** (Medrol) This steroid hormone is sometimes taken when the Assisted-Hatch procedure is being done in conjunction with the Embryo transfer. It is taken to suppress any inflammatory reaction that might occur between the embryo(s) and the endometrial lining.

Administration: 1 (16mg) tablet by mouth, once per day, or 4 (4mg) tablets, by mouth once per day.

Side effects: fluid retention.

- E. **LOW-DOSE ASPIRIN** A very high blood level of estrogen can have the potential effect of increasing the coagulation factors in the bloodstream (especially in the small vessels that supply the uterus and ovaries). Aspirin, in low doses, will decrease the effects of those clotting factors, and in turn, increase blood flow to the tissue.

Administration: 1 (80mg) tablet, by mouth, per day.

Side effects: stomach upset, prolonged bleeding time.

- F. **ESTROGEN PILLS** (Estrace)
Several studies have shown the addition of supplemental estrogen during the luteal phase that is after the embryo transfer improves pregnancy rates.

Administration: Tablets orally as described in protocol.

Side effects: Bloating, fluid retention.