

Monitored Ovulation Induction Through A Public Hospital; Outcomes and Challenges

Introduction:

Ovulation induction using letrozole or clomiphene for anovulatory couples is an inexpensive and effective fertility treatment

Without individual ultrasound and blood test monitoring there may be a higher rate of multiple pregnancies and a longer time from initiating treatment to achieving ovulation

The cost of privately monitored cycles is prohibitive to many

Christchurch hospital has a dedicated team offering monitored cycles for no cost

More complex fertility treatments such as in vitro fertilisation are only funded once a couple has gained a number of points based on history and reasons for subfertility

Having undergone unsuccessful ovulation induction can decrease time to eligibility for funded IVF

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Methods and Aims:

Retrospective analysis of all monitored cycles between April 2019 and November 2020. Data was obtained from the department spreadsheets and electronic records

The aim was to evaluate outcomes for couples undergoing this treatment



Results:

Thirty-one couples underwent treatment

Mean maternal age was 30 years, mean BMI was 27

Biochemical pregnancy was achieved in 15

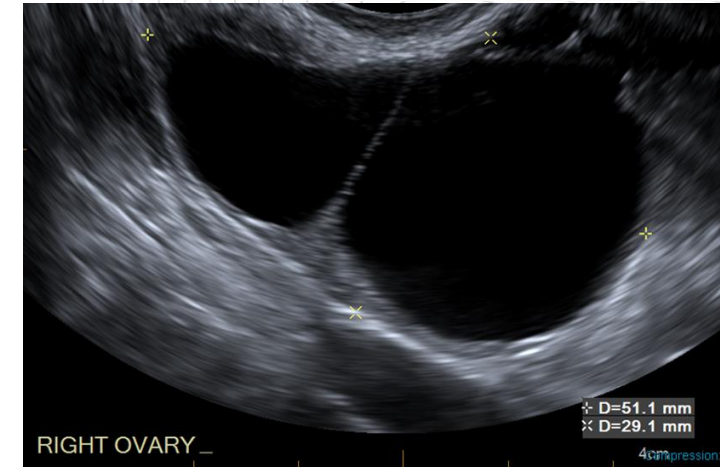
There was one ectopic pregnancy and one DCDA twin pregnancy

Two women did not ovulate

The mean time from starting treatment to first ovulation was 61 days

Mean time from commencing treatment to biochemical pregnancy was 101 days

Anovulation was often coupled with other factors and may explain lack of pregnancy in some couples



Discussion:

Monitored ovulation induction in a public hospital setting is possible and can result in many pregnancies.

Challenges have included poor patient compliance, lockdown period due to covid-19 and occasionally not being able to achieve ovulation.

Where unsuccessful, couples may become eligible for further fertility treatment in the public setting adding to the value of this initiative