ANOVULATORY INFERTILITY

1. If insulin resistant Polycystic Ovarian Syndrome is diagnosed gradually commence metformin 500mg three times a day.

2. If not insulin resistant or, if insulin resistant but anovulatory with metformin, add clomiphene 50mg daily on day two to six of cycle. Cycle monitoring is achieved by ultrasound and hormonal tracking and monitored by the fertility nurse/midwife and Head of Reproductive Medicine.

   If patients are unwilling or unable to have cycles monitored treatment cannot commence.

   Patients must be informed of the risk of multiple pregnancy and ovarian hyperstimulation syndrome. Continue to attempt conception for up to six ovulatory cycles. If ultrasound confirms a thin endometrium in the late follicular phase, commence gonadotrophin treatment.

3. If not responding to increasing doses of clomiphene (up to 150mg daily) consider ovarian drilling or gonadotrophin treatment after discussion at the team meeting.

   If the woman is ovulatory allow six months after ovarian drilling OR six months of gonadotrophin treatment before further treatment options are employed. Commence treatment by ‘classic- low dose step-up regime’ to avoid hyperstimulation. Cycles to be monitored by the Head of Reproductive Medicine.

4. Refer patients for IVF if:
   - ovulation induction is unsuccessful
   - there is six months of ovulatory cycles using gonadotropins
   - patient meets the criteria in Clinical Guideline Aetiology and treatment of infertility.

5. Women anovulatory due to hyperprolactinaemia will commence treatment with dopamine agonists after macroprolactinoma has been excluded.

6. Anovulation due to hypogonadotrophic hypogonadism may commence ovulation induction with recombinant luteinising hormone and follicle stimulating hormone under close supervision by the Head of Reproductive Medicine.

REFERENCES (STANDARDS)

National Standards – 1 Clinical Care Is Guided by Best Practice
Legislation - Nil

Related Guidelines / Policies – Reproductive Medicine
Other related documents – Nil

RESPONSIBILITY

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