Oral ovulation induction using Clomiphene Citrate (CLOMID)

About Clomiphene Citrate
Clomiphene Citrate was first used to induce ovulation in 1961 and is still widely used today.

Your fertility investigations show that you may benefit from Clomiphene treatment in an attempt to help you conceive.

Taking Clomiphene Citrate
It is usual to take Clomiphene from the 2nd to the 6th day of your cycle (inclusive).

The Fertility Unit and your consultant will monitor the dosage of this drug - it must never be changed without direct instruction.

If you seldom have periods, then before you start Clomiphene, the Fertility Unit may perform a urine and/or blood test to check your hormone levels.

We may then arrange follicle tracking scans and/or blood tests to monitor your response to the Clomiphene and check if ovulation is occurring.

How does it work?
Clomiphene acts on both the hypothalamus and the pituitary gland to induce ovulation. The levels of follicle stimulating hormone (FSH) and luteinising hormone (LH) released by the pituitary gland are increased.

These increased hormones then stimulate ovarian follicular development.

After 5 days (day 6 of your cycle), the tablets are stopped and by then, the follicle is secreting increasing amounts of oestrogen.

When this reaches the appropriate level, a mid-cycle surge of luteinising hormone (LH) results and ovulation occurs.

The treatment is more likely to be effective if you are neither overweight nor underweight.
Are there any side-effects?
Clomiphene has few side-effects that do not occur frequently. Approximately 5% of women experience hot flushes. Other reported symptoms are thickening of cervical mucous, vaginal dryness, abdominal bloating, nausea, headaches, skin rashes and dizziness.

Some women develop ovarian cysts. These cysts are monitored and usually disappear once the treatment is stopped.

Very rarely, blurred vision can occur and if it does, treatment with Clomiphene should be stopped.

With the use of all fertility drugs that stimulate the ovaries and ovulation there is a greater risk of multiple pregnancy, usually twins or triplets.

There are many complications associated with multiple pregnancy, including a greater risk of:

- complications during pregnancy and birth.
- premature labour.
- low birth weight.
- neonatal death.

The clinic will discuss with you the pros and cons of using drugs to stimulate the ovaries. These risks can be greatly reduced by our monitoring systems.

We always discontinue the treatment if more than 3 follicles of 17mm in diameter or longer develop and advise against intercourse because of the risk of fertilising multiple follicles and achieving multiple pregnancy.

After taking Clomiphene for total of 6 cycles without a pregnancy being achieved, a review is necessary to decide with you, whether or not to continue Clomiphene therapy.

This is because there is some evidence to suggest that there may be a slightly increased risk of ovarian cancer linked to prolonged use of fertility drugs such as Clomiphene.

If a full term pregnancy is achieved, that increased risk becomes null and void.