



C-Gyn 2

Ovarian stimulation in infertility

Assistance of conception with IVF/ICSI, or with other procedures that involve ovarian stimulation, can be an effective and appropriate therapeutic option for overcoming the disability of infertility.

RANZCOG advises that known and possible complications of ovarian stimulation should be discussed when it is intended to stimulate ovarian follicular development with gonadotrophins, anti-estrogens, (such as clomiphene citrate), or with aromatase inhibitors.

Before stimulating ovulation, it is essential practice to perform a thorough clinical assessment, pre-pregnancy investigations including a Pap smear and provide advice on pre-conceptual folate. Where there are complexities that will impact on a pregnancy, pre-pregnancy referral to an Obstetrician should be considered. Additional tests such as transvaginal ultrasound, sonohysterography, hysteroscopy and laparoscopy may be indicated.

In certain anovulatory women, such as those with polycystic ovarian syndrome and significant endometrial hyperplasia, a progestogen can be used to induce withdrawal endometrial shedding prior to commencing ovarian stimulation.

Morbid obesity (*BMI greater than or equal to 35*) is a recognised risk factor in pregnancy and delivery *and should be regarded as a contra indication to assisted fertility.*

It is inappropriate to recommend ovarian stimulation (including IVF) as part of first line therapy in the morbidly obese female unless there are exceptional circumstances. Ovarian stimulation in these circumstances should be deferred until appropriate weight loss by appropriate measures (e.g. diet, exercise, bariatric surgery, etc.) has occurred. This is expected to improve general health, may restore normal ovulatory function and enhance pregnancy outcome.

Results from currently available studies show that ovarian stimulation does not appear to be associated with an increased incidence of cancer, but continuing research and data analysis is necessary. Ovarian, breast and uterine cancers are known to be more common in women who have not had children.

References

1. Gillett W, Putt T, Farquhar C. Prioritising for fertility treatments – the effect of excluding women with a high body mass index. BJOG 2006;113:1218-1221.

Links to other related College Statements

[C-Gen 2: Guidelines for consent and the provision of information regarding proposed treatment.](#)

Disclaimer

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

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