



**RESOLVE**

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***QUESTIONS TO ASK***  
**if You Are Perimenopausal**  
**or a "Poor Responder" to Ovulation Induction (#31)**

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If a woman has been taking any of the gonadotropins (Humegon, Pergonal, Fertinex, Repronex, Follistim or Gonal F) and does not respond with enough ovarian follicles or eggs, or if her cycle day 3 FSH blood level is elevated, she may be told that she is perimenopausal or that she is a "poor responder." The following questions can be used to discuss diagnostic tests and treatment options with your doctor.

- ! Ask what your blood level of the hormones FSH (follicle stimulating hormone) and estradiol are on cycle day 3 of your menstrual cycle?
- ! Ask your doctor to define what a normal value is for cycle day 3 FSH in their lab because ranges can vary between labs.
- ! If you have an elevated FSH level and your clinic suggests cycling when your cycle day 3 FSH falls to the "normal" range, discuss the studies that suggest that even if an FSH level is elevated only once, it may indicate that your ovarian function and ability to stimulate and release healthy eggs may be negatively affected.
- ! In selected circumstances, the clomiphene challenge test may be used to evaluate ovarian function. A day 3 FSH blood level is drawn and 100 mg clomiphene is given starting cycle day 5 for five days at which time the FSH level is re-checked. Both FSH levels should be in the normal range.
- ! A few clinics offer the GnRHa stimulation test (GAST). This is an expensive test which evaluates estradiol levels on cycle day 2 to 3 after the woman has been given GnRHa (Lupron).
- ! Some doctors do blood tests to check for other hormonal imbalances. These tests may include: thyroid stimulating hormone, prolactin levels, testosterone levels, DHEAs, and thyroid and ovarian antibodies.
- ! Discuss having a cycle day 3 vaginal ultrasound done to check for ovarian cysts.
- ! Discuss the use of micro-dose GnRHa suppression, GnRH antagonist, birth control pills or estrogen during the stimulation cycle.
- ! Discuss the option of taking ovulatory stimulating drugs in two divided doses rather than once a day. Some doctors believe that by taking the medication in the morning and evening, blood levels may stay more stable.

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