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Clomiphene information sheet

What is clomiphene?

How does it work?

Clomiphene (also known as Clomid™ or Serophene™) is a drug which acts like an anti-oestrogen. It is used to help egg production and therefore increases a woman's chance of achieving a pregnancy. Clomiphene has been available since the early 1960's. When you are taking clomiphene the pituitary gland (a pea-sized gland located in the brain which controls the hormonal glands) senses low levels of oestrogen in the blood and therefore sends stronger signals to the ovaries to stimulate egg production. Women who are normally ovulating regularly may only produce one egg but sometimes produce more. In women who are not ovulating, clomiphene stimulates the production of eggs. Usually this is one or two but sometimes there may be as many as four or five. Each follicle may contain an egg. The eggs are released by the normal mechanism (the pituitary gland releases a large amount of a hormone called lutenising hormone). The egg is therefore available for fertilisation in the standard manner (sperm travels through the uterus up the tubes and meets the recently ovulated egg). Fertilisation therefore occurs within the body. Sometimes treatment with clomiphene is combined with intrauterine insemination (see separate information sheet).

What are the side effects of clomiphene?

1. It is common to have **abdominal discomfort** and a sensation of bloating with clomiphene.
2. **Hot flushes** are also common during clomiphene therapy.
3. **Visual disturbance** is rare but is reported to be an indication to see an ophthalmologist and to stop using the drug until advised otherwise.
4. Sometimes a woman can produce **multiple follicles or ovarian cysts** which may need to have resolved before having another fertility treatment cycle.
5. **Multiple pregnancy** is a risk of clomiphene therapy and 6 to 14% of pregnancies resulting from use of clomiphene are twins. Less than 1% are triplets. Higher order multiples (quintuplets or quadruplets) are very rare.
6. Ovarian hyperstimulation has been reported with clomiphene use, but is also very rare.

7. There is uncertainty about the risk of **ovarian cancer** with the use of clomiphene. It has been known that infertility is a risk factor for ovarian cancer. If women have prolonged infertility, do not have a term pregnancy and have many cycles of clomiphene, the risk of them developing ovarian cancer is 2 to 3 times that of the rest of the female population. The lifetime risk of developing of ovarian cancer is 1 in 100. This is not as common as breast cancer which will occur in approximately 1 in 12 women. If a woman has prolonged infertility, no term pregnancy and has 9 to 12 cycles of clomiphene, her risk of developing ovarian cancer may be 2 to 3 per 100.

8. **Light menstrual periods** often occur after clomiphene treatment. This is because clomiphene acts as an anti-oestrogen on the lining of the womb. The effect of this is to thin the lining of the womb. Clomiphene does not cause permanent change to the lining of the womb.
9. Reduced **vaginal and cervical mucous** may occur during clomiphene therapy. This may be the cause of the pregnancy rate being considerably less than the ovulation rate. The reduction in mucous production is not permanent.

[How is clomiphene used?](#)

Generally clomiphene is taken from days 3 to 7 of the menstrual cycle. Day 1 is defined as the day a woman first has normal menstrual loss in the morning. Clomiphene is taken once a day. It is available as 50mg tablets and the dose range is from 50mg per day up to 200mg per day. If you require 200mg per day it is advisable to have an ultrasound and check hormone levels. This is because of the higher risk of ovarian hyperstimulation with high doses. Sexual intercourse is advised every second day from day 10 onwards until ovulation is suspected or confirmed.

[What is the chance of achieving a pregnancy?](#)

If the fallopian tubes are open, the semen quality is good and ovulation follows clomiphene therapy, the chance of achieving a pregnancy is 10-22% per treatment cycle. If after six cycles of clomiphene, all resulting in ovulation a pregnancy has not been achieved, it is appropriate to discuss alternative treatments with you doctor.

[What monitoring is required?](#)

It is advisable to have a blood progesterone level checked on Day 21-23 of your menstrual cycle and if the progesterone level is high, ovulation has occurred. If the progesterone level is low, it is generally advisable to recheck the progesterone a week later (at Day 28-30). If you are told that you have ovulated and you don't have a period, 10 days later you should do a home pregnancy test.