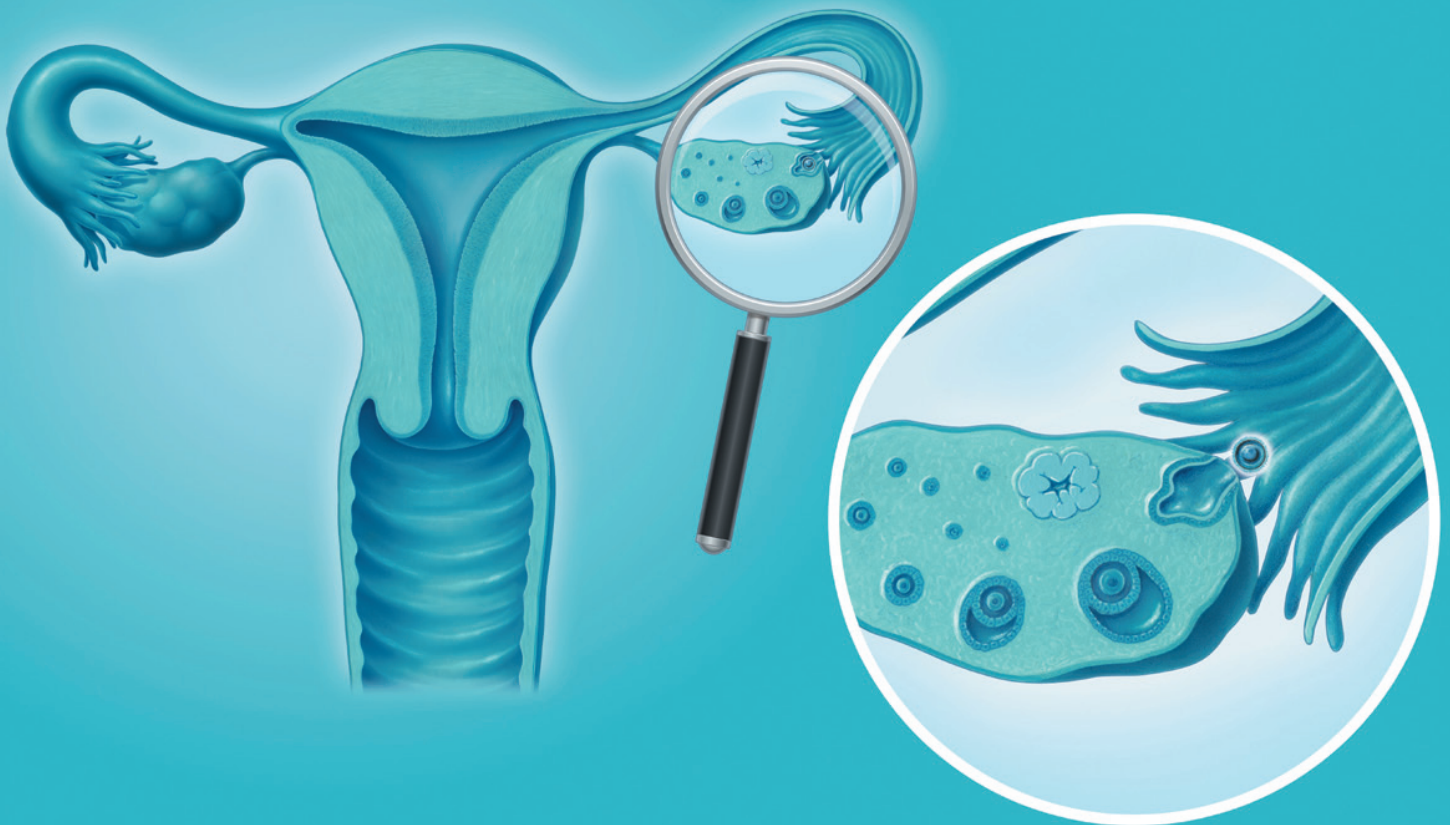


# Ovulation Induction in WHO type 1 anovulation



## **Question: How should doctors stimulate ovulation in women with WHO type 1 anovulation?**

Anovulation means lack of ovulation and is associated with either absent or irregular menstrual periods. The World Health Organisation (WHO) classification of anovulation is based on measurements of the reproductive hormones in blood i.e. follicle stimulating hormone (FSH), luteinizing hormone (LH) and oestradiol (oestrogen).

Polycystic ovary syndrome (WHO Group 2 anovulation) is the most common condition and is different from Group 1 which is characterised by low oestrogen levels. Usually this is because the area in the brain that produces FSH and LH (the hypothalamus and pituitary gland) either hasn't developed properly or has stopped working (e.g. because a woman is underweight or over exercising or has another illness).

The BFS Policy and Practice committee reviewed the published evidence and made the following recommendations:

- If fertility is not a current concern then treatment is usually with a combination of oestrogen and progesterone (hormone replacement treatment) in order to treat the side effects of oestrogen deficiency.
- If a pregnancy is desired then first it is important to ensure good health (e.g. gain weight and treat any underlying chronic illness) so that the body is ready to be able to nurture a developing pregnancy.
- Ovulation induction should only be commenced after optimisation of body weight.
- The standard therapy is the use of gonadotrophins, which involves a daily injection of both FSH and LH contained together in a preparation called human menopausal gonadotrophin (hMG).
- The response of the ovaries has to be carefully monitored with ultrasound scans (every 3-7 days) to ensure that only one, or at the most two, of the egg-containing follicles develop.
- The injections can take anything from 8-35 days to work, as sometimes the dose has to be increased.
- Another injection (hCG) is given to achieve the release of the egg and intercourse advised at this time.
- The monthly chance of conception is about 20% (that is the same as nature) and depends upon the age of the woman, so it may take a few months before a pregnancy occurs.
- The risk of multiple pregnancy is 5-10%.
- Side effects are negligible.

The policy and practice documents relating to this topic were published in the BFS journal Human Fertility and the full reference is: Yasmin E, Davies M, Conway G, Balen AH, British Fertility Society. (2013) British Fertility Society. 'Ovulation induction in WHO Type 1 anovulation: Guidelines for practice'. Produced on behalf of the BFS Policy and Practice Committee. Human Fertility 16: 228-234. Prepared for the UK Professional Fertility Societies by the British Fertility Society.