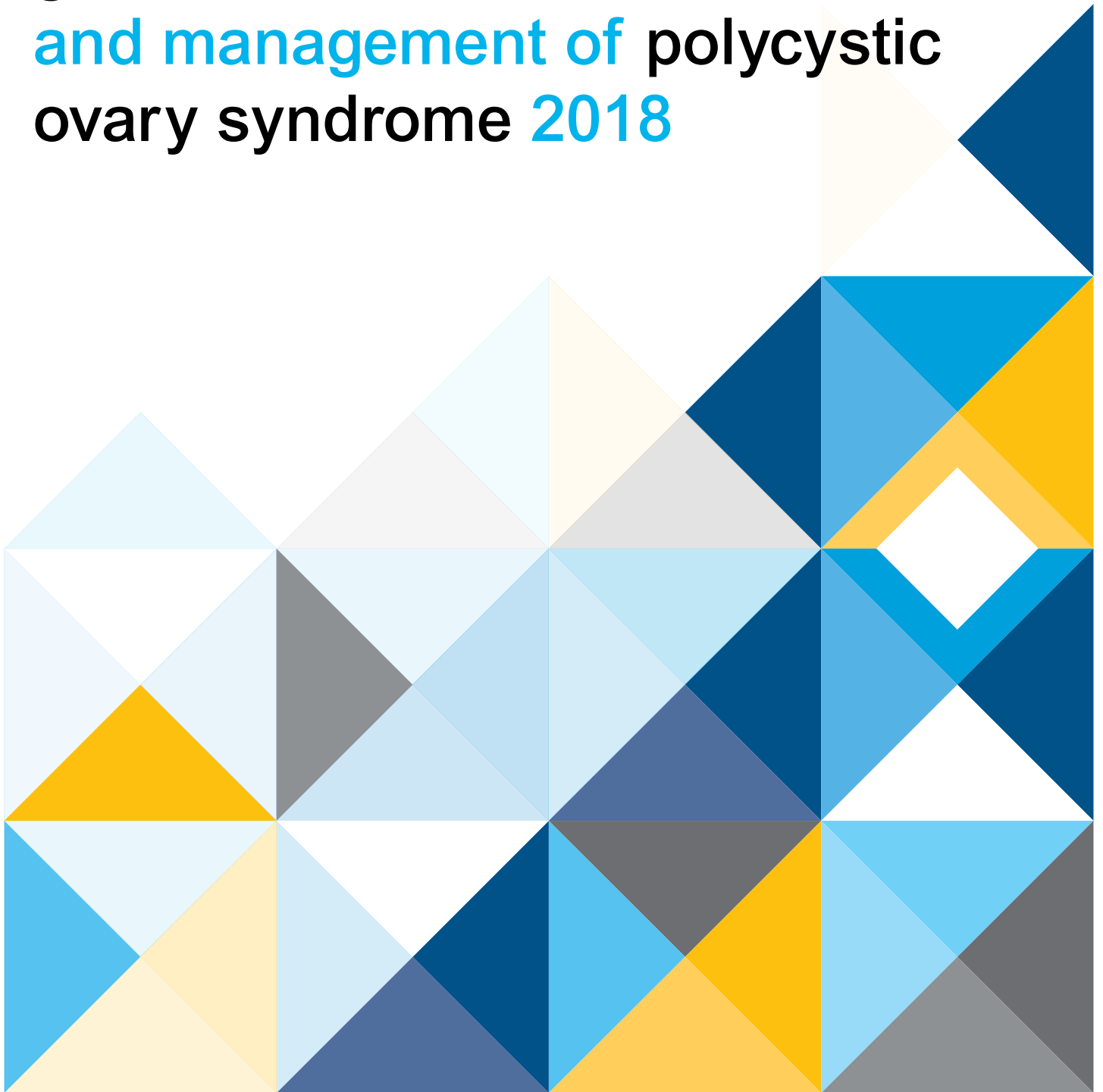
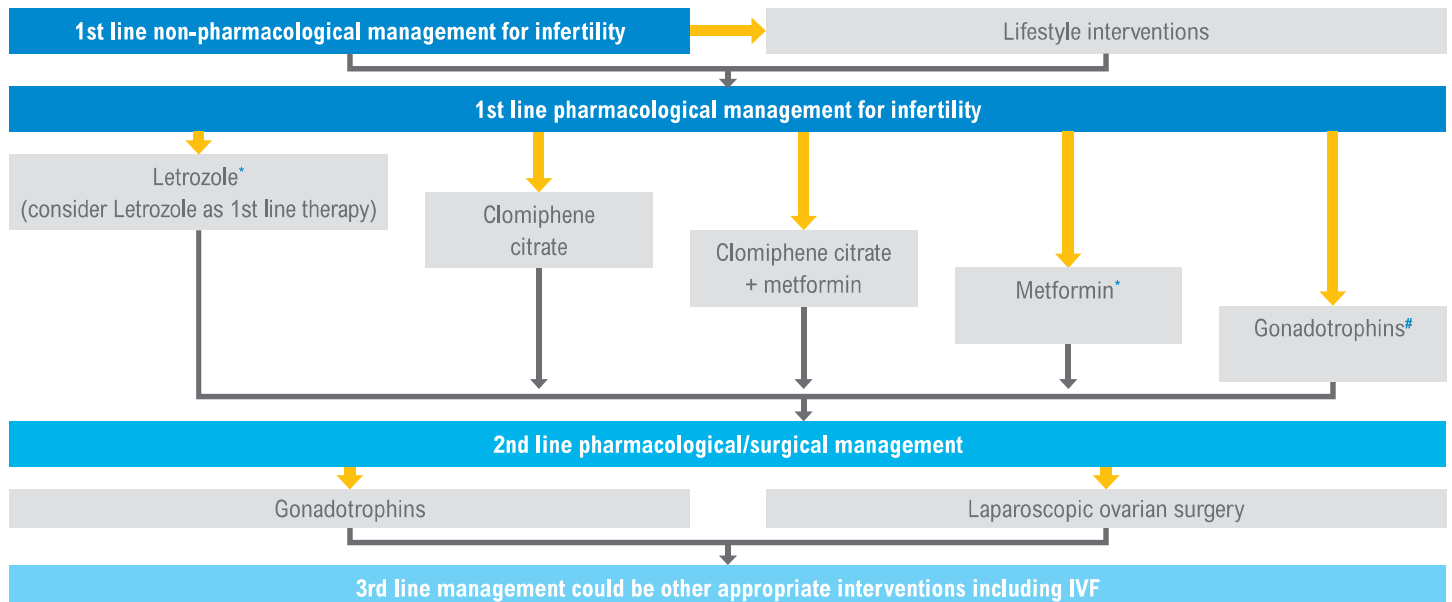


International evidence-based guideline **for the assessment and management of polycystic ovary syndrome 2018**



Algorithm 5: Assessment and treatment of infertility



* **Off label prescribing:** Letrozole, COCPs, metformin and other pharmacological treatments are generally off label in PCOS, as pharmaceutical companies have not applied for approval in PCOS. However, off label use is predominantly evidence-based and is allowed in many countries. Where it is allowed, health professionals should inform women and discuss the evidence, possible concerns and side effects of treatment.

Assessment and treatment of infertility

Assessment of factors that may affect fertility, treatment response or pregnancy outcomes

Factors such as blood glucose, weight, blood pressure, smoking, alcohol, diet, exercise, sleep and mental, emotional and sexual health should be optimised in women with PCOS, to improve reproductive and obstetric outcomes, aligned with recommendations in the general population.

Refer to the International evidence-based guideline for the assessment and management of polycystic ovary syndrome 2018 available at: www.monash.edu/medicine/sphpm/mchri/pcos

Monitoring during pregnancy is important for women with PCOS, given increased risk of adverse maternal and offspring outcomes.

For women with PCOS and infertility due to anovulation alone with normal semen analysis, the risks, benefits, costs and timing of tubal patency testing should be discussed on an individual basis.

Tubal patency testing should be considered prior to ovulation induction for women with PCOS where there is suspected tubal infertility.

Ovulation induction principles

The use of ovulation induction agents, including letrozole, metformin and clomiphene citrate is off label in many countries*.

Pregnancy should be excluded prior to ovulation induction.

Unsuccessful, prolonged use of ovulation induction agents should be avoided, due to poor success rates.

Letrozole

Letrozole should be considered first line pharmacological treatment for ovulation induction in women with PCOS with anovulatory infertility and no other infertility factors to improve ovulation, pregnancy and live birth rates.

Where letrozole is not available or use is not permitted or cost is prohibitive, health professionals should use other ovulation induction agents.

Health professionals and women should be aware that the risk of multiple pregnancy appears to be less with letrozole, compared to clomiphene citrate.

Clomiphene citrate and metformin

Clomiphene citrate could be used alone in women with PCOS with anovulatory infertility and no other infertility factors to improve ovulation and pregnancy rates.

Metformin could be used alone in women with PCOS, with anovulatory infertility and no other infertility factors, to improve ovulation, pregnancy and live birth rates, although women should be informed that there are more effective ovulation induction agents.

Clomiphene citrate could be used in preference, when considering clomiphene citrate or metformin for ovulation induction in women with PCOS who are obese (BMI is ≥ 30 kg/m²) with anovulatory infertility and no other infertility factors.

If metformin is being used for ovulation induction in women with PCOS who are obese (BMI ≥ 30 kg/m²) with anovulatory infertility and no other infertility factors, clomiphene citrate could be added to improve ovulation, pregnancy and live birth rates.

Clomiphene citrate could be combined with metformin, rather than persisting with clomiphene citrate alone, in women with PCOS who are clomiphene citrate-resistant, with anovulatory infertility and no other infertility factors, to improve ovulation and pregnancy rates.

The risk of multiple pregnancy is increased with clomiphene citrate use and therefore monitoring needs to be considered.