ENDO *Queen*

FERTILITY TREATMENT AND ENDOMETRIOSIS

My fertility *journey*

My steps, my injections, my monitoring, my chart, and space to take care of myself.



First name _____

HOW TO USE IT

How to *use it*

This booklet is yours. Write down what happens during your treatment cycle, to keep track and talk it through with your clinic team. Fill in only what helps you.

1. **At the start**, “My treatment and my contacts” and the steps ahead.
2. **During stimulation (“stims”)**, your injections and your monitoring visits.
3. **Egg retrieval, embryo transfer**: news from the lab, at your own pace.
4. **Every day**, your body and your mood. And a page to take care of yourself.
5. **Whenever you like**, “What keeps me going”: your small wins, the people you count on, your breaks.

Every clinic has its own protocol. If a date or instruction from your clinic is different from this booklet, follow your clinic.

My treatment and *my contacts*

Booklet started on _____

Cycle number _____

- [ ] IUI (insemination)
- [ ] IVF
- [ ] ICSI
- [ ] Frozen embryo transfer (FET)
- [ ] Egg freezing
- [ ] With a donor
- [ ] Covered by insurance
- [ ] Out of pocket

Partner, if any, phone _____

What I know about my condition

Copy it from your reports.

- [ ] Endometriosis
- [ ] Adenomyosis
- [ ] Ovarian cyst (endometrioma)
- [ ] Deep endometriosis

Past operations (date, type) _____

Recent hormone treatment _____

Allergies _____

Other medicines _____

	Name	Phone
Fertility clinic (REI)		
Clinic after-hours line		
REI doctor		
Nurse coordinator		
Mental health professional		
Endometriosis specialist		
Insurance (member services)		
Specialty pharmacy		

Useful numbers

911 · emergency, trouble breathing, chest pain, very severe pain.

988 · call or text, distress, thoughts of suicide. Free, 24/7.

1-800-222-1222 · Poison Help, medicine taken by mistake or too much. Free, 24/7.

UNDERSTANDING

The steps, *one by one*

1 Tests
Blood tests (including AMH), an ultrasound to count follicles (AFC), a check of your tubes, and tests suited to your situation and family plans, including semen analysis when needed.

2 Consultation
Your treatment plan with the clinic team. Ask what your insurance covers and what you will pay.

3 Stimulation
Hormone injections to grow follicles. How long, and which injections, depends on your protocol. The team checks how your ovaries respond with scans and, in some cases, blood tests.

4 Trigger shot
An injection at a precise time, which sets the time of egg retrieval or IUI.

5 IUI or egg retrieval
Insemination: a few minutes. Egg retrieval: under sedation, then fertilization in the lab.

6 Transfer
Fresh, a few days after retrieval, or later for a frozen embryo (FET).

7 Beta (hCG test)
The "two-week wait", then a blood test on the date your clinic gives you.

Endometriosis, adenomyosis: what we know

- Operating on an ovarian cyst (endometrioma) before IVF is not automatic: surgery can reduce the ovary's reserve. It may be discussed if you are in a lot of pain, or to make it easier to reach the follicles at egg retrieval.
- For deep endometriosis, it is mainly the pain that guides the decision to operate first.
- According to the European guideline (ESHRE, 2022), fertility treatment does not seem to make endometriosis worse.
- Hormone treatment before stimulation or before a frozen transfer may be offered. Guidance has changed: ask why, or why not.
- If your ovaries are badly affected, you can ask whether freezing your eggs would be useful for you.
- Your chances depend on many things: your age, your ovarian reserve, the type of endometriosis, the rest of your tests. Only your team can talk about them for you.

My questions about these steps

COVERAGE AND WORK

Paying for treatment *and my job*

- **There is no national coverage for IVF.** Whether it is covered depends on your plan and your state. Some states require some plans to cover infertility treatment, IVF or fertility preservation, and these laws change: check RESOLVE's up-to-date list by state on resolve.org.
- **Ask your insurer or HR:** Is my plan fully insured or self-funded? Does it cover IVF, medications, PGT-A, embryo storage? Is there a lifetime maximum or an age limit? Do I need prior authorization?
- Ask the clinic for a **written estimate** including medications, lab and storage.
- **FMLA**: up to 12 weeks of unpaid, job-protected leave in 12 months, with your health insurance kept, for a serious health condition, if your employer has 50 or more employees within 75 miles and you have worked there 12 months and 1,250 hours. FMLA is not automatic for every IVF cycle or monitoring visit: whether it applies depends on your situation (for example, a complication). Check with HR.
- A spouse can use FMLA to care for you; an unmarried partner is not covered by the federal law.
- **Pregnant Workers Fairness Act**: you may be entitled to reasonable accommodations; check eeoc.gov for the current rules.

My treatment cycles

No.	Type (IUI, IVF, ICSI, FET)	Start	Retrieval or IUI	Covered or out of pocket	Notes

My time off work

Date (MM/DD)	Appointment (monitoring, retrieval, transfer…)	How long	Paid, unpaid, PTO	Me or my partner

My state: _____ · my plan's IVF coverage: _____

Prior authorization requested on _____ · approved ☐

My injections *and treatments*

Note each injection when you do it. Write the dose prescribed by your clinic, exactly as it appears on your prescription or plan. Unsure about a dose, or missed one: call your clinic, don't try to make it up on your own.

Date	Stimulation day	Medicine	Prescribed dose	Planned time	Actual time	Site (belly, thigh, side)	Given by	Reaction	✓

Trigger shot

Medicine, prescribed dose _____

Date _____ · exact time confirmed by the clinic _____

Retrieval or IUI on, at _____

Fasting before retrieval, only as your clinic tells you:

_____

Other treatments (pills, suppositories, patches)

Medicine	Prescribed dose	When	From	To

My *monitoring*

At each appointment, the team looks at your follicles on the scan and your hormones in the blood test. Ask for the numbers if you want to note them: they are used to adjust your treatment, they don't tell you on their own whether the cycle will work. Write the unit too: in the US estradiol is usually in pg/mL, but it can be in pmol/L elsewhere.

Date	Stimulation day	Right ovary: follicles and sizes (mm)	Left ovary: follicles and sizes (mm)	Lining (mm)	Estradiol value and unit	LH value and unit	Progesterone value and unit	Change decided	Next appointment

What the team explained

My questions for the next appointment

Cycle starting _____ · *temperature, treatments, blood tests*

Day of cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Date																															
Morning temperature (°F), optional · when you wake up. On its own it doesn't tell you whether the stimulation is working or whether you're pregnant: what counts are your tests and your clinic's instructions																															
99.6																															
99.4																															
99.2																															
99.0																															
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96.8																															
Treatments · write the name, check ✓ each day you took it																															
_____																															
_____																															
_____																															
_____																															
Bleeding · + ++																															
Pain 0 to 10																															

My blood tests, in order · One row per result (estradiol, LH, progesterone, hCG…). Copy the unit written on the report: in the US, estradiol is usually in pg/mL, but results from abroad may be in pmol/L. Only compare results in the same unit. The numbers help your team adjust your treatment; they can't be read on their own.

Date	Test	Result	Unit

Date	Test	Result	Unit

Date	Test	Result	Unit

News *from the lab*

The number of eggs and embryos can change at each step in the lab. Results vary from one cycle to another. Your team will explain what yours mean for you. Note the news here, at your own pace.

Insemination

Date _____ · time _____ · instructions _____

Egg retrieval and lab

Date	Eggs collected	Mature	IVF or ICSI	Fertilized	Embryos day 2–3	Blastocysts day 5–6	Transferred	Frozen

Transfers

Date	Fresh or frozen	Embryo day	Number	Preparation (name, prescribed dose)	Beta (hCG) date

After egg retrieval

Pain 0 to 10 · day 0 _____ 1 _____ 2 _____ 3 _____

- ☐ Bleeding
- ☐ Fever
- ☐ Antibiotic prescribed

The beta (hCG blood test)

Date _____ · result _____

Next test on _____

How I feel

_____

_____

My body *and my mood*

Date	Pain 0 to 10	Where	Bloating 0 to 3	Nausea, vomiting	Diarrhea	Short of breath	Morning weight (lb)	Bleeding	Tiredness 0 to 3	Mood	Pain reliever (name, time)

Your endometriosis pain may change during treatment: tell your team. Don't take ibuprofen, naproxen or other NSAIDs without checking with your clinic. About 1 in 3 people have mild signs of ovarian hyperstimulation (OHSS) during IVF stimulation: bloating, nausea, weight gain from water. A pregnancy can make OHSS worse or last longer.

Keep an eye on · a slightly swollen belly, mild discomfort and tiredness are common during stimulation and after retrieval: note them in the table and tell your team.

Call your clinic right away if

- trouble breathing;
- nausea or vomiting that won't stop, or trouble keeping fluids down;
- a swollen belly;
- peeing less;
- weight gain of more than 3 lb in 2 days;
- sudden belly pain;
- face numbness, weakness, or a swollen or red leg.

After the retrieval: fever, heavy bleeding, pain that gets worse. Even days after the last injection or the retrieval.

911 right away · real trouble breathing, chest pain, very severe pain, fainting.

FOR ME

What keeps *me going*

No pressure to be fine: hard days count too. This is where you keep what does you good, whatever the result of the cycle.

My small wins

Date	What I managed, however small

For example: an injection I gave myself, a step done, an appointment where I dared to ask my questions.

The people I can count on

How I treat myself after a step

My moments of rest

A phrase that helps me

AND YOU?

Taking care *of yourself, and each other*

Fertility treatment means weeks of waiting, appointments and hope. Tiredness, sadness, anger or wanting a break are common reactions. You have the right to ask for help: from your clinic, a mental health professional, the people close to you.

What did me good

What was hard

What I need, and from whom

For my partner: what I am going through

After the cycle: what I take away

What I'd like next, with no need to decide today

Follow-up appointment requested on _____

If you feel you can't go on

988 · call or text, free, confidential, 24/7. The people close to you can call too.

Ask your clinic about a mental health professional with reproductive experience. For information: RESOLVE: The National Infertility Association (resolve.org), volunteer-led support groups.

Sources: ASRM / ReproductiveFacts (OHSS), RESOLVE (insurance coverage by state), U.S. Department of Labor (FMLA), EEOC (Pregnant Workers Fairness Act), ESHRE guideline endometriosis 2022. Checked in October 2026; rules change, check with your clinic and your insurer. Not medical advice: in an emergency, call 911.