TABLE 2.2 Mini/Low-Stimulation IVF Versus Traditional/High-Stimulation IVF

Category	Mini/Low-Stimulation IVF	Traditional/High-Stimulation IVF
Medication dosage	• **Clomid**: 50–100 mg daily (CD 3–7) • **Letrozole**: 2.5–5 mg daily (CD 3–7) • **FSH (Gonal-F, Follistim)**: 75–150 IU/day • **Menopur**: 75 IU/day (optional; not recommended for women over 40); often used with **Lupron trigger** or low-dose **hCG**	• **FSH (Gonal-F, Follistim)**: 225–450 IU/day • **Menopur**: 75–150 IU/day; often combined with **GnRH antagonist** (e.g., Cetrotide, Ganirelix) from CD 5–6 • Trigger with **hCG (Ovidrel, Pregnyl)** or **Lupron**
Goal	• Fewer eggs (2–6) with higher-quality focus	• Maximize egg yield (10–20+), especially for PGT or banking
Ideal candidate	• Women 35+ • Low AMH or high FSH • Poor responders • Seeking gentler, cost-effective option	• Women with high AMH • Normal ovarian reserve • PCOS (with caution) • Those needing multiple embryos or pursuing PGT
Cycle length	• ~10–12 days stimulation • Less frequent monitoring	• ~12–14 days stimulation • Frequent monitoring (ultrasound and bloodwork)
Side effects	• Fewer hormonal symptoms • Minimal risk of OHSS	• Higher risk of bloating, mood swings, and OHSS
Egg quality focus	• Supports quality over quantity • Gentler stimulation; may protect mitochondrial function	• Higher quantity, but overstimulation may affect oocyte quality in some women
Embryo yield	• Lower number, often better quality • May aim for 1–2 high-quality blasts	• Higher number of embryos • Variable morphology/genetic quality
Emotional and physical impact	• Less physically demanding • Lower emotional load for many	• More intense stimulation and side effects • More appointments and logistical demands
Cost	• Typically lower: ~$3,000–$8,000/cycle, depending on location	• Higher:~$12,000–$20,000/cycle (plus meds ~$4,000–$6,000)

(*continued*)

TABLE 2.2 Mini/Low-Stimulation IVF Versus Traditional/High-Stimulation IVF (*continued*)

Category	Mini/Low-Stimulation IVF	Traditional/High-Stimulation IVF
Common protocol names	• Mini IVF, low-stim IVF, modified natural cycle	• Antagonist protocol, long Lupron protocol, conventional IVF
Best for	• DOR • History of poor response • Holistic or integrative-minded patients	• Egg banking • PGT testing • First-time IVF with good ovarian reserve ***BUT KEEP IN MIND THAT IF WHAT YOU HAVE BEEN DOING ISN'T WORKING, TRY SOMETHING ELSE***

AMH, anti-mullerian hormone; CD, cycle day; DOR, diminished ovarian reserve; FSH, follicle-stimulating hormone; GnRH, gonadotropin-releasing hormone; hCG, human chorionic gonadotropin; IVF, in vitro fertilization; OHSS, ovarian hyperstimulation syndrome; PCOS, polycystic ovarian syndrome; PGT, preimplantation genetic testing.