

What is Intrauterine Insemination?

Intrauterine Insemination (IUI) involves the injection of prepared sperm into the uterine cavity. The procedure is similar to having a smear test except a fine catheter is passed through your cervix, to enable the passage of sperm directly into your womb. The procedure is timed with your menstrual cycle to correspond with ovulation and optimise chance of conception.

If we are using your partners sperm this is referred to as AIH (artificial insemination by husband) and if donor sperm is used it is referred to as DI (donor insemination).

In general IUI is appropriate in the following cases:

- Unexplained infertility
- Mild degree of abnormality in the sperm
- Antisperm antibodies
- Difficulties having intercourse

IUI protocols

Depending on your individual circumstances and requirements, IUI can be conducted with or without the use of fertility drugs (see Ovulation Induction). There are three main protocols for IUI (natural, Clomifene and gonadotrophin stimulated). A **natural cycle** is recommended when treatment is with donor sperm or infertility is secondary to difficulties with intercourse. Cycles using fertility drugs such as Clomifene (Clomid) or gonadotrophins (Gonal-F, Puregon and Menopur) are usually recommended when infertility is unexplained or there is mild male factor infertility. The drugs, used in much lower doses than in IVF, enhance the chances of successful treatment by stimulating the production of 2 or 3 follicles, rather than one. This is called **superovulation**.

Occasionally if more than 3 follicles develop we will advise cancelling the cycle and restarting on a lower drug dose due to the increased risk of multiple pregnancy. This risk is however far lower than with IVF. The overall chance of treatment being successful is approximately 10% per cycle. Prior to starting any IUI cycle your treatment programme will be explained to you in detail by one of our nurses.

Intrauterine Insemination Patient Information

Procedure

Insemination is timed to when the egg is released into the fallopian tube, either following the administration of HCG (Ovitrelle) or urine detection of natural ovulation. On the morning of insemination your partner will need to produce a fresh sperm sample which is washed and prepared in the laboratory. He will need to attend the clinic at least 2 hours before your insemination is scheduled to occur. The prepared sample is then mixed with a small amount of culture fluid and drawn into a syringe. During the insemination the nurse performing the procedure will gently insert a speculum into your vagina to visualise the cervix. Cervical secretions are first removed and then a fine plastic catheter is passed gently through your cervix into the uterus. The syringe is attached and sperm injected slowly. This may be slightly uncomfortable, a mild period pain sensation but otherwise is relatively quick and painless.

There is no need to take time off work or limit usual daily activities following IUI but you should plan for 2 to 4 visits to Embryoland IVF Center Athens during your treatment cycle for scans and the insemination itself. If you do not have a period 2 weeks after insemination, a pregnancy test should be done. This can be a standard home pregnancy test or you may choose to come to the clinic for a blood test. If the test result is positive we can arrange for you to come in for an early pregnancy scan 3 weeks later (you will be 7 weeks pregnant at this stage).

Following insemination you may be commenced on progesterone pessaries (Cyclogest) to take each night for 14 days.

