A guide to intra-uterine insemination (IUI)

What is IUI?
IUI stands for ‘intra-uterine insemination’ and involves the placing of freshly prepared sperm from your partner directly into the uterine cavity (womb) at a carefully selected time in your menstrual cycle. Conception is allowed to occur naturally.

This procedure is carried out in the Fertility Unit on an outpatient basis and you will not need to be admitted to hospital.

Who will benefit from IUI?
Ideally, IUI will benefit couples who have ‘unexplained’ fertility problems and in whom there is no evidence of damaged fallopian tubes.

It may also help those couples whose fertility problems are caused due to the male partner’s sperm being unable to pass through the woman’s cervix. This is sometimes called ‘cervical hostility’ or ‘cervical factor’.

For those couples with fertility problems in the male - such as too few sperm or poor quality sperm - this treatment may also be beneficial. It may also help those couples with sexual problems, relating to ejaculation and other difficulties with intercourse.

How is IUI performed?
IUI can be divided into 5 stages:

1. Stimulaion of the Ovaries.
2. Monitoring Follicle Development.
4. Insemination.
5. Follow-up.
1. Stimulation of the ovaries
In a normal menstrual cycle, several follicles (little sacs of fluid each containing one egg) begin to grow in each ovary. Usually only one continues to grow enough to ovulate. The other follicles normally die.

Using fertility drugs, we can stimulate ovulation in patients with irregular cycles and increase follicular growth in patients with ‘normal’ cycles. This will increase the pregnancy rate.

2. Monitoring follicle development
Using fertility drugs increases the risk of a multiple pregnancy and of excessive stimulation of the ovaries. Therefore, strict monitoring of each cycle is necessary to reduce these risks. A scan will be arranged around the middle of your cycle, which will look for follicles of 17mm or more in diameter and a womb lining of 7.5mm. If more than three follicles of 17mm or more in diameter are produced, then IUI treatment is abandoned for that cycle and advice given to avoid intercourse during the fertile time.

3. Egg release (ovulation)
Scanning monitors the follicle/egg development. When the biggest follicle reaches 17mm (with no more than 2 others of that size), an injection of a different hormone (HCG - Human Chorionic Gonadotrophin) is given to induce the final stages of egg maturation.

This triggers ovulation within 24 - 48 hours. Some women know when this occurs, because they may experience a lower cramp-like discomfort.

4. Insemination
Your partner will be asked to produce a semen sample by masturbation in a designated private room in the clinic. This is so that it can be prepared immediately. It is not uncommon for the man to be anxious about having to produce a sample in the hospital, to order. The sperm are carefully prepared in the laboratory in the Fertility Unit to try to achieve the highest sperm count.

There is no need to avoid sexual intercourse during your cycle of treatment, apart from 48 hours before producing a semen sample for the insemination.

The actual insemination takes place with your partner present, if you both wish. A fine catheter is passed into the uterus (womb), through the cervix and the sample of prepared sperm is injected into the uterine cavity.

Unprepared sperm should not be used, because of the risk of infection and of severe cramps, which are caused by prostaglandins present, normally in semen.

5. Follow-up
If you have not had any bleeding for 5 days after your period is due, please telephone the Fertility Unit to arrange a pregnancy test.

If a period occurs, please telephone the Fertility Unit, so we can review the treatment cycle and arrange a further cycle if so wished.
Are there any side-effects?
On extremely rare occasions, you may experience an immediate adverse reaction to the insemination procedure, similar to an allergic reaction. We take every possible precaution to prevent this and are fully prepared if this were to occur.

Alternative treatment options
Your consultant has recommended this treatment as being the best option. Any alternatives, including not having the treatment, will have been discussed with you as they depend on your individual circumstances.

Useful contacts
HFEA - Human Fertilisation and Embryology Authority
21 Bloomsbury Street
London
WC1B 3HF

Telephone: 02072 918200
E-mail: admin@hfea.gov.uk
Website: www.hfea.gov.uk

Infertility Network UK
Charter House
43 St Leonards Road
Bexhill on Sea
East Sussex
TN40 1JA

Freephone: 0800 0087464
Email: admin@infertilitynetworkuk.com
Website: www.infertilitynetworkuk.com

If you have any queries, or require further information
please telephone the Fertility Unit on
01332 785643 (Monday to Friday, 8.30am - 2.30pm)
and ask to speak to one of the Fertility Sisters.

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