

Intra-Uterine Insemination (IUI) Using Partner's Sperm

What You Need to Know



What is Intra-Uterine Insemination (IUI)?

With only about 15% of ejaculated sperm being able to pass into a woman's uterus and fallopian tubes after sexual intercourse, it's not surprising that many couples have difficulty conceiving.

One of the ways in which a fertility clinic can help increasing your prospects of falling pregnant is by choosing the best-quality sperm and helping them to reach the egg through Artificial Insemination (AI). The most common form of AI is Intra-Uterine Insemination (IUI).

The procedure, involving placing treated sperm directly into the uterus, can be performed with sperm that is either fresh or frozen.

When is IUI Recommended?

IUI can be used to address a number of medical conditions and circumstances, including:

- Unexplained infertility
- Mild endometriosis
- An ovulatory disorder responsive to fertility medication
- Mechanical difficulties with intercourse: e.g. the failure of a partner to achieve an erection due to medical, surgical or trauma-related reasons but has potentially normal sperm production
- The male partner being absent for long periods, in which case his sperm may be frozen for thawing and insemination
- When a woman has at least one functioning tube and ovary
- For women aged under 38
- When the male partner has a normal semen analysis

When is IUI not Recommended?

IUI is not advised when a woman:

- Is aged over 38
- Has a male partner who has a markedly abnormal semen analysis
- Has a tubal blockage or severe tubal damage
- Has severe endometriosis

How the Procedure Works

The sperm preparation or "washing" for insemination involves separating the semen from the sperm and choosing the best sperm in terms of shape and ability to swim.

A washed and concentrated sample of sperm is then placed, via a soft catheter, directly into the uterus. This minimises the distance for the sperm to travel to meet and fertilise the egg. This is timed to occur on the day you ovulate – either naturally or, more commonly, with ovulation induction.

The insemination itself is a very simple, short and painless process, not unlike a Pap smear. During this procedure, we are still relying on nature. We are simply ensuring the timing is as accurate as possible, but we are only hoping that: the egg and sperm meet; fertilisation occurs; good embryo development is achieved; and the embryo implants into the uterus. The chance of success with IUI depends on the woman's age and the reason for insemination.

For this procedure to achieve the desired result, your fallopian tubes need to be open, and your specialist may recommend that investigations be done to confirm this before insemination.

Your specialist or a fertility coordinator usually performs the procedure, and male partners are welcome to attend. You can resume your normal daily activities immediately afterwards.

Program Options

There are three treatment options for IUI:

- 1. Natural Cycle Insemination:** This option does not involve any medication and follows a woman's natural menstrual cycle. It may be used for women who are unable to have natural intercourse. It is not a successful method for women whose partners have poor sperm quality.
- 2. Clomiphene Citrate Ovulation Induction:** The use of this medication in combination with IUI has been shown to increase pregnancy rates over natural cycle IUI.
- 3. Folicle Stimulating Hormone (FSH) Ovulation Induction:** Ovarian stimulation is stronger with this option and it has been shown to increase pregnancy rates over natural cycle IUI and Clomiphene Citrate IUI. Regular monitoring is required to minimise complications relating to overstimulation.



Be Mindful of the Risks

Like many medical procedures, IUI can have side effects or may not be possible to carry out, but this is rare. Women's responses vary, but it's beneficial to be aware of what may happen and to seek help promptly. The risks include:

- **Infection:** This may be more common among women who have a history of pelvic infection.
- **Overstimulation:** Some women may experience an excessive response by their ovaries to the fertility drugs. Ovarian Hyperstimulation Syndrome (OHSS) occurs in a minority of women who over-respond. Symptoms include severe discomfort, nausea, vomiting, abdominal distension and dehydration. It is important that you notify the clinic immediately if any of these symptoms occur during your treatment, as hospitalisation may be required.
- **Multiple Pregnancy:** If there are too many follicles seen on ultrasound before the IUI is carried out, the risk of multiple pregnancy may be too high and the procedure may be cancelled.
- **Failed Procedure:** In a small percentage of cases, it is not possible to place the catheter into position through the cervix, and the sperm cannot be inserted into the uterine cavity.



Where to Now?

Should you need to see a doctor outside of normal clinic hours, please contact your treating specialist or present to the emergency department of your local hospital or medical centre.

Call City Fertility Centre during office hours if you have any questions regarding your cycle.

Contact Us

Adelaide	1300 483 235
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