



INTRA-UTERINE INSEMINATION USING PARTNERS SPERM (IUI)

The mucous barrier that exists in the cervix definitely reduces the number of sperm (both normal and abnormal) that can pass into the uterus and fallopian tubes following normal sexual intercourse. Normally about 15% of ejaculated sperm succeed in passing through the cervix. Where the male already has a reduction in sperm count and/or morphology, and/or its motility, this normal barrier reduces the yield of fertile sperm even further. In order to improve the success rate of falling pregnant, an Intra-uterine insemination (IUI) involves preparing or 'washing' the sperm, which is then artificially inseminated into the uterus of the woman (as described below) in order to improve the opportunity for conception. No more than ~0.5ml of prepared sperm is placed in the uterine cavity.

The technique of **sperm preparation or 'washing'** involves separation of the seminal plasma from the spermatozoa and selection of the more morphologically normal and motile sperm for insemination. The potential improvement in fertility that this type of treatment may yield depends on the initial male semen analysis, and should be discussed with your doctor. Intra-uterine insemination can involve the use of fresh or frozen sperm.

There are three IUI treatment options:

1. **Natural cycle insemination** – this option does not involve any medication and follows the woman's natural menstrual cycle. It may be used for patients that 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. **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 of the woman is required to minimize complications relating to overstimulation.

The most recent studies have suggested that the best pregnancy results are achieved using the Clomiphene citrate or FSH treatments.

When is IUI recommended?

- unexplained infertility
- mild endometriosis
- ovulatory disorder responsive to fertility medication
- mechanical difficulties with intercourse eg. failure of partner to achieve an erection due to medical, surgical or trauma related reasons
- male partner is absent for long periods – sperm may be frozen
- the woman has at least one functioning tube and ovary
- the woman is under ~38 years of age
- male partner has a normal semen analysis

IUI treatment is not recommended for:

- women over 38-40 years of age
- male partner has a markedly abnormal semen analysis
- women with tubal blockage or severe tubal damage
- women with severe endometriosis

Process of IUI

Once your partner has produced a semen sample, it is prepared or 'washed' in the laboratory. This final sperm preparation is then gently inserted into the uterine cavity using a speculum and a disposable catheter to bypass the cervix.

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The whole procedure takes just a few minutes. Many women describe it as similar to a pap smear. The insemination procedure is usually performed by your IVF doctor or an IVF Nurse. Normal daily activities can be resumed immediately after the procedure.

Risks Associated with IUI

- Infection – this may be more common in women with a history of pelvic infection.
- Overstimulation – some women may experience an excessive response from their ovaries to the fertility drugs. Ovarian Hyperstimulation Syndrome occurs in a minority group of women who over-respond. Symptoms include severe discomfort, nausea, vomiting, abdominal distension and dehydration. It is important that the clinic is notified immediately if any of these symptoms occur during your treatment, as hospitalisation may be required.
- Multiple Pregnancy – this has been shown to occur in up to 10% of women. If there are too many follicles seen on ultrasound prior to the IUI procedure, the risk of multiple pregnancy may be too high and the procedure may be cancelled.
- Failed Procedure – in a small number 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.

Success Rates

The national average pregnancy rates achieved using IUI are between 5-10%. It is recommended after three unsuccessful IUI attempts, consideration should be given to an in-vitro fertilization (IVF) cycle after consultation with your IVF doctor. Our results show that most couples that achieve a pregnancy using IUI do so within the first three attempts.

Once pregnancy occurs after IUI treatment, there is no increase in any complications of pregnancy or delivery due to the insemination procedure.

Cost of Treatments

Many couples are hesitant to consider IVF due to cost restraints, and hence favour an IUI as a first option. Realistically though, the difference in out of pocket expenses for undergoing a number of IUI treatments, with a pregnancy success rate of 5-10% per cycle, compared to the out of pocket expenses for one cycle of IVF, with a pregnancy success rate of 30-40% per cycle, is minimal. It may therefore be worth considering IVF as a first option, depending on individual circumstances. Careful consideration should be made when deciding whether to undergo an IUI or IVF cycle, and these decisions can be discussed with your doctor or City Fertility scientific staff. For more information on exact fees and other information relating to the IUI procedure or any other fertility treatment options, please contact City Fertility Centre IVF Nurse Coordinators.

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