

*Intrauterine
Insemination*
Information Brochure



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Intrauterine Insemination (IUI) / (AIH)

Intrauterine insemination (IUI) is a treatment that we utilize for a variety of causes of infertility. In particular, couples with unexplained infertility, cervical factor infertility, endometriosis-associated infertility and male factor infertility can be treated by this technique. We have found that very severe male factor infertility is not effectively treated by IUI so men with extremely low sperm counts or motility are generally advised against proceeding with this treatment.

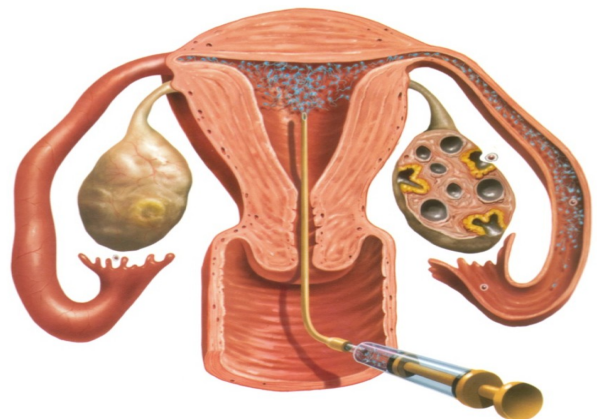
With natural intercourse many of the ejaculated sperm never make it past the cervix up to the fallopian tubes where fertilization takes place. The concept behind IUI is to isolate the motile sperm out of the ejaculate and place many of these sperm high in the reproductive tract. By placing the sperm past the cervix and into the uterus, more of the sperm will be present in the fallopian tube to fertilize the ovulated egg. Several studies have now demonstrated that IUI is more effective than intercourse in couples with infertility problems.

How IUIs are performed

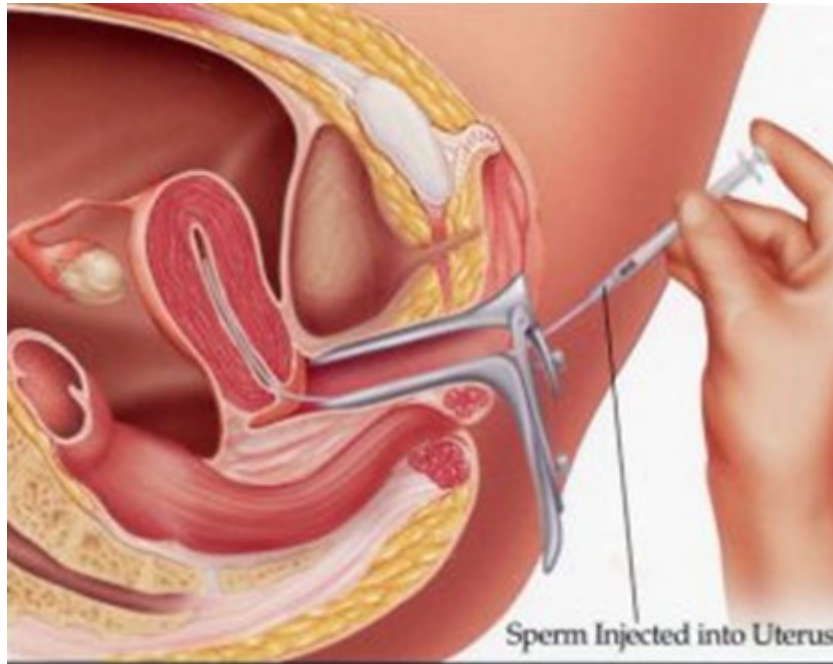
The IUI cycle begins by having testing for ovulation. Most often, I will get you to have a blood test around day 12 (depending on the length of your cycle or whether ovarian stimulation is utilised). When an LH surge is detected, it indicates that ovulation is likely to occur approximately 24 to 36 hours later. Equally sometimes I will scan and predict maturity of your eggs and trigger ovulation to occur. On the day of insemination you should arrive at the 1st floor at QFG with a sperm sample that is usually produced at home (rather than at the laboratory) to allow preparation of the IUI sample. We generally recommend between 2 and 4 days of abstinence from ejaculation prior to producing this sample. If ejaculation has occurred more recently than 2 days, the sperm count may be low. In contrast, if it has been too long since an ejaculation, sometimes the quality of the sperm and particularly the motility of the sperm is impaired.

After you have provided the semen sample, our scientist will wash and separate out the motile sperm from the ejaculated semen. The preparation time in the lab is 0.5 to 1 hours. The sample will be brought to my rooms on the 3rd floor for the insemination procedure. The insemination will be performed usually by myself but occasionally I won't be available and I would discuss with you prior who would perform the procedure.

The insemination is performed by placing a speculum into the vagina to visualize the cervix. A small catheter is placed past the cervix into the uterus where the motile sperm are deposited. You are then asked to rest in the room for approximately 5 minutes before you leave, although this is not absolutely necessary.



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Pregnancy tests are performed 2 weeks after the insemination. Results with IUI are highly dependent upon several factors, most importantly the age of the woman. Other important factors are the number of motile sperm present in the ejaculate, reason for fertility delay, time trying etc. Intrauterine inseminations alone (without stimulation) result in a pregnancy rate of between 5% and 10% per cycle. We typically recommend that couples try IUI at least for 3 to 4 cycles before moving on to other forms of treatment. Pregnancy rates seem to be maintained from cycle to cycle through at least 6 cycles in our program. In other words, there is no drop-off in pregnancy rates if the first few cycles are unsuccessful.

Other treatment options in conjunction with IUI

Often we combine IUI with use of ovulation inducing medications including the use of Clomiphene citrate, Tamoxifen, Letrozole or Gonadotropin injections. The purpose of these medications is to increase the number of eggs that are released or to regulate ovulation more precisely. The use of these medications increases the risk of multiple birth.

The use of gonadotropins also adds to the expense of the cycle but enhances the pregnancy rates that are seen after IUI. Pregnancy rates are typically between 10-15% per cycle when IUI is used after stimulation. Use of gonadotropin injections require that we monitor follicular development more carefully by utilizing transvaginal ultrasound and estradiol levels. The purpose of this monitoring is to try to reduce the risk of multiple birth as well as reduce the risk of ovarian hyperstimulation if at all possible. Despite careful monitoring, we are unable to completely prevent the occurrence of multiple births following the use of gonadotropin injections with IUI.

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Possible complications from IUI

For the most part, IUIs are a safe infertility treatment. Possible complications from this treatment include the risk of bleeding, cramping, or uterine pain following the insemination. There is also a slight risk of infection, although this is very rare. We ask you to notify us if you have excessive pain or fevers following the IUI. Children born from IUI seem to have no adverse outcomes; IUI does not change your risk for having a child with a birth defect.

Intrauterine insemination alone does not increase the risk of multiple birth, although if it is performed in conjunction with ovulation inducing medications, then there is an increased risk of multiple pregnancies. There is no increased risk of miscarriage of a pregnancy resulting from an IUI.

Requirements prior to having an insemination include registering with the Queensland Fertility Group on the first floor and paying their registration fee of \$185. Donor insemination fees are higher and will be discussed separately if necessary.

Cost

Most of the Cost of insemination is met by medicare. You will get an invoice for \$717 On the day of which you will be reimbursed by medicare \$514 leaving you \$203 out of pocket. Note that this excludes the cost of Clomiphene or FSH which needs to be purchased separately (approx \$30) These costs are subject to change.

Please note all blood tests must be performed on the first floor at QFG and all scans by myself, procedures performed elsewhere will not be covered by the global fee covered by medicare and corresponding will attract further fees.

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Male Partners

Instructions for collection of semen for intrauterine insemination: In order to maximize the number of sperm for insemination, please attempt to abstain from ejaculation for 2 - 4 days prior to collection. Longer periods of abstinence (greater than 7 days) should be avoided, as this may increase the number of dead sperm in the ejaculate. Sperm quality can be affected by adverse health conditions and certain medications. Please inform us if you have had any health problems (fever, injury, severe flu, etc.) in the past six months or if you are taking any medications.

The semen sample must be collected into a special container provided by QFG on the 1st floor or by myself. These jars can also be purchased at pharmacies as a urine collection jar for a minimal cost. Please do not attempt to collect the semen into any other container, as this may result in decreased survival of the sperm. Because the sperm will be inseminated directly into the uterus, it is necessary to avoid bacterial contamination of the semen during collection. This can best be accomplished by thorough washing of your hands and genital area prior to collection. The semen must be delivered to 1st floor promptly after collection preferably under 1.5 hours.

My office will book the insemination in on the 1st floor so they are expecting you however there will be some paper work to fill out to accurately label the sample. The service is provided 7 days a week.