



Intra-Uterine Insemination treatment

Yeovil Fertility Unit



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yeovilhospital.nhs.uk



What is intra-uterine insemination

Intra-uterine insemination (IUI) is a fertility treatment which aims to improve your chance of getting pregnant by combining the timed release of eggs from your ovaries with the release of a prepared sample of your partner's sperm into the cavity of her uterus and fallopian tubes.

The monitoring of treatment is carried out at Yeovil Fertility Centre, the sperm preparation and IUI procedure will be carried out at Bath Fertility Centre.

Bath Fertility Centre

**Roman Way,
Bath Business Park,
Peasedown St John,
Bath, BA2 8SG
Tel: 01761 434464**

Criteria for treatment

A number of criteria has been set by the Clinical Commissioning Group (CCG) in selecting patients who will mostly benefit of IUI treatment and hence would be eligible for funding by NHS of up to three cycles.

Patients should fulfil the following, in order to qualify for IUI treatment:

- Patients with unexplained infertility for not less than three years, or an identified cause of infertility.
- The female partner is between 23 and 39 years.
- The female partner's Body Mass Index (BMI) is greater than 19 and less than 30. This is an index which is calculated by taking into consideration your weight and height.
- Neither partner smokes
- One or both partners have no living children
- At least one tube is functioning.
- The semen analysis is satisfactory as assessed by the Andrology Laboratory.
- There should be no risk of harm to the welfare of the child born as a result of treatment or any child in the family.

Welfare of the child assessment

Before you have your IUI treatment you will be asked a number of questions related to your medical history and social circumstances. These questions are part of an assessment known as the welfare of the child assessment which the clinic is required to perform in order to comply with the legal requirement of an Act of Parliament called the Human Fertilisation and Embryology Act.

Infection screen

Both of you will need to have an infection screen within three months of starting your treatment. This will involve a blood test for HIV, Hepatitis B and Hepatitis C. If any of the results come back as positive you will be referred to the genital-urinary clinic for appropriate treatment.

Pre-treatment appointment

We always ask patients to attend before your treatment cycle so that the drug treatment can be explained, can start on the correct day and the IUI treatment can be booked in advance with the Bath Fertility Centre. During this visit you will be asked to sign the consent forms. Both partners are required to sign the forms therefore you are both encouraged to attend this appointment. You will both need to bring with you some form of photo ID (passport or driving licence).

You need to contact Sister Helen Butt on 07825 255 621, who will arrange the appointment for you.

The process of the treatment

The timed release of the eggs is brought about by using a number of drugs. There are two protocols of treatment which are the short cycle protocol, which we use most of the time, and the long cycle protocol treatment. In exceptional cases IUI treatment is performed in unstimulated cycles or with the use of Clomifene Citrate. The doctor will discuss which the appropriate choice is for you.

Short cycle protocol

Buserelin nasal spray is started on the first day of your period and is given at a dose of one spray into one nostril every four hours and two sprays last thing at night. It is sometimes difficult to remember the time of these doses, so it is helpful to have an alarm system to let you know when to take your treatment. The Buserelin nasal spray temporarily stops the production of the hormones which would normally stimulate your ovaries. This may give rise to some temporary menopausal symptoms, such as hot flushes and vaginal dryness.

Puregon or Gonal F stimulation drug is started on the second day of your period and is given by injection. You will be shown how to give your own injections by the fertility nurse. The injections are only inserted just beneath the skin, not into the muscle. Most patients find that they can cope with this very easily. The dose of injections and the time you need to take it will be clearly set out on the written schedule which patients are given when their treatment is planned.

Long cycle protocol

These start with some tablets called Norethisterone acetate, two tablets (10mg) are taken from day 19 of the woman's cycle for seven days. These tablets make sure that the lining of the uterus sheds completely before IUI treatment. The second drug used in the treatment, Buserelin, is given as a nasal spray.

After using the Buserelin nasal spray for a minimum of two weeks, the third stimulation drug, Gonal F or Puregon, is started by injection.

You will also be given a date and time for your scan and blood tests (in the Women's Hospital). If the scan and blood results show an adequate response, the release of eggs is triggered with a 5,000 international unit (iu) dose of HCG (Pregnyl). Approximately 36-40 hours later, the eggs will be released into the fallopian tubes.

There are two further low dose injections of HCG 1,500 iu, which need to be given five days and ten days after the original higher dose of HCG.

All the times and dates of treatment are given to you on a treatment schedule at your initial treatment planning appointment along with all the necessary equipment to give the injections and to dispose of the needles and syringes safely.

If you do not start your period three weeks after the HCG injection, you will need to do a pregnancy test. If you have a positive pregnancy test, contact the fertility nurse Helen Butt, who will then arrange a scan for you in the Early Pregnancy Clinic when you are about seven weeks pregnant.

If your period does start, it means you are not pregnant and you can contact the fertility nurse, Helen Butt, when you want to start your next course of treatment. You may want to have a break before starting the next treatment cycle.

What is the chance of pregnancy with IUI

The chance of a successful pregnancy with IUI will depend on a number of factors, in particular the woman's age, the quality of the man's sperm and the underlying cause of the delay in conceiving. The success rate is about the same as with normal intercourse, a 14 per cent chance of pregnancy per cycle.

What are the possible problems with IUI treatment

The main problems with IUI treatment are, the risk of multiple pregnancies and the risk of ovarian hyper-stimulation syndrome (OHSS).

If the woman develops more than two mature egg sacs in response to the fertility drug injections, we would usually cancel your treatment and advise you to avoid intercourse or use condoms until your next period. This is because there will be a risk of a multiple pregnancy that the babies may not survive.

If up to two mature egg sacs develop, we would usually proceed with IUI treatment. However, there would still be an increased

risk of a twin pregnancy. Around 75 per cent of pregnancies with IUI will be single pregnancies, approximately 23 per cent of pregnancies are twins, and the risk of triplets is about two to three per cent.

Ovarian hyper-stimulation syndrome (OHSS) is a complication which can occur in about three percent of IUI treatment cycles. It can develop in the later stages of the treatment, after the eggs have been released. It is caused by excessive swelling of the ovaries and the development of rapidly enlarging cysts within them.

At this stage of IUI treatment, most women can get some discomfort from their ovaries and a feeling of abdominal bloating, which is completely normal. With OHSS, the woman will get additional symptoms of nausea and vomiting, a feeling of shortness of breath when she is lying down and may also notice that she is passing small amounts of volume of concentrated (deeply coloured) urine. If you develop any of these symptoms, you should contact Jasmine Ward (on 01935 384301/384251).

You may need to be admitted to hospital for a short time for observation and treatment if you develop OHSS. Usually it does not cause serious problems if it is identified early and treated correctly. However the condition can be severe in 0.25 per cent of patients having IUI treatment, and can be fatal.

Contact details

During working hours

- Helen Butt (Fertility Nurse): Mobile No: 07825 255 621
- Julie Anscombe (Mrs Soliman's secretary): 01935 384 632

For emergencies outside working hours

- Contact staff on Jasmine Ward: 01935 384301/384251)
- You can also contact Helen Butt (Fertility Nurse)
Mobile No: 07825 255 621

If you would like this leaflet in another format or in a different language, please ask a member of staff.

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Ref: 14-16-130
Review: 01/18