Intrauterine Insemination (IUI) Treatment - Information leaflet
This leaflet will explain what IUI treatment is, including the benefits and risks of IUI.

What is IUI treatment?

IUI treatment uses a catheter to put washed, prepared sperm at the top of the cavity of the womb around the time of ovulation to increase the chance of getting pregnant. IUI is more successful if it is done in combination with daily FSH (follicle stimulating hormone) injections to stimulate egg production and accurate timing of insemination to coincide with egg release.

A combination of tablets and injections are used to stimulate the woman’s ovaries to produce one or two eggs using very low doses of FSH injections. Once one or two follicles (fluid-filled sacs) have reached 16-18mm across, the eggs inside the follicle will be mature and egg release (ovulation) is triggered with a different injection. Insemination takes place 36 – 40 hours after the trigger injection.

Why has IUI been recommended for us?

IUI is one of the assisted conception treatments that is used to treat unexplained or mild male factor infertility. It may also be used if you have irregular periods but have not fallen pregnant with clomifene (tablet medication). IUI is only recommended if your fallopian tubes are normal and 5 million or more forward-moving sperm are present after the sperm preparation process.

IUI is less invasive than IVF and currently forms part of the NHS pathway for some couples before moving on to IVF treatment.
What are our chances of getting pregnant with IUI?

The chance of getting pregnant with IUI is approximately 16-20% per cycle. This is slightly lower than the chance of pregnancy with IVF which is approximately 30-40%; however IUI does not involve an egg collection operation so is less invasive than IVF.

- Intrauterine insemination (IUI) is a less invasive form of assisted conception used to treat unexplained or mild male factor infertility.
- It is only suitable where the woman’s fallopian tubes are normal, and five million or more forward-moving sperm are obtained after processing the sperm sample.
- The woman is given very low doses of FSH for her ovaries to produce one or two eggs.
- When there are one or two follicles 16mm-18mm in diameter, a different ‘trigger’ injection is given to mature and release the egg(s).
- The washed, prepared sperm is placed near the top of the womb cavity 36hrs-40hrs after the ‘trigger’ injection.

Are there any risks with IUI treatment

The main risk is the risk of multiple pregnancy. Approximately one in five IUI pregnancies is a multiple pregnancy. Twin pregnancies are six times more likely to have complications such as premature delivery, low birth weight and cerebral palsy than a singleton pregnancy. If more than two follicles develop there is a risk of triplets or more. These are very high risk pregnancies and therefore it is likely that the treatment will be cancelled in this case. In a small number of cases you may be offered IVF treatment rather than cancelling the cycle. There is also the risk of ovarian hyperstimulation syndrome where large numbers of follicles develop and the ovaries enlarge. This condition is extremely rare in IUI treatment as such low doses of FSH injections are used.

- The biggest risk of IUI is multiple pregnancies and births (expecting and having more than one baby).
- Due to the increased risk of complications associated with multiple pregnancies and births, your treatment may be cancelled where appropriate.
- Very occasionally, you may be offered a ‘conversion’ to IVF instead (to enable control of the number of embryos transferred and consequently number of babies expected).
- Rarely a large number of follicles may develop and consequently there is a risk of ovarian hyperstimulation.
What appointments will we need during the course of our IUI treatment?

After your consultation to discuss the reasons for suggesting IUI and explaining in detail how IUI is done, its benefits and risk and the chance of success, you will have a planning appointment with the Specialist Fertility Nurses. At this appointment you will be given your prescription, be taught to do the injections and be given the consent forms to complete. Any additional tests, including screening for hepatitis and HIV, will be arranged at this meeting.

- You will be taught, and required to self-administer injectable drugs.

- You will be required to attend the centre, 5-6 times in total.
- Please inform the centre in a timely manner if you are unable to make any of the appointments.

What is the role of the HFEA?

The Human Fertilisation and Embryology Authority (HFEA) is the government body which regulates assisted conception treatment, ensuring that each clinic adheres to the law, the HFE Act. The HFEA ensures that the clinic keeps the information about your treatment confidential. No information about your treatment is shared with anyone outside the clinic without your written consent. The HFEA requires a clinic to take account of the welfare of children who may be born as a result of IUI treatment. You may not be offered treatment if there is a history of child abuse or violence. In some cases the clinic may request further information from...
eligibility criteria which vary according to where your GP’s surgery is and which CCG (Clinical Commissioning Group) funds your treatment. Each CCG applies age, BMI and other clinical criteria depending on your infertility diagnosis. The precise criteria should be checked on your CCG’s website. It is unlikely that you will have NHS funded IUI if you already have a child together.

Devon: newdevonccg.nhs.uk/information-for-patients/medicines-and-treatments/commissioning-policies/obstetrics-gynaecology--urinarytract-disorder/100383

Somerset: somersetccg.nhs.uk/search/?q=fertility

Cornwall: kernowccg.nhs.uk/media/97221/assistedconceptionpolicy.pdf

What additional investigations are needed before IUI?

The law relating to assisted conception states that all couples must be screened for hepatitis B and C and HIV within three months of their first treatment. Additional bloods tests may also be necessary and the doctor will discuss this with you. If you test positive for any of these viruses you may be referred onto a specialist for treatment for the infection. Your fertility treatment may be transferred to another centre with the capability of dealing with patients carrying virus infections. Hepatitis and HIV screening must be repeated every 24 months if fertility treatment is continuing.

Will we get NHS funding for IUI treatment?

If you are entitled to NHS funded treatment in general, then you will be entitled to fertility investigations and a clinical opinion. NHS funded IUI treatment has very specific eligibility criteria which vary according to where your GP’s surgery is and which CCG (Clinical Commissioning Group) funds your treatment. Each CCG applies age, BMI and other clinical criteria depending on your infertility diagnosis. The precise criteria should be checked on your CCG’s website. It is unlikely that you will have NHS funded IUI if you already have a child together.

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Counselling

We recognise how stressful both struggling to get pregnant and IUI treatment is. Therefore we offer specialised fertility counselling before, during or after your treatment. The first counselling session with the Specialist Fertility Counsellor is free as a part of your treatment. If further sessions are required, there may be a charge. To arrange an appointment please contact the clinic receptionist on 01392 405051.

- Talking about your feelings may help you deal with the stress of trying to conceive and the IUI process.
- A specialist fertility and psychosexual counsellor is available for you at no extra charge.
- An appointment can be arranged by calling 01392 405051.

Pregnancy scans and birth outcome information

If your IUI treatment is successful, you will be offered a seven week scan to check that all is going well and to see if it is a singleton or twin pregnancy. You will then be advised to make an appointment with your Midwife to book antenatal care. You may be surprised that we are not routinely informed of the outcome of your pregnancy and would be grateful if you could contact us at the end of the pregnancy to let us know. This is both because we want to hear from you and because we need to give this information to the HFEA.

Follow up/further treatment

If your IUI treatment is not successful, please let us know either by phone or by returning the slip on the letter given to you at insemination. After completion of your final IUI treatment you will be offered a debrief appointment, for which there is no extra charge, to discuss the future. If further treatment, investigations or procedures are recommended, this will be discussed with you at that appointment.

- Please always let us know the final outcome of your IUI treatment; positive or negative.
- You will be offered a debrief appointment at no extra charge after unsuccessful IUI treatment.
- If your treatment is successful you will be offered a scan to check how many babies you are expecting and that the pregnancy is going well.
- After the scan, if there is nothing to be concerned about, you will need to contact your midwife to book antenatal care.
- Please let us know when you have your baby, as we are not always aware and it is important for the records we submit to the HFEA.