

INTRAUTERINE INSEMINATION

Intrauterine insemination is an office procedure performed to overcome problems with sperm migration through the cervix. In order to fertilize the egg, sperm must normally swim from the vagina (where they have been deposited) through the cervix, into the uterine cavity and out through the fallopian tubes. In many couples with fertility problems, there is a block in this process at the level of the cervical canal. The impediment may be purely mechanical (for example, when the canal is too tight) or it may be due to inadequate or inappropriate cervical mucus production. Sometimes, one or both partners produces immune system antibodies which coat the sperm and prevent them from surviving in or swimming through the cervical mucous barrier. In some cases of male factor infertility, this procedure can be used to increase the number of sperm reaching the egg. Intrauterine insemination involves placing specially prepared sperm cells from the male partner directly into the wife's uterine cavity. In this way the cervix is completely bypassed.

In order to do this procedure we need to first know when the woman is ovulating. The most accurate means of determining this is to check the urine on a daily basis. Beginning usually on day number 11, urine is sampled daily for a positive test.

We currently recommend that you use one of several commercially available kits. In this test, a color change will be seen on the day before ovulation. At the time you obtain the color change, you should call in to make arrangements to have an intrauterine insemination performed the following day. You will need to bring a semen sample in a specimen container. After arrival in the office, this specimen must be specially prepared. The sperm cells are greatly concentrated and "washed" free of the fluid they are suspended in. The cells are then drawn up in a small syringe. A pelvic examination is done and the cells are squirted through the cervix with a very small tube into the uterus. This is sometimes accompanied by a moment of very mild discomfort.

Because ovulation almost always occurs on the day following the ovulation predictor color change, intrauterine insemination is usually done only one day per cycle. In some cases, however, we recommend 2 consecutive inseminations in a cycle.

The following page lists several guidelines and instructions that are important for you to follow.

ARTIFICIAL/INTRAUTERINE INSEMINATIONS

1. Weekend Scheduling for IUI's - We attempt to perform IUI's 7 days per week. However, **IUI's are not available on all weekends and holidays.** In general, IUI's will be performed at least 3 weekends per month. You may want to call the office prior to beginning your ovulation predictor testing to determine if weekend coverage is anticipated at your expected time of ovulation.

If your ovulation test turns positive on Saturday or Sunday, notify the physician on call to make arrangements for the following day.

2. Please be sure that you always have additional specimen containers available. Other containers may be harmful to the sperm.
3. **Always** write your name and the time collected on the specimen jar itself rather than the lid.
4. If you are having difficulties obtaining a specimen, special condom sheaths are available to use so that a specimen can be collected during intercourse. Commercial condoms are not acceptable because they kill sperm cells.
5. We recommend approximately three days abstinence prior to your Intrauterine Insemination.
6. Since it may be of some additional benefit, we recommend that you have intercourse the day or evening of your IUI. If you have had 2 IUI's in a cycle, you should wait until after the second IUI to have intercourse.
7. If you are having 2 inseminations in a cycle, it may be preferable to perform the first insemination in the afternoon rather than the morning. We realize that for many of you this will be impractical due to your work schedules. If so, both inseminations should be done in the morning.
8. A large number of ovulation prediction kits are available on the market. If you are having any problems with the kit that you are now using we would recommend that you change. If you are uncertain as to whether or not you have had a color change, you should take into account the day of LH surge during previous cycles, your total cycle length, and also your temperature chart if you are keeping one. Never hesitate to call if you have questions.
9. Unless you are having 2 inseminations per cycle, you should generally be testing your urine sometime between 1:00 P.M. and 2:00 P.M. Please be certain to call the office prior to 4:00 P.M. to make arrangements for the following day.

10. In order to avoid delays on the weekends, specimens MUST be obtained at home and brought in at the appointment time or you may come in 1/2 hour early and use a hospital bathroom to obtain the specimen so that it is ready at least 15 minutes before the scheduled appointment time. This will prevent delays in processing the specimen.