DIVISION OF REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY
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Artificial Insemination for Infertility
Intrauterine Insemination - IUI

Intrauterine insemination with partner's sperm can be used as a potentially effective treatment for infertility of all causes in women under about age 45 except for cases with tubal blockage, severe tubal damage, very poor egg quantity and quality, ovarian failure (menopause), and severe male factor infertility. In vitro fertilization with the woman's eggs or IVF with donor eggs are alternatives for couples that are not candidates for artificial insemination.

It is most commonly used for infertility associated with endometriosis, unexplained infertility, anovulatory infertility, very mild degrees of male factor infertility, cervical infertility and for some couples with immunological abnormalities.

It is a reasonable initial treatment that should be utilized for a maximum of about 3-6 months in women who are ovulating (releasing eggs) on their own. It can be reasonable to use it for somewhat longer than this in women with anovulation that has been stimulated to ovulate.

It should not be used in women with blocked fallopian tubes. Tubal patency should be demonstrated prior to performing insemination. This is usually done with an x-ray study called a hysterosalpingogram.

How is insemination performed?

1. The woman usually is given medication to stimulate multiple egg development and the insemination is timed to coincide with ovulation.

2. A semen specimen is either produced at home or in the office by masturbation after 2-5 days of abstinence from ejaculation.

3. The semen is "washed" in the laboratory (called sperm processing or sperm washing). By this process, the sperm is separated from the other components of the semen and concentrated in a small volume. Various media and techniques can be used to perform the washing and separation, depending on the specifics of the individual case and preferences of the laboratory. The sperm processing takes about 20-60 minutes, depending on the technique utilized.

4. The separated and washed specimen consisting of a purified fraction of highly motile sperm is placed either in the cervix or high in the uterine cavity using a very thin, soft catheter.

5. The woman remains lying down for 15 to 20 minutes following the procedure, although this has not been shown to improve pregnancy rates. Since the sperm is above the level of the vagina, it will not leak out when she stands up.

This procedure, if done properly, usually seems similar to a pap smear for the woman. There should be little or no discomfort.