

Reproductive Care Center

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Intrauterine Insemination (IUI) Patient Instructions

Intrauterine Insemination (IUI) is a procedure used to introduce sperm directly into the uterus and close to the fallopian tubes, where they can meet the egg soon after ovulation.

Medications

IUI can be performed with or without taking ovulation induction medications. Clomiphene Citrate (Clomid) or Femara are commonly used oral medications. The dosage (mg) of these medications will vary. Injectable follicle stimulating hormone (FSH) medications might be ordered for you, and you will receive specific instructions on how to administer these injections.

- Clomid (cycle days 3-7) 50 mg 100 mg 150 mg
- Clomid (cycle days 5-9) 50 mg 100 mg 150 mg
- Femara (cycle days 3-7) 2.5 mg 5.0 mg
- FSH injections starting cycle day 2
- FSH injections cycle days 7, 9, 11 per MD
- FSH injections cycle days 7, 8, 9, 10 per MD

Monitoring

Home urinary ovulation predictor kits (OPKs) should be used to help determine the correct time for IUI. These can be purchased at any pharmacy/drug store/grocery store without a prescription. Our office has had good results with “Clear Blue Easy” or “OvuSponse” brands. “OvuSponse” can be ordered by phone: 1-877-546-4223 or can be purchased at the local Apothecary Pharmacy. However, any brand that works well for you is fine. These kits test the urine for leutinizing hormone (LH). Follow kit instructions and begin testing usually on day 10 of your cycle. Cycle day one is considered the first day of full menstrual flow by 5:00. Testing should be done once daily at approximately 11:30 am, or twice daily, early morning and evening. Ovulation will most likely occur between days 12-20. When you have a surge (positive test), please call the office during business hours as soon as possible to schedule your insemination. If you surge in the evening, you may call first thing in the morning. If you have an LH surge on a day that our office is closed, please call our answering service number (801-488-3500) and let them know that you have surged so that they can contact the physician on call. If you do not have an LH surge by day 20, please call our office for further instructions.

Some woman may have questionable or indeterminate results with home ovulation kits. In these cases, blood tests can be done on the day of the possible surge to determine if the LH is increased, the estradiol is appropriate, and if the progesterone (P4) indicates that ovulation has already occurred. In 5-10% of cases, ovulation predictor kits do not accurately pick up any trace of a surge. We can then do daily blood draws to detect the LH surge. In some situations, the physician may order an ultrasound(s) to determine the correct time of ovulation. When the follicle(s) are the appropriate size based on ultrasound, the physician may prescribe an injection of HCG to help the egg(s) release from the follicles.

Costs are based on cash prices with no insurance coverage:

- **Basic:** IUI with home urinary ovulation predictor kits (OPKs) beginning on day _____ - 90% accurate. *IUI cost is \$335.00*
- **Basic Plus:** IUI with daily LH blood draws starting on physician-directed cycle day - 95% accurate. *\$63 per blood draw.*
- **Confirmatory:** IUI with home urinary (OPKs) & confirmatory blood work (LH, E2, P4) / ultrasound on day of surge. - >95% accurate. *Cost of blood work is \$169/draw & ultrasound is \$183-283/time.*
- **Comprehensive:** IUI with ultrasound monitoring and blood work (estradiol, LH, P4) starting on cycle day(s): _____ - >95% accurate. *Cost of blood work is \$60-\$169/draw & ultrasound is \$183-283/time. Often provides slightly higher pregnancy rates if HCG is given to optimally time the insemination.*

Scheduling and semen collection

The day of your IUI, sperm collection must occur at a specific time, generally two hours before insemination. The front desk will schedule this time with you. If a collection is done at home, you must still contact the front desk and schedule time for the lab to process the sample. In this case, you must have a specific collection kit that is purchased through the RCC office (approximately \$12) or online at www.INGFertility.com, and the sample must be here at the office within 30 minutes of collection. IUI generally occurs 2 hours after collection.

Procedure

The insemination is usually performed by one of our registered nurses. A physician will be available for assistance if necessary. You will be taken to an exam room where you will be given a drape, and undress from the waist down. It is recommended that you have a partially full bladder. A speculum will then be placed vaginally. The nurse will locate your cervix and then thread a soft, pliable catheter through the opening. Sometimes, threading the catheter can take some time as we “find the pathway.” If needed an ultrasound is available for guiding the catheter into the uterus. You may feel some cramping, but most women tolerate this well. Once inside the uterus, you may again feel some cramping if the catheter touches the uterine wall. The nurse will slowly and carefully inject the sperm. We ask that you relax here in the exam room for 10 minutes following the procedure. It is normal to have some vaginal spotting and increased discharge following this procedure.

Luteal Phase Evaluation and Support

In some cases, the physician may order a progesterone blood draw 7 days following the IUI to confirm ovulation, and/or to determine if there is an appropriate level for pregnancy support. Progesterone supplementation may or may not be prescribed.

Pregnancy Testing

Two weeks following the insemination, you should do a home pregnancy test, or come to the office for a blood pregnancy test. Please call us and let us know the results of your pregnancy test if you test at home or email us at info@FertilityDr.com.