# Gonadotropin / Intrauterine Insemination (IUI)

What to expect

This handout is for patients at the Center for Reproductive Health and Fertility (CRHF). It explains how a fertility treatment called gonadotropin / intrauterine insemination (IUI) works.

# Who is this treatment for?

This treatment increases the chance of pregnancy:

- For patients who do not ovulate on their own or have a low number of eggs
- For patients who have mildly low sperm counts or motility
- When the cause of infertility is unknown

# How does this fertility treatment work?

**Gonadotropin medicines** are injectable medicines (shots) that help your eggs grow and get ready for *ovulation*. Ovulation is when a mature egg is released from the *follicle* (egg sac) in your ovary. These medicines can also make it more likely for more than one egg to mature and be released, which increases the chance of at least one egg being fertilized.

During the middle of your cycle you will have a **pelvic ultrasound and a blood test**. These tests help us see how your body is responding to the gonadotropin medicines. It will also tell us when you are ready for an *ovulation trigger injection*.

The **ovulation trigger injection (hCG** or **Lupron)** helps your egg finish maturing and tells us the best time for *intrauterine insemination* (IUI).

#### What is intrauterine insemination (IUI)?

**Intrauterine insemination** places the most active sperm as close as possible to the egg(s) at the best time for fertilization. This helps increase the chance of pregnancy.

- The IUI procedure is simple and takes just a few minutes once the semen sample is ready.
- During the procedure, you will lie on an exam table. Your provider will gently put a speculum into your vagina to see your cervix. A thin tube (catheter) is inserted through the cervix into your uterus, and the *washed* semen sample is slowly injected. Washing the semen separates the healthy sperm from other fluids. This helps increase the chance of pregnancy.
- Most people don't feel pain during IUI, but some may feel mild cramps. Light spotting (bleeding) for 1-2 days after your IUI is also normal.



A speculum

**UW** Medicine



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### What are the possible risks from this treatment?

There are some risks linked to using gonadotropin medicines. Your care team will work with you to decide if the benefits of this treatment outweigh these risks:

- Multiple births: Up to 30% of pregnancies with gonadotropin medicines and IUI will result in more than one baby. Most of these are twins, but about 5% are triplets or more.
- **Cycle cancellation:** If too many eggs are maturing or your body doesn't respond well to the medicine, the treatment cycle may need to be stopped.
- Ovarian hyperstimulation syndrome (OHSS): This is a condition where the ovaries become enlarged. It can cause symptoms like fluid retention, nausea, constipation, less urination, and abdominal (belly) discomfort. In rare cases, hospital care is needed.



Talk with your healthcare provider if you have any questions or concerns about your fertility treatment.

- Fewer than 3 out of 100 of patients treated at CRHF have mild to moderate OHSS.
- Fewer than 2 out of 100 patients treated at CRHF have severe OHSS that may require a hospital stay.

## What are the possible side effects of this treatment?

Gonadotropin medicines (Gonal-F, Follistim, Bravelle, Menopur) may cause side effects, including:

- Headache
- Breast pain or soreness
- Nausea
- Abdominal (belly) pain
- Irritation at the injection site
- Changes in bowel habits, such as constipation or diarrhea

Let your care team know if you have any concerns during or after your treatment.

### **Questions?**

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Center for Reproductive Health and Fertility:

Weekdays between 8 am – 5 pm: Call 206.598.4225

After hours, weekends, and holidays: Call 206.598.6190 and ask to page the CRHF provider on call.

**Website:** uwmedicine.org/specialties/ obstetrics-gynecology/fertility-care