Intrauterine Insemination using partner sperm
Fertility Full Clinical Guideline

Reference No.: Fertility/09:22/F7

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1. Introduction

The Fertility Unit performs approximately 12 inseminations a year following the withdrawal of CCG funding for NHS patients. Ideally, intrauterine insemination (IUI) benefits couples who have 'unexplained' fertility problems and in whom there is no evidence of damaged fallopian tubes. It may also help those couples whose fertility problems are caused due to the male partner's sperm being unable to pass through the woman's cervix (cervical factor). And those couples with fertility problems in the male - such as borderline sperm numbers or motility (mild male factor)- this treatment may also be beneficial. It may also help those couples with psychosexual difficulties. IUI may be helpful in women with minimal to mild endometriosis.

2. Purpose and Outcomes

To ensure a safe and effective procedure is carried out, with the aim to achieve a pregnancy.

3. Definitions Used

Intrauterine Insemination (IUI) –Placing of freshly prepared named partners' sperm directly into uterine cavity using a fine catheter that is passed through the cervix.

Donor Sperm Insemination (DI) – Currently not available due to no liquid nitrogen storage facilities.

4. Key Responsibilities and Duties

Lead Consultant is responsible for deciding which patients are suitable for intrauterine insemination. They are also responsible for prescribing of adjunctive medication (anti-oestrogens or gonadotrophins) and consenting of self-funded couples.

Nurse Specialist are responsible for teaching patients to self-inject, ratifying consents and viral status, booking and performing mid-cycle scans, reviewing scan results and booking follow ups or the insemination procedure. They are also responsible for collecting and checking of semen sample, performing the insemination procedure itself and following up the outcome of treatment.

Fertility Unit Receptionists are responsible for maintaining database of treatments to enable annual data submission.

5. Processes for Managing Intrauterine Insemination

- Prior to commencement of treatment couple will have attended consultation where procedure explained and written consent obtained.
- On the day of insemination male partner will produce a semen sample which is prepared in the andrology laboratory. Male partners are advised to have regular sexual intercourse/ejaculation leading up to insemination, with 48 hours abstinence before the insemination itself.
- Treatment room prepared prior to patients' arrival, see equipment list (appendix I)
- Sample collected from laboratory by Nurse Specialist, sample checked with female partner/couple with witness present. Procedure form (IUI -see Q-pulse WCFORMS 7) signed by patient nurse and witness.
- Assist patient onto couch, positioning appropriately using pillows
- Maintain privacy & dignity at all times

Using aseptic technique:-

- Draw up sperm sample completely using embryonic catheter into attached syringe.
- Detach syringe.
- Insert speculum gently into vagina and open until cervix is visible
- Remove outer protective sheath from embryonic catheter
- Gently insert soft inner catheter through the cervical os.
- If any difficulties are encountered accessing the cervical canal then the firmer outer part of the catheter can be used to aid passage.
- Once in position, attach syringe to catheter and slowly transfer contents into the uterus
- Remove catheter and speculum.

- Ensure the patient is left comfortable, with access to nurse call buzzer and tissues. Allow a rest period of at least 20 minutes.
- Re-iterate signs and symptoms of potential allergic reaction to procedure.
- Explain the sperm analysis results to the patient/couple.
- Document the procedure performed; noting the progressive concentration of the sperm and any comments regarding the procedure itself in IUI treatment records (IUI notes – yellow/purple). For table on potential risks and action to be taken see appendix II)
- Advise couple to have intercourse within 12 hours and daily for next 72hours.
- Give advice on when period will be due and advise a pregnancy test 18 days after insemination if menstruation is delayed. A pregnancy test can be performed in the unit if preferred.
- A luteal progesterone level may be taken 7 days after insemination. If so ensure the woman has the appropriate form and instructions, she will be able to ring for the result 2-3 days later.
- Clean and tidy room after use.

Await outcome:

Pregnant	Consider viability scan, especially when multiple follicles seen during follicle tracking.
Not pregnant	Offer further IUI/DI treatment cycle, (NHS patients eligible for up to 3 cycles of treatment).

6. Monitoring Compliance and Effectiveness

Monitoring Requirement :	In line with HFEA processes
Monitoring Method:	**Annual** IUI notes audit performed. Peer assessments performed; witnessing procedure (Q-pulse - WCPRO12) and obtaining consent (Q-pulse – WCPRO21) every TWO years, linked to Fertility CNS training passports. Each IUI treatment is entered onto database DATIX report should be completed for adverse reactions to insemination process or unexpected admission following treatment. HFEA should also be informed of any adverse reactions (Q-pulse WCPRO32)
Report Prepared by:	Fertility Nurse Specialist produces report for competency assessments every **two** years and copy passed to Fertility Unit Quality Manager and entered onto q-pulse. Number of cycles performed and treatment outcomes are reported to HFEA annually (February) DATIX reports discussed at Fertility Unit Quality Meeting.
Monitoring Report presented to:	Fertility Unit Quality Meeting
Frequency of Report	IUI data report –annually IUI notes audit –annually Fertility nurse competency report – biennially.

7. References

1. NICE. Fertility problems: assessment and treatment London, 2013. Available at: https://www.nice.org.uk/guidance/cg156?unlid=86583397720167208641

2. Farquhar CM, Liu E, Armstrong S, Arroll N, Lensen S, Brown J., Intrauterine insemination with ovarian stimulation versus expectant management for unexplained infertility (TUI): a pragmatic, open-label, randomised, controlled, two-centre trial. Lancet. 2018 Feb 3;391(10119):441-450

Appendix A

Equipment List for Intrauterine Insemination

Sterile dressing pack
Sterile cusco speculum.
Access to warm water to lubricate speculum
Sterile 2mls syringe
Rocket® DUO IUI catheter 23cm
Sterile gloves
Angle-poised lamp
Rocket® Bulb-tip embryo transfer kit 23cm – standby **only,** for use when difficulty passing catheter.

Couch covered with disposable paper towel.
Pillow if desired for patient's comfort
Paper draw-sheet, for patient's dignity.

Appendix B

Potential Risks Associated with Intrauterine Insemination

Problem	Possible Causes	Action
Pain during procedure, and/or immediately afterwards	Trauma Involuntary uterine spasm	Record any blood loss Rest under supervision Maintain documentaton Inform medical staff if necessary e.g. if pain doesn't settle
Allergic reaction	Reaction to preparation used to wash and prepare the sperm sample	Treat as for anaphylaxis and obtain medical assistance. Ensure clear and concise documentation

Documentation Control

<table>
<tr><td>Reference Number:

Fertility/09:22/F7</td><td colspan="2">Version: 5</td><td>Status: FINAL</td><td></td></tr>
<tr><td rowspan="6">Version / Amendment</td><td>Version</td><td>Date</td><td>Author</td><td>Reason</td></tr>
<tr><td>1</td><td>May 2008</td><td></td><td></td></tr>
<tr><td>2</td><td>May 2012</td><td>J Dawson Fertility CNS / Mr Jayaprakasan Consultant</td><td>3 Year update due</td></tr>
<tr><td>3</td><td>Nov 2015</td><td></td><td>Review</td></tr>
<tr><td>4</td><td>March 2019</td><td>Fertility Team</td><td>Update due</td></tr>
<tr><td></td><td>5</td><td>May 2022</td><td>Fertility Team</td><td>Review due</td></tr>
<tr><td colspan="5">Intended Recipients: All staff with responsibility for performing intrauterine insemination using named or donated sperm.</td></tr>
<tr><td colspan="5">Training and Dissemination: Cascaded through lead sisters/doctors: Published on Intranet: NHS mail circulation: Article in Business Unit newsletter</td></tr>
<tr><td colspan="5">To be read in conjunction with: S.O.P. Sample tracking & witnessing (Q-pulse-FERTSOP24) S.O.P. Witnessing and checking semen sample for IUI (Q-pulse- WCPRO8) IUI Patient information (0627v5) Consent policy POL-CL/1903/02, Policy for Expanding Scope of Professional Practice POL-CL/1076/03.</td></tr>
<tr><td colspan="2">Consultation with:</td><td colspan="3">Fertility Team</td></tr>
<tr><td colspan="2">Business Unit sign off::</td><td colspan="3">12/09/2022: Gynaecology Guidelines Group: Mis B Purwar – Chair (Virtual sign off)

27/09/2022: Gynaecology Development & Governance Committee: Mr J Dasgupta – Chair</td></tr>
<tr><td colspan="2">Divisional sign off:</td><td colspan="3">27/09/2022</td></tr>
<tr><td colspan="2">Implementation date:</td><td colspan="3">04/10/2022</td></tr>
<tr><td colspan="2">Review Date:</td><td colspan="3">September 2025</td></tr>
<tr><td colspan="2">Key Contact:</td><td colspan="3">Cindy Meijer</td></tr>
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