Southeastern Fertility
Center for Fertility and Reproductive Surgery

25 Questions and Answers about Ovulation Induction/Intrauterine Insemination

1. Why are my cycles irregular?
Irregular cycles and infrequent ovulation may result from a variety of conditions. Polycystic ovarian syndrome is very common, affecting about 15% of reproductive aged women. Other problems can include thyroid dysfunction and elevated levels of prolactin hormone.

2. What medications are used for Ovulation Induction?
Usually we start with oral medications like clomiphene or letrozole. Some women may require more advanced medical treatment to restore normal cycles, such as injectable fertility hormones, called gonadotropins (Gonal-F, Follistim, Menopur).

3. Who are the best candidates for IUI?
The best candidates for IUI are those couples where the wife has normal fallopian tubes and the husband has fairly normal sperm.

4. Can all patients be treated with OI/IUI?
Women with severe endometriosis or a history of pelvic adhesions are not ideal candidates for IUI.

5. What about couples with male factor?
Although couples with male factor infertility can attempt IUI, the success rates are fairly low in such cases, and prompt consideration should be given to IVF (and ICSI) if pregnancy fails to occur after three or four attempts.

6. How expensive is this treatment?
The cost per cycle varies but usually ranges from $500-$2000 depending on whether medication is used, the type of medication used, and how much monitoring is performed.

7. Are treatment packages available?
Yes. By bundling services into a package, patients at Southeastern Fertility can enter into a cycle knowing exactly how much the cycle will cost.

8. Should I use fertility drugs in conjunction with an IUI?
There appears to be a synergistic benefit to the combination of fertility medications with IUI, compared to either treatment by itself. For this reason, IUI is often recommended to patients using fertility drugs even if the semen analysis is normal.

9. What are typical pregnancy rates for IUI?
In patients younger than 35 years old, an estimated one-third to one-half of patients will achieve pregnancy within 1 to 4 treatments. In patients with unexplained infertility, most studies demonstrate a per-cycle pregnancy rate of 6% for the oral medication/IUI combination and 9-12% for the gonadotropin/IUI combination, compared with a spontaneous pregnancy rate of less than 5% per month.

10. How many office visits are required during a typical cycle using fertility drugs and IUI?
For treatments using oral medication/IUI, only a couple of office visits per month are required. Patients typically begin monitoring on cycle day 12. A monitoring visit consists of having blood drawn for hormone analysis, and a pelvic ultrasound to measure the size of the follicles and the thickness of the endometrial lining. This information is used to determine the optimal timing of the IUI. For treatment using gonadotropins/IUI, closer monitoring is necessary, perhaps requiring 4-6 office visits per treatment cycle.

11. On which day of my cycle should I have an IUI?
IUI should be done on the day of ovulation, which occurs the day following a positive result with a commercial ovulation predictor kit, or 36-40 hours after an HCG trigger shot.

12. Why would an HCG trigger shot be used instead of monitoring for ovulation with a predictor kit?
You may be recommended to take an HCG trigger shot, depending on what type of medication you are using, how you are responding to treatment, and how you have responded in previous cycles. Using a trigger shot does take some of the guesswork out of the timing of an IUI and can reduce the anxiety associated with the fear of somehow missing out on doing an IUI in any given cycle.

Our Mission

To provide comprehensive care and unwavering compassion to patients struggling with reproductive health issues.

13. Does ovulation induction increase my risk of having a multiple pregnancy?
The risk of having a multiple pregnancy is largely dependent on maternal age and diagnosis. Multiple pregnancy can occur in any situation when two or more mature follicles are present at the time of ovulation. Fertility medications can result in the maturation of multiple follicles; therefore, careful monitoring of ovarian response is important in order to minimize this risk. The overall risk of a twin pregnancy is estimated to be 5-10% with oral medications and 10-15% with gonadotropins. Chances of triplets or higher multiples are much lower.

14. Can I have an IUI if I am ovulating on the weekend?
Yes. If your ovulation test turns positive on Saturday or Sunday, call the office and speak to the doctor on call to schedule an IUI for the next day. In order to avoid delays on the weekends, specimens should be obtained at home and brought in at the appointment time unless you are unable to get to the office within 45 minutes.

15. Should I expect pain or other complications after an IUI?
Complications related to an IUI procedure are very rare. Occasionally, patients may experience mild to moderate uterine cramps as the catheter is passed through the cervix into their uterus. Cramps usually last 10 to 15 minutes. Infection rarely occurs (its incidence is less than 1%). Occasionally, patients may have some light spotting afterward, but this is not an indication of a complication or a problem.

16. What will happen if during my cycle the doctor sees that there are too many follicles growing?
If you have too many follicles growing, your doctor may suggest converting to an IVF cycle and undergoing oocyte retrieval and embryo transfer instead of IUI. Another suggestion may be to have a follicle reduction procedure prior to IUI, to reduce the risk of multiple pregnancy. If neither of these options is feasible, the cycle may be cancelled, and you would be advised to avoid intercourse until after ovulation.

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17. Do I have to come to the office to receive injections of gonadotropins and HCG?
No. These medications will be prescribed to you, and you will administer them at home. We do not stock medications in the office.

18. Can my husband and I have intercourse during an IUI cycle?
Yes, although it is best to abstain from coitus for 2-3 days prior to an anticipated IUI to "build up" the male partner's sperm count and volume. However, no more than 5 days of abstinence is preferred. Therefore, attempting to time intercourse every other day for a few days leading up to anticipated ovulation is usually adequate. In patients at risk for growing too many follicles it may be wise to avoid intercourse until we are sure that the risk of an excessive response has been eliminated.

19. My husband travels frequently. Can we store sperm for IUI use in case he is out of town when I ovulate?
Yes. If travel is an issue, sometimes semen specimens can be provided ahead of time and cryopreserved for future use. Cryopreservation of sperm needs to be scheduled with our lab director.

20. Should I do 2 IUIs in a cycle?
In general, one well-timed IUI is as good as two, and no advantage is obtained by performing a second IUI, providing ovulation was well monitored. However, in patients who are undergoing IUI with less intense monitoring of ovulation, two IUIs may be a better option.

21. I am supposed to call when I get a positive on my OPK, but these never seem to work for me. What should I do?
Patients who do not routinely receive positive results with at-home OPKs should undergo careful monitoring of follicular development via ultrasound and blood hormone levels, beginning around cycle day 11 or 12.

22. If I have failed to conceive after 3-6 cycles with oral medications and IUI, what are my options?
At that time, your doctor may suggest moving on to more aggressive treatments, which include laparoscopic surgery, injectable fertility medications, and both Natural Cycle IVF and traditional IVF.

23. How many cycles of OI/IUI should I do?
For most couples undergoing treatment with IUI either alone or with fertility drugs, the best chances for success usually occur within the first four treatment cycles. After that, the likelihood for pregnancy decreases. If 4-6 OI/IUI cycles have been unsuccessful, your doctor may suggest proceeding with other, more aggressive treatments, including laparoscopic surgery and/or both Natural Cycle IVF and traditional IVF.

24. How do I decide between surgery and IVF if my IUI cycles are not successful?
The decision to perform surgery before or instead of proceeding with IVF is largely dependent on patients' symptoms and a couple's view of IVF. If you have symptoms of underlying pelvic disease like endometriosis or adhesions, surgical management may increase your quality of life as well as your chances of conception. If you do not have symptoms and there are no signs of disease on ultrasound, IVF may be the best option.

25. Where can I learn more?
You can find patient education and information materials from the American Society for Reproductive Medicine at www.reproductivefacts.org