

A photograph of a woman with long, wavy, reddish-brown hair, smiling warmly. She is holding a single, bright green apple with both hands in front of her chest. The background is softly blurred, showing her shoulders and upper torso. A semi-transparent red banner is overlaid on the right side of the image, containing the text 'INTRAUTERINE INSEMINATION' in white, uppercase letters.

# INTRAUTERINE INSEMINATION

# Imprint

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By Victory A.R.T. Laboratory Phils, Inc.

This eBook was created by <http://www.ivfvictoryphilippines.com/> in hopes of helping bring into light infertility questions and bring solutions for many couples and / individuals having a hard time conceiving.

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**Victory A.R.T. Laboratory Phils, Inc.** is part of the Hong Kong based Victory Group of A.R.T. Laboratories and is the pioneer IVF laboratory here in the Philippines. Established in and spearheaded by **Dr. Gregorio Pastorfide**, a re-knowned and internationally acclaimed OB-GYN, Victory continues to assist and provide infertility solutions using state-of-the-art equipment and an ever-growing and adapting medical team.

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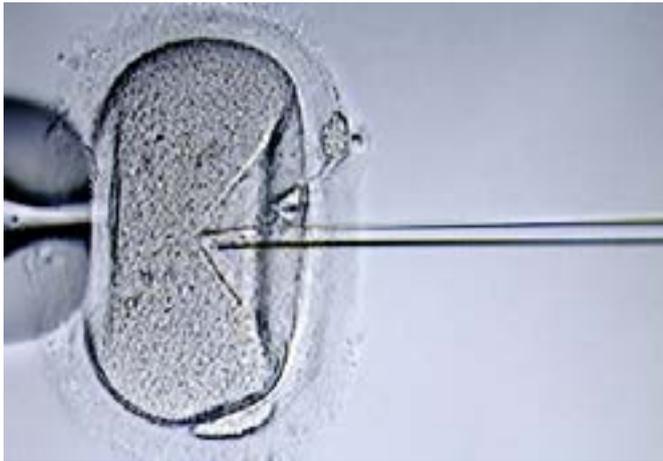
We thank you everyone who visited our website for information regarding IVF. We have come a long way in providing articles to hopefully aid and support everyone thinking of undergoing the process.

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# Intrauterine Insemination (IUI)



Intrauterine insemination, or IUI, is a procedure in which a man's sperm is placed directly into woman's uterus. The woman's eggs and ovaries are not affected or manipulated in this process. The goal of IUI is to facilitate fertilization by increasing the number of sperm that can reach the fallopian tubes, therefore increasing the chance of fertilization and subsequent pregnancy.

Couples who have struggled unsuccessfully for at least one year to get pregnant elect to undergo intrauterine insemination due to a variety of health conditions. These conditions are often low sperm count, decreased sperm mobility, abnormally thick cervical mucus, cervical scar tissue that inhibits the normal passage of sperm into the uterus, and ejaculation dysfunction. These conditions prevent sperm from reaching their destination.

For whatever reason, sperm are unable to ascend up the female reproductive tract, or are simply not built to survive the journey. Simply put, IUI gives sperm cells a head start.

It is important to note that IUI does not facilitate fertilization or the events that take place at that point,

such as the acrosomal reaction and the act of penetrating the egg. Thus, it may be important to determine whether the donor sperm are somehow otherwise impaired. This can be done during a semen analysis or sperm morphology examination.

Intrauterine insemination is a fairly simple procedure. The female partner is given medications to stimulate egg production, and insemination is timed to occur simultaneously with ovulation. The male partner provides a semen sample, which is submitted after two to five days of abstinence from ejaculation.

The sample is washed to separate sperm from seminal fluid. Then a catheter is placed intravaginally, through the cervix and into the uterus, and sperm cells are injected directly into the uterus. This procedure takes very little time and involves very little discomfort. Moreover, the risks for complications are also minimal.

After undergoing intrauterine insemination, the couple should be on alert for signs and symptoms of pregnancy, such as a missed period, headaches, breast tenderness or mastitis, and nausea. Other symptoms include spotting, fatigue and lower back pain. These signs and symptoms may be observed

An advertisement graphic with a light gray background and a white border. It features a small icon of a microscope in the top right corner. The text reads: "Want to experience our personalized care? We offer **FREE** consultation with our Embryologist." Below this text are two blue buttons: "Click here" and "CALL 8842290 - 92". The word "OR" is placed between the two buttons. A small icon of a telephone keypad is located at the bottom left of the graphic.

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within a week of conception, but they may also begin to happen a few weeks later.

The success rates for IUI has been seen to be variable, often due to factors such as the health of the

man's sperm, as well as the health of the woman trying to get pregnant. Women under age 35 can expect a higher success rates than their older counterparts.

## How to Know You Are a Good Candidate for IUI

Intrauterine insemination is an assisted reproductive treatment that has helped millions of infertile couples worldwide achieve pregnancy and have healthy babies. During the procedure, the reproductive fertility specialist injects healthy, viable sperm directly into the female's uterus.

Intrauterine insemination is an attractive option for many couples because it is cost effective and less invasive than other methods of fertility treatment. Although fertility medications and hormones are not always required with IUI, your specialist may advise you to begin treatment with clomid (clomiphene citrate), gonadotropins, or other fertility pills before starting an IUI cycle.

If you have been experiencing difficulty getting pregnant, are using donor sperm to conceive, intrauterine insemination may be a viable choice as a treatment option.

The procedure begins when the male provides a sample of his sperm to an andrology lab, where the sperm is washed, processed, and centrifuged, allowing only the healthiest, most mobile, and most viable sperm access to fertilize the egg.

At the same time, the fertility specialist will then carefully monitor your menstrual cycle as it approaches ovulation, in order to perfectly gauge when to start



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the procedure of injecting the washed sperm into your uterus. This highly coordinated process of preparing the sperm, timing insemination accurately, and directly depositing sperm into the uterus aims to maximize your chances of conceiving.

Your fertility specialist will have to make sure that you are a good candidate for the procedure before you begin. This requires that your fallopian tubes are patent (open), and not blocked. Blockage may occur as a result of post-operative adhesions, previous infections, or congenital defects.

Fallopian tube patency is essential for a successful pregnancy to occur with IUI. The specialist may also conduct a hysterosalpingogram (HSG), which is used to determine whether there are any blockages in your tubes that might prevent your eggs from passing from the fallopian tubes into the uterus.

Your doctor will also determine whether you have adequate ovarian reserve. If you have enough healthy follicles and eggs in your ovaries and your hormone

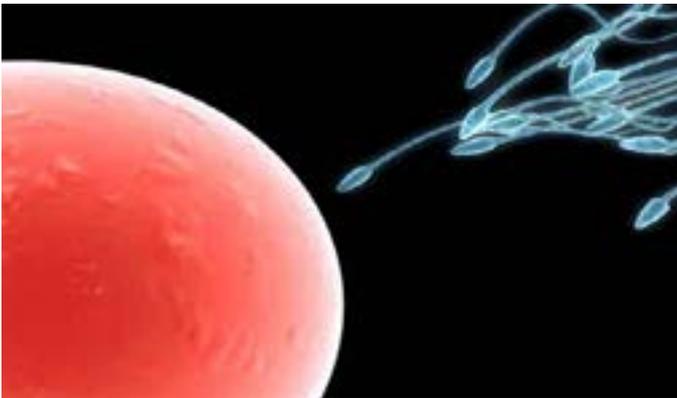
levels are within a typical, healthy range, then you may be a good candidate for intrauterine insemination.

If you have healthy fallopian tubes and ovaries, yet you are found to have problems with your cervical mucus, you may be a good candidate for IUI. Since the procedure allows are able to bypass the cervix and directly enter into the uterus, cervical mucus issues are no longer a factor.

Your partner may also benefit from IUI. If he has a low sperm count, poor sperm quality, or inadequate sperm motility, the sperm washing procedure increases the chances of conception.

It is important to consider that there are a few subgroups of women who are not good candidates for IUI. Women with severe endometriosis or poor ovarian reserve are unlikely to benefit from the procedure at all. Additionally, the success of the procedure decreases with age, and many clinics will use age 40 as a cutoff for IUI.

## How Sperm Are Prepared For IUI



Sperm washing is the laboratory process that is used to separate sperm from semen to be used in infertility treatments such as intrauterine insemination (IUI) and in-vitro fertilization (IVF). The goal of sperm washing is to separate healthy, motile sperm cells from less viable sperm cells.

Once the sperm have been adequately prepared for intrauterine insemination, healthy sperm are injected directly into a woman's uterus to increase the likeli-

An advertisement graphic with a white background and a drop shadow. It features a paperclip icon at the top right, a microscope icon, and a calculator icon. The text reads: "Want to experience our personalized care? We offer FREE consultation with our Embryologist." Below this is a blue button with "Click here" and the word "OR" to its right. At the bottom is a blue button with "CALL 8842290 - 92".

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hood of fertilization. It is important to note that semen is not directly injected into a woman's uterus because it is not hygienic, and may lead to infection, uterine contractions, or other complications.

A semen sample is collected via ejaculation into a sterile cup, or through the use of a collection condom. It is very important that the semen sample reaches the lab within thirty minutes after ejaculation, so if the sample must be collected in a private setting, it must be nearby. Fertility clinics themselves are usually equipped to facilitate the collection of the sample in-house, ensuring that the sample can be processed in time.

Two laboratory techniques commonly used to process sperm include the "swim-up" layering method and the "Density Gradient Separation" method. The "swim-up" or "sperm-rise" method uses a layering technique, using special culture medium forming a layer over a small amount of semen in a test tube. As the name implies, high-quality sperm are able to "swim up" into the culture medium.

After 30-90 minutes this sperm-rich medium is then centrifuged. This entire process may be repeated to allow more sperm to enter the culture medium. After the final wash, the sperm cells are ready for the IUI procedure.

In Density Gradient Separation, the recovery of healthy sperm is greatly improved, and is especially useful for sperm samples of poor quality. Using a dense liquid solution, the lighter immotile sperm and debris separate from the motile sperm, which sink to the bottom of the test tube.

The process of sperm washing can take as little as 30 minutes, up to two hours, depending on the washing technique. Insemination is performed via IUI or IVF as soon as the sample has been processed. During IUI, after sperm washing, the sperm concentrate is

injected through the cervix into the uterus by means of a thin, flexible catheter.

The process takes only a few minutes. Women may experience mild, temporary cramping during the process. Although they can resume their regular activities the same day, women should be aware that there is a small risk of infection from intrauterine injection. If symptoms such as fever, chills, pelvic pain or abdominal pain occur, they should contact their physician immediately.

For IUI to be successful, a sperm count of over one million washed sperm is necessary. A sperm count less than 5-10 million after washing renders pregnancy rates that are significantly lower. If the washed count is over 20-30 million, success rates are greatly improved, but above 50 million, there is no significant advantage.



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# Do's and Don't after IUI



Intrauterine insemination is a common procedure as- sistive reproductive therapy that is used to facilitate conception in couples having difficulty getting preg- nant. By far, this is the artificial insemination meth- od used most often, as compared to intracervical insemination, intratubal insemination, and intrafol- licular insemination. By passing a catheter through the cervix, sperm are introduced into the uterus. The procedure is both very brief as well as relatively painless. In the Philippines, IUI is quite common.

After the procedure, you may have several questions about what you can and cannot do. Just in case your doctor doesn't cover everything, here is a brief sum- mary on some do's and don'ts.

- Do feel free to walk around and keep mobile as you please. The cervix closes spontaneously after the procedure. This helps to ensure that the sperm remains where it has been deposited. Your doctor may encourage you to lie down and rest right after the procedure, which is also beneficial for your com- fort.

- You can resume your regular daily activities as soon as you feel comfortable doing so. This includes work, chores, errands, and exercise that you would normally do. If you choose to rest for a few days, that would also be appropriate, as it would not have any adverse effects on the procedure.

- If there was any bleeding during the IUI proce- dure, you should wait 48 hours before having sex. Otherwise, there is no reason not to.

- Avoid taking any non-steroidal anti-inflammatory drugs, such as ibuprofen for any pain, cramping or other uncomfortable symptoms. Instead, acetami- nophen is a more acceptable pain medication.

- It would be a good idea to wait at least 48 hours before swimming. Although there has been no evi- dence showing swimming or bathing to interfere with IUI, it would be safer to err on the side of caution.

- If you are currently using any medications admin- istered via the suppository route, you should ask a fertility physician whether swimming would interfere or otherwise prevent these medications from achiev- ing their desired effect.



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•Although you may be nervous about the results, do not take a pregnancy test right away. Instead, wait one or two weeks, since implantation may take up to 12 days after ovulation to occur.

•Do manage expectations. A success rate anywhere between 15 and 20% is associated with IUI, and is heavily dependent on sperm count. Sperm samples with a low count are associated with a decreased success rate, whereas a larger count can be associated with a success rate of up to 30%.

Patients for whom IUI has not proven successful may consider in-vitro fertilization as an alternative, or the next step up in treatment. As a more aggressive means of therapy, IVF success does not rely on natural conditions; instead, more variables are controlled to ensure that conception and the development of an embryo occurs.

## Facts about IUI Side Effects: What You Need to Know



Intrauterine insemination (IUI) is a common assistive reproductive therapy modality that is used to facilitate pregnancy. In the Philippines, IUI is a popular means of insemination performed when attempts using natural methods do not yield successful results.

As with any medical procedure, there may be associated side effects with this form of treatment. Many women experience slight pain during the procedure, and some may even experience mild cramping. However, as compared to other forms of therapy, the procedure is relatively painless, and more serious side effects, such as severe pain, iatrogenic injury and infections are quite rare.

When side effects do occur in the context of intrauterine insemination, they are usually caused by medications administered to induce fertility. These drugs are the hormones that stimulate follicular maturation and ovulation, as well as maintaining and facilitating the pregnancy to carry to term.

At the start of an IUI cycle, fertility drugs are usually prescribed to increase the chances of conception. These medications include follicle-stimulating hormone, luteinizing hormone, and chorionic gonadotropin alfa. These are all administered via injection and may be given during days 1-11 of the follicular phase of the patient's menstrual cycle. After ovula-

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tion, progesterone may be given to maintain pregnancy until the placenta has developed the ability to produce its own progesterone.

Since these hormones are given through exogenous (i.e. outside the body) sources, they may cause several side effects, which may include the following:

- Pain at the injection site
- hot flashes
- nausea,
- headaches
- mastitis
- visual disturbances
- depression
- mood swings
- pelvic discomfort
- bloating
- swollen, painful ovaries, or ovarian cysts

These side effects are usually mild, and often disappear upon cessation of taking the medication. Of

course, it is important to notify your doctor if you develop any symptoms during the course of treatment.

The risk of multiple gestation in other words twins, triplets or multiples of a higher order is associated with IUI, and is fairly small, ranging from 10% to 30%. This is a side effect of fertility medications, and not the procedure proper. Multiple pregnancies are usually considered good news, or an unintended yet welcome surprise for couples struggling to get pregnant.

It would seem that in the Philippines infertility rates would decrease as a result of this phenomenon. However, multiple pregnancies come with risks, such as birth complications, preterm delivery, low birth weight, developmental problems, and preeclampsia. It is important to discuss the risk of multiple pregnancy with your doctor when you first consult for IUI treatment.

## Artificial Insemination For Infertility



Artificial insemination is a process that is designed to help remedy certain types of infertility issues for both males and females. In this technique, male sperm is directly put in the uterus, fallopian tubes, or cervix of the female. The chances of getting pregnant increases with this procedure since the sperm will have longer shelf life and meet a fertilized egg.

This alternate method of conceiving a child is an innovation since no medical procedure like it has been done before. The most widely applied method of artificial insemination is known as Interuterine insemination (IUI). In this process, the male sperm is put in the uterus of the female.

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Women who go through the technique of artificial insemination may often experience the same success/failure rate as other advanced procedures, but this method has a major advantage. This medical operation is simple to perform, and leaves the patient with minimal side effects. This key factor will influence any physician to recommend this course of action as primary medication for infertility.

Undergoing artificial insemination, IVF or any other infertility treatment can be physically tiring especially for women. Before undergoing any fertility procedure, be sure that you are both physically and emotionally-ready. Understanding the procedure, its risks and success rates will help you prepare for this long yet rewarding journey of having a baby.

### Types of Infertility Problems It Can Treat

The good news is that artificial insemination can be applied to many forms of fertility issues. It is perfect for men who can't produce enough sperm, or men with weak sperm. Women can also choose to apply this medical procedure if they have reproductive organ defects or endometriosis, a medical ailment that refers to abnormal growth of tissue around the exterior of the uterus.

Women can also undergo artificial insemination if they have unreceptive cervical mucus, a condition wherein the mucus around the cervix kills sperm, and keep them from entering the uterus or the fallopian tubes. Artificial insemination can effectively solve this type of infertility problem.

#### What To Expect

The patient undergoes blood tests, ultrasound, and ovulation kits during an artificial insemination process. Once the patient produces eggs, the husband is requested to provide a sperm sample.

Once the process starts, a 45-minute wait is required to determine whether the sperm was able to meet the egg. In some cases, the patient may be advised to drink Clomid or other fertility drugs to increase the chances of pregnancy.

#### How To Prepare



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- \* Female Infertility Tests
- \* Male Infertility Test
- \* IUI (Intrauterine Insemination)
- \* IntraCytoplasmic Sperm Injection (ICSI)
- \* In Vitro Fertilization(IVF)
- \* Cryopreservation
- \* Frozen Embryo Transfer
- \* Blastocyst Transfer and Culture
- \* Testicular Sperm Extraction/Aspirate (TESA)
- \* Assisted Hatching



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