

Information about

Ovulation Induction (OI) and Intra Uterine Insemination (IUI)



Assisted Conception Service

Queen Elizabeth Building

Glasgow Royal Infirmary

16 Alexandra Parade

Glasgow G31 2ER

Telephone: 0141 211 0505

This leaflet will give you more information about Ovulation Induction and Intra Uterine Insemination.

Before explaining Ovulation Induction and Intra Uterine Insemination, it is useful to explain the natural fertilisation process (getting pregnant).

Each month an egg (oocyte) is released from the ovary and passes down the fallopian tube towards the womb (uterus). Sperm released into the vagina during intercourse swims towards the egg and combines with it. This is fertilisation. This fertilised egg (an embryo) then begins its journey towards the uterus and approximately 5 days later becomes embedded in the thick lining of the uterus. This is called implantation and is the first stage of pregnancy.

What is Ovulation Induction (OI)?

OI involves the stimulation of egg production in the ovaries using drugs and the release of those eggs inside the body.

What is Intra Uterine Insemination (IUI)?

IUI involves placing your partner's sperm into the uterus using a fine catheter (or tube).

Assessment and Tests Required

During your first appointment at the Assisted Conception Service (ACS) we will discuss:

- your infertility investigation results
- what assisted conception treatment involves
- the welfare of a child that may be born as the result of treatment and the impact that child may have on the family group

Before treatment can begin, we need to take samples from the female partner for the following tests:

- Rubella (German measles) (blood sample)
- Full blood count (blood sample)
- A cervical smear test (unless one has been done within the previous 3 years)
- High vaginal swab
- Chlamydia (vaginal swab)

We will also test both partners for HIV, Hepatitis B and Hepatitis C testing (blood samples).

You may need other tests to help us decide the best treatment for you.

Counselling

We offer counselling to each individual and couple attending this service. This can help you through the investigations and treatments. You can make an appointment for our Counsellor by telephoning **0141 211 4218 or 4478** or a doctor or nurse at ACS can arrange an appointment for you.

The counselling is confidential and independent of the service.

Most of the nurses working at ACS have counselling skills and can also provide support and information.

The Stages of Treatment

Ovulation Induction

Treatment involves the suppression (stopping) of your normal menstrual cycle ('down regulation'). We then stimulate your ovaries to produce more eggs than the one or two usually produced naturally each month.

To stop your normal menstrual cycle we give you an injection (or occasionally a nasal spray). We usually inject you on day 21 of your menstrual cycle. This may cause some menopausal type symptoms (for example, mild headache, hot flushes, mood swings).

Several days later you should have a menstrual period. You will then have a transvaginal ultrasound scan (to look at your ovaries) and we will also take a blood sample to test your hormone levels.

If all is well at this stage, we will give you a daily hormone injection to stimulate your ovaries. We can show you how to do these injections yourself.

We will monitor your response to these injections using regular transvaginal ultrasound scans and blood samples to test your hormone levels from time to time. This means a whole series of appointments being made for you to attend ACS.

Each woman's response to this treatment is different. Daily hormone injections are usually required for 8-10 days. Some people respond much more quickly while others can take up to 15 days. Depending on the results from the regular tests, we may change the dose of drug in your treatment to help stimulate your ovaries.

Unfortunately, some women may not respond to this treatment. In this case we will stop the treatment and review your case. We will give you a clinic appointment to discuss your options.

In other cases, too many eggs may be present in which case the treatment is stopped. This is to reduce the chance of multiple births as they can lead to a higher risk of complications during pregnancy, such as raised blood pressure, and an increased risk of miscarriage. Multiple births can also increase the risk of premature birth, low birth weight or still birth. The chances

of illness, disability and death are increased for multiple births, because the babies are premature. Also, the social, psychological, physical and financial pressures of a multiple birth can be overwhelming. In these cases, you will be given a clinic appointment to discuss your options.

Once an adequate number of follicles (fluid filled sacs some of which contain eggs) are present in your ovaries, we will give you one final hormone injection called the 'hCG booster'. This helps mature the eggs in your follicles. You will be given this booster 38 hours before having your insemination. Please note that the timing of this injection is **critical** and it must be done at the exact time specified to you by the ACS staff.

Intra Uterine Insemination

Sperm Sample (for men)

On the day of your partner's Intra Uterine Insemination you will need to produce a fresh sperm sample. Do not have sex or ejaculate for 3-5 days before your appointment. We will show you into a private room to produce your sperm sample. Staff will check and prepare the fresh sample before being transferred into your partner's uterus.

The Procedure (for women)

We will take you to a nearby operating theatre. The procedure itself is quite straightforward. It will feel similar to having a cervical smear test, and you do not usually have to be sedated or anaesthetised. A specially designed tube (called a catheter) is used to deposit the sperm into your uterus. It would be helpful if you did not empty your bladder before the procedure.

After your intra uterine insemination you will require hormone treatment to help thicken the lining of your uterus. This is delivered in the form of vaginal pessaries. One pessary should be inserted in the morning and one at night for the next 12 days.

Test Results (Treatment Outcome)

We will give you an appointment at ACS to provide a blood sample so that we can perform a pregnancy test. We will usually contact you (on the telephone number you provided) with the result of your test in the afternoon of the day that your sample was taken. Feel free to ask any questions you may have about your treatment outcome at that time.

Possible Side Effects from Drug Therapy used in Treatment

The drugs used during the 'down regulation' phase may cause hot flushes, headaches, mood swings and vaginal dryness. These symptoms should pass.

We carefully and regularly monitor you when drugs are used to stimulate your ovaries. However, in a small number of cases there may be side effects.

Side Effects

In mild cases, the ovaries become slightly enlarged which might cause some abdominal cramps. You can:

- discuss this at your next clinic appointment
- Contact ACS on **0141 211 0505** (Monday - Thursday 7:45am - 7:00pm; Friday 7:45am - 3:00pm; Saturday 8:00am - 3:00pm and Sunday 8:00am - 11:00am).
If you need to contact someone outside normal working hours, phone Glasgow Royal Infirmary switchboard on **0141 211 4000** and ask for the Gynaecology Doctor on call.

In severe cases, the ovaries become much enlarged and fluid gathers in the abdominal cavity causing discomfort or pain. Very rarely, there can be vomiting, diarrhoea, abdominal swelling and breathlessness. There may be a feeling of weakness and fainting, and you may not pass much urine. These rare complications require immediate attention and you or your doctor should:

- Contact ACS on **0141 211 0505** immediately to discuss what to do next. Out with normal working hours phone Glasgow Royal Infirmary switchboard on **0141 211 4000** and ask for the Gynaecology Doctor on call.

We may need to admit you to hospital for observation and treatment. In which case we would strongly advise you are referred back to ACS rather than a local hospital.

Research Programmes at Assisted Conception Services

ACS regularly takes part in research projects, which we hope will lead to improved infertility treatment methods. When you attend the clinic for a consultation, you will be given information relating to our current research projects and invited to take part. You are **not** under any obligation to participate.

Suggestions and Complaints Procedure

We are constantly striving to improve the quality of our service to you and value your opinions about how we could do that. Your comments and suggestions can be delivered in one of several ways:

- While you are at the clinic itself, ask to speak to Senior Charge Nurse Traynor, Doctor Lyall, Doctor Vani or Professor Nelson
- Write to the above at Assisted Conception Service, Queen Elizabeth Building, Glasgow Royal Infirmary, 16 Alexandra Parade, Glasgow, G31 2ER
- While you are at the clinic, ask for a suggestion sheet, fill it in and put it into the suggestions box located in the waiting room.