



### What Is OI IUI?

Ovulation Induction (OI) with Intra-Uterine Insemination (IUI) is a fertility treatment that supports the development of one or two mature follicles and places prepared motile sperm directly into the uterus around the time of ovulation.

### OI IUI is commonly used for:

- Ovulation disorders (e.g. irregular or absent ovulation)
- Mild male factor infertility
- Endometriosis
- Unexplained infertility
- Same-sex couples and single patients using donor sperm
- Couples wishing a less invasive option prior to IVF

### Workup and Planning

Your fertility journey begins with a consultation with one of our specialists. Most patients will complete a structured fertility assessment, including:

- Pelvic ultrasound
- Ovarian reserve testing (AMH and/or AFC)
- Semen analysis
- Baseline blood tests including hormone panels and genetic screening
- Hysteroscopy and Micro-laparoscopy (if indicated)

Once your assessment is complete, your doctor will formulate an individualised treatment plan based on your situation and reproductive goals. Depending on the cause of your fertility issues, your doctor may advise OI IUI.

If OI IUI is advised, you will attend an **information session** to:

- Review the IUI process, cycle timeline and expectations
- Discuss success rates, risks and alternative treatments
- Discuss the consent process
- And go through pricing and financial options

### Pre-Cycle Appointment

Before your cycle begins, you will attend an appointment to review your treatment plan, collect medication scripts and instructions and undergo a precycle ultrasound to ensure it is safe to start.

Please ensure you are taking a prenatal supplement containing adequate iodine and folate.

# COASTAL IVF

## OVULATION INDUCTION & INTRAUTERINE INSEMINATION



### 1. Starting Your OI IUI Cycle

- a. Your cycle may start with your natural menstrual cycle (day 1 of your period), after stopping the pill or following GNRH therapy (e.g. in the setting of treating endometriosis).

### 2. Ovarian Stimulation

- a. Follicle development and subsequent ovulation may occur naturally or be supported by using medications. These include Letrozole, Clomiphene Citrate ('Clomid') or low-dose FSH injections.
- b. The goal is to develop one dominant follicle (occasionally two) at the time of ovulation.

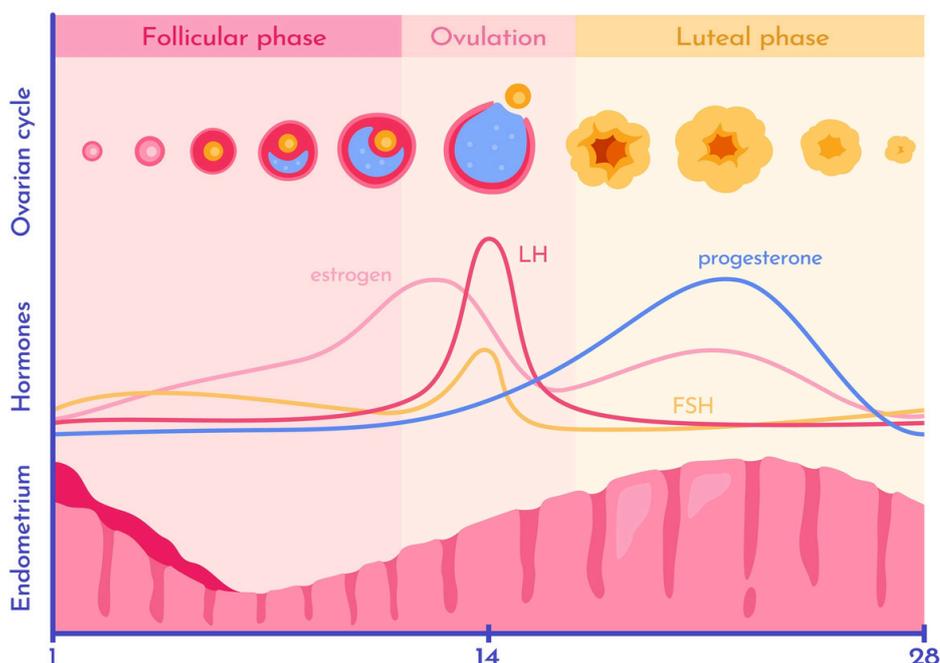
### 3. Monitoring

- a. Typically begins around day 10-12 of your cycle and may include:
  - i. **Ultrasounds** - to track follicular growth
  - ii. **Blood tests** - to measure your hormone levels



### 4. Detecting or Triggering Ovulation

- a. Once the lining and follicle size are suitable, ovulation may occur naturally or via a trigger injection (hCG).
  - i. **Natural Ovulation** - We track for a spontaneous LH surge using blood tests and/or urine ovulation kits.
  - ii. **Triggered Ovulation** - A hCG injection triggers ovulation to occur around 36-40 hours later.
- b. Your IUI will be scheduled either the day before or day of ovulation.





### 5. Sperm Sample

#### a. Preparation:

- i. In the days leading up to your IUI, we advise **ejaculating roughly every 1–3 days**. This helps maintain fresh sperm and reduces DNA fragmentation, which may improve overall sperm quality.
- ii. You may have regular unprotected intercourse throughout the cycle unless otherwise advised.
- iii. Please **ensure at least 24 hours of abstinence prior to producing the sample** for your IUI to allow an adequate number of sperm to accumulate.

#### b. Producing the Sample:

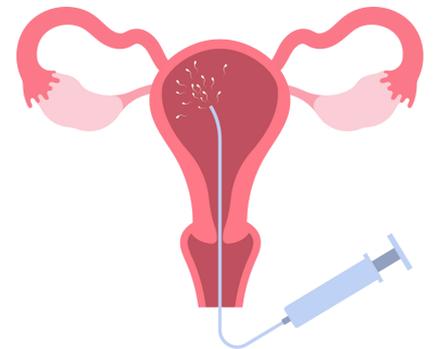
- i. You may produce the sample at home, but it must be **delivered to our laboratory within 1 hour**.
- ii. Alternatively, you may produce the sample onsite in our private collection room (please notify our team ahead of time so we can arrange this).
- iii. Please **bring photo identification** (e.g. driver's licence) with you when submitting the sample.

#### c. Laboratory Preparation:

- i. The laboratory will first analyse the sample (including concentration and motility).
- ii. It will then be washed and prepared to concentrate the healthiest motile sperm for IUI.

### 6. Intra-uterine insemination (IUI)

- a. IUI is a quick, low-risk outpatient procedure.
- b. It involves inserting a speculum (similar to a cervical screening test), and placing a thin, soft catheter into the uterine cavity. The prepared sperm is then gently placed into the uterus.
- c. You can resume all normal activity immediately afterwards. And you may experience some mild cramping and spotting.



### 7. Follow Up

#### a. Mid-luteal progesterone

- i. Around **7 days after ovulation**, a blood test will confirm ovulation has occurred, that progesterone level was adequate and guide further treatment modification.

#### b. Review and Pregnancy Test

- i. A follow up is scheduled **2 weeks after your IUI** to check a urine pregnancy test.
- ii. **If positive:** A pregnancy scan will be scheduled ~3 weeks later (7 weeks gestation)
- iii. **If negative:** We will recap the cycle, discuss what worked well, consider modifications to future treatment and options moving forward (repeat OI IUI, IVF, break, further testing/treatment)

# COASTAL IVF

## OVULATION INDUCTION & INTRAUTERINE INSEMINATION



### Success Rates

- Success rates depend on several factors, including age, cause/s for infertility, and the quality of the sperm used.
- On average, success rates range from **10% to 20% per cycle**, with younger women generally experiencing higher success rates compared to older women.
- The cumulative success rate for OI IUI is generally good but **often takes 3-6 cycles** to achieve a pregnancy.

### Risks:

OI and IUI is generally considered a very safe, low-risk fertility treatment. Potential risks include:

- **Cycle cancellation (~10% of cycles)**
  - **Over response:** If you develop multiple dominant follicles (usually 3 or more) we will advise cancelling your cycle and avoiding unprotected intercourse. This is to avoid high risk multiple pregnancies such as triplets. Sometimes it may be feasible to convert to IVF and undergo an egg collection.
  - **Under response:** If you do not develop a dominant follicle, your clinician will cancel your cycle and discuss future options. This may include increasing your stimulation in subsequent cycles, progressing to IVF, taking a break or undergoing further testing and/or treatments.
- Multiple pregnancy (~5% risk) - usually only if multiple dominant follicles develop.
- Ovarian hyperstimulation syndrome (very rare) - if FSH injections are used, but even then the risk is minimal.
- Side effects of the medications - common ones include headache.

### Contact Information:

- (0800-1600 Mon-Fri) Coastal IVF - (07) 5443 4301 or email ([reception@coastalivf.com.au](mailto:reception@coastalivf.com.au))
- (After-hours) Contact your doctor or Buderim Private Hospital Maternity Unit - (07) 5430 3100
- (Emergencies or Urgent Concerns) Call 000 or Buderim Hospital Emergency Department - (07) 5452 0599