



Artificial Insemination using Husband's Sperm (AIH): Information for Patients



This information brochure has been designed to give you a basic outline of the Artificial Insemination using husbands/partners semen (AIH) program and to answer some of the questions commonly asked by couples going through this procedure. Before you decide to commence this treatment, we would like to explain each step to you and your partner.

What is AIH?

AIH can also be referred to as Intrauterine Insemination (IUI). AIH is a simple medical procedure in which the partner's sperm is inseminated into the woman's uterus. It is offered to infertile couples when:

- a) the husband is unable to deposit sperm near the cervix,
- b) sperm may not be able to move through the cervix,
- c) the couple have unexplained infertility,

AIH is not used when there is a decreased number of sperm or decreased sperm motility. However, it may be useful when apparently normal sperm are unable to move through the cervix. AIH is not offered as a 'convenience' to couples who have emotional or psychological problems which prevent normal sexual intercourse.

How is AIH performed?

1. Timing

One insemination is performed around the time the egg is released from the ovary (ovulation) in a woman's cycle. Ovulation is determined by measuring hormone levels in the blood. Blood tests are commenced two days before the expected time of ovulation to determine the best day to have your insemination. On the day of the procedure the couple will be given appointment times for the semen preparation and a separate appointment for the insemination.

2. Semen collection

On the morning of insemination, the male partner will be required to produce a semen sample by masturbation. Your partner will be given a specific time to either collect his semen at home, or to collect it at the Andrology laboratory. This semen sample needs to be processed within 40 minutes of collection.

Please make sure your sample is clearly labelled with your name, date of birth and couple number, and initial the collection jar to confirm these details are correct before you give it to the scientists.

Semen samples should be kept at room temperature – please do not refrigerate! Semen collection instructions are on the back of the pink pathology request form.



The semen sample has to be prepared in the laboratory so that it is suitable for insertion into the uterus (womb). Only 'clean' motile sperm enter the uterus after normal intercourse, as the mucus in the cervix acts as a filter. For artificial insemination into the uterus, the semen sample must therefore be cleaned, filtered and concentrated in the laboratory prior to use.

The semen preparation takes about 40 minutes, the scientist will inform you when to collect the prepared insemination sample. You will be asked to take the sample to the Fertility Centre for the insemination.

3. Insemination

The insemination procedure is very simple and should be no more uncomfortable than a Pap smear. The procedure will be performed by one of the Fertility nurses. A speculum is used to part the vaginal walls so that the cervix (neck of the uterus) can be seen. A thin tube attached to a small syringe is used to gently inject the sperm into the uterus. You will be asked to remain lying down for 15-20 minutes following the insemination; then you may return to your normal daily activities.

In the first insemination cycle you will be asked to return for a blood test seven or eight days after the insemination. At this stage of your ovulation cycle the Progesterone level is at a peak level which indicates that ovulation has occurred, and that your body is providing enough of this hormone to support a pregnancy.

A period would be expected 12 – 16 days after insemination. If you do not get a period after 16 days you will be asked to come to WFC for a pregnancy test.

If you do not ovulate regularly, or if the blood tests done before the planned insemination show low hormone levels, you may be advised to have treatment to stimulate the ovary before AIH in the next cycle. The treatment could be either clomiphene tablets or injections of follicle stimulating hormones.

What are my chances of pregnancy?

When the only problem causing infertility in a couple is an inability of normal sperm to move through the cervix, there is up to a 50% chance of pregnancy occurring within four cycles of AIH treatment. This is similar to the chance of pregnancy occurring in a normal couple within this time. If either the husband or wife has any other problem that may influence fertility then chances of success will decrease. Other treatment such as medication may be added or the couple may be advised to try an alternative treatment, such as IVF. If a pregnancy has not been achieved after four cycles of AIH you will be asked to have a follow up appointment with your fertility specialist to discuss further options for treatment.



Support and counselling

The nursing, scientific and medical staff are available to answer any questions and discuss any problems which may arise before, during and after treatment. A qualified counsellor is also available on request in the Fertility Centre.

We encourage you to join the infertility support group 'ACCESS'. This gives you an opportunity to meet others with similar problems and to gain further knowledge about infertility treatments. The group produces a newsletter and holds meetings to discuss infertility related topics with guest speakers.

Commencing treatment

When you are ready to commence treatment you need to ring the Westmead Fertility Centre on day one of your menstrual cycle (period) to book your treatment cycle. On the first appointment you will be oriented to the Fertility Centre; asked to make your payment for the insemination cycle, and have a short interview with a member of the nursing staff to discuss the treatment cycle. Your blood will be collected to assess how close to ovulation you are – the number of blood tests varies from woman to woman, and even from cycle to cycle. This visit should last only about 30 minutes.

What are the costs of the program?

The out-of-pocket fee for AIH is outlined in the Cost of Treatment booklet. You will be asked to pay this fee to the secretary at the Fertility Centre **before** commencing an AIH cycle. The remainder of the cost is covered by Medicare and you will be asked to complete a Medicare claim form at the time of each insemination. This fee covers blood tests, ultrasound scans, (if required), semen preparation and the insemination procedure in an AIH cycle. There is a separate fee for the medical supervision of this treatment; an account for this planning and management will be sent to you after each cycle. This may be paid after making a Medicare claim.



Suggested reading:

If you would like to read further, here is a short list of books. They can be borrowed from the Westmead Fertility Centre library situated in our waiting room, or purchased from any good bookshop.

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| <p>Getting pregnant A Compassionate Resource To Overcoming Infertility
Robert Jansen
Allen & Unwin St Leonards NSW 1997</p> | <p>The Infertility Book: A Comprehensive Medical & Emotional Guide
Carla Harkness
Celestial Arts Publishing California 1992</p> |
| <p>The Infertility Handbook: A guide to making babies
Jacqueline Tomlins
Allen & Unwin St Leonards NSW 2003</p> | <p>The Child Within: surviving the Shattered Dreams of Motherhood
Linda Fisk
Hill of Content Publishing 2001</p> |
| <p>Why me: The Real-life Guide to Infertility
Loraine Brown
Simon & Schuster Roseville NSW 1998</p> | <p>Battles with the BABY GODS INFERTILITY: Stories of Hope
Amanda Hampson
Doubleday Moorebank NSW 1997</p> |
| <p>The Time In Between: Motherhood Grief
Jan Hill
Umpire Times Press 1991</p> | <p>Infertility All your questions answered.
Carl Wood and Gab Kovacs
Hill of Content Publishing 1996</p> |
| <p>When the Dream is Shattered
Judith & Michael Murray
Lutheran Publishing House 1988</p> | <p>Patient letters. Personal experiences of IVF
IVF Friends Inc. 1995</p> |
| <p>Healing the INFERTILE Family.
Gay Becker
Bantam 1990</p> | <p>IVF: In Vitro Fertilisation
Carl Wood & Robyn Riley
Hill of Content 1992 ISBN 0-855-72-212-6</p> |
| <p>Coping With Grief
Mal MsKissock and Dianne MsKissock
Sydney. Australian Broadcasting Corp. 1995</p> | <p>Surviving Infertility: Compassionate Guide Through the Emotional Crisis of Infertility
Linda Salzer</p> |
| <p>Baby Making: The Technology and Ethics
Susan Downie
The Bodley Head ISBN 0-370-31136-1</p> | <p>Loss of a Baby: Understanding Maternal Grief
Margaret Nichol
Bantam ISBN 0-947189-49-1</p> |
| <p>Getting Pregnant: A Guide for the Infertile
Derek Llewlyn-Jones
Melbourne. Ashwood House Medical. 1990</p> | <p>Endometriosis: An Enigma
Lorraine Smith
I and K Press Pty Ltd. 1989</p> |
| <p>The Long-Awaited Stork: A Guide To Parenting After Infertility
Ellen Sarasohn Glazer
Jossey-Bass Inc San Francisco 1998</p> | <p>When your womb is empty
Anita Henry-Peiris
AJ Publications WA 1998</p> |

ACCESS

Phone: 1800 888 896

Web address: www.access.org.au