

Insemination with partner's sperm

Patient Information

Insemination step by step:

1. Initial consultation with the doctor
2. Examination
3. Mild hormone stimulation
4. Ultrasound scan of the follicles
5. Ovulation test or ovulation induction
6. Insemination with partner's sperm
7. Pregnancy test

Intrauterine insemination with husband semen is used due to the following causes:

- Your infertility is caused by a moderate poor quality of semen
- Unexplained infertility
- Irregular menstruation
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The chances of pregnancy are approximately 15 percent per treatment.

The treatment fundamental initial investigations:

The doctor has to be sure that the ovulation takes place, the tubes are open and the uterus normal, thus the following items has to be examined:

Examinations

- That the woman is ovulating by herself or assisted by hormone treatment.
- The woman has a normal uterus and normal passage through the egg tubes. This can be examined through a water scan, a hysteroscopy (X-ray) or a laparoscopy. The water scan takes app. 10 minutes and is painless. The water scan can be carried out at Nordica. Hysteroscopy (HSG) is an X-ray examination. Laparoscopy is carried out under total anesthesia at a hospital.
- The woman has been examined for chlamydia, cell changes and rubella.
- You have received information regarding possible hereditary diseases.
- There must be at least two million highly activated sperm cells after preparation.



The illustration shows a normal functioning uterus, where there is passage through the tubes and the woman ovulates and the uterus is able to receive the fertilised egg.

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The treatment

Stimulation

The Copenhagen Fertility Center's procedure for insemination is aimed at inducing one single ovulation. Therefore we often administrated the following:

- Clomovid tablets (Clomid, Pergotime®). Take two tablets daily from day 3 to 7 of your cycle. Both days included.
- From day 8 to day 12 of your cycle, take one injection of Puregon®/Gonal F® daily. Both days included.

Both preparations stimulate the growth of the egg follicle. An ultrasound scan of the egg follicles determines the best time for insemination. Ovulation is induced with Ovitrelle® when the follicle exceeds a diameter of 18 mm. Insemination is undertaken on the next day, and repeated on the day after that, if necessary.

What to do - day by day

Day 1-3

One of the first days of your menstrual cycle you call us between 10am and 1pm and book an appointment for an ultrasound scan. The scan will take place on the thirteenth day of your cycle. Our telephone number is 3325 7000.

Day 3-7

From day three to day seven of your cycle (including both days), take two Clomivid tablets (Clomid®, Pergotime®).

Day 8-12

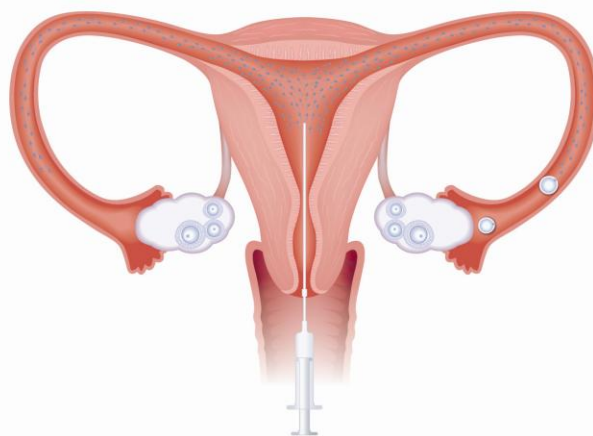
From the eight to the twelfth day of your cycle (including both days), take one ampoule of Puregon®/Gonal-f® daily.

Day 12-13

On the twelfth and thirteenth day you carry out an ovulation test, using morning urine. You will get this test from us.

If the test is **positive**, please call us at +45 3325 7000. You will be inseminated on the following day. If this test is positive, we will only carry out one insemination.

Insemination is performed with a thin plastic catheter through the vagina. The procedure is quick and in most cases you wont feel any thing.



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If the test is **negative**, you must make an appointment at the Copenhagen Fertility Centre for the thirteenth day of your cycle. You will be scanned. Provided the scan reveals at least one egg follicle exceeding 18 mm and not more than 3 egg follicles

Day 13

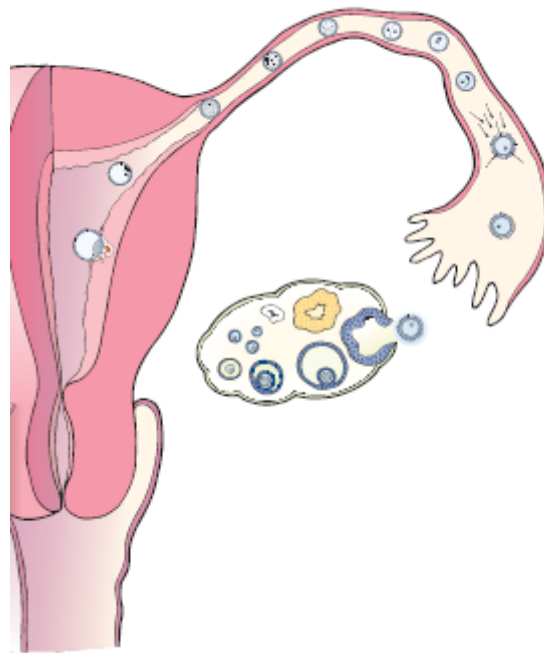
measuring 17 mm, you must inject Ovitrelle® to induce ovulation.

You will be inseminated twice: On the next day and the day after that. The second insemination will be carried out after your ovulation.

NB! It is important that your husband hand in the sperm sample at least one hour before the insemination!

Fertilisation and development of the embryo

The illustration shows the process from the ovulation, the fertilisation, the development of the embryo until the pregnancy takes place in the uterus where the embryo adheres to the inner wall of the uterus.



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Fertilisation can take place if sperm cells and eggs are present in the tubes at the same time. When the sperm cells meet the egg, the egg will be fertilised. Then the fertilised egg will move towards the uterus, where it will adhere to the inner wall of the uterus and become a pregnancy. During the time the fertilised egg is moving through the tube it develops from a one cell to a two cell and so forth.

The medication and possible side effects

Clomid (Clomid, Pergotime®) tabletter, 50 mg

Function: Stimulates the ovaries, resulting in larger and maturer eggs.

Dosage: Normally 2 tablets = 100 mg daily, taken 5 days from day 3-7 of the cycle. If you are over 37 years of age you take 3 tablets = 150 mg daily

Adverse effects: Transient hot flushes, nausea, blurred sight and headaches. The huge majority of women taking Clomid, however, have no adverse effects.

Price: App. 60 kr for 5 tablets. (Without subsidies).

Puregon® injektion 50 enheder

Function: Stimulates the ovaries, resulting in larger and maturer eggs.

Dosage: Day eight to twelve take one ampoule=50 units daily. The solution is injected subcutaneously in the lower abdomen.

Adverse effect: Local soreness in the area of injection. Risk of hyper-stimulation can occur at high dosages.

Price: App. 1.250 kr for 5 ampoules. (Without subsidies).

Ovitrelle® injektion 5000 enheder

Function: Matures the eggs in the final stages as well as causing ovulation.

Dosage: Normally 1 ampoule = 5000 units. Injected subcutaneously fx in the lower abdomen

Adverse effect: None of importance – except risk of hyper-stimulation if taken with other hormones.