

Donor Insemination (DI)

Donor Insemination (DI) with or without ovarian stimulation is a treatment often used for same sex couples, single women or patients with male factor infertility.

Preparation

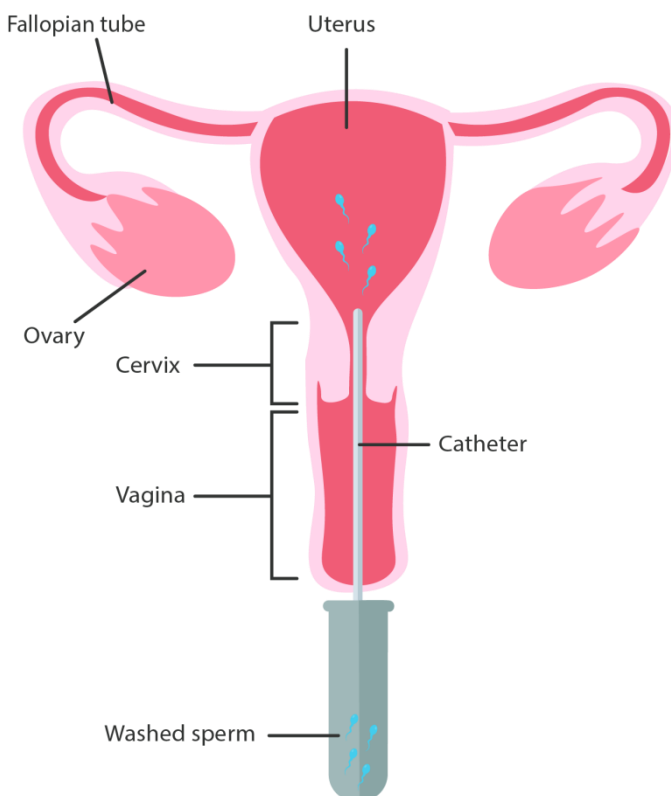
For a DI cycle, we will use blood tests throughout your menstrual cycle to determine the timing of ovulation. Ovulation is when an egg is released from the ovary. Usually, we use your natural cycle. Sometimes your doctor may recommend using medication (Clomiphene or Letrozole) to induce ovulation and/or promote development of 2 to 3 follicles. We might need to give you an ultrasound scan of your ovaries to see how many follicles are growing.

Insemination

At the time of ovulation, your frozen donor sperm will be thawed by the embryologists. This sample will be prepared in the lab before the insemination procedure. The motile sperm are put through the cervix into the uterus using a thin plastic catheter (see *picture 1*). We will take a blood test two weeks later to find out whether you are pregnant.

Success rate

The chance of pregnancy per cycle of DI is approximately 15%, but your age is the determining factor in this.



Clomiphene and Letrozole

Clomiphene and **Letrozole** are common drugs used in fertility treatment. These drugs promote follicle development and induce ovulation. Both are taken as tablets, once a day for five days from Day 2 of your menstrual cycle.

With any fertility drug, there is a risk of a multiple pregnancy occurring:

- With Clomiphene, the risk of twins is about 8% and the risk of triplets is about 0.3%.
- With Letrozole, the risk of twins is less than 5% and the risk of triplets very low.
- In natural conceptions, multiple births occur about 1.2% of the time.

To reduce this risk, it is especially important to have the monitoring blood tests during your cycle.

Side Effects

Side effects quickly improve soon after stopping therapy. It is important to let us know if you have any symptoms you are worried about.

	Clomiphene	Letrozole
More than 10% of women	Ovarian enlargement (abdominal pain and bloating) Hot flushes	Hot flushes and sweating Joint pain and fatigue
1 to 10% of women	Nausea and vomiting Visual symptoms Headache Breast discomfort	Nausea and vomiting Abdominal pain Headaches, dizziness Vaginal spotting
Less than 1% of women	Insomnia Nervousness	Insomnia Nervousness Blurred vision

There is no evidence that Clomiphene or Letrozole increases the risk of spontaneous miscarriage or causes any congenital abnormalities in children born as a result of this treatment.

Starting treatment

1 If you have decided that you would like to move ahead with DI treatment, please call so that we can arrange for you to sign consents and complete any outstanding tests that may be required. Please note, we can't book you on for treatment without them and some of these can take over a week

2 Phone or email the nurses on Day 1 of your period i.e. the first day of a full menstrual bleed. If you email, please include in the subject heading 'Day 1' and your NHI number. You may need to leave a message and your call will be returned as soon as a nurse is able to.

You will be told when to have your first blood test. You will need to have more than one blood test for us to follow your cycle and work out when ovulation is about to start. Blood tests are carried out at a LabTests facility. Check the back of blood test form for your nearest lab. These tests need to be done before 9.00am.

3 If you have been advised to take Clomiphene or Letrozole, start the tablets on Day 2 and take every day for 5 days. You will be told how many tablets to take each day.

4 On the afternoon of your first blood test you will be phoned with further instructions.

5 Depending on blood test results, you *may* need an ultrasound scan to give us a better idea of where you are in your cycle. We will do this at Fertility Plus. The scan is carried out vaginally so we won't need you to have a full bladder.

6 When blood tests show us that you are about to ovulate (i.e. there is a luteinising hormone (LH) surge in your blood), you will be given a time to come into the clinic to have the insemination.

7 Your frozen donor sperm sample is thawed and prepared about 2 hours before insemination.

Please note: Your Consent for DI **must** be signed by you and your partner prior to the embryologist thawing your frozen sperm.

Insemination



The semen sample is analysed and put through a washing process in order to harvest the good quality, fast moving sperm to be used for insemination.



For insemination, a speculum is placed in the vagina. The sperm is passed through the cervix into the uterus using a fine catheter. This is usually performed by a nurse. You may experience some discomfort but it should not be painful.



We take a blood test seven days after the insemination to check your **progesterone** level. This test is to confirm that you ovulated.



A pregnancy test is performed around two weeks later.

Note: The nursing phone lines are often busy; please leave a detailed message and someone will get back to you as soon as possible. If you leave a message after 4pm your call will not be returned until the following morning. If you have had a blood test and are waiting for further instructions, you will receive a call the same afternoon.

If you have any queries or concerns, contact the nurses
Call **(09) 630 9810 Ext: 3**
Email fertilitynurse@adhb.govt.nz

Private Paying Patients

When you phone to book your DI treatment the nurses commence the administrative process for your cycle. If you decide to cancel your treatment before insemination then you will be required to pay a booking fee. If your treatment is stopped/cancelled during the tracking phase then you will be charged for the blood tests and any ultrasound scans that have been performed up to that point.