

# Why Intrauterine Insemination (IUI) Often Doesn't Work and What Patients Need to Know



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Intrauterine insemination (IUI) is a common infertility treatment. Success with these treatments is largely dependent upon the problems that the couple have in the first place. Certain conditions such as tubal factor, pelvic disease, endometriosis, female age related issues, moderate to severe male factor, etc., have a poor chance of success with IUI treatment. Fundamental issues with eggs or sperm (quantitatively or qualitatively) will also have little with IUI therapy. It's imperative that the issues the couple have are understood **before** pursuing ovulation induction (using medications like Clomid or shots) with intrauterine insemination.

When used in the appropriate circumstances, ovulation induction (preferably with injectible medications versus Clomid) and intrauterine insemination has a reasonable chance of success. Under the **best-case** scenario, IUI is in the 10 to 15 percent ongoing pregnancy rate per attempt with injectible medications and intrauterine insemination. When utilizing other forms of therapy with intrauterine insemination such as Clomid, the success rate is **not** going to be optimized. When utilizing this course of therapy in circumstances where there are significant fertility problems, the outcome with injectible medications and IUI can be significantly compromised. The **ideal** sce-

nario for this treatment involves using injectible medications in a younger female patient who doesn't have endometriosis, pelvic adhesions, tubal disease or a partner with male factor fertility problems.

The goal of the medications is to incite multiple follicle growth (two to four ovulatory follicles). Achieving multifollicular growth and development with a "good" semen specimen allows for optimal the chance of success in any given set of circumstances. Of course, multiple pregnancy is a concern, so follicle development must be carefully monitored to avoid high risk and cycle cancellation.

When all is optimal and there's a "good" cycle of stimulation in this setting, IUI still sometimes doesn't result in a pregnancy. This can be due to something going awry during the four key steps to produce an ongoing pregnancy:

- 1. Tubal pickup:** The tube has to pick the egg up after ovulation in order for fertilization to occur.
- 2. Fertilization:** This happens at the distal end of the tube several centimeters away from the proximal end of the tube and its attachment at the uterus.
- 3. Early embryo development:** Once fertilization takes place, the embryo has to grow and divide normally in the roughly four or five days that it's coursing through the tube to the uterus.
- 4. Tubal transport:** Once fertilization and normal embryo development occur, the tube must trans-

port the developing embryo to the uterus. Even minor adhesions, tubal distortions of any sort **without** blockage, endometriosis, etc., may affect this process.

These four critical steps for producing an ongoing pregnancy aren't under our control as they are with in vitro fertilization. As such, the success rate with ovarian stimulation and IUI is limited.

Unfortunately, fertility treatments have become so regimented that most patients find themselves being ushered through a scripted treatment process. As an example, clomiphene, though favored for its

rate is so low with IUI that they can't afford the time wasted in the process. Such women simply need IVF.

For the majority of couples who require an individualized strategic plan of action at an early stage, such an approach is emotionally, physically and financially draining. However, it doesn't have to be like this. One can achieve high pregnancy chance, lower cost and reduce the risk of high order multiple pregnancy with the introduction of inexpensive low stimulation IVF at SIRM.

**The success rate is several times higher than with IUI and offers cost advantages without cutting corners. State-of-the-art techniques are included. Moreover, at roughly \$6,000 per cycle, the cost of low stim-IVF is comparable to three to four cycles of gonadotropin IUI. When measured in terms of the cost per live birth, it's much lower than the cost for IUI.**

**For the properly selected patients, we are now able to offer lower cost IVF cycles without compromising the chances of success. Patients considering IUI therapy should also consider this plan.**

For a free consultation to discuss options contact SIRM St Louis at (314)983-9000 or email me directly at [pahlering@sherinstitute.com](mailto:pahlering@sherinstitute.com)

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convenience and low cost, doesn't yield the same success as IUI with gonadotropin stimulation. In fact, the per-cycle success rate of IUI using clomiphene is about 30 percent less. Women with endometriosis (regardless of severity) have much less success with IUI, as do women over age 40. The success

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