IUI at UCSF:
Everything You Need to Know
What We’re Talking About Today

1. Introduction to UCSF
2. Preparing for Treatment
3. IUI Process and Medications
4. What to Expect the Day of IUI
5. Injection Instruction and Practice
6. Medication Administration Homework
CRH Office Hours

• Regular Office Hours:
  8:30am - 4:30pm
  Monday - Friday

• Weekend Office Hours:
  8am - 12:30pm

• Sperm Specimen Collection Appointments
  8:30am-12pm (usually)

• IUI Procedures:
  1pm-3:30pm (usually)

*IUI Procedures are performed 7 days a week*
Weekends, Holidays, and After-Hours

• **You MUST** call the main number (415-353-7475) for any request, concern, or appointment needs

• Nurses and administrative coordinators are not in the office on weekends and do not check email/voicemail

• The Answering Service will contact the office or the on-call physician and someone will return your call promptly
Our Doctors

MARTHA NOEL  PAOLO RINAUDO  MARCELLE CEDARS  VICTOR FUJIMOTO  EVELYN MOK-LIN

HAKAN CAKMAK  YANETT ANAYA  MITCHELL ROSEN  THALIA SEGAL  HEATHER HUDDLESTON  ELENI JASWA
Nurse Practitioners and Clinical Fellows

HEIDI CRUIKSHANK
STEPHANIE JENNICHES
KATRINA CRUZ
CHRISTINE NATAN
VIJI SUNDARAM
KAITLYN WALD
AMY WIJEKOON
DIANA ZHOU
JERRINE MORRIS
EDUARDO HARITON
Care Team Structure

• Each doctor has at least one nurse and administrative coordinator (Care Team) who will facilitate the recommended treatment plan

• Your primary doctor oversees your care. Our Nurse Practitioners and clinical fellows (OBGYN physicians pursuing further training in fertility care) perform many of the monitoring ultrasounds and IUI procedures

• If any issues arise the NP or clinical fellow will consult with your primary doctor to determine the appropriate course of treatment

• If you haven’t had a chance to see your doctor during your cycle, and want to speak with him/her, just ask your Care Team to schedule a phone call
Additional Resources

- Genetic counselors: 415-353-7397
- Reproductive psychologists:
  - Lauri Pasch and Sarah Holley
  - Please ask your Care Team if you would like to schedule an appointment
- Financial Navigators: 415-353-7636
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Before Proceeding with IUI

• The pre-cycle checklist created by your Care Team **MUST** be completed before IUI can be performed

  ✓ FDA-required labs for partner or donor providing sperm
    • Note that sperm donors from FDA-approved banks have already had this testing done

  ✓ Any additional laboratory testing requested by your primary doctor

  ✓ Consent forms

  ✓ This orientation!
Starting Your IUI Cycle

• Once your Pre-cycle Checklist is completed, your Care Team will place your medication order ahead of time

• Call your Care Team on Cycle Day 1 of period (first day of **full flow**; If after 4pm, Cycle Day 1 is considered as the NEXT day’s calendar date)

• Your Care Team will instruct you on your next steps. Depending on your treatment plan this may include:
  • Starting medications (Letrozole, Clomid or injections)
  • Scheduling you for a monitoring ultrasound
  • Instructions for ovulation predictor kit testing
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How IUI Works

- Fertilization of an egg takes place in the fallopian tubes. With timed intercourse, only several hundred sperm make it from the vagina to the tubes.

- IUI is a procedure that places millions of sperm at the top of the uterine cavity, near the entry to the fallopian tubes.

- Placing the sperm directly makes the trip to the fallopian tubes much shorter. This way, there is a better chance that more sperm will be present to fertilize the egg.
Medications

Oral Medications:

- Brand names: Clomid (clomiphene citrate) or Femara (letrozole)
- Increase FSH and LH release from the pituitary gland, which stimulates follicle development and egg release (ovulation)

- Can induce ovulation in women who do not ovulate on their own
  - Goal is to produce 1 egg only
- Can be used in women who do ovulate on their own to achieve superovulation (development and release of > 1 egg)
  - Goal is to produce 2-3 eggs

- Choice of drug is determined by your primary doctor
Medications

Injectable Gonadotropins:
- Brand names: Menopur, Gonal-F, Follistim
- Synthetic FSH and LH which stimulate egg/follicle growth directly
- The goal is to often produce more than 2-3 eggs
Possible Medication Side Effects

**Clomid or Letrozole**
- Headache (ok to use Tylenol)
- Irritability, moodiness/mood changes
- Hot flashes, night sweats
- Ovarian cysts
- Decreased or increased cervical mucus
- Call immediately if you experience severe headaches or visual disturbances (rare but serious)

**Injectable Medications**
- Bloating, abdominal tenderness
- Fatigue
- Increased cervical mucus
Ultrasound

- Usually Cycle Day 10 or 11 in a Clomid/Letrozole cycle
- Vaginal ultrasound probe
- Determines when to take the Ovidrel/hCG Trigger injection
- Assesses for:
  - Number of follicles
  - Follicle size
  - Uterine lining thickness
Ovidrel: hCG “Trigger” Injection

• A one-time subcutaneous (SQ) injection of hCG (Ovidrel) is given to trigger ovulation prior to the IUI

• Ovulation occurs approximately 2 days after hCG administration

• Very few women experience side effects. The side effects do include soreness/redness at the injection site

OVIDREL: A PRE-FILLED SYRINGE OF HCG
Ovulation Predictor Kits

- You and your doctor may decide to use an ovulation predictor kit to time the IUI
- In general, these cycles do not require a trigger injection
- If you are instructed to use an OPK, please follow these guidelines:
  - Any kit is fine (does not need to be digital)
  - Test once a day between 10am-2pm
  - Hydrate normally
  - No need to hold urine until you test
  - Report ANY change (test line does not have to be as dark or darker than control line)
Sample Schedule: Oral Medications + IUI With Ovidrel Trigger

- **Cycle Day 1:** Call Care Team report first day of menses
- **Cycle Days 2-6:** Clomid or Letrozole
- **Ovidrel Trigger Injection***
- **IUI Procedure (2 days after Trigger)**

**Ultrasound Appointment(s)**

*Approximate - actual date of trigger depends on ultrasound findings

Trigger injection given **between 10pm-12am**
Sample Schedule: Oral Medications + IUI With OPK

<table>
<thead>
<tr>
<th>Cycle Day 1: Call Care Team report first day of menses</th>
<th>Cycle Days 2-6: Clomid or Letrozole</th>
<th>Check OPKs daily until positive*</th>
<th>IUI Procedure (Day after positive OPK)</th>
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<tbody>
<tr>
<td>CYCLE DAY 1</td>
<td>2</td>
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*Call your care team on the day of a positive OPK result.
Sample Schedule: Natural Cycle + IUI With OPK

Cycle Day 1: Call Care Team report first day of menses

Check OPKs daily until positive*

IUI Procedure (Day after positive OPK)

CYCLE DAY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

*Call your care team on the day of a positive OPK result.
Sample Schedule: Natural Cycle + IUI With Ovidrel Trigger

- **Cycle Day 1:** Call Care Team report first day of menses
  - **Ultrasound Appointment(s)**
    - *Approximate - actual date of trigger depends on ultrasound findings*
  - **Ovidrel Trigger Injection***
  - **IUI Procedure (2 days after Trigger)**

*Approximate - actual date of trigger depends on ultrasound findings*

**Trigger injection given between 10pm-12am**
Cycles Using Injectable Gonadotropins

• Call on Cycle Day 1

• Baseline Ultrasound on Cycle Day 2

• Injection dosing/administration instructions will be reviewed by your nurse coordinator and may start on Cycle Day 2 or later. Injections may also be combined with Letrozole or Clomid.

• Injections may continue for 8-10 days

• Expect Ultrasound Monitoring appointments every 2-3 days to check follicle growth (typically 2-4 total)
Sample Schedule: Injectable Medications + IUI

**Cycle Day 1:**
Call Care Team report first day of menses

**Injectable Gonadotropins** (+/- Clomid/Letrozole)

**Ovidrel Trigger Injection***

**IUI Procedure** (2 days after trigger)

*Actual date of trigger depends on ultrasound findings
Trigger injection given **between 10pm-12am**
General Risks of Medications Used in IUI Cycles

- No response
- Cycle cancellation due to ovarian over-response
- Multiple pregnancy
  - Our GOAL is for a healthy, singleton pregnancy
  - Risk for twins with Clomid/Letrozole is ~5-8%
  - Risk for triplets with Clomid/Letrozole is ~1%
  - Multiples are at higher risk for preterm delivery and complications of prematurity
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The IUI Procedure

- Usually a quick procedure
- Feels similar to a pap smear
- Step 1: Clinician shows you the specimen which is labeled with your name and name of partner or sperm donor
- Step 2: A speculum is placed in the vagina
- Step 3: A thin catheter is placed through the cervix and up to the top of the uterus and the sperm is released
Sperm Collection

• Two Options:

1) Produce in clinic (by appointment)
   • Will need to check in at the Front Desk at 499 Illinois St. 6th Floor and will be directed to the collection room

2) Produce at home (only if <1 hour away)
   • Keep specimen cup warm (under arm or between thighs) while in transit
   • Label specimen cup with full name & date of birth
   • Only the person producing the sperm may drop off the sample

**A valid photo ID is required or the lab will NOT accept the specimen!**
How to Schedule Your IUI

• At your Monitoring Ultrasound, the NP/MD will instruct you when to administer the Trigger Shot which will determine your IUI procedure date (2 days after trigger)

• Schedule TWO appointments with Front Desk
  1) Sperm production (usually in A.M.): 2 hours for lab to prepare sample
  2) IUI Procedure (usually in P.M.)

• We will accommodate all IUI procedures required in a single day but appointment time depends on availability
Timed Intercourse (TIC)

- Normal sperm can survive in female reproductive tract & retain ability to fertilize an egg for 3-5 days

- Frequency of intercourse before ovulation should be every 2 days to maximize exposure to sperm

- Most fertile window is actually BEFORE ovulation

- Easiest recommendation if you have a regular cycle: intercourse every other day for 1 week, beginning 3-4 days before expected ovulation (i.e. intercourse every other day from Cycle Days 10-18)

- NOTE: if your cycle is NOT 28 days, but is still regular, the ovulation window is shifted – for example:
  - If you have a 25 day cycle you ovulate around day 11 instead of day 14
  - If you have a 31 day cycle you ovulate around day 17 instead of day 14
Optimizing Sperm Health

• Supplements: some data support use of antioxidants to promote sperm health (please refer to antioxidant list)

• Avoid heat exposure to the testes: limit saunas/hot tubs/hot baths, do not place laptop computers directly on lap, consider boxes instead of briefs

• Minimize alcohol consumption (no more than 4 drinks per week) & avoid marijuana/recreational drug use

• Decrease sugar intake, red meat and processed foods

• Maintain a healthy body weight (BMI 18-25) through diet and exercise

• Abstain from ejaculation 2-5 days before IUI Procedure
  • NOTE: it is OK to have intercourse on the day of the Ovidrel trigger, but then abstain until the day of the IUI
Use of Frozen Sperm

• If sperm sample can not be produced on the day of IUI and prior semen analysis has shown an adequate Total Motile Count

• Sperm donors (known and anonymous)

• Cost varies – please check with financial navigators and/or your insurance
Frozen Sperm Thaw Hotline

• If you are using frozen sperm, you MUST call the Thaw Hotline before 9am on the day of your IUI Procedure appointment
  • Thaw Hotline: (415) 353-3039
• If you do not call the Thaw Hotline by 9am, the lab will not thaw your specimen
• Leave voice message with:
  1) Full name
  2) Date of Birth
  3) Sperm Source (specify either male partner’s full name and DOB or sperm donor ID # or name)
  4) Time of your IUI Procedure
Pregnancy Testing

• Take a Home Pregnancy Test 2 weeks after the IUI Procedure

• Please call your Care Team to report your result (regardless of what the result is) so that we can discuss further instructions and next steps

• If you are not pregnant after your 3rd IUI cycle, please check in with your Care Team to schedule an appointment to talk to your doctor
Surviving That Two-Week Wait

- Treat yourself by doing the things you enjoy the most
- Try guided imagery and relaxation exercises
- Protect yourself emotionally
- Limit the number of people you tell and let them know how you will share the outcome
- Decide with your partner how you want to receive the news about the cycle
- Set time aside to talk with your partner about your feelings
- Tell your partner what you will need if the news is not positive
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Injections for Your Cycle

- SQ (Subcutaneous) – fatty layer under skin
Trigger Injection Demonstration

- **Ovidrel** “trigger” injection
  - Prefilled syringe of HCG
  - Subcutaneous (SQ) injection
  - Administer injection between 10pm – 12am
- **Tips:**
  - Wash hands with soap & water before injection
  - Clean site with alcohol swab
  - “Prime” needle before injecting
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Helpful Resources

• Injection instruction videos:
  • CRH Videos: crh.ucsf.edu/medication-videos
  • Freedom Pharmacy*: freedommedteach.com

• Home injection services*
  • Concierge-IVF.com (650-946-3370)
  • Gentletouchfertility.com (415-395-6461)

• Walgreens UCSF Mission Hall
  • 550 16th Street, SF (415) 365-0512
  • M-F, 9am-6pm; Weekends 9am-3pm

*Please note these businesses or services are not affiliated with UCSF or the Center for Reproductive Health.
THANK YOU!!

We are looking forward to working with you!

We know this process can be stressful, and our goal is to make it as smooth and easy as possible. Please don’t hesitate to reach out to your Care Team with any questions you may have as you are going through your cycle.