

PROTOCOL FOR INTRAUTERINE INSEMINATION (IUI)

The patient will receive a letter when they reach the top of the IUI waiting list. This letter will stipulate the criteria and ask that the patient and her husband/partner fulfil these before treatment can commence.

If they do not yet fulfil the criteria then they will remain on the waiting list until they do.

If they fulfil the criteria then the first nurse consultation appointment will be initiated.

First Consultation just prior to menstruation. (If the patient is oligo/amenorrhic then first available appointment to be given) This appointment is to be attended by both the patient and her husband/partner. The last fertility ultrasound appointment of the day to be used thereby giving the patient and her partner sufficient unhurried time with the fertility nursing staff.

- Baseline transvaginal ultrasound scan to exclude abnormal pathology, assess endometrial thickness and ovarian activity.
- After ultrasound scan patient and partner to make their way to the fertility unit to meet fertility nursing staff.
- Ultrasound findings explained and any methods of ovulation induction
- If necessary explain the need for further ultrasound before commencement of treatment.
- Discuss the proposed induction method (if any) and its possible side effects.
- Ensure patient is aware of the possible risk of ovarian hyper stimulation and how the unit both monitors and manages this and reduces the risk

- Reducing or omitting the dose of Gonadotrophins in conjunction with oestrogen levels manages reduction of ovarian hyper stimulation.
- Explain the importance of the use of ultrasound and inform the patient of days and times that ultrasound appointments are available.
- State that blood tests will be required during treatment cycle and explain the rationale
- Explain the procedure for semen preparation (and its cost if necessary)
- Ensure couple are fully informed of the procedure for IUI and are aware how and when to book a treatment cycle.
- Explain prescription cost and supply kit if using Gonadotrophins for induction. Explain the uses of sharps box for safe disposal of needles, syringes and glass.
- Demonstrate and allow couple to practice the technique for administering subcutaneous medication and ensure they feel confident in its use.
- Allow time for patient queries.
- Confirm that cervical smears are up-to-date and that the patient is taking folic acid.
- Ensure appropriate consent forms are signed
- Document first consultation.

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Treatment Cycle

- Book first scan day 8- 12 depending on patients cycle length and the use and method of ovulation induction.
- Rescan determined by follicular development and day of week.
- Use ovulation induction criteria to determine if / when to advise HCG. (No more than 3 follicles of 18mm or over, no more than 10 in total)
- Oestrogen levels to be taken to confirm quality of follicle.
- Contact Microbiology at the Royal Bournemouth Hospital to arrange semen preparation (or Salisbury Fertility Centre if necessary)
- Give the patient the date, time and amount of HCG to be administered and ensure that she is confident regarding this.
- Give the patient the date, time and location for the semen sample to be delivered and ensure they have the relevant documentation and specimen pot
- Re enforce the two-day abstinence of sexual intercourse or masturbation for male partner.
- Remind patient for the need of a full bladder on return to the Fertility Unit for insemination to assist insemination process.
- Allow time for patient queries.
- Document outcomes of all above appointments
- If Microbiology At the Royal Bournemouth Hospital or Salisbury are unable to perform IUI prep or it is the weekend or Bank Holiday patient can administer the HCG and try for 'natural conception' approximately 36hrs – 48 hrs later

Intrauterine Insemination Procedure

- Prepare treatment area and relevant equipment.
- Welcome patients and explain procedure.
- Confirm that patient has a full bladder to assist insemination process.
- Allow time for patient queries.
- Ensure patients dignity and privacy (lock the door) Leave patient to undress.
- Obtain semen prep. from microbiologist
- Ask couple to confirm identifying information on the sample label.
- Confirm identifying information with appropriate witness.
- Appropriate witnesses are: Consultant, Fertility Sister, RGN, HCA, patient, patient's partner.
- Sign appropriate form.
- Draw up prep with catheter.
- Insert speculum
- Visualise cervix with speculum.
- Examine condition of cervix and mucus.
- Prepare cervix using aseptic technique.
- Introduce IUI catheter using marker guidelines for correct placement.
- Gently inseminate prep into uterus.
- Draw up medium and prep and place around cervix, remove speculum.
- Check if patient has abdominal cramps or discomfort, advise Paracetamol if necessary
- Sign relevant documentation and file in patient's notes.
- Offer cup of tea/coffee.
- Offer chance to rest for 10-15 minutes if desired

- Advise when menstruation is likely
- Advise patient of the need to wait two weeks before performing pregnancy test and rationale and action to take if pregnospia positive.
- Advise patients what action to take if / when menstruation starts
- Ensure that the patient is aware that there are no restrictions on normal sexual activities or lifestyle
- Review relevant documentation and document procedure in patient's notes.

Outcome

Positive Pregnospia

- Send letter to General Practitioner
- Arrange Ultrasound in a Fertility Outpatients Clinic at 6/40 weeks, or first Wednesday after 6/40
- Ensure that the patient is aware of the need to inform the Fertility Unit of any pain or PV bleeding they have before the 6/40 appointment.

Negative

- Consider change in treatment for ovulation Induction.
- Restart treatment cycle with next menstrual period for a total of three complete IUI cycles if patient wishes.
- Three failed cycles, request out patients follow up.

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Core Standard For Intrauterine Insemination (Patient Care)

Structure

Adhere to Protocol for Intrauterine Insemination.

Process

Establish an effective nurse patient relationship with the assistance of verbal and written communication allowing time for questions from patients and evidenced based answers.

Ensure patients receive both verbal and written information about Intrauterine Insemination.

Offer psychological support when needed.

Outcome

To enable patients to be able to make an informed decision about their treatment.

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Extended Role – Education and Assessment

Aim

To promote and maintain a safety standard of practice by:

- **Being Professionally Accountable** to the standard set by the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to evidence based protocols when undertaking Intrauterine Insemination
- Adhering to **Human Fertilisation and Embryology Act 1990**.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Advocacy and Autonomy** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Confidentiality** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Consent** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Infection Control** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Medicines Management** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.

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- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Privacy and Dignity** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.

- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Record Keeping** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.

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Assessment

Assessors

Mr Julian s Pampiglione MD, FRCOG

Senior Sister Jacqueline Coleman, RGN

Competency undertaken by registered Nurses only

The Registered nurse will be deemed competent to undertake all aspects of Intra uterine insemination when the registered nurse and assessors are in agreement with the nurses' level of competency.

Competency to be measured by:

Adhering to, and confidant when applying the protocol on Intrauterine Insemination in practice.

Adhering to Human Fertilisation and Embryology Act 1990. Adherence to the Royal Bournemouth and Christchurch Foundation Trust Protocols.

Adherence the standard set by the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004

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Royal Bournemouth and Christchurch
NHS Foundation Trust

This is to certify that

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**Was deemed competent to perform Intrauterine
Insemination**

Date.....

Signed.....

Criteria for Intrauterine Insemination

- 1. Female under 35 years of age
- 2. Up to date Semen Analysis Result with 20 million per ml/ at least 40% progressive / at least 5% normal forms.
- 3. Bilateral tubal patency demonstrated by either Laparoscopy and dye test or Hysterosalpingogram
- 4. Both patient and partner to be non- smokers.
- 5. Female body mass index < 30
- 6. Cervical smears are up-to-date

Referral Process

- Patients may be added to the waiting list if they fulfil the first 3 of the above criteria, and then must fulfil all of the criteria before treatment is started.

