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Information on Ovarian Stimulation with Gonadotrophin and Artificial Insemination of Husband Semen

Question: What do “ovarian stimulation” and “artificial insemination of husband semen” involve?

Answer: Ovarian stimulation with gonadotrophin involves:

- 1) use of gonadotrophin to stimulate the development of follicles in the ovaries;
- 2) monitoring of ovarian response by regular pelvic ultrasound examinations.

Artificial insemination involves collection of husband’s semen, sperm washing in the laboratory, and injection of the washed semen into the womb around the ovulation time i.e. intrauterine insemination.

Question: Which types of infertile couples can be helped by this treatment?

Answer: This treatment may be useful for those couples suffering from infertility due to mild male factors, minimal/mild endometriosis or when no cause can be identified.

Question: What are the conditions that may lead to failure of this treatment method?

Answer: These include –

- 1) poor response to the drug stimulating the ovaries;
- 2) too many follicles develop and the treatment will be stopped because of the high risk of multiple pregnancy;
- 3) failure of the husband to collect semen.

Question: Is there a higher chance of multiple pregnancies?

Answer: Yes, the chance of having multiple pregnancies is around 10-20%

Question: If a woman conceives with this, will there be a higher chance of fetal abnormalities?

Answer: There is no such evidence.


Question: Will there be any complications associated with this treatment?

Answer: In general, the treatment procedures are fairly safe and the complication rate is low. The possible complications include:

- 1) multiple pregnancy;
- 2) ovarian hyperstimulation syndrome (Patient may develop abdominal distention and pain, vomiting, ovarian cysts, fluid in the abdomen and the lung etc.);
- 3) pelvic infection after the insemination procedure and
- 4) fertility drugs may slightly increase the risk of ovarian cancer but the evidence is not conclusive.

Question: Is there any way to reduce the number of fetuses in case of multiple pregnancies?

Answer: Yes, there is an option of selective fetal reduction which can be considered in those carrying 3 or more fetuses. The procedure, however, is not without any risk and may result in loss of all fetuses.

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Instruction Sheet for Ovarian Stimulation with Gonadotrophin and Artificial Insemination of Husband Semen

Please read the following instructions carefully and make sure that you understand what you have to do. The success of this treatment depends very much on your co-operation.

(Affix patient's label)
Patient's name &
ID number

1. Your first treatment cycle will be started in _____ (mm) _____ (yy)
2. On the 2nd day of your period in the treatment cycle, you have to come to K5 North, Queen Mary Hospital at 7:30 in the morning to have a vaginal pelvic scan and to check the baseline hormone.
 - If the 2nd day falls on Saturday or Sunday, you can come up on Monday.
 - You may be asked to repeat the tests if the basal hormone level is still high or a cyst of the ovary is seen in the scan
3. Usually you can start on day 3 or day 4 onwards to receive daily gonadotrophin injections to stimulate the follicles in the ovaries. You can have the injections in the clinic or by yourself.
4. After 5 days of injection, ultrasound scanning will be performed to monitor the response to stimulation. You will be informed of the time of injecting hCG to induce ovulation when the follicles are mature and then artificial insemination will be arranged accordingly. Female hormone level will be measured on the day of hCG injection.
5. Your husband has to submit a semen sample to our semen laboratory two hours before the insemination procedure.
6. From the third day after the hCG injection, you will be given two weeks of oral progesterone tablets to support the luteal phase. Blood may also be taken later to monitor your hormonal levels.
7. If the cycle fails, menstruation will return about 14 days after the hCG injection to induce ovulation. You can come back on the 2nd day of the period to proceed further treatment cycles. However, if ultrasound scanning shows the presence of cysts of the ovaries, you may have to postpone the treatment later. In general, a maximum of THREE treatment cycles may be offered. (Treatment may be stopped earlier in certain situations).
8. If you still have any query, please call us at 2255-3657 and leave a message. Our staff will call back as soon as possible.