

∞ MAVEN

# The essential guide to IUI and IVF



Whether you're at the beginning stages of thinking of starting your family or have been trying to conceive for a while, it's important to know your options. While becoming pregnant seems simple, it can get pretty complicated. For many, getting pregnant isn't easy—**one in six people** around the world struggle with infertility. The truth is, a variety of things can get in the way of making a baby. That's why fertility treatments are so common—**one in eight couples** use fertility treatments like IUI or IVF to conceive.

For people who need a little extra support with getting pregnant, fertility treatments like intrauterine insemination (IUI) or IVF (in vitro fertilization) can be helpful. You've probably heard of these treatments, but what do they actually entail? We put this guide together with the help of members who have actually been through these treatments. Read on to learn more about these options.



# What is IUI?

Intrauterine insemination (IUI, formerly called artificial insemination) is a fertility treatment where sperm is put directly inside the uterus, upping the amount of healthy sperm that make it to an egg and increasing the odds that a sperm will successfully fertilize it. IUI is often recommended to couples who have been trying to conceive naturally, or on their own without the use of treatment, for more than a year. Generally, IUI is the step before IVF treatments. If a couple has an IUI procedure performed each month, success rates may be as high as 20% per cycle.

IUI is sometimes covered by insurances, but typically IUI does have some out-of-pocket costs. Some insurances require you to complete a certain number of IUI attempts before trying IVF.



UP TO

20%

success rate per cycle for IUI if a couple has a procedure performed each month



## What's the difference between unmedicated and medicated IUI?

In unmedicated IUI, you may still have ultrasounds to check egg growth and maturation, so your providers know when to schedule the IUI procedure.

In medicated IUI, there are two types of medication used.

- First there's a medication which helps stimulate the ovaries to mature more than one egg at once
- Then there's a self-administered "trigger shot" of human chorionic gonadotropin (hCG), which helps eggs reach the final stage of maturity. You will likely undergo a number of ultrasounds so your provider can see how the eggs are maturing, and decide when to schedule the trigger shot

## What does the sperm transfer appointment look like?

“We either warm donor sperm that’s been frozen or use the fresh sample from the male partner that has been washed and concentrated, and place it into a syringe,” says Maven Reproductive Endocrinologist Kari von Goeben, MD. A catheter is used to place the sperm into the uterus as close to the egg as possible. “Ideally, the egg and sperm are going to meet in the fallopian tube, and then that embryo is going to travel down and implant in the uterus,” says Von Goeben. After the quick and painless IUI procedure, patients usually lie there for about 10 minutes and then leave.

## Then comes the two week wait

After the IUI procedure comes two weeks of waiting before going into the clinic for a pregnancy test. You may be feeling some anxiety during this time - reach out to a mental health specialist if you need more support.

## What’s next?

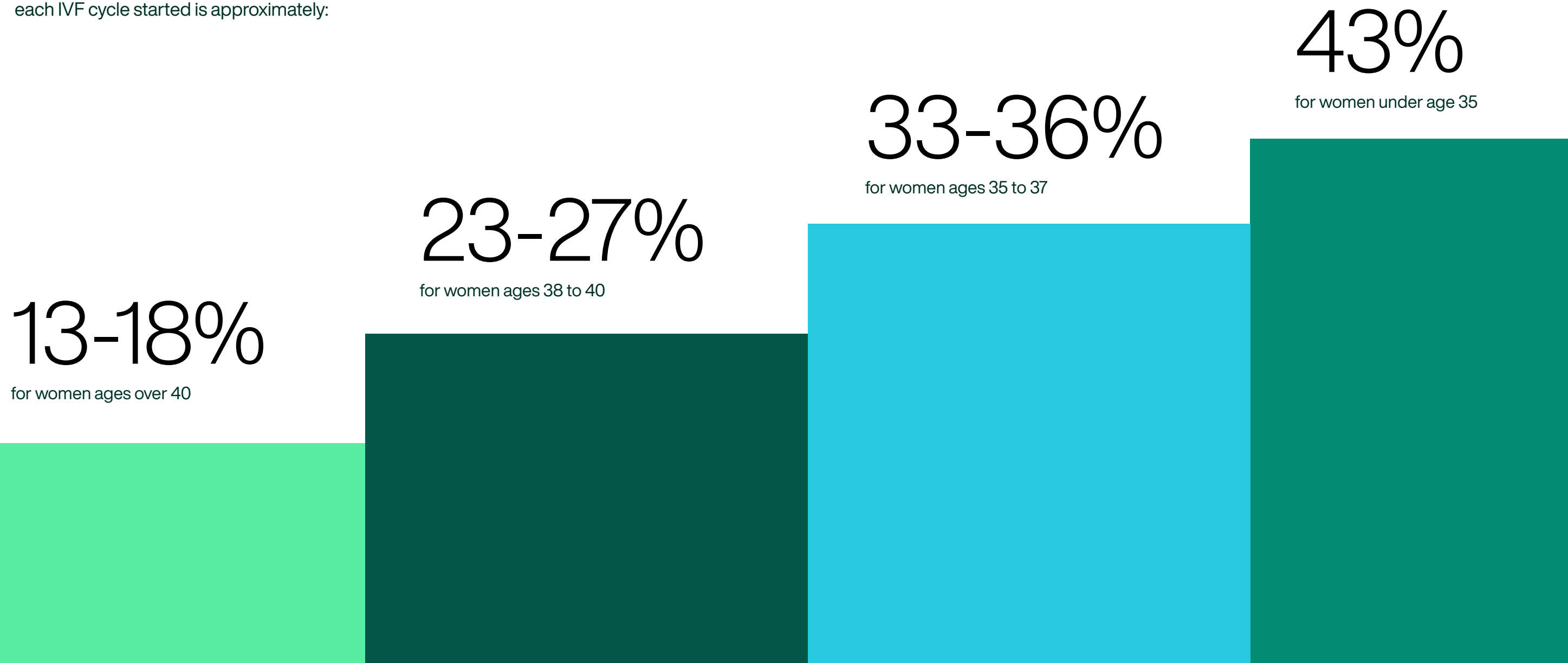
If the IUI procedure results in a pregnancy, the pregnant partner will start getting prenatal support. This often starts under the supervision of your fertility clinic, then you will “graduate” after your first ultrasound at eight to ten weeks to see an OB-GYN. If the initial procedure does not result in a pregnancy, your provider may recommend another round of IUI or moving on to IVF.



# What is IVF?

The general goal of IVF treatment is to retrieve an egg and sperm and put them together outside of the uterus in a petri dish in a laboratory in the hopes that they form an embryo. That embryo is then transferred into the person with a uterus (you, your partner, or a surrogate) with the aim of implanting and becoming a successful pregnancy.

According to the American Pregnancy Association, the live birth rate for each IVF cycle started is approximately:



If you're a same-sex couple or a single parent, the process may look a little different from what's outlined below. For example, you may have one partner donate an egg and the other have the embryo transferred into their uterus (this is known as reciprocal IVF). Single parents may choose donor sperm, eggs, or embryos.

IVF is more expensive than IUI because there are more medications and hospital procedures required. Some of the cost of IVF may be covered by insurance, but people going through IVF often incur more out-of-pocket expenses.

## What does the IVF process look like?

The IVF process involves some more invasive procedures for people with ovaries and a uterus. It will first include a full medical workup. IVF takes place over the course of the menstrual cycle, which is about 28 days. The person undergoing IVF needs to be monitored closely, so you can expect a lot of time at the doctor's to make sure everything is going smoothly. The process of getting medication can be tiresome and often unnecessarily stressful—so do your best to practice self-care during this time and lean on your support system.



### If you're using a partner's eggs, the partner undergoing IVF will:

- Take medication to get the uterine lining ready for implementation
- Have an ultrasound to see how their eggs are developing
- Take ovarian stimulating medication to make multiple eggs develop at once
- Receive a "trigger shot" to cause the eggs to mature roughly 36 hours before the egg retrieval
- Undergo egg retrieval during an outpatient procedure, using sedation that doesn't make them fully unconscious. During this process, eggs will be retrieved using a thin needle inserted into the ovaries



### If you're using donor eggs or donor embryos:

You'll work with a bank or agency to select a donor. As with sperm, you'll be able to consider some traits that are important to you, like their donor's height, eye color, ethnicity, and hobbies or interests as well as their genetic screening information. Again, if you're using a known donor, there are legal considerations, so make sure you consult a lawyer.



### If the partner with a uterus will carry the pregnancy (or you're working with a gestational surrogate), they will:

- Take medication to help prepare their uterine lining
- Undergo an outpatient embryo transfer procedure, which usually doesn't require anesthesia. During this process, embryos will be deposited into the uterus using a thin catheter
- You may also choose to have the embryos (formed when a sperm has fertilized an egg) screened for genetic abnormalities before implantation. This is done in the fertility clinic lab



## The two-week wait

After the partner or donor sperm has been used to fertilize retrieved eggs, the fertility clinic will analyze any resulting embryos to pick the best options. Most often one embryo (though you may choose two, but rarely more as this increases the risk of multiples) will then be transferred into the uterus. Next up comes a two-week waiting period to see if the embryo successfully implants into the uterine lining. After the two weeks are up, the gestational partner or surrogate will come in for a pregnancy test.

## Next steps for IVF

Depending on what happens after the two-week wait, the pregnant partner will either be referred to an OB-GYN for support if the IVF cycle was successful, or you'll regroup with your fertility providers to discuss next steps if the cycle was unsuccessful. If a cycle of IVF doesn't result in a pregnancy, you can try another cycle between 4 and 6 weeks later—but you may want to wait a little longer for emotional, physical, or financial reasons.