



Consent for Intrauterine Insemination (IUI)

Print Patient's Name

Date

Print Partner's Name

Date

We (I), the undersigned, request, authorize and consent to the performance of the procedure of intrauterine insemination, by Women's Fertility Center, and, as appropriate, its employees and authorized agents.

Treatment with intrauterine insemination (IUI) may help a woman achieve a pregnancy. The treatment involves three main steps: 1) obtaining a fresh semen sample; 2) washing the semen sample to isolate motile sperm; and 3) depositing the concentrated motile sperm into the woman's uterine cavity around the time of ovulation.

IUI treatments involve several steps as outlined below. We (I) acknowledge and agree that we (I) cannot be guaranteed success at any or all of these steps and that if optimal results are not achieved at any step, it may be recommended that the treatment is stopped and the cycle canceled.

- **FOLLICULAR DEVELOPMENT.** During a woman's menstrual cycle, usually one mature follicle develops within the ovary, resulting in the ovulation of a single egg. The growth of the ovarian follicle during the first half of a woman's cycle is influenced by hormones. When the follicle is mature, the pituitary gland releases a large amount of LH hormone. This "LH surge" helps with the final stages of egg maturation and leads to ovulation 36-40 hours later. The insemination is then performed on the day of ovulation. This process may be monitored using home or office testing of the woman's blood or urine or through the use of ultrasound or other methods determined by our (my) physician. We (I) acknowledge that in some cases this treatment may involve the use of medication for ovulation induction and that if this treatment is used then an additional consent form will be signed.

- **PREPARATION OF THE SEMEN SAMPLE.** On the day of the insemination, the male partner provides a fresh semen sample. This sample maybe brought to the office, collected on site or may have been previously frozen and thawed for use in this treatment cycle. We (I) understand and agree that a picture ID is required for the patient or partner who brings the sample to the office or produces the sample on site. If donor samples are used they will be thawed on the day of insemination. The semen sample is then processed in the laboratory in preparation for the insemination process. This preparation involves removal of seminal plasma (the liquid portion of the semen) and dead or poorly motile sperm. The motile sperm are then concentrated into a small volume and then loaded into a catheter.
- **INTRAUTERINE INSEMINATION (IUI).** To perform the IUI, a speculum is placed in the vagina so that the cervix can be visualized. The cervical mucus is the removed with a large Q tip and the catheter is inserted through the cervix and into the uterus. The concentrated sperm sample is then deposited inside the uterus. Afterwards, the woman will lie flat on the exam table for five to ten minutes before leaving. After the insemination normal activity can be resumed for the rest of the day.
- **TREATMENT OUTCOMES.** The success rate (the delivery of a live born infant) of IUI varies and depends on many factors. Some of the factors are: the age of the woman, the type of fertility medication used (if any); the diagnosis, the number of previous cycles of treatment and, the quality of the semen sample. We (I) have discussed the success rates that apply in my case with our (my) doctor. We (I) acknowledge and agree that the use of IUI depends on individual circumstances that may only become apparent on the day of insemination and that that decision will be made by medical staff in consultation with us (me).

Risks

Miscarriage

The risk of miscarriage in the general population is approximately 10-20%, but varies with age. Studies have not a shown a significant increase in the risk of miscarriage in women who conceive with IUI treatment. Most miscarriages are associated with lower abdominal cramping and bleeding, but do not necessarily require treatment. In some cases, however, complete removal of the pregnancy tissue must be accomplished by a surgical procedure. This procedure is usually performed under anesthesia in the operating room.

Tubal (ectopic) pregnancy

An ectopic pregnancy may result following this treatment. The majority of ectopic pregnancies are present in the fallopian tube. The chance of a tubal pregnancy is greater

in women with damaged tubes. If a woman has a tubal pregnancy, she may need surgical treatment, which may involve the removal of the involved tube. Medical treatment with Methotrexate may be an option in selected cases.

Infection

It is rare to develop an infection after IUI. Symptoms of an infection may include but are not limited to persistent abdominal pain beginning within several days of insemination, fever and/or a vaginal discharge. This complication may be associated with, or cause, tubal disease and scarring. Antibiotic treatment may be required.

Other risks

Genetic abnormalities, structural abnormalities, mental retardation and other abnormalities may occur following this treatment or pregnancies conceived naturally. The rate of congenital abnormalities (birth defects) in the general population is 2-3% and is not different in babies conceived with IUI treatment. Most infants who have been born following IUI treatment are normal.

Success factors

Many factors may prevent this treatment from being successful. Some factors are known and some are unknown. Examples of the known factors include but are not limited to, the following:

- An ovarian follicle may not develop.
- The male partner may be unable to produce a fresh semen sample.
- The passage of the catheter into the uterus or cervix may be technically difficult or impossible.
- Even if the insemination is successfully performed, pregnancy may not result.
- If a pregnancy is established, it may not develop normally or may miscarry.

Declaration

We (I) acknowledge that we (I) the undersigned, are voluntarily participating, individually and as a couple, in using intrauterine insemination (IUI) in order to conceive a child through this treatment.

We (I) understand and consent that semen samples provided for this treatment are provided for the purpose of achieving a pregnancy. We (I) agree and consent that the samples provided for this purpose are provided by the individual who has signed this consent where partner sperm is used. We (I) agree and consent that the individual providing the semen sample (for partner sperm), and who has signed this consent (for partner or donor sperm), will be contacted periodically by phone, mail and during visits

Consent to perform IUI with partner sperm



to Women's Fertility Center's office to verify his continued participation and consent to this treatment, particularly when he does not deliver his samples to the office himself.

We (I) understand, agree and acknowledge that we (I) are (am) not married to individuals who are not parties to this informed consent.

We (I) understand that should this cycle be unsuccessful, it may be determined that further treatment with IUI may not be indicated. We (I) expect this procedure to be performed with not less than the customary standard of care.

We (I) also understand that we are financially responsible for any medical expenses that are not covered by our insurance policy.

We (I) understand the risks and benefits as outlined, and further understand and agree that Women's Fertility Center shall be responsible only for acts of negligence on its part and the part of its employees, and consultants.

We (I) have had the opportunity to review with and ask questions of our physician concerning alternative options to Intrauterine Insemination, including adoption and no treatment in an effort to help us (me) overcome our (my) infertility.

The nature of intrauterine insemination (IUI) has been explained to us (me), together with the known risks. We (I) understand the explanation that has been given to us (me). We (I) have had the opportunity to ask any questions we (I) might have and those questions have been answered to our (my) satisfaction. Any further questions can be addressed to Dr. Nora Miller at (203) 286-6810. We (I) acknowledge that intrauterine insemination (IUI) is being performed at our (my) request and with our (my) consent.

Signature of Patient

Date

Signature of Partner

Date

This consent has been read by and discussed with the patient and her partner, where applicable.

Signature of Nora Miller, MD

Date