Insemination treatment
Insemination treatment

Why insemination treatment?
At insemination, the sperm are placed directly into the uterine cavity. Insemination is especially suitable for women who have not tried to get pregnant before. If you are healthy and your fallopian tubes are open, you have a good chance of getting pregnant with insemination. Roughly 40%-50% of all women under 40 years of age have a positive pregnancy test after 3 inseminations.

Introductory Interview
Before you can start treatment, you need an introductory interview. You decide for yourself whether you want to come to the clinic to get to know us better, or if you want to have the interview over Skype. Before the interview, you must complete a questionnaire on your health on our homepage. The information is entered via a secure line.

Insemination with Donorsperm

Insemination
At insemination, the donor semen is gently inserted through the cervix into the uterine cavity at the time of ovulation with a thin catheter. Usually, this process is painless and takes about 5 minutes. Everything else is left to nature. There are no special precautions afterwards.

Determination of ovulation
If you are young and have a regular cycle, you can determine ovulation with the help of a urine LH test. You must test in the morning and again in the evening. If the test is positive in the morning, you must come for insemination at the following day. If the test is positive in the evening, you will arrive 2 days later.

You can also plan an ultrasound examination with your gynaecologist at home. Please, send the result to booking@danfert.dk or call the clinic at +45 3834 9030 between 9 a.m. and 2 p.m. (on Saturday 9-12 o’clock, Sunday is closed), to make an appointment. If we have given you a prescription for Ovitrelle, inject it after the call at the given time.

Donor selection
You can buy the donor sperm directly from us in the clinic. We have both open and anonymous donor sperm in stock. The sperm bank is responsible for the quality of sperm and for the selection and health of the donors. During the introductory interview, you will get more information about the selection of the donor.

If you are pregnant, it is also possible to reserve more sperm from the same donor for possible future siblings.
You have to contact the spermbank directly for making this reservation.

**Pregnancy test**
We will provide you with a pregnancy test, which you should use 16 days after the insemination in the morning. Please also inform us of the result of the insemination.

If the test is positive, you will need an ultrasound examination 3 weeks after the positive test. If the test is negative, you can be inseminated again at the next ovulation.

**How many inseminations?**
The prospect of a positive test is equal to the first 2-3 times. After that, it falls considerably. Therefore, we recommend that you go for IVF after 3 unsuccessful inseminations.

You can find more information at: [https://danfert.dk/en/](https://danfert.dk/en/)

---

**Insemination with Sperm of the Partner**

Women who have been trying to get pregnant for 12 months can be offered insemination when the fallopian tubes are open and the sperm quality is normal or only slightly reduced.

At insemination, the sperm are placed directly into the uterine cavity. Therefore, the way to the fallopian tube is shorter, and the number of sperm that can fertilize an egg is higher than during sexual intercourse.

Hormonal stimulation causes more than one follicle to ovulate, unlike the natural cycle. With the help of Clomiphene tablets, Letrozol tablets or a low dose of FSH hormone, the woman can produce 2 follicles, and the probability of pregnancy is increased with 2 follicles present. With 2 follicles there is also a small risk for twin pregnancies.

When ovulation is triggered 36 hours before insemination, insemination is attempted at approximately the time of ovulation.

**Hormone stimulation**
When it comes to hormone stimulation, you need a gynecologist who can help you with prescriptions. Hormone stimulation starts on the 3rd day of the cycle
* Clomiphene tablets or Letrozol tablets
* FSH injections (Gonal-F, Bemfola or Menopur)
These preparations increase blood FSH levels and stimulate follicular growth.

**Cycle day 9-12, Ultrasound examination**
You need an ultrasound examination between the 9th and 12th day of the cycle to measure the number and size of the follicles and the thickness of the endometrium. One measures the largest diameter of the follicle, and the diameter at right angles (90 degrees) to the first measure. The average of these two measurements indicates the size of the follicle. Based on these measurements, your gynecologist can predict when the largest follicle measures 18 mm and is ready for ovulation induction.

**Ovulation is triggered**
Ovulation is triggered by a syringe (Ovitrelle). Injection with this hormone triggers ovulation 38-42 hours later. Insemination is scheduled at 36 hours later, just before ovulation. According to Danish law, a
maximum of 3 follicles over 14 mm may be present when ovulation is triggered. With more follicles the insemination is canceled because the risk for triplets is too high!!

Once you know when the largest follicle measures 18mm, call the clinic at +45 3834 9030 to schedule the time for insemination 2 days later. Our phone is open weekdays from 9 a.m.- 2 p.m., Saturday 9-12 o’clock, Sunday closed. Ovulation is initiated 36 hours before insemination with the syringe (Ovitrelle).

The Ejaculate
On the day of insemination, the man produces an ejaculate. Most men like to do it quietly in the hotel, and then deliver it to the clinic in the morning. You get a special container from us. Please make sure that the name and date of birth of the woman and the man are on the container. We recommend 2 days abstinence, so that the quality of the ejaculate is optimal. The ejaculate must be kept warm during transport (body close, skin temperature), and should not be older than a maximum of 3 hours when you hand it over.

The Insemination
First, an ultrasound scan is done to control the number of follicles and see if ovulation has already occurred. Thereafter, a thin catheter is gently inserted through the cervix into the uterine cavity, and the sperm are gently placed in the uterus. The insemination is painless. You can immediately get up from the gynecological couch and leave the clinic immediately afterwards. There are no special precautions after the procedure.

Are we allowed to have sexual intercourse after treatment?
You can have a normal sex life throughout the treatment. Sexual intercourse after insemination can have a positive impact on the outcome of the treatment. Try to live as normal as possible during treatment.

Pregnancy test
We will provide you with a pregnancy test, which you should test 16 days after the insemination in the morning. If the test is positive, you will need an ultrasound examination 3 weeks after the positive test. If the test is negative, please plan the next stimulation with your gynecologist. One can easily be stimulated and inseminated for months after another. Please also inform us of the result of the insemination.

How many Inseminations?
The prospect of a positive test is equal to the first 2-3 times. After that, it falls considerably. Therefore, we recommend that you go for IVF after 3 unsuccessful inseminations.
What you must be self-aware?

**Medication**
We recommend that you reduce your intake of medication to the smallest quantity possible during pregnancy. Ask your GP in advance whether your daily medication should be changed before you get pregnant.

**Naturopathic preparations**
We can not generally recommend them, because that we know too little about the effect of these preparations. If you need analgesic medications, we recommend Paracetamol. We do not recommend that NSAID use drugs during treatment and pregnancy. If in doubt, please consult your family doctor or the pharmacy.

**Disease**
Disease and fever above 38.5 degrees Celsius affect the fertility of the woman and the man. We often recommend discontinuing treatment.

**Vitamins**
We recommend a multivitamin tablet daily with 400 micrograms of folic acid, and in the winter months (October to May) 40 micrograms of vitamin D3.

You can find more information at www.danfert.dk/en/treatments/boost-your-fertility/

**Medication and possible side-effects:**
GONAL-F® (FSH), BEMFOLA® (FSH) and MENOPUR® (hMG) stimulate follicle growth in your ovaries. Side-effects (rare): Local irritation of the skin, tiredness, bloating, breast tension and abdominal pressure when the ovaries enlarge.

CLOMID®, CLOMIFEN-RATIOPHARM® (clomifen) or LETROZOL® stimulates follicle growth in your ovaries. Side-effects (rare): breast tension, hot flashes, headache, sleeplessness, abdominal pain, very rarely affection of the liver and blurred vision.

OVIDREL®, OVITRELLE® (hCG): finishes oocyte maturation and causes ovulation 38-42 hours after injection. Side-effects: local irritation of the skin.

FYREMADEL®, ORGALUTRAN®: inhibits secretion of endogenous LH and FSH from the pituitary. Side-effects: local irritation of the skin, rarely nausea, headache and exanthema.

**Risks associated with insemination treatment**
You can get pregnant with twins (quite rare triplets), one can get an ectopic pregnancy, and to pass on an inherited disease.

The risk of miscarriage increases with the age of the woman.

**Results**
Your chance of pregnancy depends primarily on your age.

**Women below 40 years**
Insemination with donorsperm: approx. 20 % per insemination.
Insemination with partnersperm: approx. 15 % per insemination.

**Women 40-43 years**
Insemination with donorsperm: 5 - 10 % per insemination.
Insemination with partnersperm: 5 - 10 % per insemination.