Unstimulated Cycle/Intrauterine Insemination

What to expect

This handout is for patients at University Reproductive Care (URC). It explains how a fertility treatment called “unstimulated cycle/intrauterine insemination” works.

How does this fertility treatment work?

This treatment works with your natural fertility cycle.

People who might benefit from this treatment include:

- Same-sex couples
- Single women

Each step of this fertility treatment is important:

- Most women have a pelvic ultrasound exam in the middle part of the cycle. The ultrasound confirms that a mature follicle has formed. The follicle is an egg sac within the ovary that grows and matures before ovulation occurs. Ovulation is the release of a mature egg from the ovary.

- The ovulation trigger injection (human chorionic gonadotropin/hCG) helps the egg mature and determines the time your intrauterine insemination should occur.

- Intrauterine insemination places the most motile (moving) sperm as close as possible to the egg(s) at the time when fertilization is most likely. This helps increase the chance of pregnancy.

- Some women choose to use a home ovulation predictor kit to time their insemination. If you choose to use a home kit, you will not have an ultrasound or use ovulation trigger medicine. Instead, you will have an insemination the day after the home kit result is positive.

Please talk with a provider at University Reproductive Care if you have any questions about this fertility treatment.
What are the possible risks from this treatment?
The risks linked to having this treatment include:

- **Insemination risks**: Cramping, spotting, or infection (very rarely).
- **Cycle cancellation**: If no follicles mature or ovulation occurs prematurely, the treatment cycle will need to be cancelled.

Questions?
Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

University Reproductive Care: 206.598.4225

Clinic hours: weekdays, 8 a.m. to 5 p.m.