



Intrauterine Insemination (IUI)

CCG document reference:	CG001
Name of originator/author:	
Date of approval:	April 2020
Name of responsible Committee:	Executive Team
Responsible Director/CCG Officer:	Director of Nursing and Quality
Category:	Clinical Governance
EIA undertaken:	
Date issued:	August 2016
Review date:	April 2021
Target audience:	All staff
Distributed via:	Email and Website

Document Control Sheet

Document Title	Intrauterine Insemination (IUI)
Version	
Status	Final
Author(s)	
Date	April 2020

Document history			
Version	Date	Author	Comments
1	April 2020		Review Date April 2021

This IUI Policy should be read in conjunction with the East Midlands CCGs commissioning policy for In Vitro Fertilisation (IVF)/Intracytoplasmic Sperm Injection (ICSI) within tertiary infertility services.

Equality Statement

The Lincolnshire Clinical Commissioning Groups are committed to ensuring equality of access and non-discrimination for all its registered population. People who need help to access NHS services are advised to contact POHWER, who deliver information, advice, support and advocacy services and aim to support people who face difficult issues and want to make their voice heard. This is a free, independent and confidential service. They can be contacted on 0300 456 2376 (charged at local rate) or pohwer@pohwer.net.

Potential equality implications have been carefully considered in developing this IUI policy. The policy is based on NICE Guideline CG156 (NICE, 2013a), the development of which was informed by wide stakeholder consultation undertaken as part of the guideline development process (NICE, 2013b). Given the extensive stakeholder consultation undertaken by NICE, a further consultation has not been conducted during the development of this local IUI policy.

Commissioning Policy: Intrauterine Insemination (IUI)

Background

Fertility problems are common in the UK, estimated to affect one in seven couples. A range of factors that can lead to sub-fertility, but in 30% of cases the cause cannot be identified.

Where a couple is of reproductive age and having regular unprotected vaginal intercourse two to three times per week, failure to conceive within 12 months should be taken as an indication for further assessment and possible treatment. If, as a result of investigations, a cause for the infertility is found in one or both individuals, they should be referred for appropriate treatment without delay.

There are a number of different treatment options for sub-fertility, depending on the cause. Assisted reproduction treatment options include in-vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI), and intrauterine insemination (IUI), which is the focus of this policy (NICE, 2013a). Intrauterine insemination is a type of artificial insemination in which sperm is placed inside the uterine cavity around the time of ovulation. It is a form of assisted reproduction that is used as a precursor to in-vitro fertilisation for certain population groups with subfertility.

Current policy for the provision of NHS-funded IUI in Lincolnshire is to provide up to three cycles of IUI (if a live birth results from the first or second cycle, no further cycles will be funded) to couples that meet certain eligibility criteria (LCC, 2016). Prior approval is required for same sex couples whilst heterosexual couples can be treated in line with the existing IVF/ICSI policy.

In Lincolnshire, from 2013-15 there were 23 prior approvals for IUI for same sex couples and 7 for heterosexual couples (prior approval was required in 2013), a total of 30 requests over two years. Since the Lincolnshire policy was developed in 2009 the NICE Guidance on IUI has been updated. In England, many CCGs have updated their IUI policy in response to these guideline updates and as such the Lincolnshire policy is now out of line with many CCGs across the country. In developing this policy we therefore have attempted to draw the Lincolnshire IUI policy into line with many other CCGs in England.

Who might benefit from IUI?

NICE Guideline CG156 'Fertility problems: assessment and treatment' provides guidance for the NHS treatment of fertility problems (NICE, 2013a). The guideline is intended to assist in the treatment of people of reproductive age who have problems conceiving and identifies key groups who might benefit from IUI including:

- people who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm;
- people with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive);
- people in same-sex relationships.

Same sex couples who have problems conceiving are equally as eligible for NHS assessment of fertility problems and treatment as heterosexual couples. However, same sex couples are not able to fulfil the standard criteria for referral to fertility assessment and treatment of having regular vaginal intercourse for 12-months. Instead, there is an expectation that same sex couples will be referred for NHS assessment and treatment after a period of unsuccessful attempts to conceive through donor/artificial insemination (AI).

In developing NICE CG156 'Fertility problems: assessment and treatment' the NICE Guideline Development Group discussed the number of failed AI cycles required before access to NHS assessment and treatment is initiated (NICE, 2013b). In order to obtain equivalence, the number of failed AI attempts was set at 6, perceived to be equivalent to a failure to conceive after 12 months of unprotected vaginal intercourse. Given that there are a number of risks of at-home methods of donor insemination (e.g. the safety of donor sperm) the CCGs require that these 6 cycles should take place at a registered fertility clinic to ensure patient safety through the reproduction process.

Same sex couples who have not conceived after 6 cycles of privately funded donor insemination, despite evidence of normal ovulation, tubal patency and semen analysis, should be referred for NHS fertility testing and follow the existing subfertility clinical pathway.

Any further IUI provided as part of this clinical pathway should be unstimulated, meaning that fertility drugs to stimulate the ovaries should not be given during treatment, but that the insemination should be timed around ovulation to give the best chance of success.

Policy Statement for NHS Lincolnshire Clinical Commissioning Group (CCGs):

The four Lincolnshire CCGs will fund unstimulated IUI for couples with proven subfertility in line with NICE Guideline CG156. Specifically, unstimulated intrauterine insemination should be considered as a treatment option in the following groups as an alternative to vaginal sexual intercourse:

- Couples who are unable to, or would find it difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm;
- Couples with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive);
- Couples in a same sex relationship.

Heterosexual couples eligible for IUI due to a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm, and those with conditions that require specific consideration in relation to methods of conception, may be referred directly into the subfertility pathway. Couples will be required to meet the criteria as outlined in the "Commissioning Policy for In Vitro Fertilisation (IVF)/ Intracytoplasmic Sperm Injection (ICSI) within tertiary Infertility Services" (East Midlands CCGs, 2014).

Same sex couples who have not become pregnant after six cycles of privately funded donor insemination undertaken in a clinical setting should be referred for an NHS subfertility assessment and possible treatment, following the local subfertility pathway (East Midlands CCGs, 2014).

Couples in a same sex relationship should fulfil all of the following criteria:

- the woman receiving donor insemination should be aged between 23 and 42 (inclusive) years of age;
- the woman receiving donor insemination should have a stable Body Mass Index between 19 and 30;
- both partners must be non-smoking for at least 28 days before treatment commences and must continue to be non-smoking throughout treatment. (validation via carbon monoxide testing may be required);
- the welfare of any resulting children is paramount. In order to take into account the welfare of the child, the centre should consider factors which are likely to cause serious physical psychological or medical harm, either to the child to be born or to any existing children of the family;
- no party should have living children from current or previous relationships, including adopted children, but excluding foster children. There needs to be an explicit and recorded assessment that the social circumstances of the family unit has been considered within the context of the assessment of the welfare of the child;
- no party to have had previous cycles of IVF, whether funded by the NHS or privately.

If a live birth results, no further cycles will be funded.

Funding of assisted conception for single women is not available in the Lincolnshire CCGs at this time.

Rationale for the policy

This Lincolnshire CCGs policy follows recommendations made in the National Institute for Health and Care Excellence (NICE) issued Clinical Guideline (CG156) 'Fertility: assessment and treatment for people with fertility problems' on requirements for referral to NHS funded testing and treatment for same sex couples. In developing NICE Guideline CG156 the guideline development group examined a wide range of evidence of effectiveness and cost-effectiveness of subfertility treatments (including IUI), offering evidence-based summary advice for assisting people of reproductive age who have problems conceiving.

To ensure a clear and consistent pathway, the Lincolnshire CCGs IUI Policy is aligned to the East Midlands IVF/ICSI Commissioning Policy (East Midlands CCGs, 2014).

This policy ensures that all patients eligible for consideration for assisted conception are treated in a fair and equitable manner.

References

NICE. *Fertility problems: assessment and treatment - NICE guidelines [CG156]*. London: National Institute for Health and Care Excellence, 2013a.

NICE. *Fertility (update): Guideline Consultation Comments Table*. London: National Institute for Health and Care Excellence, 2013b.

East Midlands CCGs. Commissioning Policy for In Vitro Fertilisation (IVF)/ Intracytoplasmic Sperm Injection (ICSI) within tertiary Infertility Services. East Midlands CCGs, 2014.

LCC. *Intrauterine Insemination Policy Options Paper*. Lincolnshire County Council Public Health, 2016.