

## Clinic insemination procedure: Intrauterine insemination

Procedure is almost the same as for intracervical insemination, except:

- Sometimes an instrument called a tenaculum is used to hold the cervix in place. May cause a pinching sensation, which some people experience as painful or uncomfortable. You can request that your practitioner attempt the IUI without it.
- Once the cervix is in view, some practitioners will wipe it with Betadine, an iodine wash.
- Next, a thin plastic tube called a catheter is put through the cervix and into the uterus. The catheter is connected to a syringe that contains specially prepared, washed semen. Some people don't feel the catheter; others feel pressure or slight discomfort.
- After the catheter is inserted into the uterus, sperm is released into the tube and uterus.
- Once the insemination is complete, the practitioner may ask you to rest for a few minutes or to get dressed right away.
- Some people feel cramping in their uterus after they inseminate; others do not. If you feel severe cramping after an IUI, promptly alert the medical staff.

## Entering the Medical World of Fertility/Infertility

Because donor insemination has for the most part been designated for use by heterosexual, cisgender\* couples with fertility problems, most of the clinics and doctors who will give lesbian/bisexual/queer/trans and single people access to donor insemination are set up as fertility clinics, and the doctors who work there are fertility/infertility "experts." This means that even though you may have no medical or health problems associated with fertility, you may be

treated as a fertility patient.

It is important to remember that insemination is not inherently a medical procedure and that you should not be assumed to have fertility problems simply because you do not have access to sperm in your daily life. It takes a heterosexual, cisgender couple with no particular fertility problems an average of six months to conceive. However, if you are going through the insemination process at a clinic and are not pregnant after three months the clinicians may begin to suggest interventions, usually tests or drugs. It is up to you to make informed choices about when and which interventions you want to proceed with, keeping in mind that a perfectly healthy, fertile person can take up to a year to get pregnant.

## The Emotional Roller Coaster

At least 80 percent of women who attempt to get pregnant using alternative insemination eventually succeed. However, while in the process of trying, don't underestimate the strain it can have on you, your partner and/or co-parents and your other relationships. You may be more sensitive, pick a fight more quickly or feel down more often. Keep in mind that trying to become pregnant is hard work. It takes time, energy and a certain amount of determination - more than you may have originally thought.

You may find you will need to reorganize your life slightly to make a space for the insemination process. You may become obsessed with your body and think of nothing else. No matter how hard you try to be relaxed and patient, you are likely to suffer extreme disappointment every time another period starts. It can be a very emotional time. Be as gentle with yourself as you can. Encourage your friends and loved ones to do the same.

\***Cisgender** refers to a non-transgender person, i.e. someone whose perceived biological sex matches the way they were raised and their internal gender identity.

## RESOURCES

LGBT Parenting Network  
Sherbourne Health Centre  
416-324 4100, ext. 5219 [www.sherbourne.on.ca](http://www.sherbourne.on.ca)

Queer Parenting Programmes  
The 519 Church St. Community Centre  
416-392-6878, ext. 109 [www.the519.org](http://www.the519.org)

Family Service Association of Toronto  
[www.fsatoronto.com](http://www.fsatoronto.com) (LGBT Parents)

T.O. Parent: Ontario LGBT Parent Matchmaker  
<http://groups.yahoo.com/group/to-parent/>

Brill, S. (2006) *The New Essential Guide to Lesbian Conception, Pregnancy and Birth*.  
Alyson Books: L.A./N.Y.

### Sperm Banks

Repromed 416-233-1212; Toll Free 1-877-249-4282  
[www.repromedltd.com](http://www.repromedltd.com)

Xytex Corporation  
(905) 967-0852; Toll Free 1-866-785-4709  
[www.xytex.com](http://www.xytex.com)

Can-Am Cryo Services  
905-524-3342; Toll Free 1-888-245-3471  
[www.canamcryo.com](http://www.canamcryo.com)

### Toronto Fertility Clinics

CREATE 416-323-7727 [www.createivf.com](http://www.createivf.com)

LIFEQUEST 416-506-0804 ; 1-866-543-3046  
<http://lifequestivf.com>

Toronto West Fertility Associates 416-231-4100  
[www.torontofertility.com](http://www.torontofertility.com)

For Health Canada's list of Canadian Physicians and Establishments that Process, Distribute, and/or Import Semen for Assisted Conception go to Health Canada's website: [www.hc-sc.gc.ca/](http://www.hc-sc.gc.ca/) and do a search for this document.

We cannot recommend or endorse specific organizations, services or websites, and this brochure is not intended to replace professional medical care or attention by a qualified professional.

design: [www.orangehabitats.com](http://www.orangehabitats.com)

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# Insemination Procedures

## Donor Insemination

Donor insemination, also known as alternative or "artificial" insemination (though there is nothing artificial about it), is a simple procedure involving the introduction of semen into a person's vaginal canal, cervix or uterus around the time of ovulation for the purpose of fertilizing an egg and achieving pregnancy. You can choose to do donor insemination at home with a known donor; or you can choose to be inseminated at a fertility clinic or doctor's office. If you choose home insemination you will do intravaginal insemination (IVI). This is the medical term for a procedure that simply places sperm inside the vagina. If you go the clinic or doctor route, it is possible to do either intracervical insemination (ICI), which places sperm just inside the cervical canal, or intrauterine insemination (IUI), which places sperm directly in the uterus through a sterile tube that is passed through the cervix. ICI and IUI should only be done by skilled practitioners.

## Home Insemination

Many people choose home insemination when they are using fresh sperm from a known donor, or from a donor whose identity is known only by a go-between. \*

The advantages of home insemination are that you are in a non-medical environment and you can set things up to be the most comfortable for you. And it's free!

\* *Any time you are inseminating with fresh sperm, even when the donor is known to you and has had updated blood tests, there is still a risk of sexually-transmitted infections (STIs). For this reason it is critical that you have enough information about your donor to be confident they are not at risk.*

*Doing home insemination with a donor you don't know (using a go-between) can be risky as you are relying on the word of someone you have never met with regards to safer*

*sex practices and health risks. For this reason, most health care professionals do not recommend this method of using anonymous sperm.*

## Instructions for Donors

Here is a list of instructions to share with your donor prior to donation. If you have a go-between, that person should go over this information with your donor. This assumes that your donor has had all necessary blood tests and has shared the results with you. Blood tests need to be updated prior to insemination if they are sexually active with a new partner or with more than one partner. **BE AWARE THAT SOME RISK OF INFECTION MAY STILL EXIST, AS A RECENT INFECTION DOES NOT ALWAYS SHOW UP RIGHT AWAY IN BLOOD TESTS**(See brochure "Choosing a Sperm Donor: Known or Unknown" for information on recommended tests for donors.)

- Avoid masturbation or sexual activity involving ejaculation for one to two days prior to donating sperm. Also avoid wearing tight pants. Avoiding both will increase your sperm count.
- Do not take a hot shower, sauna or hot bath prior to donating sperm. This can decrease the number of sperm.
- Avoid using drugs or alcohol 2-3 days prior to donating sperm.
- At or near the time of insemination, ejaculate into a clean glass jar with a lid. The jar does not need to be sterile. You can wash it with ordinary dish soap and water - just make sure it is well-rinsed, cooled and dried, as sperm do not thrive in high temperatures or in contact with water. Wide mouth jars like artichoke or baby food jars work well. You can also use a sterile urine specimen cup from a doctor's office or medical supply store.
- Keep the semen at body temperature. If it is to be transported place the jar in a sock, towel or thermos and keep it close to your body.

- Ejaculate as close to the time when semen is to be used as possible. The sperm are most viable when used within a couple of hours of ejaculation.

## Instructions for the Person Who is Being Inseminated

As you begin the process of insemination you may want some basic information about semen. It is important to know that semen has a strong odor and it is rather stringy and/or lumpy in texture. A single ejaculation produces approximately one to two teaspoons of semen that contain millions of tiny sperm cells.

- Use fresh semen as soon as possible after ejaculation (not longer than 1 -2 hours).
- Keep the semen warm - at body temperature is best.
- When inseminating, lie on your back. Put a pillow under your hips to elevate your pelvis slightly. This will encourage the sperm to swim towards your uterus.
- Use a 3 or 5 c.c. non-latex syringe, without the needle. Before drawing the semen into the syringe, make sure that the cap is off the syringe and that you have expelled any air from it. Draw the semen into the syringe by pulling back slowly on the plunger.
- Guide the syringe into your vagina, or let a friend or partner do it. Insert the syringe far back inside the vagina, but not into the cervix itself. Press gently and slowly on the plunger, until all the semen is out of the syringe.
- If you want to maximize use of the semen, rinse the container the sperm was collected in with 1 to 2 c.c. of normal saline (salt water available from a drug store) and inseminate this too (this step is not mandatory).
- When all the semen is out of the syringe, remove it slowly from the vagina.

- Remain lying down with your hips elevated for approximately 10 minutes (or longer, if possible.) Some people place their feet high on a wall.
- Coordinating all the logistics of home insemination can be stressful, particularly the first few times. Try and relax into the process, and remember - laughter releases endorphins into your system, which can also increase fertility.

## Clinic Insemination

People choose clinic insemination for a variety of reasons. Some value the legal protection and protection from STI infections that comes from using an anonymous donor and frozen sperm; some want access to the technology that can pinpoint ovulation; others use the clinic to access fertility treatments when required. At a clinic both intracervical inseminations (ICI) and intrauterine inseminations (IUI) are available.

## Clinic insemination procedure: Intracervical insemination

- The person lies on their back with feet placed in stirrups of the examining table with knees open in the position typical of most gynaecological examinations.
- The practitioner draws the semen into a syringe.
- A speculum is placed in the vagina. The speculum is opened so the practitioner can see the cervix and vagina.
- With the speculum still in place, the donor semen is gently placed just inside the cervical canal. A small amount may also be placed in the back of the vagina.
- The speculum is removed. Care is taken to avoid removing semen that has collected on the lower blade of the speculum.
- If possible, lie down with hips elevated for 10 to 15 minutes. If this is not possible in the clinic, you can do it at home, in the car, or on any available couch or chair.