

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Intrauterine Insemination Policy

**This policy is not a fertility treatment policy. The intention of this policy is to aid couples who are unable to have regular intercourse demonstrate infertility. The NHS treatment pathway for infertility starts once infertility is confirmed. For fertility treatment please see the In Vitro Fertilisation (IVF)/ Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility Services Policy.**

#### **Statement**

Derby and Derbyshire CCG (DDCCG), has restricted the access of intrauterine insemination (IUI).

DDCCG will fund 6 cycles of IUI for the patient groups listed below **ONLY** once the patient has self-funded the initial 6 cycles of IUI and have been unsuccessful in achieving a pregnancy.

IUI should be considered as an alternative to vaginal sexual intercourse in the following groups of patients:

- 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 a same-sex relationship where one partner has an intact uterus.

DDCCG will fund the initial 6 IUI cycles where the male partner is HIV positive **AND** the couple is clinically indicated to receive IUI. This is because IUI in these circumstances is regarded as a harm reduction measure. Where achieving a pregnancy has been unsuccessful after the initial 6 cycles of IUI, DDCCG will fund another 6 cycles of IUI.

IVF will only be considered once couples who fall into the groups of patients listed above are unsuccessful in achieving a pregnancy after completing 12 cycles of IUI.

DDCCG will commission access to a clinical consultation to discuss options for attempting conception, further assessment and appropriate treatment providing that the criteria outlined within the policy is met.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

## 1. Background

This policy should be read in conjunction with In Vitro Fertilisation (IVF)/ Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility Services Policy.

IUI is a form of fertility treatment where better quality sperm are separated from slower/non-moving or abnormally shaped sperm and then inserted into the uterine cavity around the time of ovulation. IUI can be carried out in a natural cycle, without the use of drugs, or the ovaries can be stimulated with oral anti-oestrogens or gonadotrophins. The IUI procedure can be provided using partner or donor sperm.

As with any fertility treatment, the younger the woman is the higher her chances of getting pregnant. You're also more likely to get pregnant if you have fertility drugs to stimulate your natural cycle.

Over 50% of women aged under 40 years will conceive within 6 cycles of IUI. Of those who do not conceive within the initial 6 cycles of IUI, around half will do so after a further 6 cycles. This gives IUI a cumulative pregnancy rate of around 75% over 12 cycles.

## 2. Recommendation

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### Eligibility Criteria:

- All couples are eligible for fertility consultation and advice in primary care.
- DDCCG will fund 6 cycles of IUI for the patient groups listed below **ONLY** once the patient has self-funded the initial 6 cycles of IUI and have been unsuccessful in achieving a pregnancy, despite evidence of normal ovulation, tubal patency and semen analysis.
  - For the purpose of access to NHS services, donor or partner insemination should be undertaken in a clinical setting with an initial clinical assessment and appropriate investigations.
- IUI should be considered as an alternative to vaginal sexual intercourse in the following groups of patients:
  - 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 a same-sex relationship where one of the partner has an intact uterus.
- DDCCG will fund the initial 6 IUI cycles where the male partner is HIV positive AND the couple is clinically indicated to receive IUI following a successful sperm washing procedure. This is because IUI in these circumstances is regarded as a harm reduction measure
  - In these circumstances the initial 6 cycles of IUI will be funded.
  - Where achieving a pregnancy has been unsuccessful after the initial 6 cycles of IUI, DDCCG will fund another 6 cycles of IUI.
  - Sperm washing should be offered where the man is:
    - not compliant with highly active antiretroviral treatment (HAART), or
    - his plasma viral load is  $\geq 50$  copies/ml.
- IVF will only be considered once couples who fall into the groups of patients listed above are unsuccessful in achieving a pregnancy after completing 12 cycles of IUI.

NB. Sperm washing, where the sperm has come from a man who is hepatitis C positive is not necessary. It is advised that partners of individuals with hepatitis B should be vaccinated before fertility treatment is initiated.

Where, after 12 cycles of IUI, a pregnancy has not been achieved the couple will be considered for IVF. See IVF ISCI within Tertiary Infertility Services Policy.

### **Exclusion Criteria:**

IUI should not be routinely offered to:

- People who are having regular sexual intercourse and have:
  - unexplained infertility
  - mild endometriosis
  - mild male factor infertility
 (Instead, these patient groups should be advised to try and conceive for a total of 2 years)
- People who have been sterilized.
- People who have social objections to IVF who have an underlying fertility problem.
- An exception to these exclusion criteria is people who have cultural or religious objections to IVF who have an underlying fertility problem.
  - In these circumstances the option of IUI will be discussed as part of the assessment and treatment in the NHS.

## Assessment Criteria for IUI Referral

- Same-sex couples who have been unsuccessful in conceiving after 6 cycles of self-funded IUI with the last IUI cycle being completed in the past 12 months.
- Age:
  - up to 39 years for a woman
- BMI:
  - within 19-30 for a woman
- Consideration of the child's welfare:
  - Center 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. This is a requirement of the licensing body, Human Fertilization and Embryology Authority.
- Family structure:
  - No living children from current or previous relationship(s), including adopted children, but excluding foster children. There needs to be an explicit and recorded assessment that the social circumstances of the family unit have been considered within the context of the assessment of the welfare of the child.
- Non-smoking status for either partner:
  - Ex-smokers must not have smoked a cigarette for at least 28 days before treatment commences
  - Ex-smokers must continue not to smoke throughout treatment
  - Sole use of e-cigarettes without concurrent use of tobacco is classified as non-smoking for the purpose of this policy.

## Referral to Other Services

- Patients who fail to achieve a pregnancy after 12 cycles of IUI will be considered for IVF
- Where psychosexual problems prevent vaginal intercourse the couple should, in the first instance, be referred for psychosexual counselling
- Same-sex couples considering surrogacy are referred to the Surrogacy Policy. This Policy states that the NHS "will not provide routine funding for the medical treatment required to give effect to a surrogacy arrangement".

## Exceptional Circumstances

Cases may be considered via the CCG's Individual Funding Request route but must demonstrate robust, clinical exceptionality.

### 3. Rationale for Recommendation

- The rationale for funding initial rounds of IUI for couples where the man is HIV positive and the couple are clinically indicated to receive IUI following successful sperm washing serves to prevent transmission of HIV to the woman and the child.
- Male partners who are hepatitis C positive have a low likelihood of transmitting the virus through sexual intercourse (approximately 2%) and NICE state there is insufficient evidence about the value of sperm washing to reduce that risk even further; partners of individuals with hepatitis B should be vaccinated before fertility treatments begin and sperm washing is not necessary.

### 4. References

- NHS England (2014) Clinical Commissioning Policy: Assisted Conception <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/n-sc037.pdf>
- NICE (2013). CG156: Fertility: Assessment and treatment for people with fertility problems <https://www.nice.org.uk/guidance/cg156/resources/fertility-problems-assessment-and-treatment-pdf-35109634660549>
- HFEA (Human Fertilisation & Embryology Authority) <https://www.hfea.gov.uk/treatments/explore-all-treatments/intrauterine-insemination-iui/>
- ESHRE Capri Workshop Group. "Intrauterine insemination." Human Reproduction Update (2009).
- Fertility treatment 2017: trends and figures (may 2019) <https://www.hfea.gov.uk/media/2894/fertility-treatment-2017-trends-and-figures-may-2019.pdf>

## 5. Appendices

### Appendix 1- Consultation

Consultee	Date
CCPAG	July 2015
Consultant in Public Health input	May 2015
Derbyshire Affiliated Commissioning Committee	July 2015
Patient consultation	August 2015
Consultant Gynaecologist, Fertility Unit Lead and IVF consultant, UHDB	July, August 2019
CPAG	July 2019, August 2019
Private fertility service providers	August 2019
Senior Nurse Manager, Fertility Unit, Nottingham University Hospital	August 2019
Consultant Scientist, Person Responsible - Fertility Unit, Nottingham University Hospital	August 2019
Clinical and Lay Commissioning Committee	September 2019
Clinical Policy Advisory Group	November 2019
Clinical and Lay Commissioning Committee	December 2019
Clinical Policy Advisory Group	January 2020
Clinical and Lay Commissioning Committee	February 2020
Clinical Policy Advisory Group	February 2020
Clinical and Lay Commissioning Committee	March 2020

## Appendix 2- Document Update

Document Update	Date Updated
First produced - version 1	July 2016
Policy reviewed – version 2	July 2019
Addition of 'This policy is not a fertility treatment policy. The intention of this policy is to aid couples who are unable to have regular intercourse demonstrate infertility. The NHS treatment pathway for infertility starts once infertility is confirmed. For fertility treatment please see the In Vitro Fertilisation (IVF)/ Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility Services Policy.' – version 2.1	November 2019
Removal of 'social' objections to IVF as an exception for IUI for infertility treatment. Addition of 'People who have social objections to IVF who have an underlying fertility problem' to the policy's exclusion criteria - version 2.2	January 2020
'Female same-sex couples' changed to 'people in same-sex relationships where one partner has an intact uterus'; 'Same-sex couples who have been unsuccessful in conceiving after 6 cycles of self-funded IUI within the last 12 months' changed to ' Same-sex couples who have been unsuccessful in conceiving after 6 cycles of self-funded IUI with the last IUI cycle being completed within the past 12 months' – version 2.3	February 2020