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Assessment of the effectiveness of intrauterine insemination for couples with isolated cervical factor.

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Objective: To assess the effectiveness of controlled ovarian hyperstimulation (COH) followed by intrauterine insemination (IUI) in couples with cervical factor subfertility compared with expectant management or timed intercourse with IUI. Intrauterine insemination was proven to be effective in management of patients with unexplained as well as male factor infertility.
Design: Retrospective study.
Materials and Methods: We included 99 cycles of patients undergoing IUI during the period between January 2003 to July 2005 at Cleveland Clinic. Couples were included if they had a cervical factor diagnosed, with normal semen parameters and they had no other factors that may affect their fertility. Theses patients were allocated to expectant management for three months and then timed intercourse
(TI) with IUI for another three months. If theses attempts failed, IUI cycles were done using clomiphine citrate (CC) or controlled ovarian hyperstimulation (COH). CC was given as 100 mg/day from day 3 to day 7 of the cycle. Ovarian hyperstimulation was done using pure follicle stimulating hormone (FSH) and /or human menopausal gonadotroins (HMG). Ovarian response was monitored by transvaginal ultrasonography. 10,000 IU of human chorionic gonadotropin (hCG) was given when dominant follicle reached maturity. A single IUI was performed 36 hours after hCG administration. IUI was performed with freshly prepared husband's semen. The clinical pregnancy rate per cycle for each group was determined. Multiple logistic regression analysis was performed to control for age, and duration of infertility.
Results: The mean age was 27 ± 2.2 years; the mean duration of infertility was 1.76 ±1.1 years. All treatment groups were comparable in demographic and infertility characteristics. The clinical pregnancy rate per cycle in patients with natural cycles and timed intercourse/IUI, patients receiving CC//IUI, and patients on COH/IUI, were 11.8%, 28.6% and 31.3% .The pregnancy rate was significantly higher in patients in CC/IUI group and FSH/IUI group compared with expectant management, TI/IUI.(p=0.046, p=0.024) respectively. Although there was no significant difference between both groups using CC and COH in their stimulation protocols. (P=0.21).
Conclusion: This study suggested that IUI with the use of ovulation induction has a beneficial effect in couples with isolated cervical factor rather than expectant management or TI with IUI. Thus we shouldn't wait for too long time if no pregnancy occurred without ovarian stimulation especially in patients who are older than 35 years as their chances of getting pregnant will decrease as long as we wait. CC may be used as the first choice as it is less expensive than FSH and showed no marked difference in pregnancy outcome.
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