Abstract

The Influence of Additional Administration of Human Chorionic Gonadotropin (hCG) Following Intrauterine Insemination on The Clinical Pregnancy Outcome: A Hospital-Based Review

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Objective:

To evaluate the pregnancy rate with and without administration of additional hCG after IUI.

Methods:

The data on IUI cycles performed at the Medically Assisted Conception (MAC) unit, UKM Medical Centre, over a period of sixteen months were analysed. In all of the IUI cycles, a clomiphene citrate and/or FSH stimulation protocol and a standard IUI technique with pre-IUI administration of hCG were performed. The study protocol was to administer an additional hCG immediately after IUI.

Results:

The analysis included 274 cycles. One hundred thirty seven cycles only received hCG pre-IUI and another half received hCG pre and post-IUI. The clinical pregnancy rates were significant higher in the group receiving additional hCG adminstration post-IUI (16.8% vs. 8.8%, p=0.046). In the group receiving hCG pre and post-IUI, there were four twin pregnancies (2.9%) and 1 triplet (0.7%). Nonetheless, there was no ovarian hyperstimulation syndrome (OHSS).

Conclusion:

Administration of additional 'rescue' hCG immediately after IUI appeared to intensify considerably the pregnancy rate in IUI cycles. With a strong confirmatory result, it might eventually lead to avoidance of expensive artificial reproductive techniques i.e. IVF or ICSI in selected couples undergoing infertility treatment. 'Rescue' hCG post-IUI in couple with repeated failed conventional IUI may be recommended as it appeared to be safe with minimal detrimental effect.