

## عنوان مقاله:

Randomized controlled trial of Timing of intrauterine insemination

## محل انتشار:

سومین کنگره بین المللی چالش های بالینی در مامائی، زنان و نازائی (سال: 1398)

تعداد صفحات اصل مقاله: 1

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#### خلاصه مقاله:

Background and Aim: Controlled ovarian stimulation (COS) with intrauterine insemination (IUI) is aneffective treatment in cases of cervical factor, unexplained infertility and mild male factor. The optimaltiming of IUI after human chorionic gonadotrophin (hCG) after COS with letrozole is debatable and maybe a factor limiting success of same. This study was designed to scientifically determine if variation in thetiming of IUI could affect the cycle outcome. Methods: In a prospective randomized trial couples with mild male factor and unexplained infertility whounderwent COS with IUI were recruited. COS was achieved with letrozole The dose of letrozole used hasvaried between 5-7.5 mg. Two hundred women underwent 690 cycles of IUI. Women were randomized totwo groups: group I (100 patients, 351 cycles) had IUI 36 h after hCG, while group II (100 patients, 339cycles) had IUI 24 h after hCG. Primary outcome included pregnancy rate per couple and per cycle.Results: The cumulative ongoing pregnancy rate after a maximum of four cycles was 18.2% in group 1(38 ongoing pregnancies) and 29.2% in group 2 (48 ongoing pregnancies) (RR 0.78 95% CI 0.57 to 1.07). Ongoing pregnancy rates per cycle in IUI group I were 6.8%, 10.5%, 9.5% and 7.4% for the first, second, third and fourth IUI cycle while in IUI group II, ongoing pregnancy rates were 8.3%, 16.4%, 13.5% and 9.0% for the first, second, third and fourth IUI cycle respectively. Conclusion: Altering timing of IUI after COS does enhance pregnancy rates. IUI 24 h after hCG hasmarginally better pregnancy rates than 36 h. .The lack of statistical significance indicates need for largerstudies to draw guidelines

# كلمات كليدى:

letrozole, intrauterine insemination, human chorionic gonadotrophin, unexplained infertility

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