MRSi
Midwest Reproductive Symposium international

THE MYTH OF PRECISION IN IUI—RE-EXAMINING TIMING AND MONITORING PRACTICES THAT DO NOT CONSISTENTLY IMPROVE LIVE BIRTH

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BACKGROUND

- Precision-based timing and intensive monitoring are commonly used in IUI.
- These practices increase complexity, cost, and patient burden.
- It is unclear whether they consistently improve live birth rates (LBR).

OBJECTIVE

To evaluate whether commonly used timing and monitoring practices in intrauterine insemination (IUI) improve live birth compared with lower-intensity approaches.

DESIGN

Structured evidence synthesis.

MATERIALS & METHODS

Structured review of:
- Randomized controlled trials
- Cochrane systematic reviews
- Meta-analyses
- ASRM guidelines

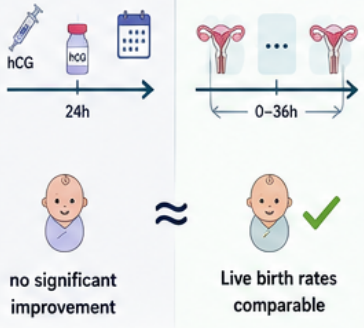
Domains evaluated:
1. Timing of IUI within 0–36 hours after hCG trigger
2. Simultaneous IUI and hCG administration vs delayed IUI
3. Ultrasound-monitored cycles vs urinary LH surge–timed cycles

Primary outcome: Live birth rate (LBR)
Secondary outcomes: Pregnancy rates, patient burden, and cost

RESULTS

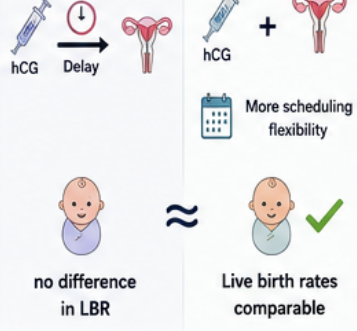
Across domains, evidence does not demonstrate consistent improvement in live birth with more intensive or precisely timed strategies.

1 Timing After hCG Trigger



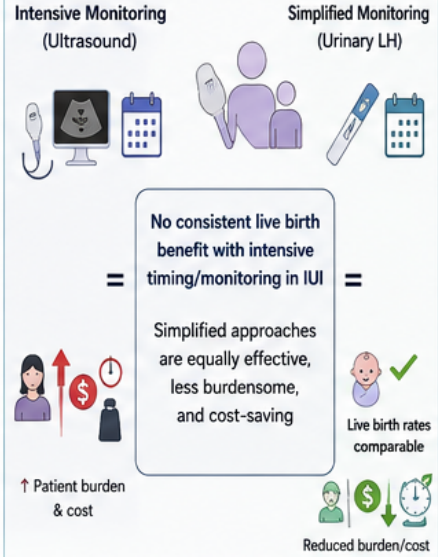
Comparable live birth outcomes across the 0–36-hour window following hCG trigger.

2 IUI & hCG Administration



Simultaneous IUI and hCG administration yields similar outcomes to delayed insemination while improving scheduling flexibility.

3 Cycle Monitoring Methods



Urinary LH–timed cycles demonstrate comparable live birth outcomes to ultrasound-monitored cycles in appropriately selected patients.

Increased monitoring and rigid scheduling were associated with greater patient burden and resource utilization without reproducible gains in LBR.

CONCLUSIONS

Commonly used precision-based timing and monitoring strategies in IUI do not consistently improve live birth outcomes.

Simplified approaches may offer comparable effectiveness with reduced burden and cost.

KEY TAKEAWAY

Less can be more. Evidence supports flexible timing and simplified monitoring in IUI without compromising live birth outcomes.

DATA SOURCES

- Randomized controlled trials
- Cochrane systematic reviews
- Meta-analyses
- ASRM guidelines