

# WHO 2025 Guideline for the Prevention, Diagnosis and Treatment of Infertility: Narrative on IUI Procedures

## **WHO Narrative on Intrauterine Insemination (IUI)**

The World Health Organization (WHO) recognizes infertility as a global public-health condition and frames fertility care as an essential component of sexual and reproductive health services. Within this framework, intrauterine insemination (IUI) is positioned as a key intermediate fertility intervention that is intended to be accessible, cost-effective, and scalable across health systems.

WHO emphasizes a stepwise, evidence-based approach to infertility management in which individuals and couples should be offered the least invasive and least costly effective treatments first, with escalation only when clinically justified. IUI plays a central role in this approach, particularly for couples with unexplained infertility and mild male-factor infertility.

### **IUI in the WHO Care Pathway**

Under WHO guidance, IUI is embedded within a structured treatment algorithm. Couples undergo initial assessment and diagnosis to confirm ovulation, tubal patency, and semen suitability. Expectant management is recommended as a first step. If this is unsuccessful, stimulated IUI using oral ovulation-induction agents is recommended. If S-IUI fails, timely progression to IVF is advised.

### **Appropriate Indications for IUI**

WHO supports the use of IUI primarily for couples with unexplained infertility and those with mild male-factor infertility, provided the female partner has confirmed ovulation and patent fallopian tubes and the male partner has semen parameters within or near WHO reference ranges. These indications ensure that IUI is used where it has the highest likelihood of success and where more invasive assisted reproductive technologies are not yet required.

### **Unstimulated versus Stimulated IUI**

WHO does not recommend unstimulated IUI as a first-line treatment for unexplained infertility, as it does not significantly improve outcomes over expectant management. Instead, WHO supports stimulated IUI using oral agents such as letrozole or clomiphene citrate. These approaches balance effectiveness with safety, cost, and accessibility.

### **Number of IUI Cycles**

WHO does not specify a single fixed number of IUI cycles but notes that evidence from clinical studies typically supports the use of approximately three to six cycles of stimulated IUI. If pregnancy has not been achieved after this number of cycles, WHO recommends timely escalation to in vitro fertilization (IVF) rather than prolonged or repeated IUI.

## **Safety and Risk Management**

WHO emphasizes avoidance of multiple pregnancies, conservative ovarian stimulation, patient counseling, and documentation of outcomes to ensure safe and effective delivery of IUI.

## **Decentralized Care**

IUI is intended to be delivered by front-line fertility providers including OB-GYNs, supporting decentralization of fertility care while maintaining high standards of clinical quality.

**In summary, WHO endorses IUI as a structured, evidence-based, and cost-effective fertility treatment when used appropriately within a stepwise care pathway.**

## **WHO Citation**

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