ARTIFICIAL INSEMINATION

by

R. RAJAN,* M.B.B.S., M.D., D.G.O.

Artificial insemination is the instrumental deposition of semen in the genital tract of the female. It is termed homologous (husband) when the semen of the husband is employed and heterologous (donor) when the semen of one other than the husband is employed.

Material and Method

Twenty-four couples with incurable male sterility problems, where adoption was the only other alternative, were selected for this study. Twenty men were azoospermic, 3 had severe oligospermia and one had normal sperm count but he was impotent. All of them volunteered for artificial insemination. Artificial insemination was considered as the answer to this problem and was carried out only after both marital partners had agreed to it and had signed a written request for the procedure. The donor of the semen and the married couple remained unknown to each other. The semen was collected from a set of physically and mentally healthy donors who were of above average intelligence. Same donor was not used repeatedly.

After history taking and clinical examination of the male partner, a semen analysis was done routinely. When azoospermia or severe oligospermia was detected, the semen analysis was repeated and after confirming the findings, a testicular biopsy was done. No detailed investigation was carried out on the female partner. History of regular cycles, spasmodic dysmenorrhoea, premenstrual acne, premenstrual mastalgia, ovulation pain and mid-cyclic mucorrhoea, in the presence of a normal genital tract were considered as evidence of ovulation. In 12 women basal body temperature chart was followed, and in some others spinnbarkeit was taken as a guide.

Insemination was done three times in a particular cycle (on alternate days in the first half of the cycle). The procedure was carried out within one hour of collection of semen, but definitely after liquifaction of semen was completed. Temperature chart and quality of cervical mucus were useful in deciding the day of insemination. A few drops of semen were slowly introduced in the lower part of the cervical canal and the rest deposited on the surface of the portio and in the posterior fornix. The woman remained on the examination table for ½ to 1 hour, with her hip raised.

Results

In the total 24 cases studied there were 9 pregnancies in 8 women (one became pregnant twice), giving a success rate of 37.5%. Details of the pregnancies are given in Table II. Five women are still

*Assistant Professor of Obstetrics & Gynaecology, Medical College Hospital, Kottayam, Kerala.

Accepted for publication on 7-4-1975.