

IUI, Unexplained Infertility & Who Can Have IVF

When insemination is offered, what happens when no cause is found, and the NHS criteria NICE recommends for IVF.

SECTION 01

INSEMINATION WITHOUT FERTILITY DRUGS

Unstimulated IUI places prepared sperm directly into the womb around the time you ovulate, in your natural cycle, with no ovary-stimulating drugs. NICE recommends it before IVF for two groups of people, provided there's no reason it isn't suitable.

12
CYCLES

Offered before considering IVF if:

- you can't have, or would find it very difficult to have, vaginal sex because of a clinically diagnosed physical disability or psychosexual problem, *or*
- the male partner has no sperm in the semen (azoospermia), surgical sperm retrieval isn't suitable or hasn't worked, and you choose donor sperm.

Rec. 1.37.1

+6
CYCLES

Already using donor insemination?

If you haven't conceived after **6 cycles** of donor insemination, you're offered **6 more cycles of unstimulated donor IUI** before IVF is considered, as long as there's no known or suspected cause of infertility.

Rec. 1.37.2

SECTION 02

WHEN NO CAUSE IS FOUND

"Unexplained" infertility means your tests have come back normal but you haven't yet conceived through regular unprotected vaginal sex. The guideline sets out a clear path.

1

2 years

Keep trying naturally

Try for a **total** of 2 years before treatment, including the time you had already been trying before your tests.

Rec. 1.38.1

2

Talk it through

Discuss your options

Your team explains the benefits and risks of each option and takes your own preferences into account.

Rec. 1.38.3

3

Then either

Up to 4 cycles of stimulated IUI

NEW IN 2026

IUI combined with gonadotrophin injections to stimulate the ovaries, considered before IVF.

or

Go straight to IVF

NEW IN 2026

See the access criteria in section 03.

Why IVF is a first-line option

NICE's analysis compared no treatment, fertility drugs alone, IUI and IVF. IVF came out as the most cost-effective first treatment. Stimulated IUI is a reasonable alternative for people who prefer a less invasive start.

Not offered

FERTILITY DRUGS ON THEIR OWN

NEW IN 2026

Ovarian stimulation as a stand-alone treatment, without IUI or IVF, isn't offered for unexplained infertility. It wasn't found to be effective.

Rec. 1.38.2

A miscarriage or ectopic pregnancy during the 2 years doesn't restart the clock. Rec. 1.16.7

NICE recommends offering IVF to women, trans men and non-binary people with female reproductive organs **who haven't yet reached their 42nd birthday** and who meet one of these criteria. Rec. 1.39.3 **NEW IN 2026**



A diagnosed cause

There's a known cause of infertility, and other treatments aren't suitable or haven't worked.



Unexplained, after 2 years

No cause found and no pregnancy after **2 years** of regular unprotected vaginal sex, with or without IUI.



After insemination

No pregnancy after **12 cycles** of artificial insemination, at least 6 of them by IUI.

How many full cycles, by age

● Offered ◻ May be considered

UNDER 40



3 + up to 3 more

3 full cycles offered first. If none succeeds, your team discusses your chances and may consider up to 3 further cycles. Rec. 1.39.6–7 **NEW IN 2026**

40 – 41



1

1 full cycle, if you've never had IVF before. Rec. 1.39.9

NEW IN 2026

42 AND OVER



0

Not recommended for NHS funding. NICE's analysis found IVF wasn't cost-effective from this age.

Turning 40 during treatment? You can finish the full cycle you're in, but no further cycles are offered. Rec. 1.39.6–7

WHAT COUNTS AS ONE FULL CYCLE

1

round of ovarian stimulation



all

the fresh and frozen embryos it produces, transferred

So a frozen embryo transfer from the same egg collection is part of the same cycle, not a new one. Rec. 1.39.4

Cancelled cycle: one where no egg collection takes place. Cycles cancelled because of a low response are taken into account when deciding on further IVF. Rec. 1.39.5

Paid privately before? You aren't ruled out of NHS IVF, but any previous full cycle, self-funded or NHS, counts towards the NHS total. Rec. 1.39.8



Your ovarian reserve is part of the conversation

NEW IN 2026

AMH or antral follicle count results help your team discuss how likely IVF is to work for you. Rec. 1.39.2



Risks and benefits explained first

Before IVF, your clinic talks through risks and benefits in line with the HFEA Code of Practice. Rec. 1.39.1

Local funding can differ

NICE sets out what it recommends; your local NHS commissioner decides what is funded where you live. NICE itself notes that very few areas in England currently offer IVF in line with its recommendations, so check your local criteria with your GP or clinic.

Sources: NICE guideline NG257, Fertility problems: assessment and treatment (2026), sections 1.37–1.39 and the rationale for recommendations 1.38 and 1.39.

This is general information, not personal medical advice. Always speak to your GP or fertility specialist about your own situation.

Want to know more?

Gynaepedia.com