

Artificial Insemination Instructions

There are basically 3 ways of doing an at-home insemination:

1. The so-called **Turkey Baster Method**, though it is smarter to use a needle-less syringe than a turkey baster.
2. Insemination using a **Cervical Cap, Diaphragm or Soft Cup**.
3. Using a **Cervical Cap with Access Tube**, such as the Oligiosperma Cup (needs to be purchased through a doctor). This is a cervical cap with a tube for adding sperm after the cup is in place.

TURKEY BASTER METHOD (NEEDLELESS SYRINGE)

Supplies needed:

- Needle-less Syringe
- Collection Cup
- Saline without additives or preservatives (Optional)
- Tube to attach to syringe (Optional)

The syringe should have a plunger, not a bulb end (not the mini turkey baster!). All syringes work pretty much the same way. You can attach a catheter (thin tube) to the syringe but you don't need to and it may waste more of the semen to use one.

1. Have the male ejaculate into a clean, sterile plastic collection cup (if using fresh semen). You'll probably have the best luck getting the semen out of a collection cup since you could suck a baggy or condom up into the syringe and block the opening. You can use a tiny bit of saline, without additives/preservatives, to help get as much sperm as possible into the syringe, but you don't need to worry too much about leaving a little behind. If you are using frozen sperm, you need to ask the sperm bank for directions on thawing.
2. Draw back on the syringe once with nothing but air, then push the air out again.
3. Draw back on the syringe again, but this time have the end of it in the semen -- the vacuum created by pulling back on the stopper will suck the semen into the syringe.
4. Try to tap out any air bubbles since you don't want to inject air into your vagina. You can do this by slowly rotating the syringe until the opening is facing up. Tap the air bubbles to the top and then push the plunger in on the catheter just a small amount -- enough to get rid of air w/o squirting semen out.
5. Get into a position where you can either stay comfortably for a half hour or a position where you will have minimal movement. It is ideal to either have hips raised or to lay on your side making sure your pelvis is canted (usually hips provide natural angle if your hips are wider than your waist, but if your bed, or wherever you are lying, is soft, you may want to put a pillow or two underneath your hip).
6. Slowly glide the syringe, or catheter, into the vagina until it is close to the cervix -- but do not try to get it into the cervix and do this gently. Your goal is to coat the outside of the cervix and to deposit as much sperm as possible as close the cervix as you can get it.
7. SLOWLY inject sperm. If you do it too fast, it can squirt out of the vagina or at least spray away from the cervix.
8. If you are concerned about wastage in the syringe, you can use some saline, without additives . . . add some to the syringe, shake it a bit, get the air out, and inject. This is not necessary since there probably won't be enough wastage to be of concern.
9. Try to have an orgasm -- Some suggest that using a vibrator for clitoral stimulation produces a bigger, more powerful orgasm. Use whatever method works best for you (unless it requires lots of water!). The orgasm helps the cervix dip into the vaginal pool and suck up sperm -- it helps get more sperm up there,

and may speed sperm travel. Avoid penetration (as in intercourse or with vibrator). This falls in the can't hurt, might help category.

Timing for this kind of insemination is the same as for intercourse -- if possible. The best timing is the day before LH surge (as detected with an ovulation predictor kit), day of LH surge, and next 2-3 days, the last day or two being insurance. If you don't have all those options, the day of the LH surge and the day after are best.

The advantage to this method is that you don't need any fitted equipment! You don't even need a speculum (though you can use one).

The success rate is the same as with intercourse, perhaps a bit less because there are usually fewer opportunities for insemination and timing may not cover the bases as well.

CERVICAL CAP / DIAPHRAGM / SOFT CUP

Supplies needed:

- Cervical Cap, Diaphragm or Soft Cup
- Collection Cup (Optional)
- Needle-less Syringe
- Saline without additives or preservatives (Optional)

Both the cervical cap and diaphragm are items that you are usually fitted with by a doctor. The Soft Cup is actually a cup that women use to hold their period blood instead of a tampon or pad. You may want to practice insertion before the actual insemination to avoid spilling the semen.

1. You can either have the donor ejaculate directly in the cap/diaphragm/cup, or into a collection cup. You may need a needle-less to get the semen from the collection receptacle to the cap/diaphragm/cup.
2. Fold the cap/diaphragm/cup in half so the upper rim is closed enough to hold in the semen.
3. Get into a comfortable position for insertion -- standing with leg up on chair/toilet, sitting wide legged on toilet . . . whatever works for you. You can also have your partner insert it, but practice first.
4. If you are using a syringe and are concerned about wastage in the syringe, you can use some saline, without additives . . . add some to the syringe, shake it a bit, get the air out, and inject. This is not necessary since there probably won't be enough wastage to be of concern.
5. Once the cap/diaphragm/cup is in place, try to have an orgasm. Penetration is OK, but maybe not the best idea . . . As stated above some suggest that using a vibrator for clitoral stimulation produces a bigger, more powerful orgasm. The orgasm helps the cervix dip into the vaginal pool and suck up sperm -- it gets more sperm up there, and may speed sperm travel. It's one of those can't hurt, might help things.
6. Leave the cap/diaphragm/cup in place for at least 2-3 hours, but not more than 12.

Timing is the same as for intercourse -- if possible. The best timing is the day before LH surge (as detected with an ovulation predictor kit), day of LH surge, and next 2-3 days, the last day or two being insurance. If you don't have all those options, the day of the LH surge and the day after are best.

One advantage of this method is that you can move around immediately since the sperm is placed next to the cervix and held there. A disadvantage is that you need to be fitted for a cervical cap or diaphragm.

The success rate is the same as with intercourse, perhaps a bit less because there are usually fewer opportunities for insemination and timing may not cover the bases as well.

CERVICAL CAP WITH TUBE

Supplies needed:

- Cervical Cap with Tube
- Collection Cup
- Needle-less Syringe (Optional)
- Saline without additives or preservatives (Optional)

I've only found one such device and it is sold to doctors and medical suppliers. You may need to get it from your doctor. This would be basically the same as the cervical cap discussion above, only you inject the sperm through a tube after the catheter is in place.

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PREPARING DONOR SPERM

No special preparation is needed for donor fresh semen collected locally from a known donor.

Shipped fresh semen is generally sent overnight at a cool temperature similar to a refrigerator. Preparation is as simple as warming the vial in your hands or bra for a few minutes before loading into the syringe or cervical cap/diaphragm/soft cup. Another option is to load the syringe and warm in your hands before inserting into the vagina. Just be careful not to spill.

Frozen sperm should be thawed fairly slowly. The best thing to do is ask the sperm bank for directions on handling and warming the sperm. If that information isn't provided, it is probably best to put the vial into a cup cool water and turn every minute or two for about 5 minutes. Then refresh your cup with somewhat warmer water and continue turning. Repeat until the sperm is thawed. When the vial is close to body temperature, go about your insemination with whichever method you've chosen. Make sure not to get the sperm too warm -- definitely do not use hot water (not only could it kill the sperm, but there is the potential of breaking the vial as well).

*We are not medical professionals. The information found on this site should not be used in place of the advice of medical professionals. Please seek medical treatment from a qualified medical professional.