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Fact Sheet 07

# Donor insemination

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Donor Insemination (DI) utilizes semen obtained from a male donor which is inserted into the cervix of the woman in order to achieve pregnancy. It used to be called Artificial Insemination by Donor (AID).

Insemination using donor sperm may be recommended if:

- The male partner does not produce sperm (azoospermia) or has lower than normal sperm count (oligospermia). Many couples choose ICSI as a treatment option in the latter circumstance.
- The male partner is a carrier of an hereditary disease or has a medical reason which makes DI a potential treatment to achieve a pregnancy.
- The female partner may have high levels of Rhesus (Rh) antibodies.
- Single women or lesbian couples.

Most clinics offering donor sperm offer 3 different options:

- Anonymous donation from a pool of Australia based sperm donors
- Anonymous donation from an overseas donor - there is generally a shortage of donors in Australia. Sometimes a suitable donor of your particular racial and ethnic background cannot be found at your clinic.
- Known donation where the sperm donor is known to the recipient(s)

## Treatment procedure

Just prior to the expected date of ovulation, blood and urine tests are done to help identify the time of ovulation. The hormones tested are Oestradiol (E2) and Luteinising Hormone (LH), which will rise 24 to 36 hours prior to ovulation. Sometimes this can be assessed by a home test or the doctor may recommend an assessment of cervical mucus properties.

The insemination procedure is not normally painful and as with having a Pap spear a speculum is introduced into the vagina so that the cervix (neck of the uterus) can be seen. A small catheter containing semen is used to expel the semen at the site of the cervix. The woman then rests for about 20 minutes.

Sometimes the semen is deposited directly into the uterus. This is called Intrauterine Insemination (IUI). Treatment should be reviewed after three to six cycles if pregnancy has not occurred. At this time further investigations of the female partner may be advised or perhaps fertility drugs and/or hormone treatment.

## How are sperm donors screened?

Sperm donors are all screened prior to donation for the following

- General health and medical history
- Chromosomal abnormalities or an identified history of genetic disease
- Specific infectious diseases such as hepatitis B, hepatitis C and HIV/AIDS
- Semen quality both before and after freezing. Donor sperm is stored frozen prior to its use.

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- Donor sperm is quarantined for six months and the donor retested for added assurance and safety of the recipient(s).

- Donors and their partners also receive counselling to be certain that they are aware of the implications of the decision they are making.

## How do you choose your sperm donor?

In addition to making decisions about anonymous or known donation the recipient(s) will also have access to information such as the donor's ethnic background, eye colour, hair colour, height, build, blood group, occupation, level of education, hobbies and interests. Note: The number of families that arise from one particular donor is often capped.

If you would prefer or need, you may select a donor who is known to you. A sympathetic friend or maybe the male partner has a relative who may be willing to assist. If not, you might consider advertising in local newspapers and men's magazines for a suitable donor who you could meet and interview. Clinic counsellors can give advice on this option.

Even known donors are required to go through the above screening processes.

## Things to consider

If you are considering using donor sperm then talk to your doctor and fertility clinic about their experience of achieving a pregnancy.

- Reserving extra semen for subsequent pregnancies so that if you have a child any future siblings may have the same genetic characteristics. This is something to discuss from the outset. Keep all contact details up to date if you do reserve this material.

- Treatment will require travelling to and from the clinic and explaining to employers of a need to be in late or leave early from work. This may become awkward if you do not wish to share the exact reason with your employer.

- Treatment can involve a sense of stress or perhaps anxiety. Sometimes this may affect sexual relationships or time of ovulation.

- Couples still need to reconcile themselves with infertility and that their child is not a genetically related child to both parents.

- There is no higher or lower risk of miscarriage or congenital abnormalities than when conception occurs naturally. The screening of donors is thorough but cannot exclude every possible disease or condition.

- Counselling is required by most clinics prior to making the decision to use donor sperm. This ensures that individuals are fully briefed about making their own personal choices.

- It may also be helpful to seek advice from your own religious or spiritual advisor.

- How and when to tell the child? Current thinking is that it is better to be open with a child about how he or she was conceived.

- To tell or not to tell friends & family?

## Legal considerations

Informed consent for the medical procedures of the donor, the woman and their partner(s) are all required.

- Legally any children born are the children of the intended parents and the donor has no financial or legal obligations for children born through such arrangements.

- In the past anonymous donation made it almost impossible for information between offspring and donors to be shared. More recently children of donor conception are entitled to know who their genetic parents are, though this does depend on the different states legislation. In NSW and Victoria there is a registry specifically to facilitate this and also in WA there is a voluntary register. Donors now must consent to the release of their information to any offspring when the child turns 18.

- The donors may also be able to access information about the number of children born, their sex and any abnormalities.

- Gamete (egg and sperm) donation must be completely altruistic in Australia and no commercial arrangements can be made.

- A sperm donor may decide to discontinue being a donor at any time provided the sperm has not already been 'used'.

- It is important that couples entering DI programs be aware that legislation in their state may change. It is also important to think through the implications of this.

- Consider also how would you feel if your DI child wanted to trace his or her biological father? How would you feel about contact with the donor?

- Medicare may not cover the treatments of single women and lesbian couples if they have not already been diagnosed with infertility.

## Things worth considering in known donor situations.

- To tell or not to tell friends & family

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- How will the donor feel if his sperm is considered unsuitable, or if the attempt is unsuccessful?
- Is the donor going to feel uncomfortable watching the child grow up?
- What will be the long-term effect on the relationships between all parties involved?
- What, if any, acknowledgment would the donor expect from the parent(s) and child? They perhaps may wish to be Godparents or guardian in the event of the parent(s) death.
- If secrecy is decided on initially, what if someone changes their mind because the burden of secrecy has become too much?

## Some personal comments

"My first reaction was that I thought that I have now been left out of the whole process. It was like I no longer would have an equal legitimacy in raising the child - if my wife and I were to have a disagreement on what might be the right advice or guidance for our child, then she would have a larger claim or right.

Thankfully, that started to pass, especially when I started to consider the full implications of the alternatives — adoption has to be even more difficult, especially with all the involvement of the government bodies.

The final turning point for me was when I came to realize that you become a parent by raising children, not by providing sperm."

Tim

"When we found out that the only way we could have children and experience pregnancy was through DI, we never gave a whole lot of thought to whether we should tell people or not. We just started telling people about how we were going to try and conceive. Looking back we're glad that we did tell people, as we never had any fear that someone would find out our 'secret'. We could always talk to people about what we were going through, they might not always have understood, but they listened and it was good to speak our feelings out loud.

"We have always felt that there has never been anything to be ashamed of and have never felt the need to keep anything secret. We have had so many people sympathetic to what we went through and also curious to know more about DI. We hope that because of our openness our children will grow up in a society that is more knowledgeable about and more understanding of DI."

Cheryl

"It was a much easier decision for me than for my husband. For me, it was another way of becoming pregnant. I was sad that there would be nothing — physically of my husband in our child, but that was it. For him, it took a lot of soul-searching he thought he might feel less of a man, that he would have absolutely nothing to do with the conception, and that it would mean that I would always have more of a connection to our child, and he was frightened about that. We couldn't talk about it to many people because there is so much misunderstanding, people say stupid things("Are you shooting blanks?" has got to be the worst), and heck, it's just embarrassing. But we decided to go with DI after thinking and talking about it for some time, and we know that it's absolutely the best decision for us. It's not for everybody."

Debbie

"We both support any of our children to trace their donors. We feel they have the right to know their genetic and medical histories. We are also looking forward to the day if our children want it — to say 'thank you' to the three donors for our three delightful children"

Lorraine

"If mum and dad had not told me that I was a Donor Inseminated child I would be very angry with them because they had not told me about my history. Had they not told me I would feel that they didn't trust me with that information."

Jodie, 11 years.