

# Donor Insemination



Concept  
Fertility  
Centre

12.3.2

## WHAT IS DONOR INSEMINATION?

Donor Insemination (DI) is the procedure whereby semen from a donor is inserted into a woman's cervix/uterus with the intention of her becoming pregnant. The treatment has been used for many years and has a success rate up to 10% per month and 40% over a six month course of treatment.

## WHO CONSIDERS DONOR INSEMINATION?

Approximately one in 25 males are unable to father children. Indications for DI include the male partner:

- being azoospermic (no sperm at all)
- having hereditary disorders

The Western Australian *Human Reproductive Technology ACT 1991* does not restrict treatment by DI to married or de facto couples. Single women or those in a same sex relationship may also access the DI program.

## Getting started

- ✓ An appointment with a Concept Fertility Specialists. A referral is needed for this appointment
- ✓ An appointment with the Concept Counselor to discuss donor issues
- ✓ An appointment with the Concept Nurse Coordinator to register your need of a donor
- ✓ Screening tests
- ✓ Choose your donor

If it has been diagnosed that the male partner is unlikely to be fertile, the couple have three choices. One is not to have children and to concentrate on developing their own lives and interests. Secondly, the couple can aim to adopt a child. Unfortunately this is difficult as there are few children for adoption and waiting lists are very long. If a couple does adopt, they have a child without the risk of complications of pregnancy and childbirth.

However, they do not have the shared experience of pregnancy and labor, nor do they make any contribution to the genetic make-up of the child. The third choice is artificial insemination with donor semen (DI).

DI has the advantage that a pregnancy can be shared by those people close to you and half the genetic make-up of the child comes from the mother. The shared experience starts with the excitement of the missed period, the diagnosis of pregnancy and continues throughout the pregnancy, climaxing with the delivery of the child.

Unfortunately, DI cannot protect the expectant mother from the complications of pregnancy and childbirth. However, there is no increased risk of congenital abnormalities as women who have children by DI have exactly the same risk of an abnormality in their children as those who conceive naturally.

## DONOR SELECTION

The selection of sperm donors is complex. We advertise for donors on a regular basis throughout the year. In order to be considered as a possible donor, a man must satisfy the following criteria:

- Be aged between 18 and 50 years
- Have normal sperm quality
- Be free from infectious viruses such as HIV, Hepatitis B and C and sexually transmitted diseases
- Have no known genetic conditions and be in good health.

Donors must have a session with the Scientific Director and Concept Counsellor as well as an assessment by our external Medical Consultant.

## WHO ARE THE DONORS?

Prospective donors must provide a full personal and family medical history and answer questions specifically about activities associated with the risk of HIV infection. An assessment by our Medical Consultant is also required to ascertain the donor's general health and carry out a physical examination. The Medical Consultant is responsible for accepting the donor on Medical grounds.

The donor has a blood test to check for HIV, HTLV, Hepatitis B and C, blood group and cystic fibrosis (CF). Donors who donated before 2013 have not yet been screened for CF. Please check the donor's CF status with Concept before choosing a donor. Please note that CF screening covers the 44 most common CF mutations. A donor that is negative for the 44 mutations screened has a risk of 1 in 185 of having a rare CF mutation. The quality of the sperm is checked, and tests for bacteria in the semen and DNA fragmentation in the sperm are carried out. The sperm quality needs to be very good for someone to be considered as a donor and the sperm needs to be able to withstand the freezing process.

Many people are interested to know what kind of men become sperm donors. Studies indicate the most common characteristic sperm donors possess is a desire to help others. Sperm donors are often blood donors and many report having friends or family who have had a fertility problem.

The donor must attend a counseling session with a Reproductive Technology Council (RTC) approved infertility counsellor. This is to ensure their complete understanding about the implications of their donations and the legal issues associated with becoming a donor.

### **DONOR REGISTER**

A Donor Register, established in April 1993, is kept at the W.A. Department of Health and is required under the *Human Reproductive Technology ACT 1991*. Non-identifying data can be accessed

from this Register or the Clinic, by participants or the mature offspring. The *Human Reproductive Technology ACT* allows release of the donors identifying information to the children of donors when they reach the age of 16 following counselling by an RTC approved counsellor.

### **VOLUNTARY REGISTER**

Prior to the amendments to the *Human Reproductive Technology ACT* in 2004 the release of identifying information was only provided with the donors consent. The Department of Health has established a Voluntary Register of donors willing to provide identifying information. The Voluntary Register provides a way for people involved in using donated human reproductive material to share information. Information about the Voluntary Register is provided to all potential sperm donors and recipients of

donated sperm and discussed with all participants by the Concept Counsellor.

### **WHO ARE THE CHILD'S LEGAL PARENTS?**

Legislation in Western Australia and other States of Australia (*Artificial Conception Act 1985*) declares that the child conceived by a treatment involving the use of donated reproductive material (such as DI) is the legal child of the woman who gave birth and her consenting partner (if any). The donor has no legal rights or responsibilities.

It is Concept's policy to obtain a signature from the partner (if any) of the woman undertaking donor insemination.

It is presumed that the partner has consented to the treatment although this is rebuttable. If it is established that a partner has not consented they will not be a legal parent of the child.

### **SEMEN PREPARATION**

Once a donor has been accepted onto the program we ask him for a number of semen samples. These are produced by masturbation, frozen and kept in quarantine for six months until the donor has another blood test for HIV and Hepatitis B and C. If this second test is clear, the sperm is then released for use in the program. The reasons for using only quarantined frozen semen is to reduce the possibility of transmitting infection through the semen.

### **DONOR USAGE**

We continue to use a donor until births have been achieved in five (5) separate families. Those couples may use the same donor for subsequent pregnancies. Concept endeavors to keep donated sperm for subsequent pregnancies but in some cases this might not be possible due to low numbers of semen samples donated.

### **SELECTING A DONOR**

People using the DI program are given a list containing the non-identifying information about each available donor. This information includes ethnic origin, height, build, hair and eye colour and blood group.

Usually a couple choose a donor whose physical characteristics most closely resemble those of the male partner or other desired features if no partner exists, although other factors such as ethnic origin and blood group may also influence the decision.

### **WHAT IS INVOLVED IN DONOR INSEMINATION**

The donor semen must be inserted at the time of the woman's ovulation, which usually occurs in the middle of the menstrual cycle. Ovulation is monitored by blood tests which must be undertaken as directed by your Concept doctor to predict the exact timing of the insemination procedure.

The insemination procedure is like having a Pap Smear Test. It is done by a Concept nurse coordinator and does not take long. The woman is free to resume her normal activities after the insemination. It is also possible to rest quietly for a short while if necessary. If a pregnancy does not occur the treatment is repeated during subsequent menstrual cycles.

### **DECISION MAKING**

In our society today there are many different ways to form a family. DI is one way thousands of people have chosen to produce a family.

However, the decision may not always be straightforward, nor will each partner be certain that this method of family formation is for them.

The decision to start on a DI program is a personal decision that should be one made by the person/couple in consultation with their doctor. It is, however, a decision, which we consider to be a serious one and it may not be the right choice for all individuals/couples.

All people considering the DI service must attend counselling with the Concept Counsellor (Reproductive Technology Accreditation Committee Code of Practice). The *Human Reproductive Technology ACT* mandates that attendance at a counselling session with an RTC approved infertility counsellor is also required for all recipients and their partners who are planning to form a family through donated semen if the donor is known to them. The Concept counsellors are RTC approved.

Even for those people who proceed to DI, there can be social and emotional hurdles to be overcome.

Concept's specialized counselling service offers the opportunity to discuss the pros and cons of

proceeding with treatment as well as the issues typically associated with donor conception.

The counsellor can discuss the general emotional experiences felt by individuals/couples going through treatment as well as provide information on the legal implications of undergoing DI as outlined in the *Human Reproductive Technology ACT*. Issues relating to disclosure about DI to your family, friends and the donor conceived children about DI will be addressed in your session. The counsellor will also be in a position to discuss relevant support networks that can assist you and your child.

### COMMON ISSUES

- To tell or not to tell friends and family?
- Practical difficulties - travelling to and from the doctor or Centre, explaining to employers the need to arrive late, leave early or even take days off. All without giving a reason why!! Anxiety can often delay the ovulation cycle and further complicate treatment.
- People under stress may develop some problems with their sexual relationship.
- Couples may also experience problems when one partner wants to undergo DI and the other partner is not comfortable with this form of treatment.

### KNOWN DONORS

Some people decide that the use of a donor known to them is preferable to the notion of an unknown donor. This is perfectly acceptable under Western Australian law and the same legal position applies to both known and unknown donors regarding the legal parent of the child.

A known donor and their partner (if any) will discuss their plans with the Concept Counsellor before donating semen which is then stored for six months quarantine before DI can take place. The quarantine period can be shortened or waived provided the recipients are aware on the risks. This should be discussed with the person's Concept doctor.

When the donor is known to the woman or couple, the Human Reproductive Technology Act

requires there is a minimum of 3 counselling sessions whereby recipients, donors and their respective partners (if any) be seen for couple and group counselling. This is followed by a six month "cooling off" period. At the completion of the cooling off period, all people are required to be seen for a final counselling session before the DI can proceed.

### DI - SOME IMPLICATIONS FOR THE CHILD, PARENTS AND DONOR

- Does a child have the right to know his or her origins?
- Are there dangers inherent in telling a child about the method of conception?
- Are there dangers inherent in attempting to keep DI a secret from the child?
- Should there be legislative changes nationwide, in order to safeguard a child's legal status and rights?
- What is the effect of denying DI



on the relationship of the childless couple?

- Does secrecy have harmful effects on relationships within the wider DI network?

### RECOMMENDED READING

*"The Gift of a Child"* by R & E Snowdon. This book is now out of print, but may be available in libraries. The authors of this book talked to over seventy couples who have undergone DI. It is a British book so the section on legal issues is irrelevant, but it is highly recommended reading for all couples contemplating using donor semen.

*"Having Your Baby By Donor Insemination"* by Elizabeth Noble.

The author has a child from a known donor and is very dogmatic in her belief that known donor is the only choice couples should make. If one

can read around this belief, the book is an excellent reference book which details studies done on donors, children and couples worldwide.

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### SUPPORT GROUP

The Donor Conception Support Group is available for participants to discuss the issues with people who have been through a DI program. The Donor Conception Support Group of Australia Inc. is a self-funding organisation run by volunteers and has been in existence since 1993. Starting with a membership of 20, they have now grown to approximately 600 adults and 300 children with members in USA, Canada, Hong Kong, NZ, Sweden, UK, Germany & Indonesia.

The membership is made up of people considering or using donor sperm, egg or embryo, those who already have children conceived on donor programs, adult donor offspring and donors. They also have social workers, doctors and clinic staff as members of the support group. More information can be found at the website [www.dcsq.org.au](http://www.dcsq.org.au)

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