

Get to know about: Sperm Donation

Who Needs Donor Sperm?

As many as one heterosexual couple in six have difficulties conceiving and in approximately one third of cases there is a problem with the sperm; there are too few, the motility is impaired, the sperm are abnormal, or there are no sperm at all. Although there have been tremendous advances over the last few years in the treatment of male factor infertility, there are a number of couples where these treatments are not appropriate, or if tried are not successful. In some cases the use of the partners' sperm carries risks of inheritable conditions and a decision is made by the couple to use donated sperm.

Donor insemination also offers a route to genetic parenting for single women and same sex couples.

Using donor sperm raises complex issues whatever the circumstances and very careful consideration must therefore be given to the implications. To accept treatment is obviously a very personal and private matter and this is a decision, which only you can make. Some patients find the concept of treatment with donor sperm unacceptable and choose to remain childless whilst others choose to pursue options such as adoption or fostering.

Who Donates Sperm?

Sperm donors come forward voluntarily. A modest payment is usually made for donation.

A careful medical, family and genetic history is taken and all donors are screened for syphilis, hepatitis B and C, HIV and other sexually transmitted diseases.

The sperm is then quarantined and the donor retested after 6 months before the sperm is released for use. They are also screened for the common genetic disease cystic fibrosis and a karyotype (chromosome analysis) is performed. Afro-Caribbean donors are screened for sickle cell trait and donors from other racial groups screened as indicated by their racial group or origin (e.g. Jewish Donors for Tay Sachs and Asian or Eastern Mediterranean donors for Thalassaemia).

It is important to understand that no screening programme can be totally guaranteed and small risks of infection and genetic disease, including cystic fibrosis, do remain and must be accepted if donor sperm is used. Furthermore, virtually all our sperm donors have some family or medical history of note. Screening of donors is rigorous, however in the unlikely event of a donor conceived person being affected by an inherited condition, which the donor knew about or ought reasonably to have known about but failed to disclose, donors must realise the donor conceived person may be able to sue the donor for damages.

Choosing a Donor

Every effort is made to match the physical characteristics and blood group of the patient's partner where appropriate. All donors are carefully selected, fully screened and registered with the Human Fertilisation and Embryology Authority (HFEA) as a legal requirement. Unfortunately, we cannot guarantee how many cycles can be treated with any particular donor, though we will always endeavour to reserve sperm for a second pregnancy attempt if treatment is successful. If you would like to explore this option, you must ask a member of staff once your pregnancy is confirmed.

Waiting List

As there have recently been shortages of donor sperm, patients requiring donor sperm may be placed on a waiting list. When your name reaches the top of the waiting list you will be matched as soon as possible with a suitable donor. The donor coordinator will contact you to discuss the donor's characteristics and timing of the treatment with you.

To minimise delays you will then have 48 hours in which to respond to the offer of a donor. If we do not hear from you within 48 hours your donor may be matched to another patient. If you decide not to accept the donor you will not lose your place at the top of the list. If you accept the match you will be given the Donor Match Form to sign. This will confirm the characteristics and use of the allocated donor sperm. This must be signed before treatment can proceed.

Unfortunately, on rare occasions, a donor may be withdrawn after a match has been agreed. We will do all we can to rearrange a suitable match, but on occasions this may not be possible and a planned cycle may need to be cancelled/delayed until an acceptable rematch can be arranged. We regret that we will not be responsible for any added costs (e.g. drugs) if this situation arises.

Some patients also chose to import donor sperm from overseas for their treatment. Further information about this option is described below.

Importing Donor Sperm from overseas for your specific use

As there are currently waiting lists for donor sperm in most UK clinics, to speed up access to treatment, many patients now choose to import sperm directly from other European Countries, especially those in Scandinavia. These centres are well established and are internationally acclaimed for supplying high quality donor sperm across the world.

The recent introduction in the EEC of the European Tissue Directive has standardised procedures for recruitment, selection and screening of donors across the EEC and simplified arrangements for the importing of donor sperm.

There is an established link with the European Sperm Bank [ESB] which supplies a number of clinics in the UK with donor sperm. They have recruited some donors specifically for treatments in the UK – these donors have all agreed to be “identity release donors” as this is required of all sperm donors used in the UK. The process for selection of a suitable donor is straightforward and is coordinated directly by the staff at the European Sperm Bank [ESB].

Website

www.europeanspermbank.com

Telephone +45 38 34 36 00 -

Contact: Janne Alstrup

Email

janne@europeanspermbank.com

Ten Family Limit

Legally each sperm donor can be used in clinics until a maximum of 10 families has been created. After that it can only be used for successive treatment for a possible sibling. As the availability of donors is limited, a sperm donor can reach this pregnancy limit quickly and be withdrawn from use. If this was to happen after matching but before treatment, the best rematch will be discussed with you. If this was not suitable then your treatment may be postponed until an agreeable match can be made. Also because of the limitations to use, we cannot guarantee the same donor sperm for subsequent treatment cycles. A rematch may be necessary. This is not an issue where donor sperm has been imported and a pregnancy slot purchased (see below for further details on sperm import).

Confidentiality

All patient notes are filed separately from your general hospital notes and are kept locked away when not in use. There are a limited number of personnel who have access to your file. The identity of the donor is kept strictly confidential and only details of physical characteristics and non-identifying information are kept with us. We are unable to correspond with your GP or referring doctor unless you have signed a consent permitting us to do so.

Counselling

Independent counselling is offered to all patients wishing to embark on the programme. As the issues involved in using donated sperm are complex, counselling is strongly recommended before commencing treatment. Any topics pertaining to treatment, legal requirements and possible future problems may be covered, along with any particular queries. Approximately an hour is allocated for each session and couples are seen together, not as a group. An appointment for counselling can be organised for you at any time before or during treatment by contacting Yorkshire Fertility Reception. If patients wish to see the counsellor separately, this too may be arranged.

Legal Issues, Consent, Legal Parenthood and Parental Responsibility

Until April 2005, people who donated sperm, eggs and embryos remained anonymous. Donors provided identifying details for a register, which was kept by the Human Fertilisation and Embryology Authority, but these were confidential. Under the Human Fertilisation and Embryology Act 1990, people over the age of 18 could apply to find out if they were conceived using donated sperm, eggs or embryos. They could also ask whether they were related to someone they wanted to marry, but they were not allowed to know the identity of their donor. After consultation, the Government has decided that the benefits of allowing people to find out more about their genetic origins outweigh the disadvantages and the law has changed. People conceived using eggs, sperm or embryos from people who registered (or re-registered) as donors after 1 April 2005 will be able to consult the register for non-identifying information from the age of 16 and identifiable information once they reach 18. The expectation is that by 2023 an agency will be set up to handle information provision and arrange appropriate counselling prior to any potential contact between a donor-conceived child and their donor(s).

Therefore any person born as a result of a donation will from the age of 16 have access to the following provided non identifying information:

- Physical description
- Height and weight
- Eye, hair and skin colour
- Year and country of birth
- Ethnic group
- Whether the donor had any genetic children when they registered and the number and sex of those children
- Other details, e.g. occupation, religion and interests
- Ethnic group of the donor's parents
- Whether the donor was adopted or donor conceived
- Marital status at the time of donation
- Details of any screening tests and medical history
- Skills
- A goodwill message and a pen portrait of themselves
- From the age of 18 the following identifying information can be provided:
- Full names (and any previous names)
- Date of birth and town or district where born
- Last known postal address or address at time of registration. We will endeavour to contact and forewarn donors before disclosing identifiable details. Donors are encouraged to provide updated and current contact details to facilitate this process.

Once again, these details are covered in discussion and in the counselling session. Centres and staff offering donor insemination must be licensed by the HFEA. You [and your partner/husband if you are being treated as a couple] will be required to sign a consent form consenting to treatment.

Following the preliminary consultations both partners will be asked to give signed consent to treatment. This confirms that you are both aware of the implications of treatment and establishes the legal parenthood of any child (or children).

Heterosexual couples: a woman's husband or male partner, after signing the consent forms, will be the legal father of a child(ren) born as a result of treatment using donated sperm. However, if the man and woman are unmarried the male partner will not automatically have parental responsibilities unless he is recorded as the child(ren)'s father in the register of births. We advise unmarried couples to seek their own legal advice in these circumstances.

For same sex couples who are civil partners, the female partner [not having the treatment] after signing the appropriate consent forms, will be the legal parent of a child(ren) born as a result of treatment using donated sperm. For same sex couples who are NOT

civil partners, the female partner [not having the treatment] after signing the appropriate consent forms, may be the legal parent of a child(ren) born as a result of treatment using donated sperm, but will not automatically have parental responsibilities unless she is recorded as the child(ren)'s parent in the register of births. We advise unmarried couples to seek their own legal advice in these circumstances.

If couples are from overseas different laws may apply and again couples are advised to take specific legal advice.

The clinic also has a statutory responsibility to consider the welfare of any child born as a result of treatment. It must be understood that there is no "automatic" right to treatment.

NB: It is important to realise the sperm donor may withdraw or vary his consent to proceed at anytime before the sperm, or any embryos arising from his sperm, are replaced within the recipient.

Donor Insemination

Next Steps

Pre-Treatment Tests

Before any form of treatment can be pursued there are a number of investigations, which may need to be carried out.

These include:

1. Confirm ovulation

Ovulation is confirmed either by ultrasound scan and/or measuring the hormone progesterone in a blood sample. The latter is done by taking a blood sample in the middle of the second half of the menstrual cycle. This is usually on about day 21 of the cycle if the cycle is usually around 28 days long. Other hormone tests may also be taken (e.g. Thyroid function tests, prolactin).

2. The exclusion of any tubal blockage or damage

This involves either;

a) a laparoscopy (an operation in which a small instrument like a telescope is passed through a small incision near the umbilicus (or navel) and is used to view the pelvis, dye is squirted up through the cervix from below and passes through the fallopian tubes), or

b) a hysterosalpingogram (HSG) where radio-opaque dye is passed into the fallopian tubes and an X-ray performed;

c) a HyCoSy. This is similar to an HSG, but the dye is passed into the tubes and observed under ultrasound.

3. Infection screening tests

a) Rubella (German measles) is an infection, which, if contracted during pregnancy can cause damage to the unborn child. If you are found to be non-immune then it is essential that you are immunised. Titres would then be re-checked 3 months after immunisation to confirm immunity, before any treatment can be commenced.

b) It is Yorkshire Fertility's policy that all patients must be screened for HIV, Hepatitis B & C within the 12 weeks before their treatment.

The reasons for, and implications of HIV testing will be outlined and discussed with you by the doctor and nursing staff. Specialist counselling may be arranged if requested or required.

c) Chlamydia screening – all women must be screened before treatment can proceed.

4. Blood Groups

Blood groups are checked to assist with matching a suitable donor.

Donor Insemination Treatment

The usual technique for DI involves the technique of intrauterine artificial insemination (commonly known as IUI or IUI). The technique is described in detail in our main Patient Information Document obtainable from Yorkshire Fertility.

IVF & ICSI with DONOR SPERM

Details of IVF treatment are also described in detail in our IVF/ICSI Patient Information Document.

When donor sperm is thawed for IVF treatment, occasionally we find that the motility of the thawed sperm is poor. In these circumstances we may advise that ICSI is performed with the donor sperm to improve fertilisation.

Following IVF treatment and embryo transfer, if embryos of suitable quality remain, we would offer to freeze these for you for a future treatment cycle. In view of the shortage of donor sperm, all frozen embryos should be used before another IVF cycle can be commenced.

Chances of Achieving a Pregnancy

The success of treatment depends on a number of factors; in particular, the woman's age, coexisting medical or fertility disorders and the length of time treatment has been tried. The chances of success and other treatment options will be discussed by your consultant at initial consultation and periodic reviews during the treatment.

This information sheet is designed to give you some background info only. You will have plenty of opportunity to discuss this in more details with doctors, counsellors and nursing staff in the department. Further reading is recommended, especially the HFEA website which contains lots of information about the use of donor gametes and the recent law changes.

Useful help lines and contacts:

This list of organisations and helpline numbers has been compiled to help you to contact those people from whom you may wish to seek support.

Sperm Donation Co-ordinator at
Yorkshire Fertility
Telephone (01422) 261344

The Counsellors: Lynne
Swarbrick, June Holden
Telephone No: (01422) 261344

D C Network donor conception
network www.dcnetwork.org

National Gamete Donation Trust
www.ngdt.co.uk

Infertility Network Uk
www.infertilitynetworkuk.com

Fertility Friends
www.fertilityfriends.co.uk

Human Fertilisation and
Embryology Authority:
21 Bloomsbury Street, London
WC1B 3HF
Telephone No: 020 7291 8200.

If you would like this information in another format or language contact us below.

Czech

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Hungarian

Amennyiben ezt az információt más formátumban vagy nyelven szeretné megkapni, vegye fel a kapcsolatot fenti részlegünkkel.

Polish

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

Punjabi

ਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Urdu

اگر آپ کو یہ معلومات کسری اور فارمیٹ طریبان می درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے می ہم سے رابطہ کریں۔

If you have any comments about this leaflet or the service you have received you can contact:

Clinical Lead Nurse
Yorkshire Fertility
Broad Street Plaza
51 Northbridge
Halifax
HX1 1UB

Telephone (01422) 261344
www.yorkshirefertility.co.uk