

12.3.2.1 DONOR INSEMINATION

WHAT IS DONOR INSEMINATION?

Donor Insemination 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 high success rate up to 8.5% 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 D.I. include the male partner:

- i) being azoospermic (no sperm at all);
- ii) very oligospermic (very few sperm);
- iii) having hereditary disorders

The W.A. Human Reproductive Technology Act does not restrict treatment by D.I. to married or de facto couples. Single women may also access the D.I. programme.

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 ready made child, without the risk of complications of pregnancy and childbirth. However, they do not have the shared experience of pregnancy and labour, nor do they make any contribution to the genetic make-up of the child. The third choice is artificial insemination with donor semen (DI).

D.I. has the advantage that a pregnancy can be shared by those people close to you and half the genetic make-up 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, D.I. cannot protect the expectant mother from the complications of pregnancy and childbirth.

Women who have children by D.I. have exactly the same risk of an abnormality in their children as those who conceive naturally. There is no decrease or increase in the risk of congenital abnormality.

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WHO ARE THE DONORS?

The selection of men who apply to become sperm donors is complex. We advertise for donors on a regular basis throughout each year. In order to be considered as a possible donor, a man must be aged between 18 and 40 years.

Prospective donors must provide a full personal and family medical history and answer questions specifically about activities associated with risk of H.I.V. infection. He then produces a semen sample for examination. The quality of the sperm is checked, and tests for bacteria in the semen are carried out. The sperm count 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 counselling session with an RTC approved infertility counsellor to ensure complete understanding about what is involved and the legal issues associated with becoming a donor.

DONOR REGISTER

A Donor Register, established in April 1993, is kept at the W.A. Health Department and is required under the W.A. Human Reproductive Technology Act 1991. Non-identifying data can be accessed from this Register or the Clinic, by participants or the mature offspring. The Act allows release of the donors identifying information to the children of donors when they reach the age of 16.

VOLUNTARY REGISTER

The Reproductive Technology Council has established a *Voluntary Register* of donors willing to provide **identifying information**. Prior to the recent amendments to the HRT ACT the release of identifying information was only provided with the donors consent.

A pamphlet produced by the Dep't of Health, "*Voluntary Register*" is provided to all potential sperm donors & recipients of donated sperm by the Concept Counsellor.

The Voluntary Register provides a way for people involved in ART services using donated human reproductive material to share information.

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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 husband or defacto partner (if any). The donor has no legal rights or duties.

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 husband / de facto partner has consented to the treatment although this is rebuttable. **If it is established that a husband / de facto partner has not consented they will not be a legal parent of the child.**

SEMEN PREPARATION

If the sperm sample meets the clinic requirements, the donor has blood taken. This blood is tested for HIV , HTLV, Hepatitis B and C, some other sexually transmitted diseases and for Thalassaemia minor if the donor is of Mediterranean or Asian origin. If all these tests are clear the donor is examined by a clinic doctor who can review the family medical history and ensure that the donor is in good health.

We ask donors for a number of semen samples for the donor programme. These are produced by masturbation, frozen and kept 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 programme. We continue to use a donor until births have been achieved in five (5) separate families in Western Australia. Those couples may use the same donor for subsequent pregnancies.

The reasons for using only quarantined frozen semen include the convenience for both parties (users and donors) and to reduce the possibility of transmitting infection through the semen.

DONOR SELECTION FOR COUPLES

People using the D.I. programme are given a list containing the non-identifying information about each donor in our semen bank. This information includes race, ethnic origin, height, build, hair and eye colour and blood group.

Women are provided with semen from a donor whose physical characteristics most closely resemble those of their partner or themselves if no partner exists, although other factors such as ethnic origin and blood group may influence their decision.

We try to use the same donor for subsequent pregnancies.

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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 or urine tests which must be undertaken daily to predict the exact timing of DI.

The treatment is a simple procedure rather like having a Pap Smear Test. It is done by your doctor in the Centre and does not take long. Afterwards the woman is free to resume her normal activities.

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. Donor Insemination 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.

All people considering the Donor Insemination service should discuss their plans with their doctor and the Centre Counsellor. This session does not consist of any assessment as to a person's suitability to become a parent. Attendance at this session is required for all recipients and their partners. The decision to start on a Donor Insemination programme is 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 people/couples.

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

The Centre counselling service offers the opportunity to discuss the issues that might arise if a couple/person proceeds with donor insemination. The counsellor may also be in a position to discuss the issues, which have arisen for other people who have children from the programme. The legal aspects and issues such as telling the family, friends and the children about donor insemination will be discussed with you in the counselling session.

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COMMON PROBLEMS

- i) To tell or not to tell friends and family?
- ii) 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!!
- iii) Anxiety can often delay the ovulation cycle and further complicate treatment.
- iv) People under stress may develop some problems with their sexual relationship.
- v) Couples may also experience problems when one partner wants to undergo D.I. 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 Centre counsellor before donating semen which is then stored for six months as for an unknown donor before DI can take place.

When the donor is known to the woman or couple, Directions given by the Commissioner of Health requires there be a six month "cooling off" period from the time of completion of counselling for all parties.

GENESIS SUPPORT GROUP

Genesis Support Group is a self help Group provided to support new patients and allow patients to meet each other for social outings as well as at special interest talks by various professionals. Genesis can help by arranging for you to talk to someone who has "been there before".

D.I. - SOME IMPLICATIONS FOR THE CHILD, PARENTS AND DONOR.

1. Does a child have the right to know his or her origins?
2. Are there dangers inherent in telling a child about its D.I. status?
3. Are there dangers inherent in attempting to keep D.I. a secret from the child?
4. Should there be legislative changes nationwide, in order to safeguard a child's legal status and rights?
5. What is the effect of denying D.I. on the relationship of the childless couple?
6. Does secrecy have harmful effects on relationships within the wider D.I. network?

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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 Donor Insemination. 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.

"Questions & Answers About The Donation of Human Reproductive Material"

This publication has been put out by the WA Reproductive Technology Council and includes state specific information.