

## **Guidance notes for people needing sperm donation.**

Below is some general information to help you. We hope that you will contact us again if there is anything further we can do. We can put you in touch with others who have received sperm donation treatment, for example, so you can speak to them about their experiences.

The information should be read in conjunction with the Human Fertilisation and Embryology Authority's leaflet "Using Donated Sperm, Eggs and Embryos". The HFEA can be contacted on 0207 291 8200 or [www.hfea.gov.uk](http://www.hfea.gov.uk) for further information.

The process of having children is seen as being a very natural and relatively simple one. Most people take it for granted, at least until they discover that they may not after all be able to conceive children. This realisation can have far reaching implications for many people.

Most of us do not realise that even for those who "do not have any difficulty in conceiving" the average chances of conceiving are only about 20-25% per cycle. (Interestingly this is about the same chance of becoming pregnant through some assisted conception techniques.) Indeed, one in seven couples seek medical advice at some stage in their lives in order to achieve a pregnancy.

There is an acute shortage of sperm donors and many couples wait for several years to benefit from donated sperm. Some couples are fortunate enough to have friends and family willing to donate sperm as a 'known donor'. However most are not so fortunate and thus they are likely to be 'in the queue' waiting for sufficient anonymous donors to volunteer their sperm.

### **What is Donor Insemination?**

Donor insemination, also known as DI, is the process of artificial insemination using donated sperm. It is straightforward and usually painless. A fine tube is used, and the doctor/nurse inserts this into the vagina, cervix (neck of the womb) or the womb itself. The patient is then allowed to rest for a short period after the treatment.

Insemination is done during the fertile period each month. Blood/urine tests or ultrasound scans are usually used to determine when ovulation will occur and establish the most suitable time for insemination.

This is a very successful treatment but chances of success decrease with age. At present, women under 30 achieve a live birth rate of 10-12% per treatment cycle while women aged 35-39 have a 9% chance of live birth and women over 40 only have a 3-4% chance of a live birth.

Before starting treatment a clinic must offer patients some counselling. This allows patients to discuss with an impartial person any worries or concerns they may have about their treatment and explore all implications surrounding donor treatments.

### **Who can be a sperm donor?**

Donors should be healthy men aged 19 - 45 years old, free of any serious medical infection, disability, congenital, family or hereditary disease and who are not severely overweight for their height.

### **What is involved in becoming an sperm donor?**

#### Counselling for donors

Potential donors are carefully counselled to ensure that they are fully aware of all that is involved in sperm donation. Their rights, the rights of the eventual parents and any child born as a result of donated sperm; as well as potential effects on the donor and their own family if they do indeed become a sperm donor. Equally, they are advised of the medical procedures involved. When they visit the Licensed Centre, they will be asked questions about their health and related issues mentioned above. They will be offered counselling about what is involved and their rights, as well as the rights of those receiving the donated sperm and any child created by means of the donated sperm.

The donor's details will be held on a register maintained by the HFEA (Human Fertilisation & Embryology Authority) as safeguard against inappropriate sexual relationships between children sharing the same (genetic) father.

**The law changed on the 1<sup>st</sup> of April 2005 to remove anonymity from donors and allow donor-conceived children to access the identity of their donor when they reach the age of 18. The new legislation will not be retrospective.**

From the 1<sup>st</sup> April 2006, donors may claim reasonable expenses incurred in connection with gamete donation. For example the cost of travel to the clinic or the cost of childcare where the donor would have normally been caring for the child.

Donors may also claim compensation for earnings lost during gamete donation up to a daily maximum of £55.19, with an overall maximum of £250 per cycle of egg donation or course of sperm donation.

### Screening of Potential Donors.

It will be necessary for potential donors to be “screened” so as to ensure that they are free of infections, diseases or genetic conditions that might be transmitted in the donation process. Information will be required from them about their medical and family history. Potential donors will also need to have a general medical examination and blood tests.

With the potential donor’s permission, their General Practitioner will be contacted in order to obtain a more detailed medical history.

As it is usual for there to be an attempt to match the physical characteristics of both the donor and the eventual recipient of the donated sperm, general physical characteristics of eye and hair colour, height and weight and race and complexion are taken into account and are thus recorded by the clinic.

### **What next?**

Following is a list of clinics licensed by the HFEA to treat couples with IVF using donated sperm. We suggest you contact at least three clinics to have a chat with them - they will advise you of the next step and of the waiting list for a sperm donor. It is possible to be on more than one clinic’s waiting list. Please let them know if you are lucky enough to have found a sperm donor yourself.

### If you want to try to find a sperm donor – where do you start?

Due to the shortage of donors, many clinics have long waiting lists for sperm donation and many people decide to find a donor themselves. If you wish to follow this route, here are some points to consider:

- **Clinics often offer advice and practical help**

- **Consider posters**

NGDT can provide you with a supply of posters. Some clinics produce their own posters with referencing system, so that a donor can be ‘tagged’ to a particular recipient.

Good places to display posters are anywhere that men will see them: doctor’s surgeries; blood donor centres; libraries; health & fitness clubs; barber shops etc.

Please ask someone in charge if it is acceptable to place your poster on a notice board prior to doing so, and how long they will display it for.

- 
-

- **Adverts in magazines**
- **Doing radio interviews, magazine articles**

NGDT keeps a database of recipients who are willing to be interviewed, as we are often contacted by the media.

**Further information.**

Please note that the NGDT aims to raise awareness of the need for egg and sperm donors, but it is not appropriate for them to put potential donors and potential recipients directly in touch. This must be done via the clinics listed.

This can be a frustrating and emotionally trying time for you. You may find it helpful to use the counselling service available at your clinic, or contact other organisations that know what you are going through. Try contacting INUK, the national infertility support network, on 08701 188088.

Meanwhile we at NGDT wish you every success in your quest for a baby. If you would like any further information, we can be contacted on 0845 226 9193. If there is nobody there to take your call, please leave a message on our 24-hour answer machine. Alternatively, you can visit our website [www.ngdt.co.uk](http://www.ngdt.co.uk).