



Thinking About Donor Insemination?

Donor insemination (D.I.) is a simple medical procedure designed to help couples with particular types of infertility have a child of their own. It may be that the male partner has no sperm or low numbers of normal sperm, or there may be concern about certain hereditary disorders. Donated semen is frozen and later used for intrauterine or cervical insemination or occasionally in IVF or GIFT with donor semen.

Donor insemination is widely practised and is an important means of family formation in couples with male infertility. Hundreds of couples in Australia choose this method every year and produce happy and satisfying families.

Donor insemination also provides an avenue for single women and same-sex couples to have children.

It is a big decision to use donor sperm and there are a number of issues for you to think about and discuss with your partner. Some of these are outlined below. It is often a good idea to take some time and spend several months considering your decision. You need to work through the issues and come to terms with your options. There are often social and emotional hurdles to overcome. Reproduction using donor gametes is psychologically different from using your own gametes and D.I. will not be the right choice for all couples. Some may decide that they will pursue other options such as micro-injection, adoption, or remaining without children.

Couples need to take time to adjust to the idea of using donor sperm, time to talk with each other and possibly family and friends, to share their feelings, hopes and fears, before making a decision. Issues should not be put aside in the misguided hope that they will be resolved if a pregnancy occurs, or that time will dissipate their importance.

Some couples may find involvement with a self-help group useful or may wish to talk to other couples who are going through similar experiences. Counselling can also help couples deal with the emotional upheaval of infertility.

It is important to remember that D.I. is not a cure for male infertility. Even though you may become parents, the infertility remains and you will still need to grieve the loss of your own genetic offspring.

How are donors recruited and selected?

The Queensland Fertility Group selects donors very carefully through questioning and examination. They are required to be intelligent, fit and healthy, to have no history of familial or hereditary conditions, and to have no risk factors for sexually transmitted diseases. The donor also completes a lifestyle declaration form. Donors must have very high quality semen and every donation of semen is checked before and after freezing to make sure that it reaches a certain standard. All donor semen is frozen, stored in liquid nitrogen, and thawed shortly before use. Queensland Fertility Group also imports some donor semen from overseas.

Risks of Infection

There is very little chance of contracting a sexually transmitted disease from the use of donor semen. All donors are carefully screened and receive blood tests for sexually transmitted diseases including AIDS (HIV I & II), Hepatitis B & C, and syphilis on a three monthly basis. Since the donor semen is stored for a minimum of six months, any donor will have been screened at least twice before his semen is used. This eliminates, to the best of current medical knowledge, the incubation period for the detection of a sexually transmitted disease that he may have had at the time of donation. Nevertheless, although all international standards are met in donor screening, any product of human origin cannot be totally guaranteed to be without risk.

Following the Insemination

Some women experience abdominal cramping or a small amount of blood spotting shortly after inseminations. These are not a cause for great concern but should be mentioned to your doctor.

Pregnancy Following Donor Insemination

Once you have conceived through D.I. the pregnancy should follow a normal course. It will not affect your chances of a normal pregnancy, a normal delivery, and a normal baby.

The risks of inherited abnormalities are slightly less than when conception occurs naturally, while the risks of congenital abnormalities or miscarriage are much the same.

Legal, Religious and Social Aspects

Donor insemination is permitted in Australia providing it is carried out with the full consent of both partners. A child or children born as a result of the use of donor sperm is/are treated in law as the children of the union.

Religious groups differ in their views on D.I. Some churches accept the use of D.I. whereas others believe that it is a violation of marriage. If you have strong religious beliefs you may wish to discuss D.I. with your spiritual advisors.

Community understanding of D.I. is limited but this is starting to change with increasing media exposure. It is important to be comfortable with D.I. yourselves and to make your own decision in good conscience and to accept that you may not have social, family or religious approval. In general societal acceptance is increasing.

It is mandatory under the RTAC Code of Practice to which QFG must adhere that both partners considering D.I. must attend counselling with an accredited infertility counsellor

How will our donor be chosen?

With the guidance of QFG staff you will be able to select the donor from the available panel that most meets your requirements. It is a good idea to discuss with your partner which, if any, donor characteristics are important to you both. However you should be aware of the limitations of matching donor to partner. We all carry genetic traits which are not expressed in our physical appearance and there are no guarantees that the characteristics listed for the donors will be passed on to your child.

Can we find out anything about the donor?

The non-identifying characteristics of your donor will be freely available but identifying information is only available on some donors. From 2006 it has been QFG policy to recruit only donors willing to have their identity released to any resulting children once they turn 18 years of age. Similarly the imported donor semen also allows identity release to any resulting children once they turn 18 years of age. It is possible, under certain circumstances, to recruit your own donor such as a friend or relative. If you are considering this you should discuss the implications with your doctor.

What are my chances of pregnancy?

Many women become pregnant within 6 months and the overall success rate for D.I. is around 65%. The time taken varies and is related to age. Some women will fail to achieve a pregnancy from D.I., particularly those who are older, and may have to resort to IVF with donor semen before their age has any greater impact. This will achieve a pregnancy in most of the remaining 35% who have not conceived with D.I. Freezing semen is necessary to minimise the risk of transmitting infection but it does reduce the viability of the sperm so you should be prepared for a number of treatment cycles. Many couples decide to undergo at least 6 cycles and some will continue for more cycles if they do not have success initially. Your doctor will review your treatment with you at the appropriate time.

Some doctors use multiple inseminations with the same donor in each cycle. If you are not successful with the original donor chosen for you then your doctor may suggest changing to an alternative donor.

The fastest way to a pregnancy with donor semen is to use it in conjunction with IVF. Depending upon age the chances from a single attempt can exceed 40% plus the added benefit of any resulting frozen embryos.

Future siblings

If you think that you would like more children by the same donor you should discuss this with your doctor as soon as possible. You can usually arrange for the clinic to store reserved semen on payment of a storage fee. If you wish to store more imported semen for later use it must first be purchased.

Whom should we tell?

This is a complex and sensitive issue. It usually evokes some painful feelings about infertility. D.I. is seen as the most private infertility treatment and is often shrouded in secrecy. You will need to consider whether this secrecy is necessary to protect yourselves as parents and your children, or whether it is detrimental. You will need to decide whether you are going to tell your child, your own parents and other family members, friends, and other medical professionals who may come into contact with your child.

You should consider the rights of the future child. Do you believe that a person has a right to know the truth about their origins? This is a very complicated issue and needs to be considered by each couple. One way of thinking about this question is to imagine talking to your now adult child in 20 years time.

Whatever decision you make about disclosure will have long-term implications and will present on-going challenges, some of which are mentioned below.

The challenges of not disclosing:

You cannot always guarantee to keep D.I. private or a secret because circumstances change. Privacy is keeping something to yourself that you do not want others to know. Secrecy is more feeling that others may act or feel adversely towards you for using D.I. and may involve guilt for some people. If you wish to try to keep D.I. a secret the only people who should probably know are yourselves and your doctor. Are you prepared to take this secret to the grave? Even so, there is still the danger of unintentional or intentional disclosure, particularly in situations of family conflict or marital breakdown.

Your child may accidentally discover his/her donor origins for example if his/her blood group is incompatible with that of his/her supposed father.

You will need to deliberately mislead or withhold information from people. Some parents find this continual evasion of awkward questions very stressful, particularly with close family members. Many people will comment on your child's physical features and will compare them with yours. You will need to withhold information from medical professionals when they ask you about your child's family history.

Secrecy can exact a high price in people's lives and often a child will realise that he/she is different in some way because of the uneasiness of the parents in certain situations.

The challenges of disclosing:

How will other people, particularly close family members, react? Will they reject your child? Will they ostracise you, the parents?

How will you tell your child and when is the right time to do it? Will your child reject you or wish to contact the donor? What information will your child want about the donor? Will your child be disturbed by his/her donor origins?

Disclosure is final and being open may have unexpected outcomes. If so, counselling may be appropriate.

Telling your child about his/her D.I. origins

Experience from work with children shows that significant facts about a child's life are better given earlier rather than later. Then the knowledge can be absorbed over a period of time as the child grows. Research with adopted children shows that adoptees who are told at a young age of their origins generally fare better than those who find out during adolescence or later. Children seem to be able to deal with any information as long as it is the truth and there is trust and emotional security in the family. They may detect an uneasy feeling that certain information is being withheld or glossed over.

"How I Began - The Story of Donor Insemination" was written for parents who choose to tell their children of their origins. A copy is available in the QFG library at Watkins Medical Centre.

Some comments from D.I. parents and their children

Fathers

"At first we thought they must have made a mistake with the sperm test or got the samples mixed up. We just couldn't believe it!"

"It was wonderful to be able to experience a pregnancy and to be there when our baby was born."

"I offered my wife a divorce so that she could find someone else who could give her children."

"At first D.I. wasn't considered at all, but after a number of unsuccessful attempts at micro-injection I realised that D.I. would be our best chance."

"After a while it really doesn't matter who the biological parents are - you just love your child for who they are."

"When my daughter was told how she was conceived she had a little think and she said ' We should buy that man a present'."

Mothers

"We will never take our daughter for granted. We have been greatly blessed. She has brought so much joy into our lives."

"Getting pregnant didn't cure the hurt of infertility. You still have to deal with that."

"I needed to talk about my feelings all the time but my husband found it hard to listen and he didn't seem to want to deal with it. I felt quite angry at times."

"My biggest fear in the beginning was that the child looks completely different to any of us and people might find out. This fear faded as the pregnancy progressed because you feel that the child is part of you."

"I thought I would be so excited to be pregnant after all this waiting but I just felt really sad to start with that it was not my husband's child."

"When I first found out the characteristics of the donor I couldn't help wondering about him. I kept looking at strangers and thinking 'Could it be him?'"

"I believe it is important to take a lot of time to deal with D.I. before starting the programme. Read as much as possible about it or get in touch with people in the same situation. The last one has been extremely helpful to me."

Children who have been told

"I'm glad my parents told me about the donor. I wouldn't have liked them to lie to me. I wouldn't have been able to trust them."

"I wasn't told until I was 11 years old. I'm glad I was told but I would have liked to have known sooner and I was hurt that my parents had lied to me."

FURTHER INFORMATION

General information and library resources are available from your closest Queensland Fertility Group office: Ph: 1800 734483.

Counselling (at no charge) is available through the Queensland Fertility Group at all stages in the decision making process or at any time in the future. Please ask your doctor for details or contact your local QFG Office.