

The James Cook University Hospital
Department of Reproductive Medicine

DONOR INSEMINATION (DI)

What is donor insemination (DI)?

Donor insemination (DI) uses sperm from a donor to help the woman become pregnant.

All sperm donors are screened for sexually transmitted diseases and some genetic disorders. In DI, sperm from the donor is placed into the neck of the womb (cervix) at the time when the woman ovulates.

Donor sperm can be used in the following treatments –

IUI (D)	Intra-uterine insemination using donated sperm
IVF/ICSI	Donor sperm can be used in conventional in-vitro fertilisation (IVF), or in intracytoplasmic sperm injection (ICSI)

How is donated sperm used?

Donated sperm (sperm not from your partner), can be used in many types of fertility treatment. The donated sperm is used to fertilise an egg either inside the woman's body (as in the case of intrauterine insemination (IUI) or in the laboratory, in the case of in vitro fertilisation (IVF).

Is using donated sperm for me?

Using donated sperm is a major decision and you should take your time deciding if this is the treatment option for you. You may wish to discuss your feelings with friends, family, or a professional counsellor before proceeding.

Using donated sperm in your treatment may be recommended if:

- ❑ using your partner's sperm would be unlikely to be successful because your partner:
 - ◆ produces little or no sperm
 - ◆ produces sperm that is unlikely to fertilise an egg
 - ◆ has a high risk of passing on an inherited disease
 - ◆ has had a vasectomy
 - ◆ you are a single woman
 - ◆ You are in a same sex relationship (lesbian).

If you are considering using donated sperm, you will need to think about some complex issues before starting treatment. For this reason, you will be offered counselling; many clinics regard it as essential and will not offer donor conception treatment without it. Try to also talk to people who already have donor-conceived children.

You may want to contact the [Donor Conception Network](#), a supportive network of families with donor-conceived children

Where do I start?

Once you have decided, in consultation with your clinician, that using donated sperm in your treatment is suitable for your circumstances, a donor who is acceptable to you must be found.

Some clinics recruit their own sperm donors and have a range of suitable donors available. At other clinics you may be put on a waiting list – ask them about how long they would expect you to wait.

It is worth contacting a number of clinics at the start to establish availability so you can choose a clinic which best meets your needs. If you are looking for a sperm donor, some clinics may give you the option of [using imported sperm from overseas](#).

Alternatively, you may wish to ask someone you know, such as a friend or suitable relative, to donate sperm at your clinic for use in your treatment.

What is intrauterine insemination (IUI) and how does it work?

What is IUI?

IUI involves a laboratory procedure to separate fast-moving sperm from more sluggish or non-moving sperm. It can be performed with donor sperm, a treatment known as donor insemination.

How does IUI work?

Check that the fallopian tubes are healthy

IUI can only begin once it has been confirmed that your fallopian tubes are open and healthy. This will usually be checked through a tubal patency test as part of your assessment by the fertility clinic.

This may involve a laparoscopy, an operation in which a dye is injected through your cervix as the pelvis is inspected for blockages with a telescope that has a tiny camera attached (a laparoscope).

Alternatively, you may undergo a hysterosalpingogram (HSG), an x-ray of your fallopian tubes.

The intrauterine insemination procedure

For women

If you are not using fertility drugs, IUI will be performed between day 12 and 16 of your monthly cycle – with day one being the first day of your period. You will test your urine daily from approximately day 10 to identify when you are about to ovulate.

Alternatively, if you use fertility drugs to stimulate ovulation, vaginal ultrasound scans are used to track the development of your eggs. As soon as an egg is mature, you are given a hormone injection to stimulate its release.

The sperm will be inserted approximately 18–40 hours later. The practitioner will first insert a speculum into your vagina, as in a smear test, to keep your vaginal walls apart. A small catheter (a soft, flexible tube) will then be threaded into your womb via your cervix. The best-quality sperm will be selected and inserted through the catheter.

The whole process only takes a few minutes and is usually painless. Some women may experience a temporary, menstrual-like cramping. You may want to rest for a short time before going home.

What is my chance of having a baby using donated sperm?

As with all treatments using your own eggs, the younger you are the greater your chances of success. For each treatment cycle, the success rate varies depending on the age of the woman. If the woman is:

- ▣ under 35, the success rate is around 14%
- ▣ 35–39, the success rate is around 11%
- ▣ 40–42, the success rate is around 4–5%

What are the risks of using donated sperm?

If you use donated sperm from a registered donor at an HFEA licensed clinic, the risks are minimal because:

- ▣ donors who give sperm through a licensed clinic must answer a series of questions designed to ensure that they are suitable
- ▣ licensed clinics check donors' family histories for inherited diseases
- ▣ all donors go through stringent screening checks to ensure they are not carrying infections, such as HIV, Hepatitis B and C, cytomegalovirus(CMV), syphilis and gonorrhoea. Donated sperm is quarantined for six months whilst the donor is being screened
- ▣ There are limits on the numbers of families created by each donor where sperm are used to treat you at a licensed clinic.

Legal considerations

Any child born from sperm donated through a clinic is the legal child of you and your partner, if you have one. The donor has no legal rights or responsibility for the child.

Since April 2005, identifying information about donors is held on the HFEA Register and may be given to any child born from a donation once they are 18 years old.

Legal parenthood

If you undergo treatment at a UK clinic licensed by the HFEA, the donor has no legal rights or responsibility for the child.

The woman giving birth to the child is always the legal mother when the child is born. However, if you are using donor sperm and you and your partner are not married or in a civil partnership, your partner will only be the legal parent of the child if you both complete the relevant legal parenthood consent forms before treatment.

Withdrawing consent

The sperm donor can change their mind about their donation up to the point of embryo transfer or insemination. The donor can also withdraw their consent to the future use of their frozen sperm, (even where embryos have been created) or embryos.

Sperm quarantine

Professional guidelines state that sperm from both known and unknown donors (or from a man you are not in an intimate physical relationship with) should be quarantined for six months before your treatment. This is to allow time to detect infections such as HIV which are sometimes only evident after a period of time.

Telling your child about their origins

If your child or children were conceived as a result of donation, telling them about their origins can be a sensitive issue. However, if discussed honestly and at the right time, it doesn't need to be difficult to talk about. If you, as the parent, are open about how your child was conceived there is no reason they should feel any different from any other child.

When to talk to your child about their origins

Evidence from the experience of adoption, as well as studies of donor-conceived people, suggest that it is best for donor conceived people to be told about their origins in childhood.

Finding out suddenly, later in life, may be emotionally damaging to donor-conceived people and their family. This, coupled with the donor conceived peoples' legal right to find out about their genetic origins, means that it is advisable for parents to be open with their children from an early age.

However, if circumstance or choices have led you to tell your child later in life this can still be done well with the right preparation and guidance. The Donor Conception Network can assist you in taking this step.

Being open and honest

Family secrets can undermine trust and lead to conflict and stress. They can also suggest to donor-conceived children that their parents are ashamed of how they were conceived.

If you, as the parent, are open about how your child was conceived there is no reason they should feel any different to any other child.

If donation has been part of the family story for as long as your child can remember, their genetic origins needn't be an issue.

Some donor-conceived children are likely to want to know more about their donor, while others won't be particularly interested.

Donor Conception Network – information booklets

The Donor Conception Network (DCN) has produced a series of booklets called 'Telling and Talking'. These aim to prepare and support parents of donor-conceived people to tell their children about their origins.

The booklets can be ordered online or downloaded from the DCN website

The DCN is a self-help network comprised of:

- over 1,000 families created with the help of donated eggs, sperm or embryos
- couples and individuals seeking to found a family through assisted reproduction
- adults conceived using a donor.

1 October 2012: the way the HFEA provides donor information is changing

From 1 October 2012, if you decide to seek information about your child's donor, the HFEA will provide this information in a different way. From 1 October 2012, in addition to the typed up information you will receive, you may also receive a copy of your child's donor's handwritten goodwill message or pen-portrait, as opposed to a typed up version of the message.