



Donor insemination (DI)

Information for you

**Fertility Clinic
Aberdeen Maternity Hospital**

What is donor insemination (DI)?

Donor insemination (DI) is when the woman receives treatment using sperm donated by a donor. Donor insemination is usually referred to as DI by the clinic staff.

Reasons for considering DI

About 40% of couples attending our clinic will have a degree of male infertility. For many, DI becomes a realistic option for achieving a pregnancy.

DI is also an option when the male partner is a carrier of a hereditary disease, which the couple may not wish passed on to the child.

DI is an accepted treatment for couples with male infertility but is becoming increasingly popular for single women or same sex couples who are considering family.

The criteria we use to help us decide who is eligible for DI are available on request from the clinic.

Legal aspects

The Human Fertilisation and Embryology Authority (HFEA) monitor and license centres in the UK that offer DI. This means that by law:

- The HFEA must be informed of all women having DI.
- The HFEA must be informed of all pregnancies and births conceived by DI.
- Details of all donors must be registered with the HFEA.
- All donors used in the UK must be identifiable to any offspring.

The implications of all of those issues will be discussed with you further when you attend for pre-treatment counselling. This counselling must be offered to all who are considering DI and is considered an integral part of treatment.

Within this clinic where applicable, it is the policy that both partners must consent to DI. Any child born by DI can be registered as the child of the husband or partner.

The child can also contact the HFEA register in London when they reach age 18, or 16 if getting married, to find out if they are related to a potential partner as well as to access any identifying information.

About the donor

There are very strict regulations set by the HFEA surrounding donor recruitment. Particular attention is paid to the health and potential fertility of the donor. In Aberdeen, donors are recruited locally.

Screening (checks carried out on donor)

- that there is no history of sexually transmissible disease
- that there is no history of hereditary disease
- that there is a reasonable level of intelligence
- regularly for HIV infection and hepatitis.

In accordance with regulation all semen is stored and quarantined for at least six months before use. This is not a guarantee against HIV being passed on but the likelihood of this happening is extremely remote.

Donors are anonymous to those receiving treatment; it is the future children that are entitled to find out the identity of the donor.

Donor availability

At present there is a national shortage of donors causing a significant delay before treatment.

Occasionally donor samples can be sourced privately from a clinic in London. These samples are a cost to yourselves and come with restrictions, but all aspects of this will be discussed with you at your counselling appointment. If you chose to purchase samples privately all other aspects of your treatment continue on the NHS. If you are willing to wait, eventually you will receive treatment on the NHS.

Matching

An attempt is made, **where possible**, to use a donor who has similar characteristics to the male partner. Race is **always** matched. Eye and hair colour, blood group and CMV status (see next section) are given consideration. Weight and build are taken into account.

Donors are anonymous to those receiving treatment, it is the future children that are entitled to find out the identity of the donor.

What is CMV (cytomegalovirus)?

It is a common virus, which by the age of 40 years, 60 to 70% of the population will have caught. Once you have had it, it is present in your body for the rest of your life. In most children and adults the infection passes unnoticed. The remainder may experience flu-like symptoms or an illness resembling glandular fever or hepatitis with jaundice.

CMV and pregnancy

If a woman contracts CMV during pregnancy, the virus may be passed on to the baby. The baby may be born unaffected or may go on to develop learning and behavioural problems, or even more severe mental and physical handicaps.

For this reason current guidelines recommend that CMV status be matched between recipients and donors.

If both the woman and her male partner are CMV negative then current guidelines state that only CMV negative donors should be used. If either the woman or her male partner is CMV positive, a CMV positive donor can be used.

However, if both of you are CMV negative the matching of CMV status can lengthen the waiting time for treatment. You can sign a waiver to the CMV policy, thus allowing a CMV positive donor to be used if available. This may help you to start your treatment sooner. Before doing this you will be given a separate information sheet on CMV and an opportunity to ask questions. You will also need to sign a consent form.

Confidentiality

- At present we keep your DI file separate from the general hospital files.
- You may receive non-identifying details of the donor should you request it and a pen picture if one is available.
- The donor receives no information about people attending the clinic.
- Your GP may be aware that DI is one of your treatment options.
- The clinic is obliged under HFEA regulation to give utmost consideration to the “welfare of the child”. This includes consideration for future children and also any existing children. You will be required to sign documentation stating that you have given consideration to this issue.

Legal parenthood

From Monday 6 April 2009, changes to the new Human Fertilisation and Embryology Act 2008 will apply to all married/civil partnership couples who conceive using donor sperm or embryos. This means that both partners will have the right to be named on their child's birth certificate.

For unmarried couples both partners can consent that they intend to be the legal parent of any child, again allowing both partners to be named on their child's birth certificate.

This new legislation brings the UK's fertility law into line with equalities legislation by giving same sex couples the same rights to parenthood as heterosexual couples when registering their child's birth.

For more information, see the HFEA's website (www.hfea.gov.uk).

Counselling and support

Coming to terms with infertility can be very difficult. You must consider treatment by DI very carefully, and do not hurry your decision. You will receive detailed information about DI.

You should try to anticipate your own reactions to the treatment. Also think about what your feelings may be towards a pregnancy and child born to you as a result of insemination with donor semen.

You must think about when to tell the child and what you will tell the child, family members and friends. It is generally believed that the child has the right to learn about its true origins - this is why the law was changed to make the donor's identity available to the children when they come of age should they request it.

You will be encouraged to consider what DI will mean for you, your family and any existing children.

Do not hurry into treatment because you feel that time is passing. The welfare of the child is an extremely important issue.

You will be given the opportunity to discuss the issues surrounding DI with one of the clinic sisters but please remember you can ask questions at any time.

Some may prefer to talk about their feelings with someone who is not involved in their treatment. There is an independent counsellor available to you, free of charge, whom you can contact directly:

Jayne Williamson
☎ (01224) 552628 ☎

Folic acid

The Department of Health recommends that all women who are attempting to become pregnant take 400 micrograms of folic acid daily. This reduces the risk of having a baby affected by spina bifida. These tablets are readily available over the counter at any chemist/pharmacy.

Treatment

Treatment will not start until it is felt that you fully understand the implications of DI.

Waiting times for treatment will be discussed.

DI is carried out within the Fertility Clinic by the nursing staff. The actual insemination is quite simple and painless - very much like having a smear. There is a separate information sheet about the procedure.

DI is offered as an 8 cycle programme. It is not normally necessary to check tubal patency (that is to check that the woman's tubes are clear) before starting treatment unless indicated (for example if she has had a previous pelvic infection or surgery).

However, we would recommend that a tubal assessment be carried out if a pregnancy is not achieved in the first 4 cycles, with the intention of re-starting treatment if no problems are found.

Fertility drugs are not used in the first 6 cycles unless the woman has an ovulation disorder, but we do offer them in cycles 7 and 8.

Written consent will be required before starting treatment. This will be for the full 8 cycle programme but you can withdraw from treatment at any time.

Timing

- An important factor in DI is the timing of the insemination.
- This is determined either by using urine kits at home (which will be provided) or attending the clinic mid cycle for blood tests.
- The method that suits you best will be discussed fully.
- An information sheet on timing of treatment will be given.

Costs

There may be an opportunity for you to purchase samples from registered clinics outwith the UK for your own use. If you do this you would have to fund your own treatment cycles thereafter. A costed treatment plan will be discussed with you when you attend the Centre.

For those who fulfil criteria for DI on the NHS there will be no cost, unless you choose to purchase samples to speed up your treatment. People who do not fulfil NHS criteria for DI will have their options discussed with them.

If you live outside Grampian region you may be entitled to travel expenses. Your local GP can provide you with the appropriate form.

Success rates

Pregnancy rates vary but are around 10% per cycle, with an overall pregnancy rate by the end of your 8 cycle programme of between 50 to 70%.

If DI is unsuccessful you may wish to consider IVF using donor sperm. This may not be available on the NHS. Again this would be discussed with you further.

Recent clinic results

	Results for 07/08	Results for 08/09	Results for 09/10
Patients treated	32	49	41
Pregnancy rate per cycle	14%	14.9%	11.8%
Live birth rate per cycle	12.9%	14%	*

* final figures to be confirmed

Further information

The following books and leaflets are available from the clinic. Please ask staff if you wish to borrow any reading material.

- Various leaflets from DC Network
- The Gift of a Child - Robert and Elizabeth Snowden
- Male Infertility - Men Talking - Mary Claire Mason
- The Infertility Companion - Anna Furse
- Infertility A Sympathetic Approach - Professor Robert Winston
- Families with a Difference - Michael and Heather Humphrey
- Infertility – Your Questions Answered – S L Tan and H S Jacobs
- My Story – How to Tell a Toddler
- What do we tell our Child – Alexina M McWhinnie
- Making Babies – Prof R Winston
- Truth and the Child – E Blyth, M Crawshaw, J Speirs

Useful websites

Infertility Network UK

www.InfertilityNetworkUK.com

email: admin@InfertilityNetworkUK.com

HFEA – Human Fertilisation and Embryology Authority

www.hfea.gov.uk

Aberdeen Fertility Centre

www.aberdeenfertility.org.uk

Donor Conception Network

www.dcnetwork.org

Please note that NHS Grampian is not responsible or liable for the quality of the information, resources or maintenance of external websites. Any advice on external websites is not intended to replace a consultation with an appropriately qualified medical practitioner.

Support

Fertility Clinic Staff
(01224) 552719

Infertility Network Scotland
0800 008 7464

Aberdeen Cameo group
(Contact: Gwenda Burns)
(01294) 279162

Donor Conception Network
0208 245 4369
email: dcnetwork@appleonline.net

Aberdeen Counselling and Information Service
(01224) 573892

Human Fertilisation and Embryology Authority (HFEA)
21 Bloomsbury Street
London
WC1B 3HF
0207 291 8200

This leaflet is also available in large print and on computer disk.

Other formats and languages can be supplied on request. For a copy please call Quality Development on (01224) 554149. Ask for leaflet 0309.

Feedback from patients and carers helped us to develop this leaflet. If you have any comments or suggestions about how we can improve this leaflet, please let us know.

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