Donor Insemination (DI) Treatment
This leaflet will explain what DI treatment is, including the requirements and procedures associated with using donor sperm.

What is DI treatment?

DI treatment involves insemination into a woman of sperm from a known or unknown sperm donor. The simplest treatment may be to insert a sample of the thawed donor sperm into the top of the vagina at a time close to ovulation. This is sometimes known as intravaginal insemination and is the least complicated or risky procedure, but the success rate per treatment performed may be relatively low. A slightly more complicated version of this is to prepare the donor sperm sample in the laboratory and then to inject it using a fine plastic tube through the cervix into the womb. This is known as intrauterine insemination (IUI) and has a significantly higher success rate. In some cases if the woman also has fertility problems the sperm may be used for IVF treatment. Leaflets are available from the clinic and also on our website about IUI and IVF treatments.

Why has DI been recommended for us?

DI treatment with donor sperm may be needed by a woman if her male partner has a medical condition that has an adverse effect on his sperm production or if he has a serious genetic disorder which may be passed to their children. It can also be used to treat same-sex couples or single women.

What are the chances of getting pregnant from DI?

The chance of getting pregnant from DI using IUI is approximately 30-40% per cycle, dependent on the age of the woman.

DI involves insemination of donated sperm into a woman. This can be recommended to women whose partners have medical conditions affecting sperm production or genetic disorders which may be passed onto any resulting children. It may also be recommended to single women and same-sex couples.
What is the role of the HFEA?

Treatments using donor sperm are regulated in the UK by a statutory body called the Human Fertilisation and Embryology Authority (HFEA). The HFEA licenses and inspects clinics that collect and store sperm for donation and perform treatments. Clinics are required to operate according to the HFEA Code of Practice which sets guidelines as to the type of information, counselling and screening that is applied to donors and people receiving treatment using donated sperm.

Why does the clinic have to take account of the welfare of children who may be born from DI?

Centres are required to take into account not only the request of patients seeking treatment, but also factors that may affect the ability of an individual or couple to provide supportive parenting. This includes taking account of the welfare of any child who may be born as a result of treatment, as well as that of existing children in the household or family. This usually means that:

• Treatment will usually only be offered to couples who are in a stable long-term relationship (normally at least 2 years) and who are prepared to consent to be the legal parents of the child or children resulting from treatment. In cases where a child born from treatment would have only one parent, individuals are invited to consider how the needs of a child for a second parent would be met
• Fertility Exeter has to take into account any substantial risk that the child would inherit or contract a serious medical disease
• The prospective parents should enjoy sufficiently good health such that the parental needs of a child could be met without serious difficulty
• Fertility Exeter does not usually treat women using their own eggs aged over 45 years using donor sperm because of the very low chance of success
• Fertility Exeter would not be able to treat couples where there is a background on either side of child abuse or violence and couples must be prepared (if necessary) to give their consent for inquiries to be made of the police or social services to ensure that this is not the case
• Fertility Exeter may also be required to obtain the consent of couples to consult with their General Practitioners if there are any other factors that may have a bearing on eligibility for treatment.

The clinic is required by law to ensure that patients seeking treatment are able to provide supportive parenting. This means we ask questions regarding the welfare of any potential children.

Prospective parents also need to consider their children’s right to confidentiality.

Children born from treatment after April 2005 will be allowed to apply to know the identity of their donor at the age of 18 (or 16 if getting married).
Will we or the donor be able to find out identifying information?

Sperm donation in the UK is usually performed on an anonymous basis to the extent that the recipient(s) are not permitted to discover the identity of the donor. The donor cannot discover the identities of any recipients or children born from treatment.

What are the rights of the child?

Children born from treatments performed after April 2005 have been allowed, after the age of 18 or from 16 if they are to marry, to apply to the HFEA to discover the identity of their donor should they wish.

The recipient(s) are the legal parents of the children and are not legally obliged to tell them that they have been born from sperm donation. However, it is encouraged that parents tell their children if they have been born as a result of sperm donation, for more information please see the HFEA website on talking to your children about their origins: [www.hfea.gov.uk/116.html](http://www.hfea.gov.uk/116.html)

What is known donation?

Sometimes treatments are arranged when the identities of the donor and recipient are known to each other and, possibly, to the child or children. The donor may sometimes be a friend or relative of the recipient(s). This type of donation is permitted in the UK and may be undertaken by our clinic with certain provisions, namely:

- The donor, recipient and their partners (where applicable) should have thought through the implications of the donation thoroughly along with what it might mean to their own future relationships and the relationships with the child or children;
- It must be clear that the donation is entirely voluntary and altruistic and that there has been no moral or other pressure or inducement;
- If it is intended that the child’s biological parenthood should be kept secret from the child, relatives, or friends, consideration should be given as to how the information may come out and how that situation would be managed
- Independent counselling with our clinic’s counsellor is mandatory for donors and recipients separately or together if a couple.

Whether sperm donation is anonymous or not, the donor and any children resulting from treatment would have no legal parental claims or rights over each other under current UK law (subject to any possible changes to legislation in the future).

Whilst information about those involved with sperm donation is treated by the Clinic in strictest confidence, we have no control over information that donors or recipients may choose to impart to others, or indeed what those others themselves may pass on. Individuals and couples are asked to consider their child’s right to privacy.
How are donors matched to the recipients?

With anonymous donation the clinic tries to match at least some of the physical characteristics of the donor with recipient requests. This is usually height, hair colour, eye colour. We cannot, however, guarantee any of the physical characteristics of the child.

What rights does the donor have to information?

HFEA regulations allow up to a maximum of 10 children or families to be created by any individual donor within the UK. This is in order to minimise the chance that biological siblings born from donation would meet or grow up together inadvertently in different families. This restriction does not apply to the use of an individual donor outside of the UK.

Donors for treatments performed after 2009 can ask the clinic or the HFEA to be informed whether and how many children have been born from their donation, their sex and their year(s) of birth. They could also, if they wished, signify that they would like to be informed if in the future a child applies to be told their identity.

Donors can also signify if they would like to be informed if a child born from the donation has a medical condition that could have implications for their own family.

How are donors screened for suitability?

Sperm donors must be within the age limits of 18 and 45 and must come forward to donate voluntarily out of a motive to help those seeking to start a family. Preferably donors should have proven fertility and have completed their own family. Potential donors are screened for infections (including HIV) and their personal and family history of inheritable disorders and illnesses.

A prospective donor is required to complete a pre-consultation questionnaire to the best of his knowledge and to return it to the clinic prior to the initial consultation. His own and his family’s medical history would normally be discussed at this first appointment.

If a potential donor is suitable and wishes to proceed, a further blood test will be arranged to check for hepatitis, HIV, blood group, syphilis, and certain other infections. A urine sample or swab test may also be requested. It is also necessary to perform checks for certain genetic conditions on the blood samples, including the presence of
chromosomal abnormalities and the carriage of common cystic fibrosis gene changes.

In the event that the initial screening tests are satisfactory sperm may then be banked, but cannot usually be used until rescreening for viruses and other infections has been performed to confirm a negative status. This may take up to six months after the samples are stored. However, it isn’t possible to screen for every genetic illness so there is a small chance that a child could be born with a rare genetic problem, just as can happen with a natural conception.

Donors may be recruited from abroad as well as in the UK but all recruitment, selection and use of the donors including screening, payment and consent must adhere to HFEA requirements in the UK. Such donors may also have provided sperm used for treatment in more than one country.

Are donors paid?

Clinics are not permitted to pay donors for the sperm that they donate. A donor may, however, be reimbursed for reasonable expenses incurred as a consequence of his visits to the clinic (e.g. travel expenses, child minding, loss of earnings etc). The HFEA allows ‘flat-rate’ payments to be made to cover expenses, but any such payments must comply with guidance from the HFEA.

How long can donor sperm be stored for?

In accordance with regulation, all gametes, including donor sperm, can be stored up to a maximum of 10 years from the initial storage date. Donors are able to provide consent for use beyond 10 years storage up to a maximum of 55 years, but this would only be relevant if either of a recipient couple have a medical diagnosis of premature infertility.

What other information can we get before treatment?

The HFEA provides information both for donors and for individuals or couples being treated using donor sperm on its website at www.hfea.gov.uk. Donors and recipients are asked to acquaint themselves with this information in addition to that provided by us.

Donors are generally anonymous although you may wish to choose a donor who is known to you. We use donors from both the UK and abroad but all donors have to comply with UK HFEA regulations.

All the donors are screened extensively. However there is always a small chance of a child being born with a rare genetic condition just as can happen with a natural conception.