

DONOR INSEMINATION



What You Need to Know

This brochure is the courtesy of

**Fairfax
Cryobank**

The Trusted Choice for Donor Sperm

3015 Williams Drive, Suite 110, Fairfax, VA 22031

Phone 800.338.8407 or 703.698.3976

Fax 703.698.3933 • Email info@fairfaxcryobank.com

www.fairfaxcryobank.com

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Donor Insemination (DI) is widely practiced throughout the world with an estimated 10,000 births a year in the US alone. The monthly chance of a pregnancy ranges from 8% to 15%. But ultimate pregnancy rates are high with up to 80% of individuals who choose DI eventually have a child. If a couple is infertile, approximately 1 in 8 uses donor sperm to achieve a pregnancy.



Donor Insemination

Donor insemination (DI) is a simple procedure that uses a syringe to place sperm into a woman's vagina or uterus to assist her in becoming pregnant. The sperm is obtained from someone other than a woman's husband or partner. Sperm banks (also known as cryobanks) offer a selection of screened and tested sperm donors for those interested in using DI.

Your physician will discuss which DI procedure is right for you. There are basically two types of insemination options: intrauterine or intracervical.

- **INTRAUTERINE INSEMINATION:** Semen is inserted directly into the uterus, by way of the cervical opening, using a small catheter. The sperm specimen is labeled as IUI (intrauterine) and is pre-washed, meaning that seminal plasma is removed prior to freezing.
- **INTRACERVICAL INSEMINATION:** Semen is placed into the cervical opening. Sperm is typically labeled as ICI (intracervical or standard) and is unwashed, i.e. the seminal plasma has not been removed.

WHY CHOOSE DI?

There are several advantages to using DI over other methods:

- Donor selection can be made with the participation of your husband or partner.
- The woman can experience pregnancy and all the excitement, anticipation and bonding derived from carrying and delivering her child.
- As a mother, you will know that your child is produced from your own eggs and your own genetic material.
- By attending the inseminations, the husband or partner can share in the child's conception.
- DI is a relatively simple and usually painless procedure performed in your physician's office that requires no surgery or hospital stay.
- The use of donor sperm to achieve pregnancy has generally become very well accepted. Most receive support from their family and friends when they choose to disclose that they have used DI to have a child.
- The treatment is confidential. You decide who knows that you are using donor sperm.
- The contract the donor has with their sperm bank should ensure against any legal, material, or emotional claim by the donor on you or your child. Donors have given up any rights as part of their agreement with the sperm bank.



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- The donor selection process offers choices that match physical, personal and ethnic traits of a partner, if desired.
- In general, DI is less costly than other options, e.g., adoption or IVF (in vitro fertilization).
- Extensive review of a donor's medical history and testing for infectious and common genetic diseases add a level of safety to the process. The FDA regulates sperm banks.
- Updated medical information on the donor is available from sperm banks.

UNIQUE DI ISSUES

- Most donors today are anonymous. Offspring who know they are donor conceived will often be naturally curious about their donor. When choosing an anonymous donor, be aware that the donor will not be available for you or your child to contact.
- For this reason, some sperm banks now make ID (Identity) donors available. These donors have agreed to disclose their contact information to offspring when their offspring reach the age of 18.
- You may select a person known to you as your donor. This choice is called a "directed donor" or "known donor," and has the advantage that you know who that donor is. However, there are legal issues that will require your attention when using a directed donor.
- The choice of the parent(s) to tell a child that he/she is donor conceived can be difficult. Increasingly more literature, both lay and medical, is being published to help assist families as they contemplate how best to address this issue with their son or daughter.

WHO CHOOSES DI?

Many who choose to use donor insemination are couples in which the man is found to have compromised fertility. These couples often select DI as a natural early step in the assisted reproductive process. Future steps might include using IVF, a much more costly alternative, if DI proves to be unsuccessful. DI is also a popular choice for achieving pregnancy among women who do not have a male partner in their lives. Hence a single woman or a woman in a same sex relationship can choose DI as a means to achieve her goal of having a child.

HOW TO GET STARTED

The first step in the DI process is to select a physician who can manage your medical care. Typically these are obstetrician/gynecologists (OB/GYNs) or infertility specialists like Reproductive Endocrinologists (REs).



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Once you have selected a physician, you will meet with him/her to access your overall health issues involving a future pregnancy, the procedures that are best suited for your reproductive needs, and the timing of any attempts using DI.

If DI is the approach chosen, then sperm donor(s) need to be chosen by researching sperm banks and their available selection. Sperm banks are often called 'Cryobanks' because they store frozen (cryopreserved) specimens. All large sperm banks have on-line donor lists and provide services that make the selection process easier. Donors offered by sperm banks present extensive family and personal medical histories. Donor screening also includes thorough medical examinations and testing for sexually transmitted diseases, including HIV. In addition, a family history of inheritable genetic conditions would exclude a donor applicant.

Donor information has become quite extensive. Not only can you select a donor based on physical characteristics and ethnic background, you may be able to listen to audio interviews, look at photographs, match photos to loved ones, read personality profiles and essays, and even learn what a sperm bank's staff thinks of the donors they work with every day. Personal and medical histories often review health issues and items such as education and profession for the donor and his extended family. Donors who have been available for at least 6 months often have a history of a proven pregnancy.

SELECTING A SPERM BANK

Choice of a sperm bank can be as critical as selecting a donor. Consider the following in making your decision.

- Reputation and longevity.
- Extent of donor screening and genetic and infectious disease testing.
- Amount of donor information, e.g. childhood photos, donor audios, personal and medical profiles, staff impressions, etc.
- Sperm quality warranty or guarantee, i.e., minimum acceptable standards for each sperm specimen, usually expressed as total motile cells (TMC).
- Vial buy-back policy and storage services. Some sperm banks will buy back any unused vials at 50% of purchase price, as long as such vials have not left the sperm bank.
- Price: Remember, you are choosing the biological father of your children; don't pick a donor only because he's attractively priced. Make sure HE is attractive to you!
- Physician recommendation.



Future Family Considerations

Listed below are some important questions to consider as you gather information on DI.

Am I planning to tell my donor conceived child about his/her origins?

This is a very personal matter and parents are responsible for making this choice. Situations vary and there is no one right answer for everyone. Printed material, on-line chat rooms, and support groups may be helpful. But ultimately, this decision rests in the hands of the parent(s) to determine how best to deal with their child's future desire to know his/her donor.

Do I want the option for my donor conceived child to contact his/her sperm donor at some time?

Most donors are anonymous which means these donors have not agreed to have their identity released at any time in the future. Some sperm banks offer other donors willing to be identified to their offspring when their offspring reach age 18. Another option is to select a donor from someone known to you now (directed donor). Sperm banks can help coordinate a part of this directed donor process by testing and screening the directed donor. However, the legal and financial considerations may be significant when using a directed donor.

Will I want my donor conceived child to connect with his/her half siblings?

Since contact with their anonymous donor is usually not possible, children might gain important emotional and biological connections by meeting with half siblings. There are on-line sites that cater to making these contacts and allow individuals to do so without revealing their identity. These sites also allow those who are ready to meet to plan a visit. As parents of a donor conceived child, you may also find it helpful to be in contact with other families who used DI, or a group of parents who used the same donor. These forums may not be for everyone, but it is important to know they exist.

Will I want a full biological sibling for my child?

If you might, then you should consider storing some extra units for that eventuality. It could be several years between pregnancies and a specific donor's supply often runs out. Sperm banks will usually buy back at some reduced rate the units that you don't use, i.e., vial buy-back policy.



Future Family Considerations

Are the number of pregnancies limited for each sperm donor?

Many sperm banks limit donor distribution by the number of reported pregnancies or family units. In addition reported pregnancies within geographic regions can also be limited using the American Society of Reproductive Medicine guideline of no more than 25 births per 800,000 population. For this reason, reporting a pregnancy to the sperm bank you used is critical for keeping track of the number of offspring from your donor. The purpose of tracking donor pregnancies is to minimize the chance that a child might unknowingly meet and partner with a half sibling.

What if there are medical problems that are reported in a donor's offspring or by the donor himself? How will I know?

The risk of a birth defect when conceiving with DI is no different than conceiving naturally, and ranges from 2% to 4%. The screening and testing of donors is to ensure that these risks and those of disease transmission are managed as well as reasonably possible. Therefore, sperm banks take the reporting of any medical problems by offspring or the donor very seriously. The sperm bank will investigate and make a determination as to whether this event represents an increase in risk for similar problems in children of others who used this same donor. It may be that the reported medical condition does not increase the risk, as the problem is not linked to the donor. In that case, no notification is undertaken. But if use of sperm from this donor does represent an increased risk, the sperm bank may attempt to notify either your doctor or you with that information. You can also check with the sperm bank to see if there has been a medical update causing it to restrict this donor from use. For those who choose to store sperm at locations other than the originating sperm bank, it is particularly important to check the donor's status prior to an insemination.

Still have questions?

You can talk to your physician or nurse. Or call a sperm bank directly. They will be happy to help you. Also, the internet is a rich source of information. The most relevant information can be found on the website of any sperm bank you are considering for the purchase of donor sperm.