

What is Donor Insemination?

Donor insemination is a type of fertility treatment that uses sperm from a donor to help a woman become pregnant. The procedure involves either placing sperm into the neck of the womb (cervix) or directly into the womb (uterus) around the time a woman ovulates.

Who are the donors?

All donations of sperm are voluntary and have come from individuals who have undergone relevant health screening and been counselled about the implications of being a sperm donor. Not all donors have already had a family.

Prior to any donors being accepted they will have been carefully screened for inherited genetic diseases and medical conditions which include Cystic Fibrosis carrier screening, Karyotype (chromosomes) and Haemoglobinopathies (sickle cell and thalassaemia traits). It is, however, impossible to rule out genetic disease with 100% certainty since it is not possible to test for all inheritable conditions. There may be circumstances when other additional testing may be indicated. Mandatory screening tests are done in accordance with the Human Fertilisation and Embryology Authority (HFEA) and UK guidelines and may be subject to review and changes in the future.

In addition to this all donors have a full screen for transmissible infections, which include, Gonorrhoea, Chlamydia, Syphilis, Hepatitis A, B, C & E, Cytomegalovirus (CMV), Parvovirus B19, Human T-Lymphotropic Virus (HTLV) and HIV.

These tests are repeated every 3 months during their donations and after the last semen samples are produced.

The sperm can only be released for treatment purposes once results have been checked and verified as safe for use. Whilst we do our best to minimise the risk of passing on any genetic or transmissible disease, we cannot give a 100% guarantee of safety.

How can treatment be obtained?

NHS Lothian or Borders will provide funding, where clinically appropriate, for up to 3 cycles of donor insemination (6 in exceptional circumstances) **per couple** (providing the following eligibility criteria are met).

- Couples must be resident in Lothian or Borders.
- Couples must have been co-habiting and in a stable relationship for a minimum of two years.
- Donor insemination treatment must commence before the prospective birth mother's 40th birthday.
- Both partners must be non-smoking/vaping and nicotine free for at least three months before being eligible to be added to the waiting list and must continue to be non-smoking and nicotine free during treatment (subject to carbon monoxide testing).
- Couples should not have any children conceived within their relationship.
- Prospective birth mother to have a body mass index above 18.5kgs/m² and below 30kgs/m².
- Neither partner should have voluntarily been sterilised in the past, even if it has been reversed.
- Both partners must abstain from illegal and abusive substances.
- Both partners must be Methadone free for at least one year prior to referral for treatment.

- Prospective birth mother should refrain from alcohol throughout the treatment.
- No individual can access more than 3-6 NHS funded donor insemination cycles under any circumstances, even if they are in a new relationship.

What investigations are required of the prospective birth mother prior to starting treatment?

Prior to being seen in the fertility clinic we will request that certain tests are carried out and these may include:

- 2 x MMR vaccinations or evidence of Rubella immunity
- Hormone tests to check ovarian reserve and/or ovulation
- Chlamydia and gonorrhoea tests
- Cytomegalovirus (CMV) tests

All donors and recipients are tested for CMV.

CMV negative donors will be used for CMV negative recipients, where possible.

Once all necessary tests are completed we will arrange for an appointment for individual/couples to be seen in the fertility clinic to discuss treatment options and the treatment process.

A hysterosalpingogram (an x-ray test that will check to see if the fallopian tubes are patent) may be organised either before treatment starts or after the first three cycles of unsuccessful treatment. This will depend on medical history.

It is important that a healthy lifestyle is led both prior to and during the time when treatment is taking place. This will increase the chance of becoming pregnant and having a healthy pregnancy.

In addition to eating a healthy diet, a daily supplement of 400 micrograms of folic acid and vitamin D 400 IU should be taken prior to starting your treatment until the twelfth week of pregnancy.

This can be obtained over the counter at any pharmacy.

If however, a higher dose of folic acid (5mg) should be taken then this will be discussed with you at your initial appointment.

Folic acid will reduce the risk of having a baby born with spinal cord problems such as spina bifida.

What should be expected at the nurse discussion appointment?

We will need to update a detailed medical and social history from the prospective birth mother and their partner.

All information pertaining to donor insemination treatment is kept separately from a person's main hospital record and is held in the clinic at all times.

The information that will be discussed includes:

- a commitment to having and bringing up children
- an ability to provide a stable and supportive environment for any child
- the health of the prospective birth mother and consequent future ability to look after or provide for a child's needs

- a child's potential need to know about their origins and the questions which may arise while the child is growing up
- the possible attitudes of other members of the family towards the child, and towards their status in your family
- an explanation of who will be the legal parents of any child born as a result of treatment with donated gametes

Our centre is required by the HFEA to be satisfied there is no known reason why either partner might not be suitable to become a parent to any future child for treatment to be offered.

The Human Fertilisation and Embryology (HFE) Act 1990 states:

“A woman shall not be provided with treatment services unless account has been taken of the welfare of any child who may be born as a result of the treatment (including the need of that child for supportive parenting), and of any other child who may be affected by that birth.”

Following a consultation and with your agreement it may be necessary, for us to contact your GP or another healthcare professional to request further information medical or otherwise, that may have implications for the health or welfare of any child who may be born after treatment.

Contact with your GP/other healthcare professionals can only be made if consent is given in writing.

If consent is not given, for whatever reason, this will be taken into consideration when a decision is made about whether or not to offer treatment.

The HFE Act does not exclude any person from being considered for treatment. People seeking treatment are entitled to a fair and unprejudiced assessment of their situation and needs. This should be conducted with skill and sensitivity appropriate to the delicacy of the case and the wishes and feelings of those involved.

If treatment is refused, an appropriate member of staff will explain the reasons for this and also how, if possible, this decision could be reversed.

We will also arrange for all couples to have an appointment with one of our fertility counsellors to discuss the implications of having a donor-conceived child.

Who are the HFEA?

The HFEA are the statutory body that regulates and inspects all UK clinics providing in-vitro and donor insemination treatments, storage facilities for human eggs, sperm and embryos and human embryo research.

Further information is available on their website - www.hfea.gov.uk

What are the legal implications of having a donor conceived child?

Prior to any treatment commencing, consent to parenthood must be in place. For married couples and those in civil partnerships the current law states that the partner of the woman who gives birth will automatically be recognised as the legal second parent. For couples who are not married or in a civil partnership, both partners must consent to the partner being the second legal parent before treatment for the partner to be legally recognised and named on the child's birth certificate.

Consent can be withdrawn/changed at any point up until the time of the insemination. For further clarification on any issues relating to legal parenthood we would advise that a solicitor is contacted.

Do sperm donors have any legal rights?

Providing donations and treatments are carried out in an HFEA licensed clinic, sperm donors have no legal obligation to any child born as a result of their donation – they will not be a legal parent and will not be named on a birth certificate. Neither will they have any rights over how a child will be brought up or be asked to financially support a child.

Donors can however, request information from the HFEA register about the number, sex and year of birth of any children born as a result of their donations.

The maximum number of families that can be created in the UK by a single donor is ten.

If a treatment was carried out using fresh sperm outside of an HFEA licensed clinic, the donor is considered by law to be the child's legal father, with all the responsibilities and rights that involves.

When will treatment begin?

Treatment can commence once you are at the top of our waiting list and all the necessary paperwork has been completed and checked and individual/couple have attended for an implications counselling session.

We request then, that telephone contact is made with the department following this and that menstrual period dates are provided. A date and time to start testing for ovulation will be given. This will depend on the length of previous menstrual cycles.

The most important part of donor insemination treatment is working out the best day for it to be carried out.

How is the insemination timed?

This will be done by measuring hormones (blood testing) and ultrasound scanning.

The actual length of time that testing continues for will depend on the length of the menstrual cycle. If the cycle is regular, testing may only be for a couple of days, however it may go on a lot longer if cycles are irregular. It may be necessary to prescribe drugs to induce ovulation and regulate cycles if cycles are irregular.

When the hormone test results indicate a “surge” or rise, we will arrange a suitable time for insemination.

Can the characteristics of the donor be matched to my partner?

This would require a large pool of donors and as much as we would like to match general characteristics (e.g. height, hair and eye colour), we regret that this is not always possible due to a shortage of donors. We do however try to give you a choice of at least two donors.

The donor that we choose for a couple will usually be used for all treatments. If a change of donor is required for any reason, this would be discussed with you.

How is the insemination carried out?

The insemination is carried out at the fertile period of the menstrual cycle.

A sample of frozen sperm is either thawed to body temperature (for intra-cervical insemination) or washed and prepared in the laboratory (for intra-uterine insemination). It is then ‘drawn’ up into a syringe to which a fine catheter is attached. A speculum (the

instrument that is used when a smear is taken) is inserted into the vagina to visualise the cervix.

The catheter is then either passed into the cervix or through the cervix into the upper part of the uterus (womb). This will depend on which method of treatment is used.

The insemination is then carried out by pressing the plunger of the syringe.

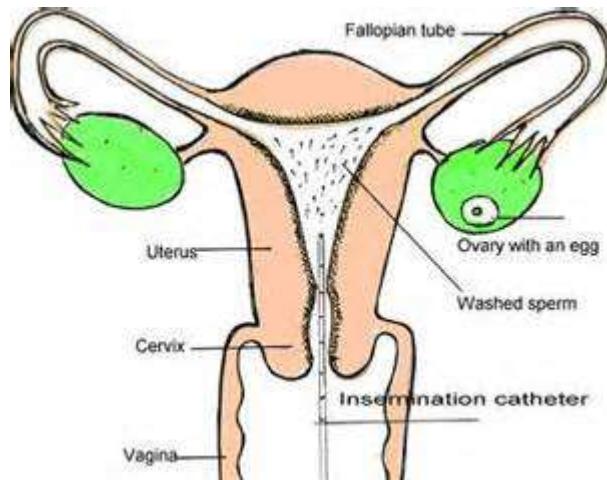


Diagram showing the position of the catheter during intra-uterine insemination
(During intra-cervical insemination the sperm sample is inserted into the cervix)

The procedure is similar to a smear test and should only take a few minutes. It can feel a little uncomfortable but should not be painful.

Following insemination a short rest should be taken. Normal activity can be resumed thereafter.

Is the treatment safe and are there any risks?

There are no increased risks associated in a donor sperm conceived pregnancy compared to that of a naturally conceived pregnancy for example, ectopic pregnancy and risks associated with multiple births.

Only sperm from registered donors will be used for your treatment, as this ensures the donor will have been thoroughly screened for many sexually transmitted infections and some hereditary diseases and the sperm will have been quarantined and re-screened before use. Despite this, whilst we are careful to accept only people who have a healthy background, unfortunately we cannot give a 100% guarantee of safety.

When will I know if treatment is successful?

A period will be due 14-16 days following the insemination if a pregnancy does not occur. We recommend a pregnancy test is not carried out any earlier than 16 days following your insemination.

If treatment is successful an appointment will be arranged for an early pregnancy ultrasound scan.

What is the success rate of donor insemination treatment?

Information is available on the HFEA website – www.hfea.gov.uk

Can I change donor mid-treatment?

If you wish to change donor mid-treatment (prior to insemination) this will result in a delay to your treatment. This is to allow for the safe re-allocation of a donor.

Can I change to IVF treatment?

Yes, if you wish to change to IVF treatment please let us know and this can be arranged.

What information can I obtain about the donor before matching?

Information on donors and donor-conceived children is stored on what is called the HFEA register. The register contains confidential information on all registrations (donors, recipients and their partners), treatments and outcome of treatments.

Parents of a donor-conceived child are able to access information on their child's donor (and about any donor-conceived genetic siblings) from the HFEA or the clinic. They will be given all information that is held about the donor, apart from that which could identify them.

The information that you actually receive will depend on what the donor provided at the time they were registered with the HFEA.

This could include:

- a physical description of the donor (height, weight, eye and hair colour)
- the year and country of the donor's birth
- the donor's ethnicity
- whether the donor had any children at time of donation, how many and their sex
- the donor's marital status
- the donor's medical history
- a goodwill message from the donor to any potential children.

Please note that any identifying information contained in the donor goodwill message and pen portrait will be removed.

What information can my child obtain about the donor?

When the child reaches 16, they can apply to the HFEA to find out if they are donor conceived. If the applicant is donor-conceived, and on the HFEA register, non-identifying information about their donor and any donor-conceived genetic siblings they may have can be disclosed.

When the child reaches 18, they can apply to the HFEA for identifying information about their donor and donor-conceived genetic siblings. The donor information can include name, date of birth, town/city or district where they were born and last known address.

Donors are not able to get in contact with their donor-conceived offspring – the decision to initiate contact is solely that of the donor-conceived child, once they reach 18.

Should I tell my child about the origins of their conception?

Evidence from the experience of adoption, as well as studies of donor-conceived people, strongly show 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 a donor-conceived person and their family. You will be advised to attend a fertility counselling appointment for a chance to explore your feelings about this sensitive topic and to be able to

discuss it fully. You will also be signposted to the relevant resources such as the Donor Conception Network.

If circumstance or choice lead to a child being told later in life, then this can still be done well with the right preparation and guidance. The Donor Conception Network can help with this and useful information can be found on their website - www.dcnetwork.org.

How many families can be created from one donor?

A donor's gametes (eggs or sperm) may legally be used to create up to 10 families at UK licensed centres, with each family containing one or more donor-conceived siblings or half-siblings. It is important to remember that this 10-family limit does not include any donations used outside of the UK. The donor may also have their own children, or may have children of their own in the future, who will be genetic half-siblings of any child born using the donor's gametes.

Will NHS Lothian provide funding for a sibling pregnancy?

NHS Lothian will only provide funding for donor insemination treatment to eligible couples who have not had a child conceived within their relationship.

If donor insemination treatment is successful, it may be possible to offer couples the option of self funding additional cycles of donor insemination treatment, providing there remains an availability of sperm from the same donor as used in the successful cycle. Further details of this can be found at the bottom of the eligibility criteria information sheet. Information on cycle costs can be found within the centre's treatment price list. Please ask a member of staff within the unit if you would like a copy of either of these.

Does the Edinburgh Fertility Centre offer a self-funded donor insemination service?

NHS Lothian does offer a small self-funded donor insemination treatment service. This can be for full siblings or with the use of imported sperm (i.e. London or European Sperm Bank).

Further Reading

Infertility Network UK - www.infertilitynetworkuk.com

Donor Conception Network - www.dcnetwork.org

HFEA Using donated eggs, sperm or embryos in treatment -

www.hfea.gov.uk/treatments/explore-all-treatments/using-donated-eggs-sperm-or-embryos-in-treatment/