

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 transfer 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 in-vitro fertilisation (IVF) treatment. Information leaflets for IUI and IVF are available from the clinic and also on our website.

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 will be influenced by factors such as the age of the woman receiving treatment and also the reasons for requiring donor insemination treatment.

DI involves insemination of sperm into a woman. This can be recommended to women whose partner has a medical condition affecting sperm production or a genetic disorder which may be passed onto his children. It is also 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.

UK centres must register identifying and non-identifying information about sperm donors with the HFEA before their samples can be used in licenced treatment.

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 can be met without serious difficulty.
- Fertility Exeter does not usually treat women using their own eggs aged over 43 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.

Once a donor-conceived baby is born, the parents can access all non-identifying information about the donor along with information about the number, sex, and year of birth of their child's genetically related donor-conceived children. It may be helpful to discuss the implications of receiving such information beforehand with a counsellor or similar support service.

Who will be the legal parents of the child?

If you give birth to a child, you're automatically their mother and legal parent.

If you're married or in a civil partnership before fertility treatment with donated sperm or embryos created using donor sperm, your partner will also automatically be the legal parent unless they do not consent to the treatment.



If you are not married to, or in a civil partnership with your partner, they will not automatically be the legal parent of a child from treatment using donor sperm unless you both consent to this prior to treatment (before the sperm is inseminated or an embryo created with donor sperm is transferred). This applies even if you are in a female same-sex relationship and your partner is donating her eggs to you for your treatment.

Having parental responsibility for a child does not legally make an individual the parent of that child so it is important to consider this when seeking treatment as a couple.

While married couples and those in civil partnerships do not need to provide consent to legal parenthood for treatment with donor insemination, those undergoing IVF treatment and creating embryos with donor sperm will have to specifically consider and provide consent to being registered as the legal parent in the unfortunate circumstance of their death before the transfer of any embryos.

Further information regarding legal parenthood can be found on the HFEA's website (www.hfea.gov.uk)

What are the rights of the child?

Donor-conceived children have the right to access anonymous information about their donor and any donor-conceived genetic siblings from the age of 16.

Children born from treatments performed after April 2005 can after the age of 18 apply to the HFEA to discover the identity of their donor and the identity of donor-conceived siblings (with mutual consent) should they wish. They can also access information about the possibility of being related to someone they intend to marry or enter into a civil partnership with (at any age) or someone they intend to enter into an intimate physical relationship with (from the age of 16).

The HFEA regulation permits the use of sperm donated by any one donor in a maximum of ten families within the UK; with no limits on the number of children born within each family. This is in order to minimise the chance that biological siblings born from donation would meet or grow up together inadvertently in different families (it is possible however that more than one patient in a particular area may have selected the same donor for treatment). This restriction does not apply to the use of an individual donor outside of the UK or with a licensed treatment centre. The donor may also have children of his own. It will therefore not be possible for donor-conceived people to find out information about genetic half-siblings from the HFEA in these circumstances.

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. The growing use of direct-to-consumer DNA tests and matching websites means that it is now possible that donors and donor-conceived people (and/or their close genetic relatives) may become identifiable to each other out-with the HFEA's managed system of information provision. For more information please see the HFEA website on talking to your children about their origins: www.hfea.gov.uk

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 an anonymous donation, the patient can select their preferred donor from those available at one of our approved supplying centres. Recipients can search and filter for various characteristics and physical features. Many physical traits such as height, eye colour, and hair colour have complex inheritance patterns, therefore a range of additional non-identifying information (including a goodwill message from the donor) will also be available to aid selection.

The samples will then be transported to the clinic for storage prior to treatment.

What rights does the donor have to information?

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 the 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?

Donors are able to provide consent for use up to a maximum of 55 years from the date samples are first placed into storage in the UK. The period of consent will be specified by the donor and cannot be exceeded. There are circumstances where donor sperm may not be able to be used beyond 10 years when consent was given prior to a change in storage legislation on 1st July 2022. Please discuss this with clinic staff for more information relating to this.

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, although, all donors have to comply with UK HFEA regulations.
- All the donors are screened extensively, but, there is always a small chance of a child being born with a rare genetic condition, just as can happen with a natural conception.



Feedback

Here at Fertility Exeter, we care about getting things right for our patients. As such, we would welcome any feedback to help us continually improve the services we provide. You can do this in several ways:



Patient Advice & Liaison
Service (PALS)
Royal Devon & Exeter Hospital
(Wonford)
Barrack Road
Exeter EX2 5DW



Direct Dial: (01392) 40 2093



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“What went well could go better if”

Please complete a yellow card, located in our waiting room, and place it in the box provided. The box is sorted weekly, and suggestions are acted on accordingly.

Alternatively:

Tell your story via Care Opinion



<https://www.careopinion.org.uk/kiosk/rh802-fertility-clinic>

You can also provide feedback about Fertility Exeter directly to the HFEA by using their online feedback tool:

<https://www.hfea.gov.uk/choose-a-clinic/rate-your-clinic/>



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