Couples may request donor insemination, (DI) due to poor quality, or complete absence of sperm in the male partner. It is also an option for single women and women in a lesbian relationship. DI is a relatively straightforward and successful procedure. Sperm from a screened donor is inseminated into a woman close to, or at the time of ovulation. Insemination with donor sperm in a fertile woman usually results in a pregnancy rate of between 15-20% per cycle, with a pregnancy rate of 70-80% over six to eight cycles.

Publicly funded free treatment is available to women who meet certain criteria. Fertility PLUS also provides a private service for DI.

1) Am I Suitable for DI?
After your referral to Fertility PLUS your medical suitability as a DI recipient will be discussed at an initial consultation with one of our doctors. This is the first step in becoming a recipient. Details of your medical history will be taken. As a potential recipient you will also need to carry out some blood tests and smear tests, but this can be arranged through a GP. The Fertility PLUS consultant or one of the nurses will explain to you which tests are necessary.

Most women undergoing DI have a natural cycle where we establish when ovulation occurs and we and inseminate accordingly. However, your consultant may have recommended a cycle using tablets which induce ovulation called Clomiphene, or, daily injections of fertility drugs called Puregon or Gonal F, which encourage two or three eggs to mature. If these drugs have been recommended for your cycle, further information about them will be given to you.

It is useful to keep information about the dates of your last few periods for the appointment with the Doctor.

2) Speak to the Counsellors
You will also need to make an appointment to speak to one of our counsellors. This is a compulsory requirement and important for people seeking DI. The counsellors will explore and discuss the social, emotional, legal and ethical issues which may arise for you as a potential donor recipient as well as the possible implications for any children born as a result of DI.

3) Choosing a donor
When your initial consultations with Fertility PLUS Medical and Counselling staff have been completed, an appointment will be made for you to meet with Fertility PLUS nursing and laboratory staff. At this point the laboratory staff will be able to assist you in choosing a donor while the nurses will discuss the practical aspects of undergoing a DI cycle. It is most important that the HART Act is explained to you by the counsellor.
Sperm Donors
Fertility PLUS carefully recruits and selects donors who have agreed to be identified to the child in the future. The Human Assisted Reproductive Technologies Act 2004 (HART Act) gives all children born as a result of donation after August 2005 the right to find out the identity of their donor at the age of 18. All donor-conceived children, recipients and their respective donors will be registered on a confidential department of Births, Deaths and Marriages HART register (Human Assisted Reproductive Technologies Act 2004). Therefore all donors recruited from August 2005 are aware and counselled on the implications of this.

In order to become a donor there are a number of screening tests and consultations that take place. Donors are required to provide an extensive medical history in order to rule out any family history of serious disease. They are tested for the presence of HIV antibodies, Hepatitis B and C as well as other blood borne diseases. To ensure all semen samples are safe for use after the first negative tests, all samples are kept in quarantine for six months until a second set of tests can be carried out and the samples cleared. If you are using a personal known donor the semen samples can be quarantined for three months before they can be used if the recipient requires it.

The donors complete a non-identifying information questionnaire about themselves including information on their family history and interests. You can use this information to choose the right donor for you. This information is also available to you and your child should conception occur. Donors of the same ethnicity as the recipient couple are always used.

The choice of donors at any one time may be limited by the numbers of donors we have currently stored at Fertility PLUS and the number of recipients currently coming through for treatment. Check with the laboratory for donor availability.

Known Donors
Rather than choosing an anonymous donor, some people prefer to approach a person who is known to them as a donor. If this is the case for you, arrangements for screening and counselling can be made so the special issues related to being a known donor will be fully explored. The potential donor (and their partner if they have one) will also need to have a doctor’s consultation as well as a counselling session.

Semen for Sibling use
Fertility PLUS will always try to ensure the same donor is used for any subsequent pregnancy you may wish to try for, as we are committed to assisting people create a family unit, not just a pregnancy. However, we make no guarantee about the availability of semen. We will always make an effort to give the recipient parents the first priority for any remaining semen, and when a first pregnancy occurs the option of reserving semen from the same donor is offered.

Legal implications
The Status of Children Amendment Act of 1987 recognises the social father (the husband/de facto partner of the woman who receives the semen) as the legal father of the child. The donor has no legal rights or responsibilities for the child. Signed consent to insemination is required for every cycle.
The DI Process

GP referral if publicly funded

Self referral if private

Doctor’s consultation
• includes medical history

Counselling session
• this is compulsory to discuss social, ethical and personal issues surrounding donor insemination & HART Act

Complete blood and smear tests

Speak to nurses and embryology and CHOOSE DONOR from non-identifying information or arrange freezing for a personal donor.

DI CYCLE

Your DI Treatment Cycle
By now you have seen the doctor and counsellor, chosen your donor and spent time with the nurses. You will need to phone the nurses on Day 1 of your menstrual period. This is the first morning of full bleeding. They will let you know the day on which you are to start blood testing to establish when ovulation is occurring (based on previous cycle dates).

You will need to have blood tests at a ‘priority’ Diagnostic Medlab laboratory (check the back of your blood test form for the location of these laboratories) and the results will be faxed on the same day to Fertility PLUS. We check the levels of a hormone called Luteinising Hormone (LH) which indicates the time when you will be ovulating. A time for your insemination will be organised after we have seen an elevation in the level of LH. It is important to phone the nurses between 1pm and 3.30pm on the days that you have blood tests in order to receive further instructions regarding the timing of the blood tests and insemination.

Occasionally, the doctor may request that you have an ultrasound scan to determine ovarian activity or to assess the thickness of the lining of your uterus (endometrium) prior to insemination. The scan is usually performed vaginally.

The insemination itself is a relatively quick and painless procedure using a very thin plastic tube (catheter) which is passed through the cervix and into the uterus.

A pregnancy test will be carried out two weeks after the insemination.

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