

Donor Insemination

Couples may request donor insemination (DI) due to poor sperm 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 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 cumulative 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.

Am I suitable for DI?

Your medical suitability as a DI recipient will be discussed at an initial consultation with one of our doctors. Details of your medical history will be taken and you will be asked to carry out some blood tests and a smear test. It is also useful to records the dates of your last few periods for the appointment with your Doctor.

Counselling appointment

You will also need to make an appointment to speak to one of our counsellors. This is a compulsory requirement and very important for people seeking DI treatment. The counsellors will 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.

Clinic sperm donors

Fertility Plus carefully recruits and selects appropriate clinic donors. 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. The details of donor-conceived children, recipients and their respective donors are held on a confidential register at the Department of Births, Deaths and Marriages. 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.

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.

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. The laboratory staff will discuss the availability of donors with you.

Known sperm donors

Rather than choosing an anonymous donor, some people prefer to approach a person who is known to them. If you would like to use a known donor, contact the Fertility Plus laboratory staff and they will discuss this process with you. The potential donor (and their partner if applicable) will also need to have a doctor's consultation as well as a counselling session.

If you are using a personal known donor, you have the option to waive the 6 month quarantine period for the samples to 3 months before it can be used for treatment.

Donor sperm for siblings

Fertility Plus will always try to ensure the same donor is available for you to use for subsequent pregnancies, as we are committed to assisting people create a family unit, not just a single pregnancy. However, we make no guarantee about the availability of sperm. We will always endeavour to give the recipient parents the first priority for any remaining sperm. If a pregnancy occurs, the option of reserving more sperm from the same donor is offered to you.

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 from the recipient or recipient couple for each treatment cycle.

Your DI treatment cycle

Most women undergoing DI have a natural cycle. The time of ovulation is determined by daily blood tests of your luteinising hormone (LH) level (from Day 8 – 12 depending on your menstrual cycle). A time for your insemination will be organised after we have seen an rise in the level of LH.

Your doctor may have recommended a cycle using Clomiphene tablets which induce ovulation, 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.

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 tests.

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. The nurses will phone you after the results have been received at Fertility Plus and give you further instructions.

You may also need to 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.