



Sperm donation

Becoming a recipient of donated sperm



Melbourne IVF's donor program assists anyone needing a sperm donor to help them have a baby.

Our program adheres to the practices developed by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA), the National Health and Medical Research Council (NHMRC) Ethical Guidelines, the 2007 NSW Assisted Reproductive Technology Act and the 2009 Regulations of this Act and the 2004 ACT Parentage Act.

At the heart of our donor program, is a focus on the future welfare of any child born from donor sperm. Any medical and counselling information provided before treatment will always take into account the best interests of the future child.

The purpose of this booklet is to explain the treatment process involved in using a known or de-identified sperm donor.

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Introduction

The decision to use donated gametes (eggs and sperm) or embryos will have a significant impact on those who achieve a family through the donor program and upon the children in that family. The decision to donate sperm may also have a significant impact on the donor and their family. Therefore donating should be a considered and informed decision.

This booklet provides the information necessary to assist donors and recipients in making informed decisions in regards to using or donating sperm, including legal rights and responsibilities, medical treatment and social issues.

Melbourne IVF's Donor Program Nurse is the point of contact (for both recipients and donors), to provide information and guidance on the procedures and processes involved in becoming a sperm donor or recipient. We encourage you to contact the Donor Program Nurse at any stage by phoning 03 9473 4428 or by emailing donorsperm@mivf.com.au

General Information

What is sperm donation?

Sperm donation refers to the use of sperm, donated by a third person who is referred to as the 'donor', to assist an individual or couple, known as the 'recipient(s)', in their attempt to become parents. Donors are known as either 'recipient recruited' or 'clinic recruited' donors depending on the relationship between the donor and recipient.

Recipient recruited donors

Recipient recruited donors donate their sperm to specified named recipient(s), usually a relative or friend.

Clinic recruited donors

Clinic recruited donors donate their sperm to the IVF clinic for allocation to unknown recipients.

Who can use donated sperm?

Using donated sperm is an option for many patients who are unable to conceive for a variety of reasons. Donor insemination or the use of donor sperm for IVF is a possible option when a male has a diagnosis of infertility, carries a serious genetic disease, or has an infectious disease. The Melbourne IVF donor sperm program is also an option for same sex couples and single women.

Who can be a sperm donor?

Donors can be recruited by Melbourne IVF (clinic recruited) or the couple/ recipient may recruit their own donor (recipient recruited). Donors should be healthy men aged between 23 and 45 years. Recipient recruited donors may be over 45 years of age.

In some instances, for potential recipient recruited donors, a clinical psychiatrist review and presentation of the case to the Clinical Review Committee for approval is required prior to proceeding. These include cases where the potential recipient recruited donor:

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- ◆ is under 23 years of age;

 - ◆ has offspring under 12 months of age or whose partner is pregnant; and

 - ◆ intergenerational donation is proposed e.g. son to father.
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The donor process may only commence once these requirements are satisfied and approval granted by the Clinical Review Committee.

Medical and andrology appointments will be scheduled for the donor during which medical history will be reviewed and semen analysis conducted. The donor is required to complete a Genetic and Medical Health Questionnaire.

Can I pay someone to be a sperm donor?

No, donating sperm is a purely altruistic gift. In Australia it is illegal to receive or make any type of payment for human tissue, including donated sperm. Under the Prohibition of Human Cloning Act 2008 (Victorian legislation), donors may be reimbursed for reasonable expenses incurred during the donation process, such as travel and parking.

Quarantine period

Melbourne IVF requires all donated sperm to be quarantined for a minimum of three months. All donors will need to complete an infectious diseases screening blood test prior to their first donation and will need to repeat this test after the end of the quarantine period.

Becoming a recipient of donor sperm — what is involved?

Becoming a recipient of donor sperm involves attending a series of pre-treatment appointments with a Melbourne IVF fertility specialist, counsellor, nurse and donor team, to understand and discuss all of the procedures and processes involved.

Medical appointment

All recipients and their partners (if applicable) are required to attend a medical appointment for medical evaluation and will be provided with a request slip for screening bloods tests including HIV (AIDS), Hepatitis B & C (performed by the Melbourne IVF phlebotomist or nursing staff).

At this appointment the treatment plan will be reviewed, and medical consent forms signed.

Other screening blood tests and genetic tests may be required for recipients and their partners (if applicable).

Preparing for treatment

Appointment with fertility specialist

Medical evaluation, treatment plan reviewed, screening blood tests ordered, consent forms signed.

Donor Patient Liaison Administrator Contact

Donor Patient Liaison Administrators will register recipient and schedule appointments for recipients of donor sperm. The donor team will schedule all appointments for Recipient Recruited and Clinic Recruited Donors, including counselling and a session with the donor program Fertility Specialist to discuss and review suitability for the program.

Donor Program Nurse webinar

Donor Program Nurse provides information about program and process to access donor sperm (clinic and recipient recruited).

Counselling Appointment 1

Discuss implications of using donated sperm. Both patient and partner (if applicable) must attend.

Counselling Appointment 2

Second counselling appointment with same counsellor scheduled for at least two weeks after first counselling appointment. Donor and partner (if applicable) attend to review issues and sign consents. If using clinic recruited sperm, profiles will be made available to the recipient once consent form is signed and management fee is paid.

Nursing Initial Assessment Appointment

Attend a nurse information session to discuss the cycle in detail prior to commencing treatment.

- ◆ If using clinic recruited sperm treatment can begin once profile is selected.
- ◆ If using a recipient recruited sperm donor treatment begins once recipient has been advised in writing regarding clearance of sperm.

Donor Patient Liaison Administrator contact

Prior to attending your appointments, the recipient is contacted by the Donor Patient Liaison Administration team to schedule appointments and discuss management and treatment fees. The donor management fee (non Medicare rebatable) must be paid prior to commencing treatment. All costs for treatments using donor sperm are paid by the recipient(s).

Donor Sperm Nurse webinar

The recipient and partner (if applicable) are required to attend an appointment with the donor sperm nurse to gain an understanding of how the program works. The nurse will explain what a donor profile will look like as well as providing the recipient with paperwork that needs to be completed.

Further queries regarding fees should be made to the Donor Patient Liaison Administrators at Melbourne IVF on 03 9473 4444.

Counselling appointments

A Donor Patient Liaison Administrator will schedule the necessary appointments for recipients, including a minimum of two counselling appointments for the recipient to discuss the implications of using donated sperm, review issues and sign consents.

In Victoria, it is a legislative requirement that recipients and their partners (if appropriate) meet with a counsellor to discuss the implications of sperm donation. This is an opportunity to consider the issues and implications associated with their decision and to make an informed decision.

At least two counselling sessions are scheduled for recipients and their partners (if applicable). For some recipient recruited sperm donors there may be a combined counselling session with their recipient, if there are common issues to discuss. This will be scheduled at the counsellor's discretion. Consent forms are signed with the counsellor. Recipients of clinic recruited donor sperm will select a donor after counselling consents are signed.

Recipients may contact or schedule further appointments with the counsellors to discuss questions or concerns at any stage of the treatment process.

Becoming a recipient of sperm donation

Issues to consider:

- ◆ Your feelings about creating a family where only one partner will be a genetic parent.
- ◆ Your feelings about parenting a child without a genetic link (if both donor egg and sperm are used).
- ◆ Your feelings about being a single parent if you are undergoing treatment as a single person.
- ◆ Whether both partners agree to use donor sperm or one prefers to investigate other options.
- ◆ If enough time has been given to understanding and grieving the loss of your fertility.
- ◆ How your relationship will be affected if the donation is unsuccessful.
- ◆ How will you feel if the child wants to contact the donor?
- ◆ What to tell any donor conceived child.
- ◆ What should you tell family and friends?
- ◆ Who else should you tell?

Recipient recruited donation

Additional issues to consider:

- ◆ What information will be provided to your donor about embryos formed.
- ◆ How will communication occur between you and your sperm donor i.e. phone, email.
- ◆ How the donation, whether successful or not, is likely to impact on your relationship with the donor.
- ◆ Is there a clear understanding of approach to disclosing any child's donor origins.
- ◆ What future contact will occur between donor and child i.e. how often and by what means. Expectations of contact for the near future should be clarified as much as possible with the understanding that feelings and needs may change over time.
- ◆ Options for any excess embryos in storage once the recipient(s) have completed their family.

Nursing information session

Prior to commencing treatment, the recipient is required to attend a nurse information session to understand the medications involved and treatment cycle timeline. It is recommended that partners attend this session, however it is not compulsory. The nurse will ensure all required documentation has been completed and screening blood tests have been undertaken.

Clinic recruited donor sperm allocation

Recipients wishing to use donor sperm may be placed on the waiting list once they have completed the Donor Sperm Webinar. When the recipient is no longer required to wait for a donor to become available, they will be provided with access to the donor profiles website which includes non identifying information about each donor's physical characteristics along with a brief social, genetic and medical history.

At any given time there are only a limited number of donors available. Therefore it may be necessary to change the donor allocation at the commencement of a new stimulated ART cycle. In order to check the availability of donor sperm for each cycle it is essential that recipients contact a Donor Patient Liaison Administrator on day one of their period. If a new allocation is required the donor program nurse will inform the recipient and new donor profiles will be provided.

Due to the shortage of clinic recruited sperm donors, it is not possible to guarantee that the same donor will be available for a second child.

If your treatment has not commenced within two months after choosing your donor, your allocation may be rescinded. Please ensure you contact the donor program nurse to ascertain whether the donor is still available prior to commencing treatment. If your donor allocation has been rescinded, you will be required to select a new donor and you will incur the associated fee.

Recipients can complete Donor Insemination (DI) cycles using clinic recruited donor sperm until their 40th birthday. Recipients accessing DI treatment are limited to two DI cycles.

Recipients can complete IVF cycles using clinic recruited donor sperm and their own eggs until their 46th birthday. Recipients can use the same donor for four IVF cycles (subject to donor availability) before they would require a review by their Fertility Specialist. Following this review, recipients are required to select a new donor.

Treatment information for the recipient

The type of treatment most appropriate for each individual recipient is determined by the fertility specialist at the medical appointment. Treatments involving the use of donor sperm may include:

Donor insemination

The recipient's cycle is monitored to detect ovulation and sperm is placed through the cervix at the appropriate time in the cycle. Current Melbourne IVF guidelines stipulate that IVF treatment is required if a pregnancy does not result after 2 donor insemination treatments using clinic recruited donor sperm.

IVF treatment using donor sperm

The fertilisation technique used for all IVF treatment cycles using clinic recruited donor sperm is referred to as Intra Cytoplasmic Sperm Injection (ICSI). This technique involves a scientist injecting a single sperm into each egg using a very fine needle. The quantity of sperm required for ICSI is less than for normal IVF (where the sperm enters the egg by its own efforts) and ensures there is adequate sperm available for the recipient to undertake more than one stimulation cycle if required.

Legislation and requirements

The Melbourne IVF Donor Program is guided by the legislative requirements under the Assisted Reproductive Treatment Act 2008. Under this legislation the following important information applies:

1. The donor's consent lapses after 10 years, unless a lesser period is specified by him.
2. The legislation provides that treatment using a sperm donor may not result in more than 10 families having children who are genetic siblings, including the donor and any current or former partner of the donor. This does not prevent recipients using gametes/embryos produced by the donor to produce children who are genetic siblings to the recipient's children.
3. The person who produced the gametes (eggs & sperm) from which the embryo(s) has been formed must consent to embryo storage period beyond 5 years and also must consent to the removal of the embryo(s) from storage.

4. The import or export of donor gametes or embryos formed from donor gametes in or out of Victoria must have written approval from the Victorian Assisted Reproductive Treatment Authority (VARTA). Melbourne IVF will only approve the export of clinic recruited donor sperm in exceptional circumstances if there is sufficient sperm available. Melbourne IVF is required to give the donor written notice of the name of the clinic to which their sperm or embryo(s) created from their sperm has been exported.
5. It is an offence under the ART Act 2008 to knowingly or recklessly give false or misleading information or omit to give material information.
6. Posthumous use of donated sperm, donated eggs or donated embryos is not possible.

Status of children

Removal of gender specific terms: a married recipient of a recipient in a bona fide domestic relationship, the recipient and their partner shall be presumed for all purposes to be the parents of any child born as a result of the pregnancy .

Where donor sperm was used by a married woman or a woman in a bona fide domestic relationship with a male, the woman and her husband/partner shall be presumed for all purposes to be the mother and father of any child born as a result of the pregnancy.

A recipient's partner is presumed to be the legal parent of any child born as a result of a treatment procedure if they:

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- ◆ Were partners at the time of treatment and resulting pregnancy;
 - ◆ Consented to the treatment procedure; and
 - ◆ Where sperm was used by a recipient with a partner or a recipient with no partner, the donor who produced the sperm is presumed not to be the legal parent of any child born as a result the pregnancy.
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Birth registration

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- ◆ Melbourne IVF must provide Information regarding births of donor conceived offspring to the Victorian Assisted Reproductive Treatment Authority (VARTA), who will maintain the Central and Voluntary donor registers.
 - ◆ If the birth registration statement indicates that the child was conceived by a donor treatment, the Registrar must mark the words "donor conceived" against the entry about the child's birth in the register.
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- ◆ If the donor conceived offspring applies for a birth certificate after 18 years of age the Registrar must attach an addendum to the certificate stating further information is available about this entry.
 - ◆ The Registrar is only able to issue the addendum to the donor conceived person named in the entry on the register.
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Melbourne IVF encourages all individuals/couples to seek independent legal advice before donating gametes/embryos or using a gamete or embryo donor.

Please note the person(s) who signs the Melbourne IVF consent to treatment will be registered as a parent of the child; their name will appear on the birth certificate as a parent; and will have all rights and responsibilities of a parent.

Telling children about their donor origins

Research indicates that there are many benefits for the donor conceived child and family as a whole if disclosure to the child regarding their donor origins occurs at an early age (Schieb, Riordan & Rubin., 2005). A sense of openness and honesty is promoted and the child is able to incorporate this information into their developing sense of identity (Rumball & Adair., 1999), reducing the risk of the child experiencing any sense of shame or secrecy. A child then has the opportunity for gradual understanding of their donor conception.

In comparison, research investigating offspring who were told at an older age found that children were more likely to feel confused, deceived or betrayed (Turner & Coyle, 2000).

In addition to the emotional, psychological and family functioning benefits of disclosure at an early age, there are also practical benefits such as the child having access to their medical and genetic history.

The issue of disclosure may create anxiety for many parents. Your Melbourne IVF counsellor is available to discuss disclosing and assist you in making decisions that are in the best interest of your family.

There is also an abundance of resources including children's books which may assist in explaining donor conception to children. The Victorian Assisted Reproductive Treatment Authority website also provides information and a list of resources, to support parents with disclosing to their children at any age. Please refer to contacts and reference list at the end of this booklet.

Please contact the counselling department if you have any further questions.

Contacts and resources

Resource	Telephone	Web-email contacts
Melbourne IVF	03 9473 4444	www.mivf.com.au
Donor Program Nurse	03 9473 4428	donorsperm@mivf.com.au
Counsellors	03 9473 4444	
Nurses	03 9473 4444	
Donor Patient Liaison Team Administration	03 9473 4444	
VARTA – Victorian Assisted Reproductive Treatment Authority	03 8601 5250	www.varta@varta.org.au
BDM – Births, Deaths and Marriages	1300 369 367	www.bdm.vic.gov.au
Donor conception Support Group	02 9793 9335	dcsg@optushome.com.au www.dcs.org.au
Donor Conception Network UK		enquiries@dcnetwork.org www.dcnetwork.org
Prospective Lesbian Parents		www.vicnet.au/~plpvic

Journal articles

MacCallum F, Golombok S. Embryo donation families: mothers' decisions regarding disclosure of donor conception. *Human Reproduction* 2007;22:2888-2895

McGee G, Brakman S, Burmankin AD. Disclosure to children conceived with donor gametes should not be optional. *Human Reproduction* 2001;6:2033-2036

Mahlstedt P, Greenfeld D. Assisted reproductive technology with donor gametes: the need for patient preparation. *Fertility & Sterility* 1989;52:908-914

Rumball A, Adair V. Telling the story: parents' scripts for donor offspring. *Human Reproduction* 1999;14:1392-1399

Scheib JE, Riordan M, Rubin S. Adolescents with open identity sperm donors: reports from 12–17 year olds. *Human Reproduction* 2005;20:239-252

Shenfield F, Steele SJ. What are the effects of anonymity and secrecy on the welfare of the child in gamete donation? *Human Reproduction* 1997;12:392-395

Turner A, Coyle A. What does it mean to be a donor offspring? The identity experiences of adults conceived by donor insemination and the implications for counselling and therapy. *Human Reproduction* 2000;15:2041-2051

Books

Building a Family with the Assistance of Donor Insemination. Daniels K. Palmerston North: Dunmore Press; 2004

Mommies, Daddies, Donors, Surrogates; Answering Tough Questions and Building Strong Families. Ehrensaft D. New York (NY): Guilford Press; 2005

Taking Charge of your infertility. Johnson PI. Indianapolis (IN): Perspectives Press; 1994

Swimming Upstream: The Struggle to Conceive. Rawlings D, Looi K. South Australia: Landmark Media; 2006

Books for children

Our Story. Donor Conception Network UK. Nottingham: Donor Conception Network UK; 2002

Before You Were Born: Our wish for a baby. Grimes J. Iowa: X,Y. and Me, LLC; 2004

How I began: The story of donor insemination. Paul J, editor. Melbourne: Fertility Society of Australia; 1988

DVD

Evans L. **Telling and Talking [DVD].** Nottingham: Donor Conception Network; 2006

Support Groups

The single mum's support group is a group for single women who are either thinking about having, are having or have had a baby conceived from Donor Insemination or IVF. Visit www.mivf.com.au "support groups" for further information.



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