

Donor Sperm Insemination (DI)



Information for Patients and Partners



Who is this booklet for?

This booklet has been written to provide information for couples or single women considering Donor Insemination (DI) treatment.

Why DI?

DI is considered when:

- There is no male partner (i.e., single women or same sex couples)
- The male partner has low or no sperm production
- The male partner has a genetic condition he does not want his children to inherit

Overview of the treatment

You will be seen by a Consultant at the first appointment to discuss the reason for DI, treatment criteria, possible side effects of medication and/or treatment and required blood tests which include Hepatitis B and C, HIV, Syphilis and CMV (Cytomegalovirus). CMV positive donors are only to be used for CMV positive recipients. You will also need swabs taking for screening for sexually transmitted diseases chlamydia and gonorrhoea and screening to ensure you have been vaccinated against German Measles (rubella).

Other tests may be required according to ethnicity/ geography/ medical history, such as HTLV, Tay Sachs, Sickle Cell, α or β Thalassaemia, glucose-6-phosphate dehydrogenase deficiency, Malaria, T. Cruzi.

The above health screening is clinic policy for infection prevention and welfare of the child considerations. This means that patients and partners will be required to undergo screening, even if they are not providing gametes. For self-funding patients, the costs of the tests are outlined on our price list which is also available online.

You will have two appointments with the Centre's Counsellor to discuss the social aspects and implications of receiving donated sperm, and to provide you with useful information and support. Topics such as whether and when to tell a child of its origins, and information available about the donor are routinely covered. Information about legal parenthood will be explained and consent given so that you each agree

to your partner becoming the legal parent of any child born as a result of treatment. You will select your donor at this stage.

You may need a follow up appointment with the Consultant before proceeding to see a Nurse Specialist, who will check your understanding of the process and answer any questions. It will be checked that your blood results are valid, and all initial consents have been completed, and you will sign further consent forms agreeing to insemination.

How is the donor chosen?

A donor is:

- Aged between 18-45
- Fit and healthy individual
- Have no personal or family history of inheritable disease

The sperm donor will have been screened for transmissible and heritable illnesses however these tests cannot give 100% assurance of a lack of any disease. Tests include HIV, Hepatitis B & C, syphilis, cystic fibrosis, karyotype, chlamydia, gonorrhoea, CMV. Other tests may have been required according to ethnicity/ geography/ medical history, such as HTLV, Tay Sachs, Sickle Cell, α or β Thalassaemia, glucose-6-phosphate dehydrogenase deficiency, Malaria, T. Cruzi.

What can I know about the donor?

You will be told about the physical appearance (e.g., build, complexion, eye and hair colour) of your donors and their cytomegalovirus status. You may read the pen portrait and goodwill message that they have written for any future offspring. You will not receive any identifiable information.

Any children born as a result of this donation can find out:

- Anonymous information about the donor and any donor-conceived genetic siblings, from the age of 16
- Identifying information about the donor, from the age of 18
- Identifying information about donor-conceived genetic siblings, with mutual consent, from the age of 18

- Information about the possibility of being related to the person they intend to marry/ enter into a civil partnership with, at any age
- Information about the possibility of being related to the person they intend to enter into an intimate physical relationship with, from the age of 16

What information are the donors entitled to?

The sperm donor can find out how many children have been born as a result of their donation and their gender.

Important Considerations

The increasing popularity of direct-to-consumer DNA testing has made it possible for donors and donor-conceived people to become identifiable to each other outside of the current, managed system of information provision. This can happen if they, or a close family relative, sign up to such a service that allows for genetic matching. Many people undergo these DNA tests to learn more about their family heritage, however it has introduced the possibility of a donor or donor-conceived person (or a close relative) of being matched with one another. This can result in a donor-conceived person who has previously been aware of their origins discovering this for the first time.

The donor has no legal or financial obligations to children born as a result of treatment; these are the responsibilities of the legal parents. The donor may vary or withdraw consent to donation up to the point that the sperm is used in treatment.

How many families can a donor help to create?

Donors are able to help the creation of up to 10 families. Each family may consist of more than one donor-conceived child because genetic siblings or half siblings sharing at least one legal parent will be considered to belong to the same family.

What is the procedure?

Once the above is completed you will be asked to ring us on Day 1 of your period.

Natural DI

If you are having natural DI you will attend the unit around day 10 of your cycle for a scan to check the lining of your womb, and assess the number of follicles (fluid filled cysts containing eggs) developing on your ovaries.

Clomid DI

If you are taking Clomid tablets you will be asked to take the tablets from day 2 until day 6 at the dose prescribed for you. You will then attend the unit on day 10 for a scan to check the lining of your womb and the number of follicles developing on your ovaries.

Both natural and clomid IUI

The nursing staff will tell you when to start using the Ovulation Prediction Kit with the first urine sample of each day. On the morning you surge (two lines in the window) you are asked to phone the unit before 10.00am to arrange treatment (0116 2585922).

Gonadotrophin DI

You will attend the unit on day 4 for a scan to assess your ovaries. You will be prescribed Follicle Stimulating Hormone (FSH) injections. You will be given an Injection lesson and informed about possible side effects.

You will attend again in a few days for a further scan and then as clinically necessary, possibly alternate days, to assess your response to the injections. As everyone is different, depending on your response the dose may be increased or decreased – you will be advised of this when necessary.

Once your ovaries are ready to produce an egg, you will be given an injection (hCG) to release this egg. This takes about 36 hours to work. You will be given a specific time to attend for your DI.

What happens at the insemination appointment?

A speculum is inserted into the vagina. The nurse will be able to see the cervix and will insert a fine tube containing the donor sperm through the cervix and into the uterine cavity. You may experience some mild cramp pains, and you will be advised to remain on the bed for a few minutes, and then be allowed home.

One week after the insemination you will be required to have a blood test to check that you ovulated. If your period starts you will need to contact the unit when you are ready to arrange your next treatment, or an appointment to discuss your treatment options.

If your period does not start within 14 days a pregnancy test should be taken. If it is positive the Unit will scan you at 7 weeks to detect a foetal heartbeat. If this is detected, you will be discharged to your GP for antenatal care. If it is negative but you have not had a period, you should contact the Clinic for further advice.

What risks are involved?

There is a small risk of bleeding as the catheter is inserted into the womb.

Clomid or Gonadotrophins may lead to more than one follicle developing and you will therefore be at risk of conceiving twins. If you are producing more than 2 follicles your treatment will be halted to reduce the risk of multiples higher than twins. This is disappointing but it is safer to wait till the next cycle to reduce problems in pregnancy.

Although donors are screened for infectious and heritable diseases, there is always a small risk as some conditions cannot be tested for currently or may become apparent in the donor at some time in the future.

What side effects are there?

Clomid: Hot flushes. Double vision – this is rare, but you must contact the unit if it occurs.

Clomid and Gonadotrophins: Ovarian Hyperstimulation (OHSS). This occurs when there are a lot of follicles produced by the ovaries. Symptoms include:

1. Enlarged painful ovaries which hurt when you sit, bend, or walk.
2. Breathlessness and water retention leading to swelling of the ankles and/or abdomen and weight gain.
3. Persistent headache, dizziness, drowsiness, and severe malaise (general feeling of being unwell).

If you develop any of these symptoms you should contact the Specialist Nurses on (0116) 2585922), or the emergency mobile number on the answerphone message out of normal clinic hours.

Is there an alternative treatment?

If donor insemination is not successful, the next step is IVF (in vitro fertilisation) with donor sperm. Funding of treatment depends on which Commissioning area you live in. The upper age limit for DI for NHS funded patients is up to age 40 and the upper age limit for self-funded patients will be dependent upon an assessment of your ovarian reserve. NHS funding will provide a maximum of three cycles of DI treatment. **Couples who choose not to have DI and progress straight to IVF will not be permitted to be offered NHS funded DI if IVF fails.**

What follow up care is available?

Your Consultant would like to see you and your partner after the first three cycles of DI.

We understand that this is a very difficult time for you emotionally, and counselling is available at any time before, during, or after, your treatment to support you either individually, or as a couple. You can request this yourself, and don't need to be referred. These discussions are usually confidential and will not be divulged to other members of the team.

Our commitment to patients

We are constantly striving to improve our services to patients, and we will welcome your comments or suggestions for improvement.

Leicester Fertility Centre Contact Details

Tel: 0116 2585922
E-mail: LFCinfo@uhl-tr.nhs.uk
Website: www.leicesterfertilitycentre.org.uk

Useful addresses:

Human Fertilisation and Embryology Authority www.hfea.gov.uk
www.hfea.gov.uk/donation/donor-conceived-people-and-their-parents
www.hfea.gov.uk/treatments/explore-all-treatments/becoming-the-legal-parents-of-your-child
www.hfea.gov.uk/treatments/explore-all-treatments/risks-of-fertility-treatment
NICE guidelines: www.nice.org.uk
NHS - Response line: 111.nhs.uk / 111
NHS - Smoking Helpline: 0300 123 1044
Fertility Network UK www.fertilitynetworkuk.org / 0121 323 5025
Donor Conception Network www.dcnetwork.org
Mensfe (the men's fertility forum) www.mensfe.net/forum

Do you feel that you are at risk of verbal or physical abuse? If so, you may find the following numbers useful:

Domestic Violence Helpline:

United against violence & abuse (UAVA)

Helpline: 0808 802 0028

Email: info@uava.org.uk

Text support: 07715 994 962



This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

Questions

If you have any questions write them down here to remind you what to ask when you speak to your consultant.



Today's research is tomorrow's care

We all benefit from research. Leicester's Hospitals is a research active Trust so you may find that research is happening when you visit the hospital or your clinic.

If you are interested in finding out how you can become involved in a clinical trial or to find out more about taking part in research, please speak to your clinician or GP.

If you need information in a different language or format, please call the number(s) below or email equality@uhl-tr.nhs.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

0116 258 4382 or 0116 250 2959