

FINDING A SPERM DONOR

Information for patients, January 2005

This information sheet is designed to give you an overview of various ways of finding a sperm donor for donor insemination (DI) treatment. Please feel free to ask for more information at any stage.

Types of sperm donor

There are essentially three types of sperm donor:

- **Clinic recruited donor** The clinic attracts donors through advertising or news articles. Potential donors are screened to see if their sperm quality is suitable – particularly to measure how well it survives freezing and thawing.

Our accreditation authority (RTAC) provides extensive guidelines for screening donors. These guidelines have an upper age limit, and exclude men who have had any male-to-male sexual contact in the past year. The men are screened for the more common inheritable diseases and diseases that can be sexually transmitted. They have a medical examination, and along with their partners (if applicable) spend time with a counsellor exploring the implications of being a donor.

Donors may set any restrictions they like on the use of their sperm. Some restrict their sperm to heterosexual couples, a few to only married couples. The clinic restricts the number of families with donor children to four, but donors may choose a lower number.

- **Personal donor** A personal donor is a man recruited by the patient who wants DI. Although the clinic insists on the same screening process and preparation for being a donor, there are no restrictions on age, sexual orientation or any of the areas covered by the Human Rights Act. This is because the patient and a personal donor are together requesting a ‘goods and service’, which is covered by the Act. (Whereas a person volunteering as a clinic-recruited donor is not requesting a ‘goods and service’, and so the Act does not apply.)
- **Patient advertised donor** This option was introduced by Fertility Associates in late 2004 following the success of patient advertising in the donor egg programme. It was introduced because the demand for donors is often greater than the number recruited by the clinic. Patient recruited donors have greatly helped the availability of donors in the donor egg programme, and hence shortened the average wait for treatment.

A patient places an advertisement that can be personalised to maximise the chance of attracting a donor for herself or for the couple. The advertisement directs replies to Fertility Associates, which screens potential donors in the same way it does for clinic-recruited donors. Once the donors are screened, the patient placing the advertisement has first choice of those donors.

Donors recruited in this way are still able to place restrictions on the use of their sperm and can choose to donate to more than one person or couple. The sperm 'belongs' to the clinic. RTAC's guidelines also apply. In this regard, donors recruited this way are similar to clinic-recruited donors.

Why replies to patient advertisements must go to the clinic

The clinic requires that advertisements direct all enquiries directly to the clinic, and not to the person placing the advertisement. There are several reasons for doing this:

- It stops patients from being bothered by cranks and unsavoury people. For every 100 replies to sperm donor ads, about 5-30% are inappropriate responses.
- It shields patients from lots of enquiries that will not lead to anything. For every 100 replies to sperm donor ads, only 5 or so result in men actually becoming donors.
- It distances potential donors from recipients, so each have the opportunity to consider whether they want to be involved in DI without feeling pressured, feeling obligations, or feeling rejected if the potential donor does not like the patient or the patient does not like the potential donor. This was a lesson learned early in our experience with people placing advertisements for egg donors.
- It enables the clinic to find out what wording works best in advertisements, the best magazines or newspapers to use, and the best time to place advertisements.
- It ensures patients do not compete by having similar advertisements in the same place at the same time.
- It ensures advertisements met legal requirements under the Human Assisted Reproductive Technology Act (HART Act).

If any advertisement directs enquiries to anywhere other than the clinic, Fertility Associates will consider any potential donor recruited by the person placing the advertisement to be a personal donor.

Legal considerations

Two pieces of legislation particularly apply to DI, including finding a donor.

The **Status of Children Amendment Act, 1987** (since incorporated into the new Status of Children Act, 2004) defines who is the legal parent(s) of a child born in New Zealand from the use of donor sperm. When a woman is married or in a de facto relationship with a man, and the man has consented to DI, the *"husband shall, for all purposes, be the father of any child of the pregnancy, whether born or unborn; and ... any man, not being her husband, who produced semen used for the procedure shall, for all purposes, not be the father of any child of the pregnancy.."* When the woman is unmarried (or not in a de facto relationship), or has undergone DI without the consent of her husband, the donor also has no rights or liabilities as a father.

If a potential 'donor' for a single woman or lesbian couple wants to be recognised as the legal father, then the parties should not use the consent forms for a sperm donor or DI, but rather the consent form for intrauterine insemination using partner's sperm.

Summary of the three types of donor

The following table summarises the differences and similarities between the three types of donors.

	Clinic-recruited	Patient advertised	Personal
Recruitment	The clinic places an advertisement, or the donor responds to publicity	The patient advertises for a donor	The patient finds a friend or family member
Restrictions on who can be a donor	RTAC guidelines	RTAC guidelines	None (1)
Who has a say on using the sperm	Donor decides	Donor decides	Patient and donor decide
Who pays for the advertisement	The clinic	The patient (2)	<i>(not applicable)</i>
Advertisement directs replies to:	The clinic	The clinic	<i>(not applicable)</i>
Who pays for following up advertisements	The clinic	Shared between patient and clinic	<i>(not applicable)</i>
Who pays for screening, counselling, freezing sperm, etc	The clinic	The clinic	The patient
Who gets first choice of the donor	Next person on the waiting list	Patient placing advertisement	<i>(not applicable)</i>
Can be the donor choose to be used for other patients?	Yes	Yes	Not usually
Minimum quarantine time between freezing sperm and its use	6 months	6 months	3 months
Stand-down period between DI being raised as an option and treatment starting	3 months	3 months	3 months

- (1) The clinic may decline accepting a person as a donor in the interests of the health or safety of the potential donor or the patient
- (2) The clinic may contribute to an advertisement if it includes a general phrase, such as, "If you do not fit this patient's profile, Fertility Associates would still love to hear from you for other patients".

The second piece of legislation is the **Human Assisted Reproductive Technology (HART) Act**. Of particular importance to DI:

- This Act has substantial penalties (fines and imprisonment) for paying for sperm, or for providing inducements for obtaining sperm. This means patients cannot obtain sperm from overseas commercial sperm banks.
- For pregnancies arising from sperm donated after 20 August 2005, the clinics are obliged to give the Registrar-General of Births, Deaths and Marriages identifying information about the child and the donor. After the age of 18 a child may ask the clinic or the Registrar-General for the identity of the donor, and this information will normally be given. The child may ask for the identity of other children conceived using the same donor, and the donor may ask for the identity of all persons born as a result of his donation. In these cases, both or all the parties need to agree before the information can be given. There are provisions for children getting information from the age of 16, and for parents to get information about the donor too.
- For pregnancies arising from sperm donated before the 20 August 2005, children or donors can voluntarily provide their identity to the Registrar-General to enable the same types of information exchange.

Fertility Associates is preparing a separate information sheet covering information exchange in detail.

The provisions in these Acts apply equally to clinic-recruited donors, patient advertised donors and personal donors. Even if the donor and recipient already know each other, the information will have to be kept by the clinic and the Registrar-General.

Where to advertise

The clinic has yet to build up experience from patients advertising for sperm donors. However, it has extensive experience from advertising for sperm donors itself, and from patients advertising for egg donors. Family and women orientated magazines seem the best places for advertisements. The Advertising Coordinator will be able to give you more specific and up to date information.

Costs for patient advertised donor option

Advertisements typically cost \$500-\$1000 each, about the cost of one treatment cycle of DI.

Fertility Associates may pay up to 20% of the cost of the advertisement if it includes a general phrase, such as, "If you do not fit this patient's profile, Fertility Associates would still love to hear from you for other patients". Whether Fertility Associates does this will depend on factors such as the number of advertisements currently underway.

The clinic will charge its usually hourly rate for the donor coordinator's (or nurse's or counsellor's) time for giving information and advice about placing advertisements. It will also charge a nominal amount (\$10) for responding to each reply to a particular advertisement and for passing on information on potential donors to the patient. This cost is subsidised, because some advertisements may provide donors for other patients as well.

Up to 12 inseminations (a year's worth of treatment) can be reserved without charge when a patient is actively having treatment. Normal sperm storage fees apply for reserving extra sperm or while treatment is stopped or postponed.

There is a separate information sheet on fees for DI.

Step-by-step through the option of patient advertised donor

The following is designed to give a brief overview of this option from the patient's point of view. For simplicity, we have referred to the patient in the singular; it could equally be a couple.

1. Patient has a consultation with their doctor to discuss their diagnosis, potential treatments, the option of DI, and information about DI.
2. If interested in the option of patient advertising, the patient is given this information sheet, and makes an appointment to see the Advertising Coordinator.
3. Patient usually sees the Advertising Coordinator before seeing a counsellor about the implications of DI or the nurses about the practical aspects of treatment. (This order is important, because counselling and practical aspects may differ according to the type of donor used.)
4. Advertising Coordinator helps the patient write and place an advertisement.
5. The Advertising Coordinator takes replies, and gives the patient profiles of potential donors once they 'pass' the initial steps of a trial sperm freezing and thawing and screening for sexually transmitted diseases. The patient can tentatively 'reserve' one or more potential donors at this early stage. The profiles will usually be updated every couple of weeks. It is important to understand that at this stage the donor can only be tentatively reserved – the donor may not complete donation or follow-up screening, or might withdraw as a donor.
6. The Advertising Coordinator will also tell the patient what other donors are available. This is important, because the process of advertising, waiting for potential donors to finish their work-up, and waiting for the quarantine of frozen sperm will take at least 7-8 months. In the meantime, other donors recruited by the clinic or from other patients' advertisements may become available.
7. The patient chooses a particular donor, and decides on the number of inseminations to reserve. Treatment from this point on is described in the DI patient booklet.

Until the patient definitely chooses a particular donor, the Advertising Coordinator is likely to be patient's main contact with the clinic. The coordinator will have a comprehensive view of how recruitment is going and what other donors become available.

Donor linking

Some people may want to consider meeting a potential 'patient advertised donor' before proceeding to treatment. This occurs in some egg donation treatments.

Fertility Associates has procedures for donor linking built on experience with both sperm and egg donors. The procedures are designed to protect the interests of both parties throughout the process. The clinic's counsellors facilitate each step. Please ask your doctor, nurse, counsellor or the Advertising Coordinator for more information if you are interested.

Sperm quality for patient advertised and personal donors

Potential clinic-recruited donors are declined if their sperm quality after freezing and thawing is not suitable for the standard 'low tech' procedure of intrauterine insemination.

However, donor sperm of almost any quality can be successfully used for treatment using in vitro fertilisation (IVF). The disadvantages of IVF are that it is much more expensive than standard DI (typically 6 times), women need to take drugs to stimulate their ovaries with a small risk of Ovarian Hyperstimulation Syndrome, and there may be a slightly higher risk of abnormalities in children conceived through the use of IVF.

If the preferred potential donor from your advertisements, or your personal donor, is not suitable for the usual 'low tech' procedure, we will discuss other options with you.

More information

Please contact our Advertising Coordinator on 0800 500 547 or ask any of our staff to help you.