

## **INFORMATION ABOUT DONATING SPERM (CLINIC-RECRUITED DONORS)**

*May 2009*

Thank you for thinking about sperm donation. This information sheet is designed to give quick answers to the most commonly asked questions and to give you some idea about the various aspects of donor insemination.

### **Who is the semen used for?**

Some people who want children but, for a variety of reasons, find that they are unable to conceive, choose donor insemination. For instance, couples where a man may have few or no sperm or the motility of the sperm may be low. Rarely, it may be that the use of the man's sperm carries a very high risk that any child might have a serious congenital abnormality. Also, single women or women in lesbian relationships request donor sperm.

Donors are usually chosen by the recipients from profiles written by donors offering non-identifying information about themselves. When people are asked about whom they would want as a donor, they are usually hoping for "someone nice" who is roughly the same age as their partner and might share some similar characteristics. Donors may wish to place some limits on the use of the donations, such as the number of families for which their donations can be used, or groups of people to which they do not want to donate.

### **Who can donate sperm?**

Healthy men aged from 20 to 45 years of age, with good quality semen and from all walks of life, who have considered the implications for themselves and their own families and are willing to be identifiable. Guidelines from our accrediting body mean we have to exclude people who have a higher risk of passing on infections, including people with an increased risk of having been exposed to HIV; who have received some types of blood products; and who have used non-prescription, injected drugs. We ask donors not to smoke, preferably for at least 3 months before donating and during the time of donation, since substances in cigarette smoke can damage the DNA in sperm.

### **What does being a donor involve?**

The first step in becoming a donor is to see how well sperm survive freezing and thawing. Donated semen has an "anti-freeze solution" added to it to enable the sperm to survive freezing. The semen is packed into straws, frozen and stored at a very low temperature in liquid nitrogen. Under the Human Assisted Reproductive Technology (HART) Act (2004) the sperm can be stored in this way for a maximum of ten years. For some prospective donors, the sperm does not survive this process very well and cannot be used for donation, though this may not mean that the donor will not be able to have children himself.

Semen must be produced by masturbation. We have a room available at the clinic for this. The clinic's accrediting body requires that samples be produced at the clinic to minimise the risk in specimen handling and to confirm the identity of the donor. It is preferable to have 2 to 3 days abstinence from ejaculation before producing any sample for testing or freezing to allow sperm numbers to build up. Longer times are not an advantage.

### **What tests, information and consents are required?**

It is possible for semen to pass on sexually transmitted diseases. We follow very strict guidelines to ensure that this cannot happen. All donors are tested for syphilis, hepatitis B and C, Human

Immunodeficiency Virus (HIV), chlamydia and gonorrhoea. The donor's blood group is also identified. Next, an interview with a clinic doctor is arranged. The doctor's interview involves taking note of medical and family history – especially familial conditions that can be inherited, a physical examination and answering any further questions. In addition to a medical consultation, all donors and their partners have an initial appointment with a counsellor to be given information about their rights and responsibilities, the legislation that governs donation and to discuss the implications of being a donor.

Consent forms are signed at the clinic and all donors are asked to fill out a detailed non-identifying questionnaire about themselves and their family. This information is made available to the intending recipients. Because recipients use this information to choose who would be a donor for them; the more information given, the more helpful. Donors are encouraged to update this information regularly and to inform the clinic of any change of address.

### **How do I proceed with donating?**

We ask donors to freeze a number of samples, this number depends on the quality and how well the sperm survives freezes. Most donors will be asked to donate about ten to fifteen semen samples. Donors can freeze these samples in a timeframe that suits them, preferably within 6 months. At each donation donors are asked to fill out a lifestyle declaration form, very similar to that used by blood donors, to identify any recent risks of exposure to infections that could be transmitted. To minimise the risk of HIV transmission, all donations are quarantined for at least six months. A final blood test is needed to release the banked samples from quarantine before they can be used.

There is no cost to donors for any of the tests or appointments with the doctors or counsellors. Travel expenses for coming to the clinic are reimbursed at \$30 per visit. This is paid after the final "clearance" blood test. The HART Act has substantial penalties (fines and imprisonment) for paying for, or providing financial inducement for, donor sperm. This excludes reimbursement of travelling expenses by the clinic.

### **What is the legal position?**

The Status of Children Act (2004) clearly defines the legal status of the donor, the woman's partner and the child when conception occurs as a result of donor insemination, and the woman has undergone the procedure with the consent of her partner. The woman's partner at the time of birth, whether by marriage, civil union or de facto, is a legal parent of the child. Neither the child nor the donor has any rights or liabilities in relationship to each other.

The practice of sperm donation is governed by the Human Assisted Reproductive Technology (HART) Act (2004). An important principle of the Act is that offspring conceived through the use of donor sperm or donor eggs should be made aware by their parents of their genetic origins, and be able to secure information about the donor and his or her identity.

The HART Act specifies that, when pregnancies result from sperm that is now donated, Fertility Associates is required to notify the Registrar-General of Births, Deaths and Marriages of identifying information about the child and the donor. After the age of 18 years 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. There are provisions for children getting information from the age of 16 years and for parents to obtain information about the donor, too. A donor may ask for the identity of all persons born as a result of his donation. If the parents of a child who is under eighteen years of age consent to this the information will be given. If the person is over eighteen they have the right to consent or not.

Although our tests and medical interviews are comprehensive, they might not identify uncommon diseases or conditions. It is important to disclose any information you know about your health or family medical history that could affect a child conceived using your sperm. It is possible that a child born disabled could sue you for damages if you failed to do this.

Although the HART Act provides for information about the identity of donors being given to the families created through donation, information exchanged between the clinic and patients is usually of a non-identifying nature. Donors are always informed when requests for information about them or their identity are received.

### **What communication between donors and recipient families might occur?**

With a child's best interests at the forefront, most parents intend to share the information of how a donor helped them to become a family – with their children and often their wider family. Some parents and children ask if they can communicate with the donor and sometimes enjoy sending letters and photographs. The clinic co-ordinates any exchange of information and supports donors by offering appointments with our counsellors who have knowledge, resources and experience around issues raised by having contact. When donors do receive information about recipients, we ask that they respect the confidentiality of the information. We will not release any information beyond the standard set of non-identifying information without your consent.

### **Are donors identifiable?**

Under the HART Act (see legal section above) all men donating sperm after 22 August 2005 are required to be identifiable. We feel it is very important that your wife or partner knows all about the issues involved with donor insemination, especially around being identifiable, so they are also asked to sign your consent form, which states that they are aware that you are a donor and that they have available to them the same information and services that are offered to the donor.

Because of these issues, the clinic will try to give you as much information as you need and offers you the services of our counsellors, whose job is not to assess your suitability, but to help you in your decision-making and to give you the opportunity to explore the implications of being an identifiable donor in the future. You will meet with one of our counsellors around the time that you see the doctor and you may request to see a counsellor at any other time.

### **What about my children marrying one of my donor children?**

You can choose the number of families in which your sperm may be used, up to a maximum of five. When a woman becomes pregnant, we offer to put aside some of the remaining semen from that donor, so that the couple can try for another child later if they wish. Each donor may have up to ten children in five families.

Statistical calculations show that the chance of an incestuous marriage where there are five families with the same biological father is very small for a country the size of New Zealand. Precise calculations for England, which has fifteen times the population of New Zealand, estimate only four incestuous marriages occur every century from donor insemination. When a donor comes from a minority group, such as the Chinese or Indian communities, the number of families in which the donor can have children is further limited.

### **Can I put restrictions on the use of my donation?**

While we encourage donors to be inclusive in whom they donate to, you may place restrictions or conditions.

### **What information can I have?**

We are happy to provide you with an annual update of how many pregnancies you have contributed to and the sex of those children.

### **Thank you**

The demand for donors always exceeds the number of people requesting donated sperm and for some people choosing donor insemination is the only way of having a family. They rely on donors and are extremely grateful for the opportunity to try and have a family.

### **Further questions**

If you would like to ask further questions about any part of the process a phone call can be made to our sperm donor coordinators, who are happy to provide information and answer questions.

Fertility Associates Auckland	Yolanda Sutton	0800 500 547
Fertility Associates Hamilton	Carla Wetzels	07 838 8287
Fertility Associates Wellington	Sarah Blackburn	04 381 6365

## Clinic-Recruited Sperm Donor Timeline

