



Receiving donated sperm

This section provides you with specific information relating to the use of donor sperm in your treatment cycle.

IUI or IVF with donor sperm?

All clinic-recruited donors meet the World Health Organisation criteria for having 'normal' semen. However, some men's sperm survive freezing and thawing better than others, which means some donors are suitable for using intrauterine insemination (IUI) while some are only suitable for IVF. If you choose an IVF-only donor, we will use sperm microinjection (ICSI) as part of IVF if we think that might help the chance of fertilisation and pregnancy and the cost of this is built into the fees.

We also recommend using ICSI if you are using a personal sperm donor with IVF. This is based on analysing our own results.

It is up to you whether you want to choose an IUI or an IVF-only donor. IVF is more expensive and more complicated than IUI, but the pregnancy rate is higher because the

best embryo(s) can be chosen for transfer. The advantage of IVF over IUI is greater for women aged 40 or more.

Waiting for a donor

If you don't have a personal donor you will join the waiting list for a clinic-recruited donor. Donors can specify to whom they are comfortable donating so the waiting time is often longer for single women and gay couples. We will tell you how long the wait is likely to be and will keep you updated.

Choosing a donor

If you are using a clinic-recruited donor, we'll show you the profiles of the donors available. You can ask to see the full non-identifying information of the donor(s) you are most interested in. Once you choose your donor, we



DONORS

If you don't have a personal donor you will join the waiting list for a clinic-recruited donor. We will tell you how long the wait is likely to be and will keep you updated.

will reserve sperm for you. You don't 'own' the sperm – it is reserved for you until you achieve a pregnancy or it is used up.

We have developed some guidelines around reserving sperm that are designed to optimise the use of donor sperm. Our present guidelines are:

- **For women 40 and younger:**

- We will allocate a maximum of 10 inseminations, which is usually enough for 6–7 cycles of IUI and then 3 cycles of IVF

- **For women 41 and older:**

- We will allocate a maximum of 3 inseminations and recommend that you use IVF rather than IUI

- **For IVF-only donor sperm:**

- We will allocate a maximum of 3 inseminations which is enough for 3 IVF cycles

- You should start treatment with 3 months of reserving sperm. If you can't do this, we may re-allocate the sperm to someone else who can start.

- If you use your allocation of clinic-recruited sperm, we encourage you to recruit a personal donor if you want to continue treatment.

- If you want a further allocation of a clinic-recruited donor, you will need to re-join the waiting list as if you were a new patient.

- If you want to change donor, you will need to re-join the waiting list as if you were a new patient.

- We try to offer gay couples the option of reserving sperm from the same donor for both partners when the first partner starts treatment. If you want to do this, please tell us when you are choosing a donor. Normal storage fees apply for the partner not having treatment, and this sperm can be held for 5 years.

Although most treatment cycles only use one insemination, we sometimes recommend a second. This may happen when the first

insemination was not as close to the time of ovulation as first thought.

We will try to give you the best chance of pregnancy using donor sperm, but we are not liable for the loss, deterioration or unavailability of reserved sperm. The donor always has the right to withdraw permission to use his sperm at any time, even if you have reserved it.

Trying for a second child

When you are 16 weeks pregnant we will ask you whether you want to reserve any remaining inseminations from your allocation to try for a second child later. If you want to do this, there is a request form and an annual storage fee. The sperm becomes available to others if you have not used it after 5 years or if you don't pay the storage fees.

When there is extra sperm available from the same donor, we try to share it fairly between all those who may want further children – we will tell you what is available.

Before you start treatment for a second time, you will need to see your doctor again, see a counsellor again, and sign a new consent form.

Success with donor sperm

The success rate with donor sperm is very similar to the success rates of IUI or IVF in general. These are shown on page 27.

Which parts of the magazine apply to using donor sperm?



Nearly everything in the treatment part of this magazine is applicable to IUI or IVF using donor sperm.

You will see this symbol when there is an important difference – which is mainly around not needing to provide a semen sample at the time of treatment.

Simple facts for same sex couples

- You can both reserve sperm from the same sperm donor, if available.
- If you want to provide an egg for your partner this is not classified as egg donation, therefore the 'preparation of egg donor' does not apply.
- If one person carries the embryo that has been created by the other person, this is not classified as surrogacy, therefore does not require an ECART application.