USING A DONOR

- Donor and surrogacy basics
- Receiving donated sperm
- Becoming an egg donor
- Receiving donated eggs
- Donor embryos
- Surrogacy
Donor and surrogacy basics

About 5-10% of all fertility treatment involves donor sperm, donor eggs, donor embryos or surrogacy.

**Technically**, donor treatment is just IUI or IVF using somebody else’s sperm, eggs or embryos but there are important social, ethical and legal aspects to using a donor. This section covers basic information for both donors and recipients.

**Types of donor treatment**
The types of donor treatment, and the reason for their use, are summarised earlier in this magazine in the section called ‘Pathways to a child’, on pages 20–23.

**What the law says about donation**
There are two important laws applying to donor treatment in New Zealand.

- **Status of children Act** This law defines who are the legal parents of a child. The woman who gives birth is always the legal mother, and her husband, civil union partner or de facto partner (male or female) is also a legal parent. A donor has no rights or liabilities for a child. This also means that a surrogate mother who carries a child for a couple is the legal mother until the child is adopted.

  A single woman (called an unpartnered woman in the Act) who wants to become pregnant using a male friend has two options – the man can be defined as a donor, or he can become the legal father with all the rights and responsibilities of a legal parent. However, the man must take the option of becoming a donor if he already has a partner.

  If a gay couple wants a male friend to provide sperm and to have legal rights, they will have to appoint him as a guardian of the child. This is because a child can only have two legal parents – who will be the woman who gives birth and her partner.

- **Human assisted reproductive technology (HART) Act (2004)** This law describes how ART is regulated in New Zealand. It has three important aspects that relate to donors and to receiving donor sperm, donor eggs or donor embryos. For simplicity, we have used the term ‘donor child’ for someone conceived using a donor; some people use the term ‘donor offspring’ instead.

  The HART Act gives children conceived in New Zealand using donor treatment or surrogacy and also born in New Zealand the right to know the identity of their donor(s). Parents can find the donor’s or surrogate’s name once the child is born, and a child can ask for the donor’s name once they reach the age of 18, or 16 in special circumstances. The donor’s or surrogate’s identity can be found by asking the clinic, or through Births, Deaths and Marriages.

  A child can also ask to find out the names of other children conceived using the same donor, but the other children have to agree, or their parents have to agree if the child is younger than 18.

  Donors can ask to know the names of children born from their donation, but the child has to be 18 or older and give permission. A child can say ‘no’ to the donor’s request.

  The ability to link children with their donors is possible because the clinic has a
legal obligation to notify Births, Deaths and Marriages of the birth of each child arising from the use of donor sperm, eggs or embryos, and from surrogacy. We contact parents or the woman’s midwife soon after the expected delivery to collect the information that is needed. Donors and parents of donor children have a responsibility to tell the clinic if they learn any new information about the health of donor children that may have been inherited so that it may be shared among other families using the same donor.

A second important aspect to the HART Act is that sperm, eggs or embryos can initially be stored for only 10 years. Extended storage requires an application to the Ethics Committee on Assisted Reproductive Technology (ECART).

This rule is especially important when donor sperm is used in IVF, because the 10 year period starts when the sperm is stored. For instance, suppose a donor banked sperm in 2005 and it was used in an IVF cycle in 2010 and spare embryos were frozen at the end of the IVF cycle. The 10 year limit for the frozen embryos is reached in 2015, because this is 10 years from when the sperm was frozen, not 10 years from when the embryos were frozen.

ECART likes to obtain the donor’s permission when people want to extend storage of embryos created using donor sperm. See our Fertility Fact sheet on extended storage. We will update this fact sheet as more is known.

The third important feature is that it is illegal to pay for, or give ‘valuable consideration’ for donation or surrogacy. Valuable consideration includes gifts or inducements. This means we cannot use sperm from commercial sperm banks in the USA and other countries. It even
means that if you went overseas for donor egg treatment and the donor was paid, you cannot bring frozen embryos from that treatment back into New Zealand.

**When do you need ethics committee approval?**

Some types of treatment need to be approved by ECART before treatment can start. These are:
- Surrogacy
- Embryo donation
- Donor sperm and donor egg together
- Sperm or egg donation when the donor and recipient family members are not brothers, sisters or cousins.

Generally ECART approval lasts for three years as long as you use the same donor and people’s circumstances don’t change.

Our staff fill out detailed forms on your behalf when an ECART application is submitted. If you want to see what is involved in an application, the forms can be found on the ECART website, [www.ecart.health.govt.nz](http://www.ecart.health.govt.nz).

An ECART application often requires people to seek independent legal advice, so the cost of making an application can come to two or three thousand dollars and can take several months to finalise.

**Types of donors**

We differentiate between two types of donors.
- **Personal donor** This is family member or a good friend.
- **Clinic donor** This is someone recruited by the clinic. Sperm donors are generally recruited through general advertisements placed by the clinic, whereas egg donors are often recruited through an advertisement on behalf of a specific couple or woman. The clinic advises where to place an ad, what to say, and follows up the women who reply. The couple who placed the ad has the first option on potential donors recruited from that advertisement.

We have a Fertility Fact sheets on:
- Finding a sperm donor;
- Finding an egg donor.

**Expectations of a personal donor**

If you choose a personal donor, we will let the donor decide how fast he or she wants to progress through the various steps in their preparation as a donor. We can not divulge any medical information about the donor – you will need to ask the donor any questions yourself. We are happy to pass information between donor and recipient, but we can only do this when the person providing the information agrees to the information being shared. We encourage personal donors and recipients to share information independently of the clinic. A personal donor has the same rights as a clinic-recruited donor, including the right to withdraw consent at any time.

Although you may recruit a man as your personal donor, he may also decide to donate to others – please discuss this with him to avoid any misunderstanding.
Personal donors from overseas

It is possible to recruit a sperm or egg donor from overseas, for instance a brother, sister or close friend. Sometimes some of the steps that are needed to prepare the donor can be done while he or she is in her home country. However, New Zealand rules still apply, including counselling by a suitably trained person who will cover the same issues to the same depth as if it was done in New Zealand.

An egg donor normally needs to be in New Zealand for the whole of the time of ovarian stimulation. Unless the donor is eligible for free healthcare in New Zealand, you will need to arrange health insurance for the donor to cover the unlikely event that she might need hospitalization as a consequence of treatment.

Going overseas for donor treatment or surrogacy

There are fewer egg donors in New Zealand than in countries where young women are paid to donate so some people think about having egg donation overseas. There are important issues you need to be aware of if you are thinking about going overseas for treatment:

• In New Zealand, women who use egg donors aged 37 and younger are strongly recommended to have only one embryo transferred at a time to reduce the risk of twins or triplets. Having twins or triplets significantly increases health risks to the mother and children. Many overseas clinics transfer more than one embryo. You should discuss the benefits and risks with your doctor at the overseas clinic.

• The HART Act makes sure that donor children (and their parents) can access the identity of the donor when treatment occurs in New Zealand. You should ask what level of access you would have to your donor’s identity should you become pregnant.

• If you use a paid donor overseas, you won’t be able to bring any spare frozen embryos back to New Zealand. If you have surrogacy overseas, it is unlikely that you will be able to adopt the child in New Zealand.

We have a Fertility Fact sheet on overseas egg donation.

Screening donors

The clinic screens donors for the more common diseases that can be sexually transmitted, takes a standardised medical history to screen for inherited conditions, tests for Cystic Fibrosis and has guidelines on age. The aim of screening is to reduce risks to the child and mother, but we can not eliminate them.

We rely on the donor being honest and accurate about his or her identity, medical history, and social and family circumstances. It is important to keep in mind that not all inherited diseases and conditions will be covered by our questionnaires and investigations. In particular, the Cystic Fibrosis test only covers the more common mutations of the gene. It is also possible, although very unlikely, that a screening test may give a false negative result.

The tests we do are for HTLV1 & 2, HIV antibody, Hepatitis B antigen, Hepatitis C antibody, Chlamydia, Syphilis and Gonorrhea.

Donor sperm is frozen and quarantined for six months, after which the donor comes back for re-testing before the sperm is made available. The quarantine period can be shortened to 3 months for personal donors. The reason for quarantining is that some of the tests do not look for the virus directly, but detect antibodies to the virus. It can sometimes take a few weeks for antibodies to appear following an infection.

Donor eggs are usually used fresh because of the potential damage to eggs or embryos from freezing and thawing. We do two sets of screening tests, the first at least three months before donation and the second within 1–2 weeks before donation. If a donor changes her sexual partner, then the screening starts afresh.

Because the chance of pregnancy falls with a woman’s age and the chance of fetal abnormality increases with age, we have set an age range of 20-37 for clinic recruited egg donors. We strongly prefer women to have completed their family before becoming an egg donor.

In men sperm quality is not so dependent...
on age, although the chance of a child having an abnormality does increase from 20 in 1000 to 26 in 1000 between the ages of 20 and 45 for men. Our age range for clinic recruited sperm donors is 20-45.

We encourage donors to make lifestyle changes to improve the chance of pregnancy for recipients – such as not smoking, being careful with caffeine and alcohol, and for egg donors taking folic acid, not using alternative therapies for the duration of treatment and reducing weight if overweight. However, we do not police these recommendations, and we can’t tell you about the donor’s lifestyle unless he or she agrees. Normally we would not accept a clinic recruited egg donor if she smoked or was sufficiently overweight to reduce the likely effectiveness of the ovarian stimulation for IVF.

Donor information

• Non-identifying information: All donors complete a non-identifying information (Non-ID) questionnaire that covers ethnicity, eye colour, height, education, personality, reason for donating and a lot more. As a recipient you will see the Non-ID information when you choose a donor, and we will ask whether you want your own copy when you reach 16 weeks of pregnancy.

• Profile: The Profile is a summary of the Non-ID information. You can have a copy of this once you have chosen a donor, and a copy is also attached to your consent form.

• Confidentiality: Please consider the donor’s Non-ID information and profile as confidential, and ask the same of anyone with whom you share it.

• Information during treatment: We can only share medical information with the other person’s permission. During donor egg treatment we will tell the donor the number of eggs that fertilized, whether embryo transfer took place, whether treatment resulted in pregnancy, and the gender of the child when it is born. We tell sperm donors the number and gender of children born, but not when they were born. For donor embryo treatment we ask the donors and recipients to decide how and when to share information during treatment, since treatment can span several months, if there are several embryos.

• Donor-recipient linking: If you use a clinic-recruited donor, our counselling staff act as a go between for photographs and letters between you and your donor. We can also facilitate a meeting between recipients, children and donors when all parties want to do this. Although we strongly encourage donors to tell the clinic when they change address, they don’t always remember to do this, so we can’t guarantee that we will locate your donor.

Number of donor children

At Fertility Associates sperm donors can chose to donate for up to five women. Some donors decide to limit the number of families to fewer than 5. Most egg donors donate to only one or two women. A couple donating embryos can donate to only one couple or woman.

Under these rules the chance of a child unknowingly marrying one of their half siblings is very low. Nevertheless, it is a worry for some people and this has encouraged some parents to arrange meetings between families using the same donor.

Who pays for what?

The recipient usually pays for all the donor’s medical and treatment costs, either directly or indirectly. For instance, the fee for using a clinic recruited sperm donor covers the cost of recruiting donors, medical consultation, counselling, banking and storing sperm, and
screening. If you have a personal donor, you usually pay these expenses as they arise.

You need to keep in mind all expenses relating to your donor, such as the anaesthetist if your egg donor needs heavier sedation. If you are using a clinic-recruited or personal egg donor, you will receive an invoice at the end of treatment for the donor’s travel expenses, pharmacy items, and similar. We will tell you if expenses are likely to total more than $400. If your donor egg cycle is publicly funded, we will pay the first $400 of expenses. Having the clinic pay donor expenses is the best way to avoid valuable consideration.

Donors are currently offered travelling expenses of $50 a visit to the clinic. Reimbursement for out of town travel may also be made with prior arrangement with the clinic.

Getting prepared
As a recipient, there are some extra steps to IUI or IVF when using a donor. Most of these also apply to donors.

We have deliberately kept this section short – but not because it is unimportant! There are some great books to help you get ready. Our pick is *Experiences of Donor Conception* by Caroline Lorbach, published by Jessica Kingsley.

- **Counselling** Counselling before donor treatment is mandatory for both donors and recipients. You and your partner will need to have at least two counselling consultations specifically about your donor treatment before you can start. This counselling is for support and to help you explore the implications of being a donor or using a donor to start a family.
- Some treatments, such as embryo donation and surrogacy, require each party to have individual counselling and then for all parties to have counselling together.
- Although counsellors are part of the Fertility Associates team, their conversations with you and the notes they take are kept confidential from the rest of the staff. Your counsellor may ask if he or she can share some information if it might improve your care during treatment. He or she may also discuss issues with your doctor if they concern your wellbeing or safety.
- **Consent** Both donors and recipients need to give informed consent and sign a consent form with one of our clinical staff members. The consent form is where you record your decisions about being a donor or receiving donated sperm, eggs or embryos. We will give you a copy of each consent form you sign.
- **Whom to tell** We strongly recommend that you plan to tell your child about their being conceived using donor treatment or surrogacy. There are lots of studies which show that secrets can harm family relationships. Secrets have a nasty habit of coming out at the wrong time and in a traumatic way. Also, children have an uncanny way of knowing that there is something that they haven’t been told. It is easiest to tell your child when they are very young.

There are several books with creative and sensitive ways of telling your child about his or her donor origins. Our counsellors will be very happy to share these with you, and some titles can be purchased through the clinic.

If you are a donor, we strongly recommend telling your own children about your being a donor. This issue will be discussed with you fully at your counselling appointment.

You’ll also need to think about whether, or when, to tell your family and friends. Although you may want to keep your treatment private, it helps to have the support of friends and family.

- **Stand down period** We have a policy of asking people receiving donor sperm, eggs or embryos to wait three months between finding that donor treatment is what they need or want and actually starting treatment. Using a donor is a big deal – the three month lead in gives you time to think through the issues and to get questions answered.