

Egg Donation



PUBLIC INFORMATION 1800 111 IVF
WWW.IVF.COM.AU



IVFAustralia
Excellence in fertility care

The world's first successful pregnancy using donated eggs (oocytes) occurred nearly twenty years ago in Australia and it is now a common procedure.

Introduction

IVFAustralia's egg donation program helps women who, for a multitude of reasons, are unable to use their own eggs and require eggs donated from another woman to assist achieve a pregnancy.

Finding an egg donor can be a tough and challenging experience. IVFAustralia can provide you with support and guidance through this process but, unfortunately, IVFAustralia is not able to provide women with egg donors.

Despite the relatively simple medical procedure, egg donation can be an emotional and a physically demanding process that has serious implications including long term psychosocial, legal and health issues. It is for this reason that we, at IVFAustralia, follow a meticulous process of preparation for egg donation. This process involves thorough medical assessment, detailed testing and extended counselling of all parties involved in the egg donation, including the recipient (and recipient's partner), the donor and the donor's family.

IVFAustralia respects the unique needs of all participants in this program and is committed to giving everyone concerned a high level of personalised care. The gift of donated eggs can thus be one of the greatest gifts of all, giving the recipients a chance that they would otherwise be very unlikely to have, of becoming parents.

In the past, some egg donation treatment was based on the principle of anonymity, when a family member or friend was not acting as the donor. In contrast, a much more open approach is, nowadays, favoured.

All egg donors are now required to make their identity available to the children conceived from egg donation when they reach 18 years. The donor must give explicit written consent to providing identifying information to any offspring from her donation once they reach 18 years of age. She must also give written informed consent to her name being included on the NSW State Donor Registry and provide health information required for the register.

Informed consent

The most important aspect of preparation for egg donation, and the purpose of this information document, is to ensure that everyone involved makes the right decisions for themselves and their family; decisions that they will be comfortable with in 15 years time. So, before beginning treatment, we will spend a lot of time going through the social, emotional and legal issues with you. We will also assist you in considering the potential implications for you, your family and any children involved. We do hope that this information will help you in making the right decision for you.

General Information

What is egg donation?

Egg donation refers to the use of eggs donated by another woman who acts as a 'donor' to assist an individual or couple who are the 'recipient(s)', in their attempt to become parents. In order to donate eggs, the donor must undertake treatment on an IVF cycle.

During this process, multiple eggs are collected, after which they are fertilised with the recipient partner's sperm to create embryos. The resulting embryos are placed into the recipient's uterus. Thus, any children created will be genetically related to the male partner but not to the female recipient. Usually only one embryo is transferred at a time. Any additional embryos that are likely to survive the freeze and thaw process are frozen and stored for future frozen embryo transfers.

Quarantine period

The guidelines, of the Reproductive Technology Accreditation Committee (RTAC) of The Fertility Society of Australia (FSA), recommend that embryos, created through egg donation, be quarantined for a 6-month period. The donor is tested for infectious diseases before the cycle and then again at the end of the 6 months. Tests include HIV, hepatitis B, hepatitis C, cytomegalovirus and human lymphotropic virus (a rare cause of cancer of the lymph nodes).

Although quarantining embryos is not mandatory, we recommend it for medical reasons. We understand, however, that some patients are willing to accept the risk of infection and will waive the quarantine in order to proceed with an immediate "fresh" transfer. Our consent forms require that you give this waiver in writing.

IVFAustralia adheres to the 2007 NSW Assisted Reproductive Technology Act, the practices that have been developed by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA) and the National Health and Medical Research Council (NHMRC). These practices stress the importance of the future welfare of any child born from donor eggs, sperm or embryos. Medical, counselling appointments and the provision of information to egg donors and recipients before a donation or treatment proceeds, will always take into account the best interests of the future child.

Can I be paid to be an egg donor?

No. It is illegal in Australia to receive or make any type of payment for human tissue, including donated eggs. The recipient should meet all expenses directly incurred in making the donation (e.g. travel, parking) but cannot compensate donors for lost time at work.

Becoming an egg donor

Eligibility criteria

We clearly cannot accept known egg donors who are close relatives of the male partner of the recipient to be treated. In addition, at IVFAustralia, we will not provide egg donation using a donor who is from a younger generation (e.g. daughter, niece, daughter-in-law) of the same family of either recipient. This is because, after careful consideration, at IVFAustralia, we have reached the view that such a donor is not in a position to give consent that is truly free from family pressures. In addition, all egg donors at IVFAustralia are required to be over 21 years of age.

At IVFAustralia, we would also not encourage women to use egg donors who:

- are at risk of having an infective condition that may be transmitted through the donation.
- are over 38 years of age
- have any medical conditions or illnesses, either herself or in her family that may be passed on to future children
- have a past or current history of significant mental health problems
- have not had children or who have not completed their own family

However, patients may have strong and very sound reasons for choosing a particular known donor. We will thus discuss the implications of health or other issues that arise in a possible donor on an individual basis with each donor and the potential recipients.

With all donors, it may become apparent during the assessment process that a woman is not suitable to be an egg donor. When this arises, the issues will first be discussed with the donor. Health or other confidential information about the donor will not be passed onto the recipient without the written consent of the donor. However, if the information would have serious implications for the health of either the recipient or any children and the donor is unwilling to give written consent for this information to be given to the recipients, it may not be possible for the donation to proceed.

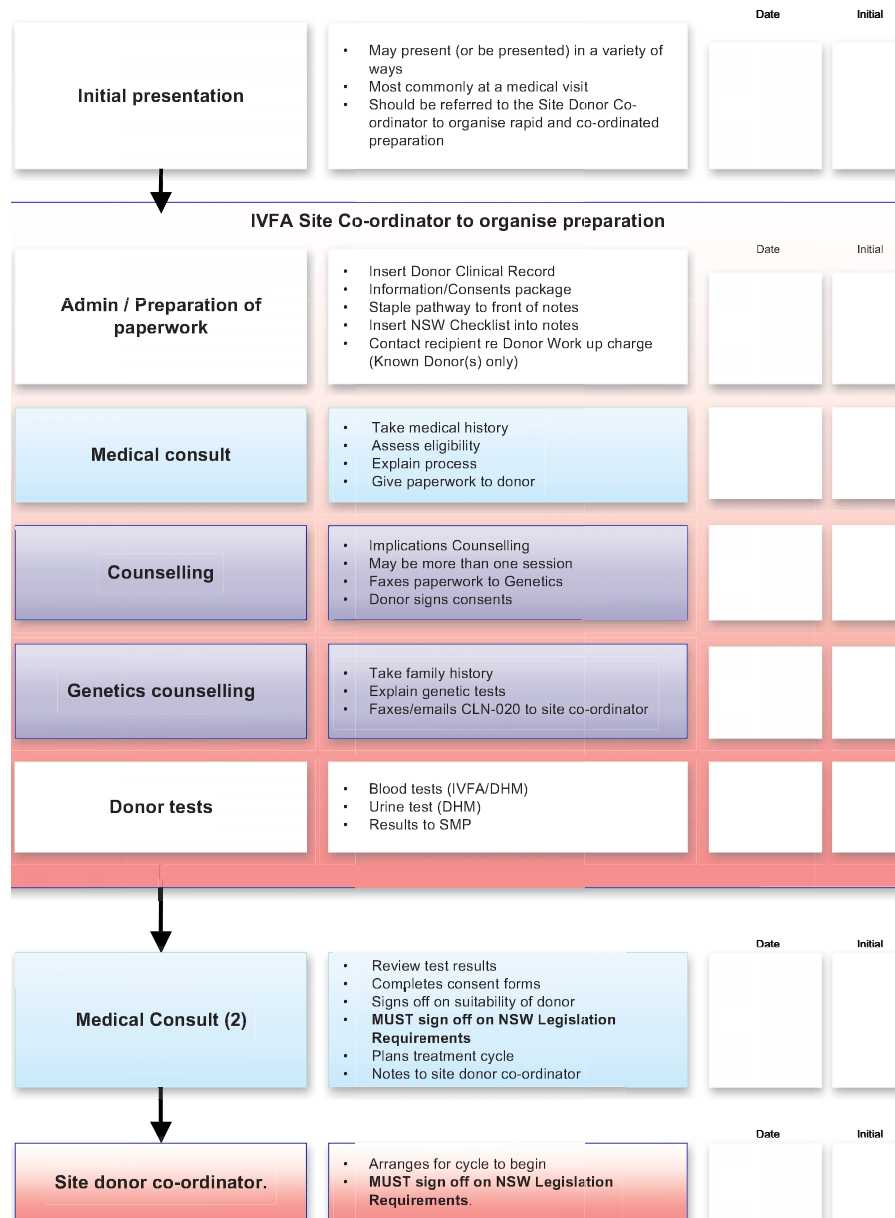
Preparation for oocyte donation

Becoming an egg donor involves a medical interview, followed by counselling sessions, genetic counselling and blood tests. The full process for this is shown in Figure 1, and explained here:

An appointment with an IVFAustralia affiliated fertility specialist

A GP referral is required for this appointment. Our IVFAustralia specialist will take a comprehensive medical history to ensure you are fit enough for the procedure, arrange tests to exclude infectious diseases (including HIV/AIDS), to check that the hormones are normal and exclude some major genetic diseases such as the carrier status for cystic fibrosis (all simple blood tests). He or she will also give an overview of the treatment and provide you with our Patient Information Handbook, which is very comprehensive, and all the appropriate consent forms.

Figure 1: Oocyte donor preparation



Implications Counselling with a Fertility Counsellor

Counsellors are available at all of our major clinics. During implications counselling, social, emotional and legal issues are discussed. Usually there will be two individual sessions with you and your spouse (including de facto spouse) and a joint session with the recipient. The background to the donation, complex emotional and social issues including future needs of any offspring for information about their origins. Also explored are the legal framework, donor registry, consent implications and plans for future exchange of information and contact between parties. Note that all information collected by us in the course of the medical assessment, the testing and the counselling is strictly confidential and nothing will be passed onto the recipient without your written permission.

Genetic Counselling and testing

Careful thought should be given to the implications for you, the donor, of the genetic counselling and testing process. Sometimes information will arise that can have important consequences for yourself and your own family.

What is Genetic Counselling?

Genetic counselling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease.

Why is Genetic Counselling important in a donation process?

Genetic counselling will carefully document the genetic background of the egg donor so that if a child has health problems in the future, they have access to a full account of their genetic background. There is also the opportunity to provide expert advice and support in considering the long-term implications of any genetic information that emerges. There are some instances where we need particularly detailed information to be recorded and considered, such as a family history of genetic problems, any past complications in pregnancy such as miscarriage, families from some ethnic backgrounds and where the donor is older than usual.

Do I need to prepare for the Genetic Counselling session?

Yes. Prior to the genetic counselling session you will be asked to gather information about your family medical history. Such information is of a very personal and sensitive nature and is often very difficult to gather. However, whatever information you do discover will be valuable to the genetic counselling process and enable the genetic counsellor to make the best use of the genetic counselling session.

To assist and guide your family medical history gathering please refer to the information sheet titled 'Documenting Your Family Medical History'.

What happens during the Genetic Counselling session?

During the session the genetic counsellor will go through the family medical history gathered. This will help you understand the inheritance patterns of any potential disorders and assess the chances of a child born as a result of your donation being affected with those disorders. The genetic counsellor will distinguish between risks that every pregnancy faces for all couples and risks that are specific to pregnancies that may result from your particular donation. The genetic counsellor will also discuss with you the specific tests that are planned for you, including the karyotype (chromosome analysis) and the Cystic Fibrosis and Thalassaemia genetic testing performed as a part of the donor assessment process.

Karyotype: The karyotype is able to identify any chromosomal anomalies that may increase the risks of a pregnancy being affected with a severe chromosomal abnormality. For further information, please refer to <http://www.genetics.com.au/factsheet/fs1.html>.

Cystic Fibrosis: Cystic Fibrosis is a genetic condition that affects many organs in the body, especially the lungs, pancreas and sweat glands. About 1 in 25 people of European Caucasian ancestry are genetic carriers of Cystic Fibrosis and are at increased risk of having a child born with Cystic Fibrosis. For further information, consult <http://www.genetics.com.au/factsheet/fs33.html>.

Thalassaemia: Thalassaemia is a genetic condition that can lead to serious diseases in the red blood cells. A person who carries only a single thalassaemia gene may have mild anaemia, but usually has good health. At least 1 in 20 adults carry a single gene for this condition, however the chances are higher in certain population groups such as those from Asia, Africa and Southern Europe. For further information, please refer to <http://www.genetics.com.au/factsheet/fs34.html>.

Fragile X: Fragile X is a genetic condition characterised by varying degrees of behavioural, emotional and learning difficulties. It affects about 1 in 4,000 males and between 1 in 5,000 and 8,000 females. The gene that causes Fragile X is found on the X chromosome and therefore men, who only carry one X chromosome, are at most risk of being affected. As women carry two X chromosomes, if one chromosome is affected they will be a carrier for the condition. The sons of a female carrier have a 50% chance of receiving the faulty X chromosome and being affected with the condition. Daughters also have a 50% chance of inheriting the faulty chromosome and being a genetic carrier for the condition. Female carriers have an increased risk of premature ovarian failure. For further information, please refer to <http://www.genetics.com.au/factsheet/fs42.html>.

Further genetic tests may be needed in some ethnic groups (e.g. Ashkenazi Jews) and, if these are necessary, the genetic counsellor will explain this to you.

Second appointment with an IVFAustralia affiliated specialist for review and treatment plan

Finally, all test results and their findings will be discussed with you. If anything arises during the assessment process that could have serious implications for the health of either yourself, the recipient or any child conceived, the doctor will discuss with you whether you are prepared to consent to release of that information to the recipient. In some circumstances if the information is serious and you decide not to release that information, it may not be possible to proceed with the egg donation.

What is involved in donating eggs?

Egg donors will need to undergo an IVF cycle. Hormonal medications will be given to induce the ovaries to produce and mature multiple eggs so that a good number of embryos can be created and the recipient has the best chance of a pregnancy.

The medication is given for approximately 12 days by subcutaneous injection, which is an injection into the skin, not a vein. Donors and/or their partner are taught how to give these simple injections so that the time required at the clinic is kept to a minimum.

Blood tests and ultrasound scans will determine when the eggs are mature enough to be collected. On average this is done 12 to 14 days after starting the injections. The egg collection is done in day surgery under light sedation and the donor can choose to be awake or asleep during the procedure.

The procedure takes approximately half an hour and, on waking, there aren't the usual groggy side effects of a general anaesthetic. Nausea and vomiting is unusual and you are usually able to go home around lunchtime. After egg recovery it is not unusual to feel quite tired and slightly bloated for several days, due to the combined effects of the drugs and the anaesthetic. Generally, you are able to return to work or normal activities the day after egg collection.

The eggs are taken to the laboratory and prepared for fertilisation. On the same day, or sometimes earlier (in which case the sample will be a frozen one), the recipient's partner produces a sperm sample, which is prepared by the laboratory for inseminating the eggs to allow fertilisation to occur. Following successful fertilisation, one or two embryos are then transferred several days later to the recipient's uterus where hopefully a pregnancy will result.

Your menstrual period is expected approximately 8-12 days after the egg collection. Periods may be more irregular for 1 to 2 months after the IVF cycle but will return to normal.

Following the IVF cycle we recommend an appointment with your IVFAustralia specialist and we ask that you see the counsellor as well. These appointments are to answer any questions you may have and to check that you feel emotionally and physically well following egg donation. Counselling may also be helpful for either the donor or the recipient, after either a positive or negative pregnancy result.

Short term side effects of the drugs

The reaction to the drugs varies for each individual but common side effects include tiredness, abdominal distension, tender ovaries and breasts, vagueness and mood swings. In approximately 5% of women, in the second half of the cycle (after the eggs have been collected), the symptoms can become more severe and medical treatment is required. This condition is called "ovarian hyperstimulation syndrome" (OHSS).

Future Fertility

Provided there are no complications during the egg donation cycle, there should be no effect on the future fertility of the donor. There is, however, a very rare complication where infection can occur following egg collection. This affects less than one in a thousand women but reduced future fertility may be a consequence if an infection occurs.

Long term side effects of the drugs

The drugs used in an IVF cycle have been used for over 30 years and Australia is leading the way in studies to look at the long-term effects of them. These on-going studies involve over 30,000 women in all states of Australia. Currently the studies don't indicate any long-term increased risk of breast or ovarian cancer. In the past, there had been shown to be an increase in the number of women diagnosed with breast cancer in the 1st year after treatment with fertility drugs, however this was attributed to better surveillance of these women and the possibility of there being an existing underlying risk factor in these women.

The NSW Donor Registry

Under current NSW law, a child born from a donated egg is deemed to be the child of the recipient couple and, as such, the recipients put their name on the birth certificate. As parents, the recipients have the same rights and obligations as other parents. These rights and responsibilities to the children continue even if the couple separate or divorce. Gamete donation is a specialised area of the law. If you have any concerns in this regard, you should seek your own legal advice. IVFAustralia is not qualified to provide legal advice.

The NSW Assisted Reproductive Technology Act

The NSW Government has implemented the NSW Assisted Reproductive Technology Act, effective from the 1st January 2010. The NSW legislation has a number of important implications for patients who are considering whether to donate or receive, donated eggs/sperm or embryos.

The main points of the Act are:

- donated eggs from a single egg donor is only allowed to create a maximum of five families (including the family of the donor).
- when a child is born following treatment with donated eggs, identifying information about the donor of the eggs will be placed on a State registry.
- once the child is 18 years of age, he or she will have access to this information.

All IVFAustralia donors will be asked to give their consent to this. If the donor is unable or unwilling to give this consent, it will not be possible for their eggs to be used in the medical treatment of another couple.

The Donor Registry will be held at NSW Health in Miller St, North Sydney in strictest confidentiality. In the future, where a person aged 18 or above approaches NSW Health and can prove that he/she is a person who has been conceived from donated egg, they will be able to obtain access to identifying information about the donor from whose egg or sperm they have been created. No other person will be granted access to this information.

It is important to note that the legislation is not retrospective and does not apply to treatment provided before the 1st January 2010. In addition, there are two continuing exemptions from the Act.

- there is an exemption from the Act for three years for couples who already have a child conceived before 1st January from the same donor.
- embryos that have been created from donated eggs or sperm prior to 1st January 2010 can be used for up to five years to achieve a child.

Arrangements for exchange of information

What information are egg donors entitled to have about either the recipients or any family born from their donation?

Egg donors are only entitled to non-identifying information about the recipient families and any offspring born. However, there is little doubt that the voluntary information exchange of a known donor relationship helps the children in the future. In a known donor relationship, the recipient family may often give the donor information about the child although the recipients are not obliged to do this. On request to the clinic, an egg donor is entitled to be told about the number, gender, and the year of birth of children born to each family using her donation but will not be given any further information without the consent of the recipients of the donation.

What information about the egg donor is given to offspring or recipient(s)?

The amount of information about the donor given to the offspring and recipients is dependent on the consent of the donor. Most of the time, in a known donor relationship, there is exchange of information between donor and recipient. Often the amount of information exchanged will depend of the level of mutual trust, level of comfort and shared plans regarding the donation and the length of the relationship.

The **minimum** information about the donor that we are obliged to provide to the recipient includes:

- relevant medical history summary
- a questionnaire completed by the donor (e.g. eye colour, personality traits, education, ethnicity etc)
- date of egg collection and age of egg donor at egg collection
- last date of contact with the donor

Once the conceived children turn 18 years of age they will be entitled to identifying information about their donor. This information will be the donor's full name, date of birth and the last known address. This information will also be provided to and stored with the NSW Donor Registry at the NSW Department of Health.



Having treatment with donated eggs

Who can be helped from egg donation?

All women are born with a finite supply of around 2 million eggs. Her eggs are, normally, released by the body each month, until a woman reaches menopause, which occurs, on average, around the age of 51.7 years. It has been established that the egg quality diminishes with age with the best quality eggs released between the ages of 22 to 35. Women over forty experience a slightly faster decline in egg quality. By age 45, a woman will have approximately a 1% chance of conceiving naturally and around a 10% chance of having a pregnancy that carries a genetic problem.

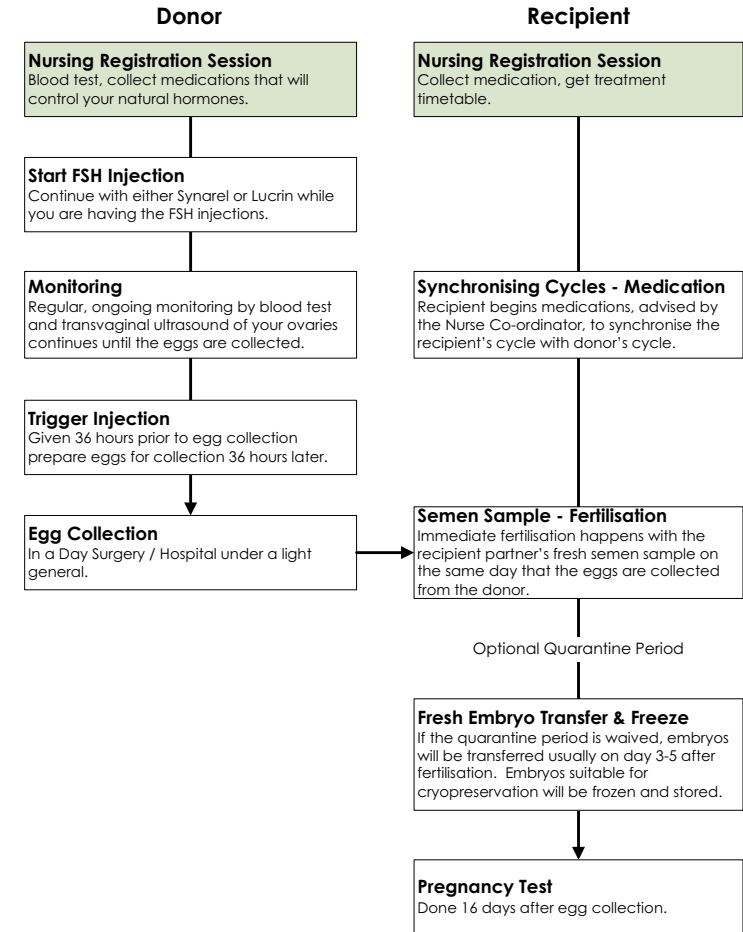
There are many reasons why some woman may need to use donated eggs. For example:

- in some women, their supply of eggs has ceased or the number and quality of these eggs is reduced this can occur because they are near menopause.
- some women have premature ovarian failure (early menopause) due to chemotherapy treatment for cancer, a genetic history of early menopause or other reasons.
- other women, often for reasons unknown, just do not produce eggs that are capable of sustaining a pregnancy.
- in some cases, a woman may be a carrier of a genetic condition that she does not want to pass on to a child. In these situations egg donation may be the only option these women have to have a chance of having a healthy baby.

Most recently, the largest group of women requesting egg donation is women in their late 30's or early to mid 40's. They have often undergone several attempts of IVF without any success and the scientific evidence suggests they are not producing eggs that are capable of developing healthy embryos.

We have no restrictions on overseas or interstate patients coming to IVFAustralia to receive treatment with donated eggs. However we do insist, for your own wellbeing, that you have a consultation with an IVFAustralia specialist and have the appropriate level of counselling to ensure that your health and emotional needs are being properly met. In particular, that you and your partner accept egg donation as a suitable path and that you both feel ready to undertake egg donation treatment. The consultation with an IVFAustralia specialist can be an initial telephone consultation to plan treatment followed up by a face-to-face visit at the time of the treatment.

IVFAustralia places no social or cultural limitations on women who wish to undertake egg donor treatment. However, IVFAustralia will not provide treatment to a woman who is beyond the natural age of menopause (her 52nd birthday) or to someone whose health could be compromised by a pregnancy.



The egg donation

The donor's eggs are collected in the day surgery theatre and taken to the laboratory to be fertilised with your partner's sperm. Embryo transfer, to your uterus, is done either 2-3 days after egg collection or in the case of blastocyst transfer, 5-6 days after egg collection.

The embryo transfer is done in the unit and is normally a simple painless procedure taking 5-10 minutes. The embryos are drawn up into a fine plastic catheter, which is passed through the cervix and into the upper uterus where the embryos are slowly expelled.

A pregnancy test is done 16 days after the egg collection if you have not had a normal 12 period.

The detailed process for the recipient (see Figure 2)

1. An appointment with an IVFAustralia specialist (GP referral required) who will take a comprehensive medical history. The ART information booklet and all appropriate consent forms are provided along with a preliminary discussion regarding the implications. If the potential recipient does not have a known donor, suggestions will be provided on methods of finding and selecting a donor. This may be further explored in additional counselling sessions, if requested by the recipient. (Information on places to find an egg donor is provided at the end of this document.)

2. Implications counselling usually two individual appointments for the recipient and their spouse (including de-facto) are held with our Fertility Counsellor (available at all of our clinics). The background to the donation, complex emotional and social issues are discussed as well as the legal framework, donor registry, consent implications and plans for future exchange of information and contact. These individual sessions are usually followed by a joint session with the donor and her spouse (including de-facto). The Fertility Counsellor signs and collects the consent form, which will be later discussed and signed with the treating specialist.

3. Standard blood tests for recipients are conducted to screen for heritable genetic conditions. There is also a waiting period of 3-6 weeks to wait for the results to be returned for the donor.

4. Follow up medical appointment with your IVFAustralia specialist to discuss any further issues, clarify any medical procedures, have a baseline ultrasound (all discussed in the Patient Information Handbook) and review and sign the appropriate consent forms. Both partners are again required to attend. At this time the specialist will plan the treatment cycle. In many cases, they will plan for hormone preparation of the uterus to make it more receptive to the embryo – this procedure is also outlined in the *Patient Information Handbook*.

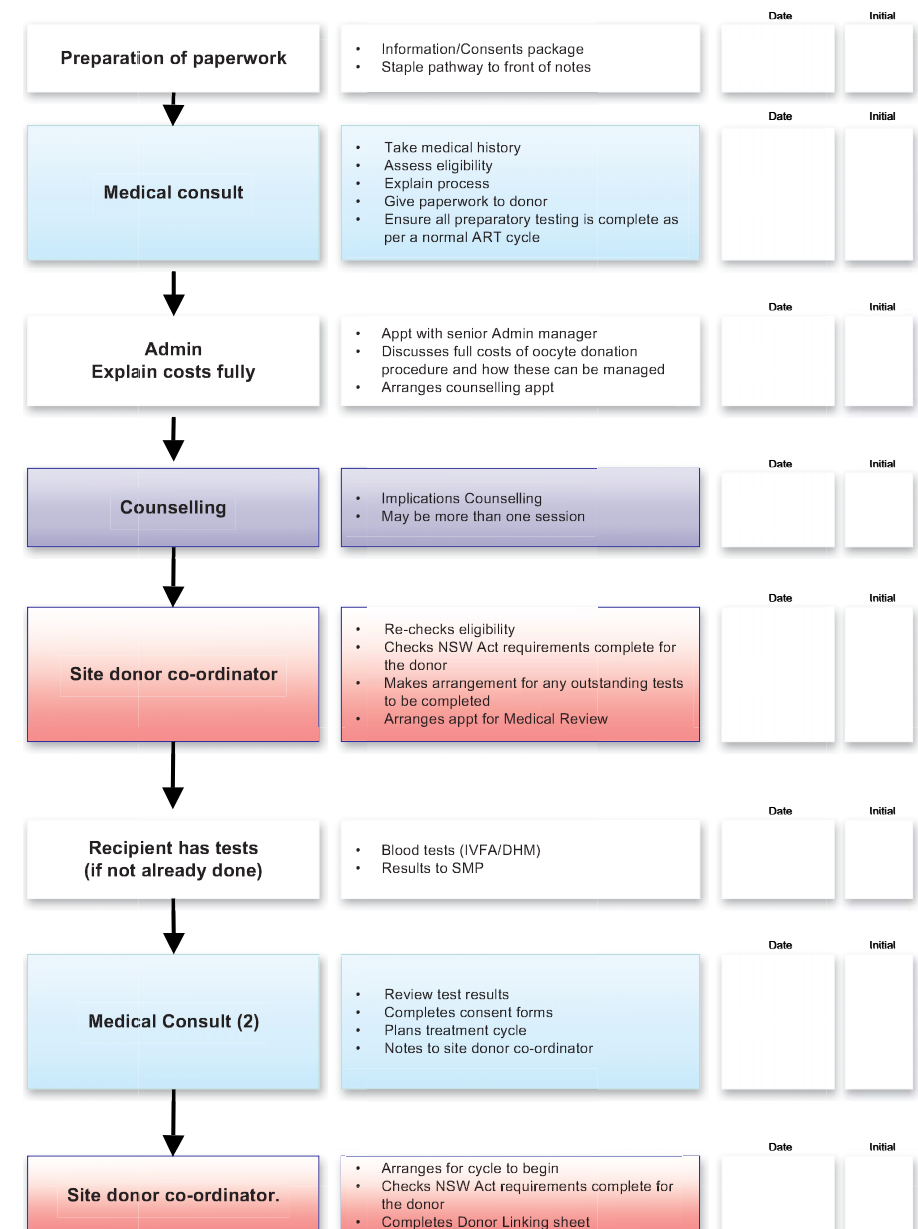
5. Nursing orientation will provide very detailed information on the steps, medications, dates and medical procedures involved in the treatment process. A timeline of approximate dates will be calculated and provided during the orientation process.

6. Start treatment using hormones to synchronise the recipient's cycle with the donor's cycle. The Nurse Coordinator will provide instructions on when to commence these medications. Recipients will normally begin taking these medications around the time that the donor starts their FSH injections.

Once all of the medical and counselling appointments have been completed and the donor has decided when she will have the IVF cycle, your cycle will be synchronised with that of the donor. This is to enable your uterus to be ready for the embryos to be transferred several days after the egg collection. If preferred all suitable embryos can be frozen to allow for quarantine time, however pregnancy rates are higher on a fresh embryo transfer cycle.

Your cycle is synchronised by using oral medications (oestradiol valerate tablets and vaginal progesterone pessaries) to create an artificial cycle. You may need a trial cycle prior to the egg donation cycle to ensure the lining of the uterus and hormone levels respond to these medications.

Figure 2: Oocyte recipient preparation



What does egg donation treatment cost?

The recipient is required to pay for all the costs of the donor's assessment and treatment. There are several separate components to the costs of treatment with donor eggs.

Donor preparation expenses

This includes the expenses involved in counselling and medical testing of the donor. This is covered by a single charge that is payable at the time of the initial medical consultation of the donor. There is a specific consent form, for these charges, that outlines the individual expenses involved.

The charge for these expenses is non-refundable even if the donor does not continue with the donation.

This charge does NOT include the costs of medical assessment of the donor (i.e. doctor consultation) or of the necessary pelvic ultrasound for oocyte donors as these charges are highly variable. The donor will normally be invoiced for these services at the point of provision and the recipient may be required to reimburse the donor.

Once the donation is complete, you will also be liable for ongoing storage fees for any remaining donated gametes or embryos in storage.

Costs for the cycle

The costs for the actual donor egg treatment cycle are complex. The Unit Administration Manager will normally go through these in detail with you and include:

- The costs for the treatment cycle of the recipient at IVFAustralia, including ICSI. In some circumstances, it may be possible for the recipient to reclaim some of this under the recipient's safety net. Discuss this with the administration manager.
- The costs of the medication for the donor
- The cost of the recipient monitoring cycle
- Hospital costs for the donor. We will normally bill the donor in advance for these and we will then pay the anaesthetist and the hospital. In some circumstances, the donor may be willing to use their own health insurance for this and this should be discussed with the administration manager.
- Hospital costs for the recipient.

Details of all of these costs are available from our administration staff, who will go through all of this before a cycle is started.

Thinking it over

Implications to consider for potential donors and recipients

When deciding to become an egg donor or recipient there are many psychological, legal and ethical factors to consider. Your IVFAustralia counsellor will help take you through many of these implications to assist you in coming to a fully informed decision. Many people will have already researched and discussed the implications of egg donation before beginning the formal process with IVFAustralia.

It can be helpful to discuss these issues with your partner and with the donor before the initial medical consultations. Your counsellor is required by the State Legislation (2007 ART Legislation and its Regulations, RTAC guidelines, Human Tissue Act and NHMRC Guidelines) to demonstrate that potential donors and recipients have discussed and understood a range of topics relevant to the welfare of any potential child created from donation, the donor, the recipients and any children currently in the families involved.

Issues raised in this session include:

- Exploring the reason/s why the donor wishes to donate and any overt or covert coercion or pressure there might be to proceed with the donation
- How the donation will affect the donor's current life situation
- Whether both partners agree with the idea of the donation and whether there are any serious reservations or concerns for any party
- The donor's and the recipient's personal background and family history. This includes: mental health issues, alcohol/drug use, hobbies and interests and occupation
- How all the parties will feel about children born with the assistance of the donation
- The potential for feelings of grief and loss should the donation not succeed
- Values, beliefs and wishes regarding termination of an abnormal pregnancy and around the use of embryos that are surplus to the needs of the recipient
- All parties understanding of the process and risks of treatment
- Readiness of all parties to undertake egg donation, particularly the recipient's level of acceptance and understanding of the significance the decision
- Recipients feelings about the fact that one parent will be genetically related to the child, but the other won't and anticipated long term consequences of this fact.

The effect of the donation on the donor's and the recipient's families including existing children, partners and immediate family

- 'What if' scenarios and their consequences are explored for a range of areas of family life related to egg donation and family dynamics
- Expectations are shared regarding contact between the donor and recipients and any potential child born from this process



- Telling the children and other family members about the donation: who, what, how, why and when
- Legal framework - IVFAustralia Counsellors are not qualified to give legal advice and recommend that qualified legal counsel is suggested for donors who have any legal concerns

It is important to note that, while the IVFAustralia counsellors are all registered psychologists or social workers, no formal psychometric assessment of the mental health of the donors, nor their ability to cope with donating, is made. If the counsellors note anything of concern in the session they will make a recommendation to the treating infertility specialist.

Information shared in every counselling session at IVFAustralia is confidential. However, because IVFAustralia is a medical clinic, information affecting a patient's medical treatment may be recorded on the medical file.

Telling children about their conception

The welfare of the child is important and this includes any current children of the recipients or donors. Current research and the experiences of offspring conceived through donation suggest that children should be told of their biological origins and that secrecy can have adverse effects on family relationships. Parents may feel anxious about how and when to do this, and how their children will react. There is no one right way to go about this. Advice on how and when to tell children about their genetic origins is available from your counsellor, who will be able to provide you with extensive resources on this topic.

Exchange of information and plans for contact between donors and recipients

Information can be exchanged either through the IVFAustralia clinic or directly between donors and recipients, provided all parties agree. It is recommended that both donors and recipients provide documentation of their preferences for the future exchange of information and contact during the counselling process. Donors can nominate their preferences on the Donor Questionnaire and ask to have this documented in the counselling notes. Recipients can describe their preferences in a letter or email and ask to have their preferences documented in the file notes. It is important that all parties continue to update their contact details with IVFAustralia so that IVFAustralia can facilitate requests for future exchange of information.

Preferences for exchange of information that are nominated during preparation for donation will not be binding in the future. Rather, they will be used to guide IVFAustralia clinic staff as to whether an approach for exchange of information or contact will be welcome. All future approaches for exchange of information and contact can be considered and either declined or consented at that future point in time. Letters, photographs or other information may be placed on file for future exchange, providing there is mutual consent to that exchange of information. If one party only gives consent, the information will be held on that party's file and a file note made in the other party's file indicating that information has been received by the clinic.

Relationship between egg donors and recipients

It is expected that recipients will find their own egg donors, either through advertising or using word of mouth to let relatives, friends, neighbours or work colleagues know that they need the help of a donor. We expect that patients will attend their first medical appointment, having recruited their own donor, who is known to them.

When donors are found through advertising, the recipients may sometimes know them only superficially. In these cases, both parties discuss their plans and assumptions about future contact and roles. A known relationship can allow for important information for all children involved and provide a basis for the future needs of all parties, bring reassurance to either or both parties and allow a sense of control. However, sharing personal information before trust has been built may seem risky. It may also require careful consideration of the emotional needs of all parties and require appropriate boundary setting. Either or both parties may also have a desire for privacy and / or the desire to have very little contact in order to 'make the baby seem more like the recipient's baby'. The donor may wish this in order to feel less attached to the baby and the recipient may wish for this in order to reinforce their feeling of being the legitimate parent.

Where the donor is a relative or close friend there may be similar issues to consider as well as other equally important, but different considerations. In particular, potential pressures that could surround the decision to donate, potential emotional reactions that may emerge and exist in the relationships between all parties and ways people may manage the feelings and reactions of other friends and family. Some of these feelings may include: gratitude, a need for space, jealousy, joy, anxiety and uncertainty. Professional counselling is available to support all parties before, during and after the egg donation process.

It is critical to any donation decision that the donor is fully informed of the risk processes and consequences of donation. The relationship between donor and recipient should be free of coercion and the donor must have every opportunity to change her mind before starting treatment, should she so wish. The donor's partner must also be involved as it will potentially impact on his lifestyle during (and possibly after) treatment and may also have an impact on his life in the future and also may impact his/their other children.

Medical considerations

The donor is entitled to all results of her blood tests and investigations. If new medical information about the donor arises, during the course of the assessment, medical and counselling support will be provided. If IVFAustralia becomes aware of any hereditary medical or genetic condition arising in either a donor or any child, other families created through that donor's egg donation at IVFAustralia will also be notified.



Finding an egg donor

Asking a person to be an egg donor

Some recipients may prefer to try and have a child using a known egg donor, who could be an acquaintance, friend or family member. The following points may be useful in deciding whether a person could be a suitable donor for you, including how to approach the topic of them possibly donating eggs.

- Consider what criteria you might be looking for in a donor, for example what level of involvement do you wish to have with the donor after a potential child is born? How important are aspects such as the donor's appearance, religion, personal characteristics, morals and beliefs, level of education etc.
- What motivations of the person donating are important to you?
- What is in the best interests of the potential child in terms of their relationship with the donor? Is it possible for these conditions to be met by the donor you are contemplating?
- Would the donor feel like they were under some type of obligation to donate to you, whether you intend it or not?
- What factors would exclude someone potentially becoming a donor for you?
- If you feel you cannot approach the person directly initially, see if you can gauge what their thoughts are on assisted reproduction, particularly the need for donated gametes. You may be able to gain insight by talking to people who know them well, but be mindful of the donor's feelings.
- One low-pressure way of raising the subject is simply stating your own position and need of an egg donor, rather than actually asking someone to become a donor. This can give a person time to think about whether or not they wish to approach you. It can also sometimes lead to offers from their friends and family.
- Keep in mind if you find it difficult to approach a person, how would it be to tell a potential child?
- Consider the time and the place that you wish to initially broach the topic of donation so you both feel comfortable.
- Try and include their partner in conversations too, it is important to be open and honest and their consent is also required if your potential donor is to proceed. Some partners can feel that they have been forced into a decision if their partner agrees to donate before discussing it with him first. This could pose serious problems for donation down the track.
- Allow your potential donor and their partner plenty of time and space to make their decision. Let them know you are open to discussing your expectations and theirs in relation to the future. Let them know it is O.K. if they do not want to go ahead.

Advertising for an egg donor

Couples who need the help of an egg donor commonly advertise in the press and in online communities. It can be helpful to read some of the advertisements that others place in order to consider your own advertisement. Some places that egg donors have been recruited from include:

- **Sydney's Child Magazine Website** (Also Melbourne's Child, Adelaide's Child etc)
www.sydneychild.com.au
- **Aussie Egg Donors** www.aussieeggdonors.com
- **Bub Hub** www.bubhub.com.au
- **Essential Baby** www.essentialbaby.com.au
- **BellyBelly** www.bellybelly.com.au
- **Huggies** www.huggies.com.au
- **Baby Web** www.babyweb.com.au
- **Sydney Morning Herald** (or other large city press)
- **Daily Telegraph**
- **Local press** Tel: 13 19 79 www.truelocal.com.au
- **ebay** - community Section www.ebay.com.au

Considerations for writing an advertisement for an egg donor

When designing an advertisement, it may be helpful to consider some of the following points:

- important facts that need to be included to assist in attracting suitable donors
- how memorable or attention grabbing is your advertisement?
- the emotional impact on the reader or potential donor
- what information you are prepared to share - and what you would like to keep private
- qualities about you and your partner / family that may be important to a potential donor

We can treat donors who do not live near an IVFAustralia clinic

Some egg donors have undertaken egg donor cycles while they live in cities where there is no IVFAustralia clinic. In this case, some appointments would need to be in Sydney and other monitoring can be done through local clinics. Your treating IVFAustralia specialist will advise and coordinate a cycle outside of the area of an IVFAustralia clinic.

Further information

Weblinks

IVFAustralia www.ivf.com.au

ACCESS Infertility Support www.access.org.au

NSW Health <http://www.health.nsw.gov.au/aboutus/legal/art.asp> for information about the NSW Donor Registry

Donor Conception Support Group (Australia) www.dcs.org.au

Provides information, support and advocacy on donor conception matters. This website has personal stories from people who have experienced donor conception. It also has a summary of the legal framework on donor conception for each state in Australia.

Donor Conception Network (United Kingdom) www.donor-conception-network.org

There are a series of booklets titled 'Talking and Telling' available for free download which consider many aspects of telling children and others about donor conception.

Infertility Treatment Authority www.ita.org.au is the statutory body established by the Victorian Parliament to administer the regulation of infertility treatment within the State of Victoria, Australia. It has been established under the provisions of the Infertility Treatment Act 1995. It has very useful information to assist people with decisions about telling about donor conception. These resources are available free of charge and are in pdf format.

Books

Bourne, Kate. (2002). *Sometimes it takes three to make a Baby: Explaining Egg Donor Conception to Young Children*. Melbourne: Melbourne IVF. ISBN: 0958190305. (Children's Book)

Ehrensaft, Diane. (2005). *Mommies, Daddies, Donors, Surrogates: Answering Tough Questions and Building Strong Families*. New York: The Guilford Press. ISBN1-59385-133-2.

Glazer, Ellen and Sterling, Evelina. (2005). *Having Your Baby Through Egg Donation*. Indianapolis: Perspectives Press Inc.

Lorbach, Caroline (2003). *Experiences of Donor Conception: Parents, Offspring and Donors through the Years*. London: Jessica Kingsley Publishers. ISBN 184310122

Sutkamp Friedeman, Joyce (1996). *Building Your Family Through Egg Donation: What You will Want To Know About The Emotional Aspects, Bonding and Disclosure Issues*. Kentucky: JOLANCE Press. ISBN 0- 964595214

Other resources

Telling & Talking free downloadable booklets from www.dcnetwork.org

Let the Offspring Speak from the Donor Conception Support Group

My Story www.dcnetwork.org

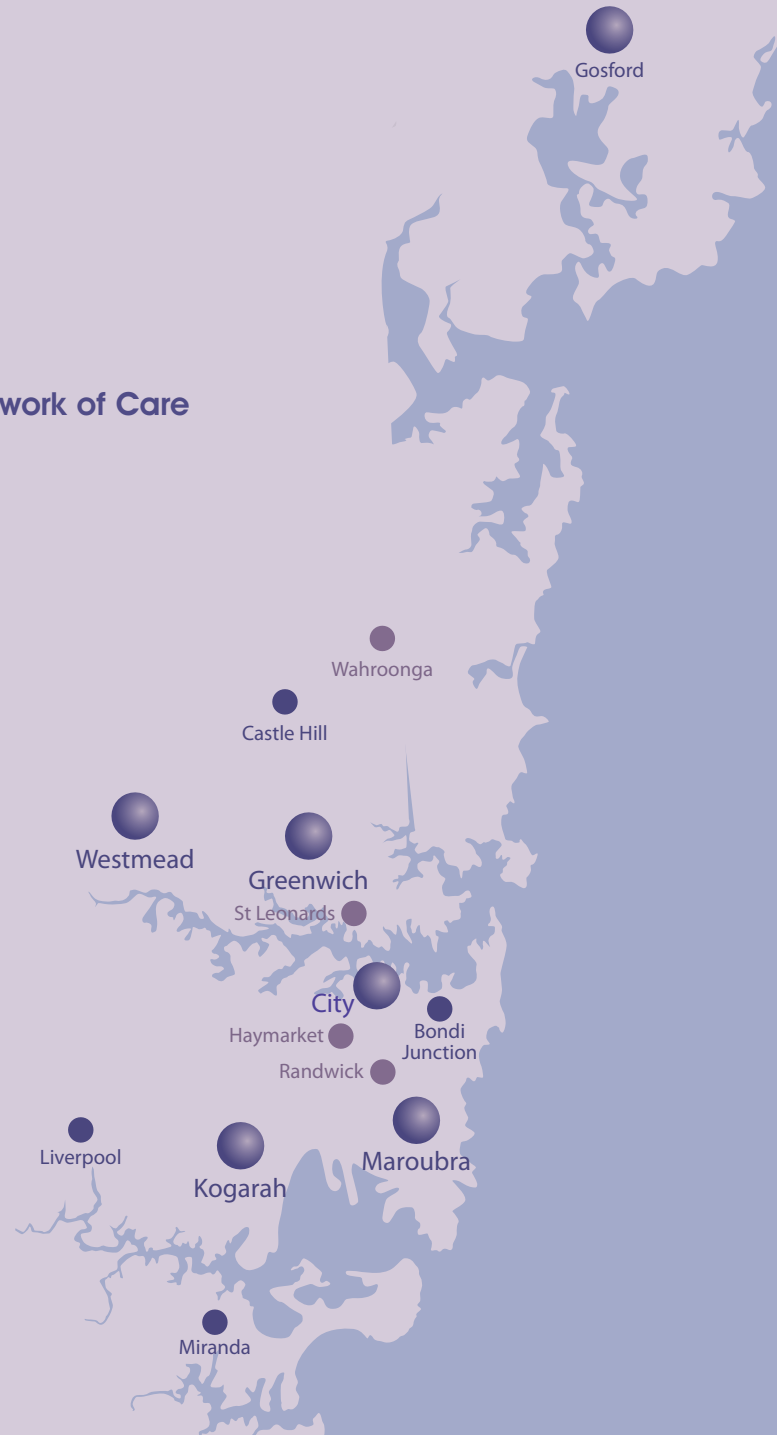
X, Y and Me Books www.xyandme.com.au

IVFAustralia's Network of Care

PUBLIC INFORMATION

1800 111 IVF

WWW.IVF.COM.AU



Embryo Donation



PUBLIC INFORMATION 1800 111 IVF
WWW.IVF.COM.AU



IVFAustralia
Excellence in fertility care

Introduction

The world's first successful pregnancy using frozen embryos occurred over two decades ago in Australia. The ability to successfully freeze then thaw embryos opened up a number of opportunities allowing couples to put embryos in storage for later use.

IVFAustralia's embryo donor program facilitates treatment with known or de-identified embryo donors. If you have a known donor treatment can begin immediately with screening tests. This booklet explains the embryo treatment program. IVFAustralia has a carefully organised system, including a waitlist (typically 1-2 years wait), to ensure fair and non-discriminatory access of people to treatment with de-identified embryos.

Once having completed their families the presence of more embryos than the couple believes that they themselves can use can create a real dilemma for some couples. For couples who have more embryos stored than they plan to use for their own family, their options include allowing the embryos to regress, donating them for research or donating them to other couples who, for a number of reasons, cannot produce their own embryos.

The option of donation involves relatively simple medical logistics but it remains a difficult process emotionally and perhaps the most important aspect is the counselling and consideration of all the surrounding issues that must be resolved BEFORE proceeding along this pathway. This information booklet describes the process, and is used for both donors and recipients.

Couples facing this decision, whether donating or receiving embryos, have significant emotional hurdles to cross before making the final decision. Our doctors, nurses and most importantly our counselling team are here to help. We do not offer a donor embryo service for women beyond the age of natural menopause (51 yrs) or those whose health could be compromised by a pregnancy. Likewise we do not accept for donation embryos developed from women over 38 years of age (Reproductive Technology Accreditation Committee Guidelines) and prior to accepting embryos for donation we must take a full medical, genetic and social history from those making the donation. IVFAustralia has an absolute discretion to refuse to accept an offer by any person or couple to donate embryos, and is not obliged to give reasons for this refusal.

What is embryo donation?

When a couple or an individual has embryos stored that are excess to their needs, it is possible to donate them to other people. The couple that has the excess embryos are known as the 'donors' and are able to help others, known as 'recipient(s)', in their attempt to become parents. Donors are classified as either 'known' or 'de-identified' depending on the type of relationship between the donors and recipient(s).

In both known and de-identified donation, both donors must give explicit written consent to providing identifying information to any offspring from this donation once they reach 18 years of age. They must also give written informed consent to their name being included on the NSW State Donor Registry.

How can I become an embryo donor?

If you have embryos in storage and they are in excess of your needs it is possible to donate them to other people. The first step in this process is usually to nominate the option on the 'Declaration of Excess Embryos Form' or to telephone any of our clinics for assistance or **1800 111 483** and we will be pleased to arrange for you to receive an information package.

Informed consent

In an effort to minimise the likelihood of long term social, emotional or psychological problems developing, professional implications counselling of all parties is required before the final decision is made to proceed with embryo donation. This is considered the most important aspect of preparation for embryo donation. It is also the purpose of this information booklet; to ensure that everyone involved makes the right decisions for themselves and their family; decisions that they will be comfortable with in 15 years time.

Before beginning treatment, we will spend a lot of time going through the social, emotional and legal issues with you. We will also assist you in considering the potential implications for you, your family and any children involved. We do hope that this information will help you in making the right decision for you.

Three-month 'cooling off' period

A three-month 'cooling off' period is in place with the embryo donation program to allow all parties sufficient time to consider the implications after the preparatory medical and counselling processes have been completed.

Can I be paid to be an embryo donor?

No. It is illegal in Australia to receive or make any type of payment for human tissue, including donated embryos. The recipient(s) should meet all expenses directly incurred in making the donation (e.g. travel, parking) but cannot compensate donors for lost time at work.

Becoming an embryo donor

Who can donate embryos?

At IVFAustralia, we will not provide embryo donation from donors who are from a younger generation (e.g. daughter, niece, daughter-in-law) of the same family of either recipient. This is because, after careful consideration, at IVFAustralia, we have reached the view that such a donor is not in a position to give consent that is truly free from family pressures. In addition, all embryo donors at IVFAustralia are required to be over 21 years of age.

All embryo donors at IVFAustralia are required to:

- be older than 21 years of age; and
- be shown by, blood tests before and after six months of quarantining of the blood samples, to be free of any serious infections or genetic conditions; and
- have no past or current history of mental health problems; and
- have no medical conditions or illnesses, in either the donors' themselves or in their family that may be passed on to future children

Conditions on embryos

- embryos must not have been formed from donated eggs or sperm; and
- embryos must have been stored for less than 10 years; and
- excess embryos from one donated set cannot be further donated to other couples, they can only be returned back to the donors.

However, patients may have strong and very sound reasons for receiving embryos from particular known donors. We will thus discuss the implications of health or other issues that arise in a possible donor on an individual basis with each donor and potential recipients.

With all donors, it may become apparent during the assessment process that embryo donation is not a suitable option or that the donors are not suitable donors for some reason. When this arises, the issues will first be discussed with the donors. Health or other confidential information about the donors will not be passed onto the recipient(s) without the written consent of the donors. However, if the information would have serious implications for the health of either the recipient(s) or any children and the donors are unwilling to give written consent for this information to be given to the recipients, it may not be possible for the donation to proceed.

Preparation for embryo donation

Becoming an embryo donor involves a medical interview, followed by counselling sessions, genetic counselling and blood tests. The full process for this is shown in Figure 1: Known donors and Figure 2: De-identified donors.

Any couple who is interested in donating their embryos to another couple can indicate on the 'Declaration of Excess Embryos Form' that they wish to consider the option of donating their embryos to another couple.

Figure 1: Known embryo donor preparation

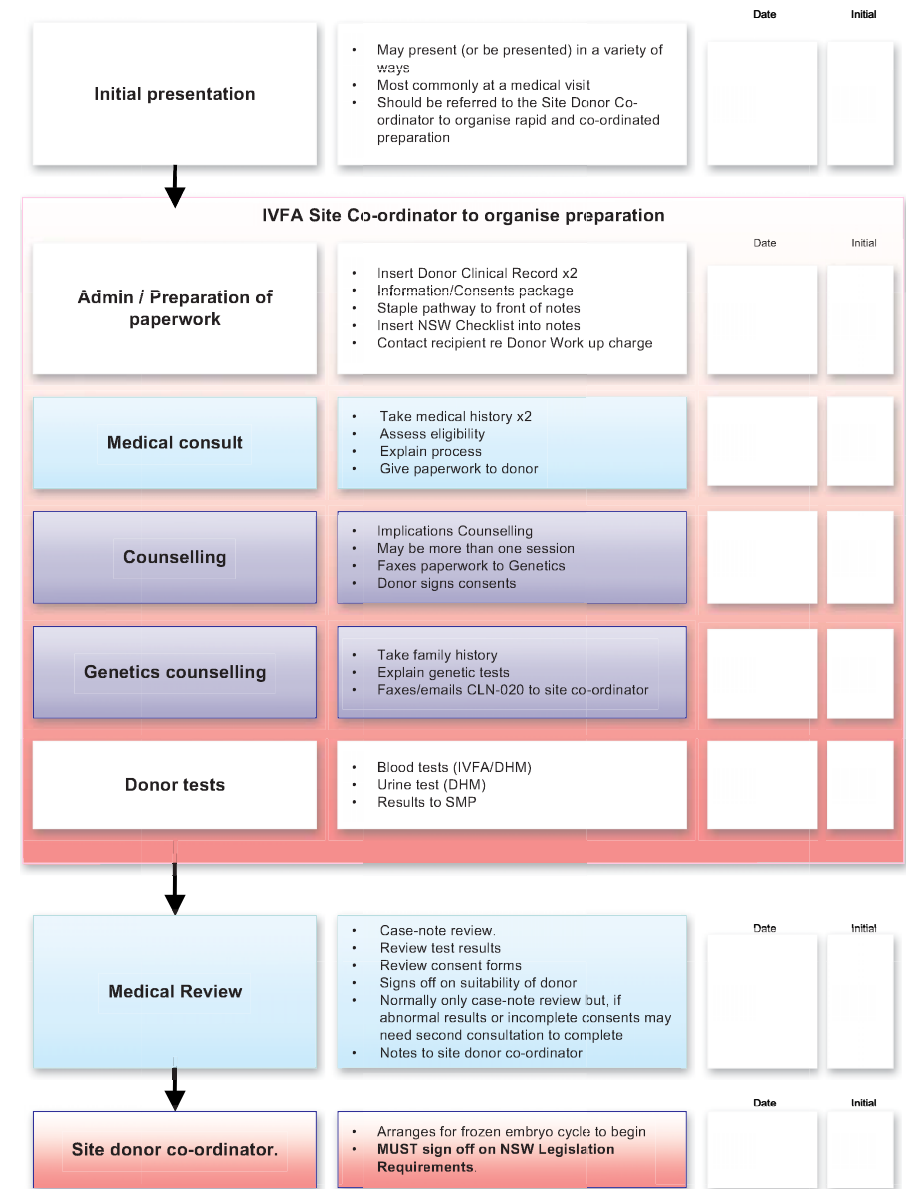
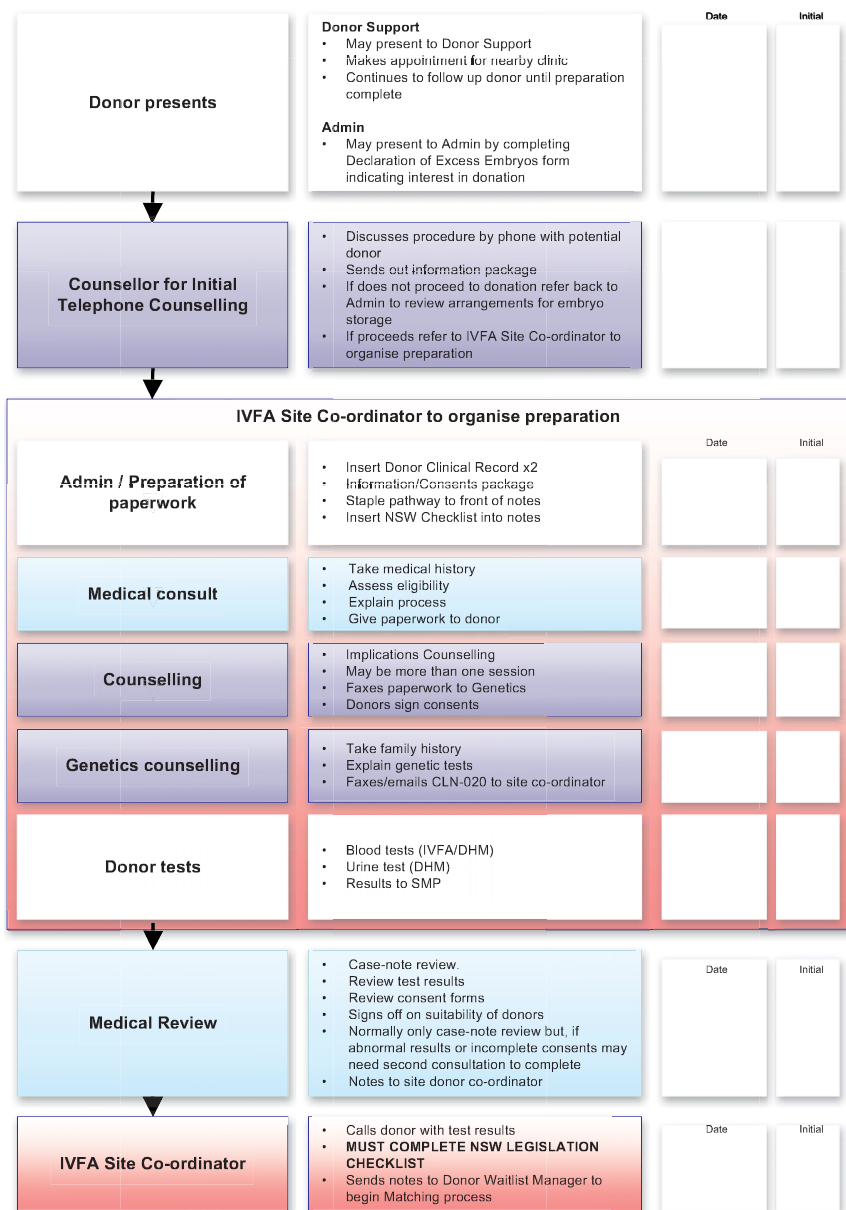


Figure 2: De-identified embryo donor preparation



Overview of embryo donation process with counsellor when we receive the **Declaration of Excess Embryos form** the clinic counsellor will contact you to give you information on how the embryo donation process works. The counsellor will also send you the Embryo Donation Program Patient Information Sheet and discuss some questions for consideration regarding embryo donation. They will also get information on the decision to donate.

An appointment with an IVFAustralia affiliated fertility specialist who will take a comprehensive medical history to ensure potential donors are suitable. They will also arrange for tests to exclude infectious diseases (including HIV/AIDS), to exclude some major genetic diseases such as the carrier status for cystic fibrosis (all simple blood tests). He or she will also give an overview of the embryo donation process and all the appropriate consent forms.

Implications Counselling with a Fertility Counsellor (available at all of our clinics) where social, emotional and legal issues are discussed. Usually there will be two individual sessions with you and your spouse (including de facto spouse) and a joint session with the recipient. The background to the donation, complex emotional and social issues including future needs of any offspring for information about their origins. Also explored are the legal framework, Donor Registry, consent implications and plans for future exchange of information and contact between parties.

Note that all information collected by us in the course of the medical assessment, the testing and the counselling is strictly confidential and nothing will be passed onto the recipient without your written permission.

Finally, all test results and their findings will be discussed with you. If anything arises during the assessment process that could have serious implications for the health of either yourself, the recipient or any child conceived, the doctor will discuss with you whether you are prepared to consent to the release of that information to the recipient. In some circumstances if the information is serious and you decide not to release that information, it may not be possible to proceed with the embryo donation.

Genetic Counselling and testing

Careful thought should be given the implications for both donors and recipients, of the Genetic Counselling and testing process and the long-term consequences of potential inheritable conditions. Sometimes information may arise that could have important consequences for yourself and your own family.

What Is Genetic Counselling?

Genetic Counselling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease.

Why is Genetic Counselling important in a donation process?

Genetic counselling will carefully document the genetic background of the embryo donors so that if a child has health problems in the future, they have access to a full account of their genetic background. There is also the opportunity to provide expert advice and support in considering the long-term implications of any genetic information that emerges. There are some instances where we need particularly detailed information to be recorded and considered, such as a family history of genetic problems, any past complications in

pregnancy such as miscarriage, families from some ethnic backgrounds and where the donors were older than usual when the embryos were created.

Do I need to prepare for the Genetic Counselling session?

Yes. Prior to the genetic counselling session both potential embryo donors will be asked to gather information about their family medical history. Such information is of a very personal and sensitive nature and is often very difficult to gather. However, whatever information is discovered will be valuable to the genetic counselling process and enable the genetic counsellor to make the best use of the genetic counselling session.

To assist and guide the family medical history gathering please refer to the information sheet titled 'Documenting Your Family Medical History'.

What happens during the Genetic Counselling session?

During the session the genetic counsellor will go through the family medical histories gathered. This will help to understand the inheritance patterns of any potential disorders and assess the chances of a child born as a result of your donation being affected with those disorders. The genetic counsellor will distinguish between risks that every pregnancy faces for all couples and risks that are specific to pregnancies that may result from this particular donation.

The genetic counsellor will also discuss the specific tests that are planned, including the karyotype (chromosome analysis) and the Cystic Fibrosis and Thalassaemia genetic testing performed as a part of the donor assessment process.

Karyotype: The karyotype is able to identify any chromosomal anomalies that may increase the risks of a pregnancy being affected with a severe chromosomal abnormality. For further information, please refer to <http://www.genetics.com.au/factsheet/fs1.html>

Cystic Fibrosis: Cystic Fibrosis is a genetic condition that affects many organs in the body, especially the lungs, pancreas and sweat glands. About 1 in 25 people of European Caucasian ancestry are genetic carriers of Cystic Fibrosis and are at increased risk of having a child born with Cystic Fibrosis. For further information, please refer to <http://www.genetics.com.au/factsheet/fs33.html>

Thalassaemia: Thalassaemia is a genetic condition that can lead to serious diseases in the red blood cells. A person who carries only a single thalassaemia gene may have mild anaemia, but usually has good health. At least 1 in 20 adults are carry a single gene for this condition, however the chances are higher in certain population groups such as those from Asia, Africa and Southern Europe. For further information, please refer to <http://www.genetics.com.au/factsheet/fs34.html>

Fragile X (only female donors tested): Fragile X is a genetic condition is characterised by varying degrees of behavioural, emotional and learning difficulties. It affects about 1 in 4,000 males and between 1 in 5,000 and 8,000 females. The gene that causes Fragile X is found on the X chromosome and therefore men, who only carry one X chromosome, are at most risk of being affected. As women carry two X chromosomes, if one chromosome is affected they will be a carrier for the condition. The sons of a female carrier have a 50% chance of receiving the faulty X chromosome and being affected with the condition.

Daughters also have a 50% chance of inheriting the faulty chromosome and being a genetic carrier for the condition. Female carriers have an increased risk of premature ovarian failure. For further information, please refer to <http://www.genetics.com.au/factsheet/fs42.html>

Further genetic tests may be needed in some ethnic groups (e.g. Ashkenazi Jews) and, if these are necessary, the genetic counsellor will explain this to you.

Cooling off period

Once you have completed the medical appointments, screening, counselling and genetic counselling and you have made the decision and consented to donate, there is a three-month cooling-off period. This gives you the chance to fully consider your decision before your embryos are offered to any couple.

The NSW Donor Registry

Under current NSW law, a child born from a donated embryo is deemed to be the child of the recipient couple and, as such, the recipients put their name on the birth certificate. As parents, the recipients have the same rights and obligations as other parents. These rights and responsibilities to the children continue even if the couple separate or divorce. Embryo donation is a specialised area of the law. If you have any concerns in this regard, you should seek your own legal advice. IVFAustralia is not qualified to provide legal advice.

The NSW Assisted Reproductive Technology Act

The NSW Government has implemented the NSW Assisted Reproductive Technology Act, effective from the 1st January 2010.

The NSW legislation has a number of important implications for patients who are considering whether to donate or receive, donated eggs/sperm or embryos.

The main points of the Act are:

- Donated embryos from a single set of embryo donors can only be donated to one family. (If the embryos are not used and no children are created, the embryos can later be returned to the donating couple if they agree). A group of embryos from one family cannot be split amongst multiple recipients.
- When a child is born following treatment with donated embryos, identifying information about the donors of the embryos will be placed on a State Registry.
- Once the child is 18 years of age, he or she will have access to this information.

All future IVFAustralia donors will be asked to give their consent to this. If the donor is unable or unwilling to give this consent, it will not be possible for their embryos to be used in the medical treatment of another couple.

The Donor Registry will be held at NSW Health in Miller St, North Sydney in strictest confidentiality. In the future, where a person aged 18 or above approaches NSW Health and can prove that he/she is a person who has been conceived from donated embryos, they

will be able to obtain access to identifying information about the donor from whose embryos they have been created. No other person will be granted access to this information.

It is important to note that the legislation is not retrospective and does not apply to treatment provided before the 1st January 2010. In addition, there are two continuing exemptions from the Act.

- There is an exemption from the Act for three years for couples who already have a child conceived before 1st January from the same donor.
- Embryos that have been created from donated eggs or sperm prior to January 1st 2010 can be used for up to five years to achieve a child.

Arrangements for exchange of information

What information are embryo donors entitled to have about either the recipients or any family born from their donation?

Embryo donors are only entitled to non-identifying information about the recipient families and any offspring born. However, there is little doubt that the voluntary information exchange of a known donor relationship helps the children in the future. In a known donor relationship, the recipient family may often give the donors information about the child although the recipients are not obliged to do this. On request to the clinic, embryo donors are entitled to be told about the number, gender, and the year of birth of children born to each family using their donation but will not be given any further information without the consent of the recipients of the donation.

What information about the embryo donor is given to offspring or recipient(s)?

The amount of information about the donors given to the offspring and recipients is dependent on the consent of the donor. Most of the time, in a known donor relationship, there is exchange of information between donor and recipient. Often the amount of information exchanged will depend of the level of mutual trust, level of comfort and shared plans regarding the donation and the length of the relationship.

The **minimum** information about the donors that we are obliged to provide to the recipient includes:

Relevant medical history summary

- A questionnaire completed by the donors (e.g. eye colour, personality traits, education, ethnicity etc)
- Date the embryos were formed and age of embryo donors at egg collection
- Last date of contact with the donors

Once the conceived children turn 18 years of age they will be entitled to identifying information about their donors. This information will be the donor's full name, date of birth and the last known address. This information will also be provided to and stored with the NSW Donor Registry at the NSW Department of Health.

Matching the donor and recipient and waitlist arrangements

In many cases the donor and recipient will come together, having already agreed to make a donation between them. In other cases, embryo donors and would-be recipients will approach us separately and we will then do a matching process as follows:

Both the donors and the recipients complete a four-page questionnaire describing themselves. When you are filling this out, you can decide for yourself, which information you wish to include and which information you do not wish to include. You are under no obligation to answer any question that you do not wish to.

The donors can indicate on their consent form whether they have any directions about the nature of the couple, to whom they are willing to donate. Some embryo donors will be happy for any couple to receive their donated embryos. Other couples will want to know a little about the possible couples, who may be offered their embryos. In this instance, the donor will be sent the profiles of three potential recipients who are near the top of the waiting list.

We do not ask the donors to choose the exact couple to which their embryos will be donated, as it is possible that that couple may not wish to receive those embryos. However, the donors can indicate which of the couples, whose profiles they have seen, they would be prepared to donate their embryos to.

Once the donors have indicated which of the couples they would be prepared to donate to, the embryos are offered to the couple nearest the top of the waiting list and the donor profile is shown to the would-be recipients.

If the first couple decline the embryos, the embryos will be offered, in turn, to each of the other couples that the donors have said that they would be comfortable donating your embryos to.

If the recipients decide to accept the gift of the embryos, a treatment cycle will be arranged for the embryos to be thawed and transferred, normally one at a time. All of the embryos from one donor will be donated to a single couple.



How does the waitlist work?

If there are no suitable donors currently available for a recipient, there may be an option to join the IVFAustralia waitlist. The potential recipient will be required to sign the waitlist agreement and pay a non-refundable administration fee.

The waitlist agreement allows people to remain on the list for a maximum of three years. If the recipient still wishes to remain on the waitlist after that time, this is allowed but the recipient is required to see their IVFAustralia specialist to review the case and discuss the likelihood of ever obtaining embryos from IVFAustralia.

If once a donation is available to the recipient, the recipient can decline treatment with any particular donation without jeopardising their place at the top of the waitlist. Once a recipient accepts a donation of embryos, all the embryos available from that donor will be made available for that recipient's use. Should the recipient be successful in achieving a child from those embryos and wishes to have an additional child but there are no embryos left from that donor, then the recipient would rejoin the waitlist at the end, and wait to access another donor. If, however, the initial donation of embryos does not result in a child, the recipient remains at the top of the waitlist and is able to receive further donations of embryos until the recipient has had a total of at least five embryos thawed and transferred.

If, after accepting a donation, the recipients decide that they no longer wish to use the embryos to achieve a child themselves, the responsibility for decision-making about the embryos reverts to the original donor. The recipient of an embryo donation cannot make a decision to either dispose or on-donate the donated embryos.

Unfortunately, due to the shortage of de-identified embryo donors, and individuals' preferences, a place on the waitlist does NOT guarantee that a recipient will receive treatment using donated embryos.

Use of donated embryos

Who would normally use donated embryos?

The embryo donation program is available to all IVFAustralia patients who have received medical advice that this will be the best approach for them and who wish to access this treatment. There is no Medicare rebate for fertility treatment unless there is a medical cause for the infertility.

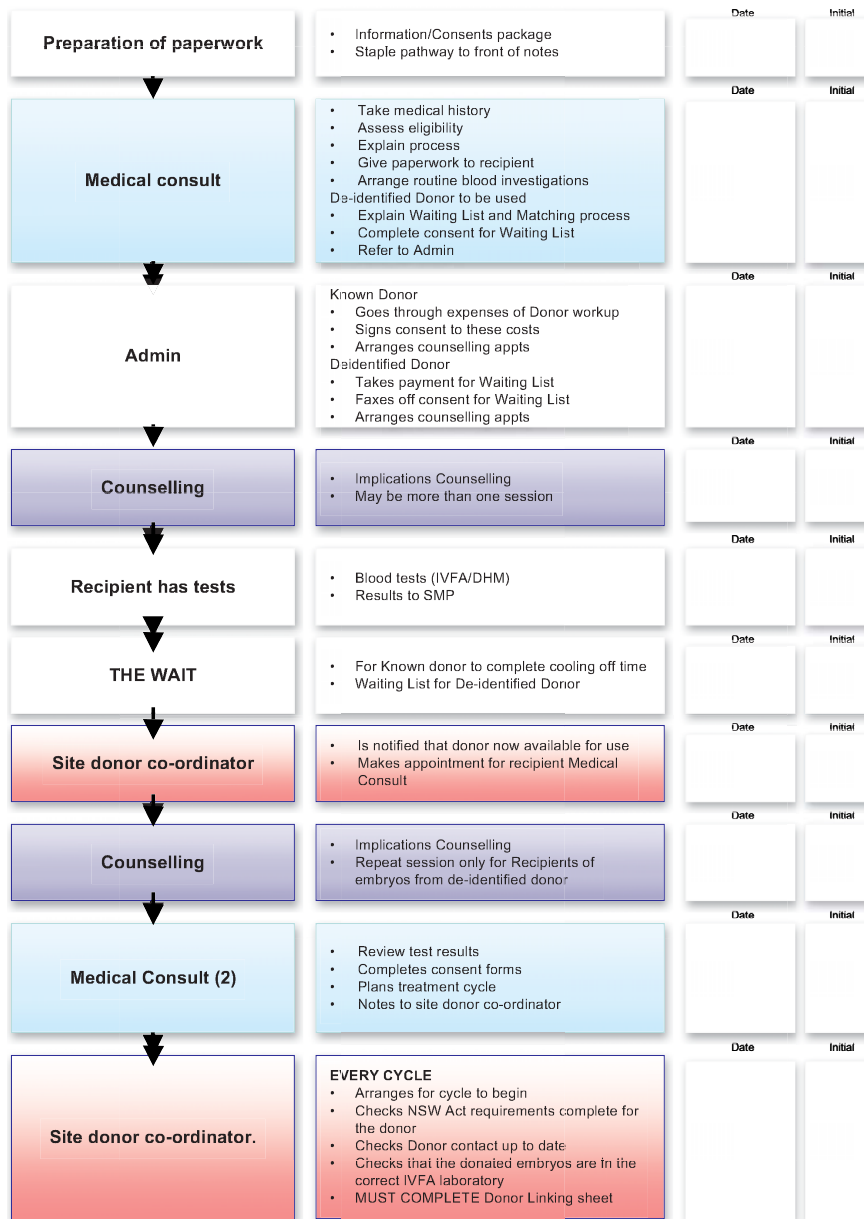
For health reasons, treatment with donor embryos is not provided to women past the age of the natural menopause (the 52nd birthday).

The preparation process for the recipients (See Figure 3)

- 1. An appointment with an IVFAustralia specialist** (GP referral required) who will take a comprehensive medical history. The ART information booklet and all appropriate consent forms are provided along with a preliminary discussion regarding the implications.
- 2. Implications counselling** usually two individual appointments for the recipient(s) (including de-facto) are held with our Fertility Counsellor (available at all of our clinics). The background to the donation, the complex emotional and social issues are discussed as well as the legal framework, donor registry, consent implications and plans for future exchange of information and contact. In the case of a known donation, these individual sessions are usually followed by a joint session with the donor and her spouse (including defacto). The Fertility Counsellor signs and collects the consent form, which will be later discussed and signed with the treating specialist.
- 3. Standard blood tests for recipients** are conducted to screen for heritable genetic conditions. There is also a waiting period of 3-6 weeks to wait for the results to be returned for the donor.
- 4. Joining the embryo donation waiting list.** It may take up to several years of being on the list until a match is made with available embryos. A small, non-refundable administration fee is paid to help cover the cost of administering the embryo donation waiting list, and a signed consent form is required to join the list.
- 5. When embryos become available,** you will be notified and given some time to consider the profile of a potential embryo donor couple. If you are happy to receive this couple's embryos, the donation process continues. If you do not wish to accept this couple's embryos, you keep your place on the waiting list.
- 6. Second Implications counselling for embryo donation** once you have accepted some embryos for donation, an appointment is made at the preferred IVFAustralia clinic, with the Fertility Counsellor to discuss a range of issues related to the embryo donation as well as the potential consequences.
- 7. Follow up medical appointment** with your IVFAustralia specialist to discuss any further issues, clarify any medical procedures, have a baseline ultrasound and review and sign the appropriate consent forms. At this time the fertility specialist will plan the treatment cycle (as described over).



Figure 3: Donated embryo recipient preparation



How are donated embryos used to achieve a pregnancy?

The frozen embryos are thawed and then transferred to the uterus at the right stage of the month, in a procedure that is similar to having a Pap smear performed.

Depending on the normal hormone levels and menstrual cycle of the woman receiving the embryos, the embryos will either be transferred on the right day of a natural cycle or hormone treatments will be used. Your specialist will advise which approach is best for you. If a natural cycle is used, the recipient undergoes blood test to determine the day of ovulation and the embryo is transferred after that, depending on the exact stage of development of the embryo.

If hormone treatment is used, the recipient will receive oestrogen treatment for two weeks. An ultrasound scan will be performed to check that the lining of the uterus is thick enough then progesterone pessaries will be given for the second half of the cycle. The embryo is transferred after the start of progesterone pessaries, with the exact day depending on the stage of development of the embryo.

What are the chances of success?

The likelihood of success for each cycle using donated embryos varies enormously and really depends on the type of embryos to be used. Your specialist will give you detailed advice about your particular circumstance.

What does embryo donation treatment cost?

The recipient is required to pay for all the costs of the potential donors' assessment and treatment. There are several separate components to the costs of treatment with donor embryos.

Donor preparation expenses

A contribution to the expenses of assessing, testing and counselling the embryo donors. To comply with relevant Australian legislation that prohibits trading in human sperm, these expenses are calculated at cost recovery rates only. This includes the expenses involved in counselling, genetic counselling and medical testing both embryo donors.

This is covered by a single charge that is payable at the time of the initial medical consultation of the donor. There is a specific consent form for these charges that outlines the individual expenses involved. This charge is non-refundable.

Once the donation is complete (i.e. after the 3 month 'Cooling Off' period, you will also be liable for ongoing storage fees for any remaining donated embryos in storage.

Costs for the cycle

The costs for the actual donor embryo treatment cycle are complex. The Unit Administration Manager will normally go through these in detail with you.

- The costs for the treatment Frozen Embryo Transfer of the recipient at IVFAustralia. In some circumstances, it may be possible for the recipient to reclaim some of this under the recipient's safety net. Discuss this with the Administration Manager.
- The cost of the recipient Frozen Embryo Transfer Details of all of these costs are available from our administration staff, who will go through all of this before a cycle is started.

Thinking it over

Implications to consider for potential donors and recipients

When deciding to become an embryo donor or recipient there are many psychological, legal and ethical factors to consider. Your IVFAustralia counsellor will help take you through many of these implications to assist you in coming to a fully informed decision. Many people will have already researched and discussed the implications of embryo donation before beginning the formal process with IVFAustralia. It can be helpful to discuss these issues with your partner and with the donor before the initial medical consultations. Your counsellor is required by the State Legislation (2007 ART Legislation and its Regulations, RTAC guidelines, Human Tissue Act and NHMRC Guidelines) to demonstrate that potential donors and recipients have discussed and understood a range of topics relevant to the welfare of any potential child created from donation, the donor, the recipients and any children currently in the families involved.

Issues raised in this session include:

- Exploring the reason/s why the donors wish to donate and any overt or covert coercion or pressure there might be to proceed with the donation
- How the donation will affect the donor's current life situation
- Whether both partners agree with the idea of the donation and whether there are any serious reservations or concerns for any party
- The donor's and the recipient's personal background and family history. This includes: mental health issues, alcohol/drug use, hobbies and interests and occupation
- How all the parties will feel about children born with the assistance of the donation
- The potential for feelings of grief and loss should the donation not succeed?
- Values, beliefs and wishes regarding termination of an abnormal pregnancy and around the use of embryos that are surplus to the needs of the recipient
- All parties understanding of the process and risks of treatment
- Readiness of all parties to undertake embryo donation, particularly both donors' and recipients' level of acceptance and understanding of the significance the decision
- Recipient's feelings about the fact that neither parent will be genetically related to the child.

The effect of the donation on the donor's and the recipient's families including existing children, partners and immediate family

- 'What if' scenarios and their consequences are explored for a range of areas of family life related to embryo donation and family dynamics
- Expectations are shared regarding contact between the donor and recipients and any potential child born from this process
- Telling the children and other family members about the donation: who, what, how, why and when
- Legal framework - IVFAustralia Counsellors are not qualified to give legal advice and recommend that qualified legal counsel is suggested for donors who have any legal concerns



It is important to note that while the IVFAustralia counsellors are all registered psychologists or social workers, no formal psychometric assessment of the mental health of the donors, nor their ability to cope with donating, is made. If the counsellors note anything of concern in the session they will make a recommendation to the treating fertility specialist. Information shared in every counselling session at IVFAustralia is confidential. However, because IVFAustralia is a medical clinic, information affecting a patient's medical treatment may be recorded on the medical file.

Telling children about their conception

The welfare of the child is important and this includes any current children of the recipients or donors. Current research and the experiences of offspring conceived through donation suggest that children should be told of their biological origins and that secrecy can have adverse effects on family relationships. Parents may feel anxious about how and when to do this, and how their children will react. There is no one right way to go about this. Advice on how and when to tell children about their genetic origins is available from your counsellor, who will be able to provide you with extensive resources on this topic.

Exchange of information and plans for contact between donors and recipients

Information can be exchanged either through the IVFAustralia clinic or directly between donors and recipients, provided all parties agree. It is recommended that both donors and recipients provide documentation of their preferences for the future exchange of information and contact during the counselling process. Donors can nominate their preferences on the Donor Questionnaire and ask to have this documented in the counselling notes. Recipients can describe their preferences in a letter or email and ask to have their preferences documented in the file notes. It is important that all parties continue to update their contact details with IVFAustralia so that IVFAustralia can facilitate requests for future exchange of information.

Preferences for exchange of information that are nominated during preparation for donation will not be binding in the future. Rather, they will be used to guide IVFAustralia clinic staff as to whether an approach for exchange of information or contact will be welcome. All future approaches for exchange of information and contact can be considered and either declined or consented at that future point in time.

Letters, photographs or other information may be placed on file for future exchange, providing there is mutual consent to that exchange of information. If one party only gives consent, the information will be held on that party's file and a file note made in the other party's file indicating that information has been received by the clinic.

Relationship between known embryo donors and recipients

Where the donors are either relatives or close friends, there are important considerations. In particular, potential pressures that could surround the decision to donate, potential emotional reactions that may emerge and exist in the relationships between all parties and ways people may manage the feelings and reactions of other friends and family. Some of these feelings may include: gratitude, a need for space, jealousy, joy, anxiety and uncertainty. Professional counselling is available to support all parties before, during and after the embryo donation process.

Further Information

Weblinks

IVFAustralia www.ivf.com.au

ACCESS Infertility Support www.access.org.au

NSW Health <http://www.health.nsw.gov.au/aboutus/legal/art.asp> for information about the NSW Donor Registry

Donor Conception Support Group (Australia) www.dcs.org.au Provides information, support and advocacy on donor conception matters. This website has personal stories from people who have experienced donor conception. It also has a summary of the legal framework on donor conception for each state in Australia.

Donor Conception Network (United Kingdom) www.donor-conception-network.org There are a series of booklets titled 'Talking and Telling' available for free download which consider many aspects of telling children and others about donor conception.

Infertility Treatment Authority www.ita.org.au is the statutory body established by the Victorian Parliament to administer the regulation of infertility treatment within the State of Victoria, Australia. It has been established under the provisions of the Infertility Treatment Act 1995. It has very useful information to assist people with decisions about telling about donor conception. These resources are available free of charge and are in pdf format.

Books

Bourne, Kate. (2002). **Sometimes it takes three to make a Baby: Explaining Egg Donor Conception to Young Children**. Melbourne: Melbourne IVF. ISBN: 0958190305. (Children's Book)

Ehrensaft, Diane. (2005). **Mommies, Daddies, Donors, Surrogates: Answering Tough Questions and Building Strong Families**. New York: The Guilford Press. ISBN1-59385-133-2.

Glazer, Ellen and Sterling, Evelina. (2005). **Having Your Baby Through Egg Donation**. Indianapolis: Perspectives Press Inc.

Lorbach, Caroline (2003). **Experiences of Donor Conception: Parents, Offspring and Donors through the Years**. London: Jessica Kingsley Publishers. ISBN 184310122

Mattes, Jane. (1994). **Single Mothers by Choice: A Guidebook for Single Women Who Are Considering or Have Chosen Motherhood**. USA: Three Rivers Press. ISBN: 0812922468

Other Resources

Telling & Talking free downloadable booklets from www.dcnetwork.org

Let the Offspring Speak from the Donor Conception Support Group

My Story www.dcnetwork.org

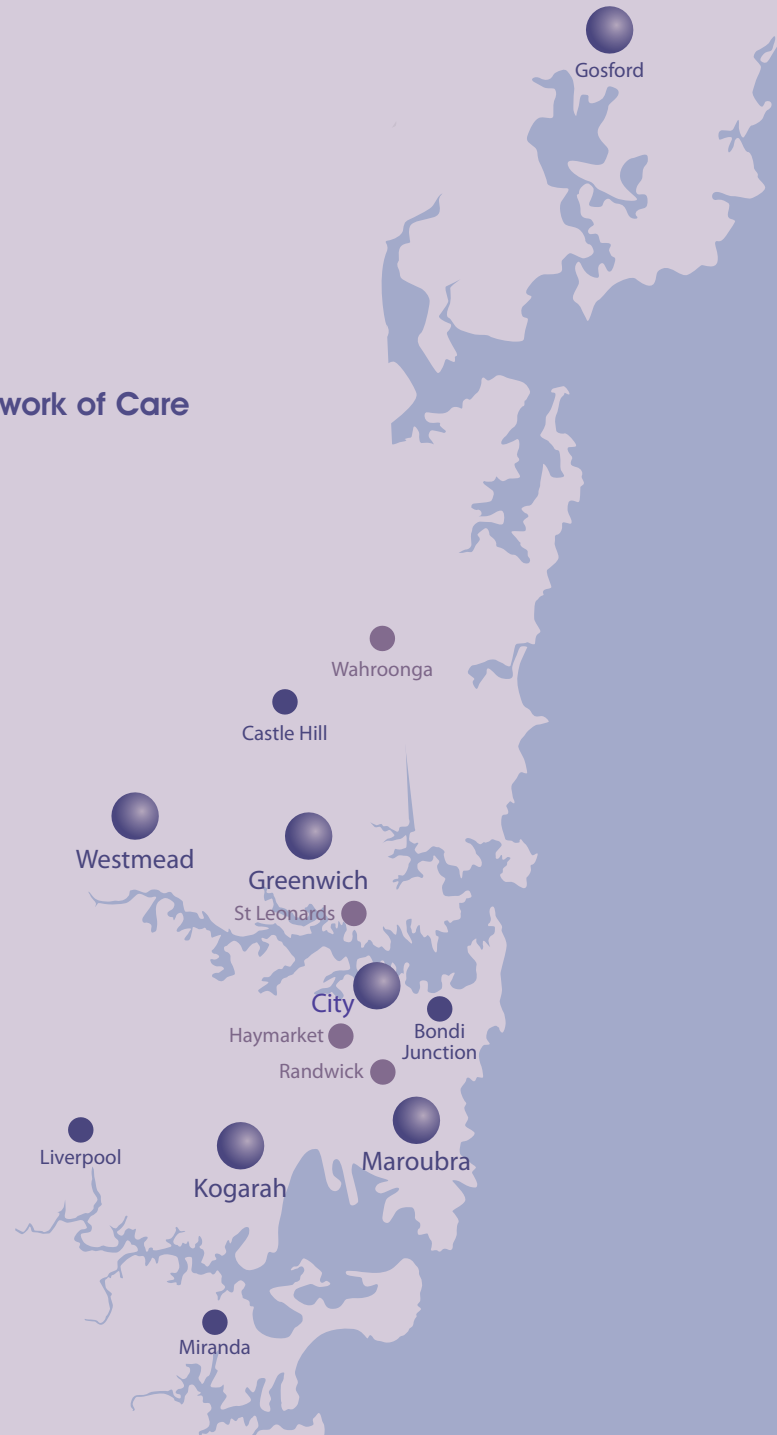
X, Y and Me Books www.xyandme.com.au

IVFAustralia's Network of Care

PUBLIC INFORMATION

1800 111 IVF

WWW.IVF.COM.AU



Sperm Donation

Using a known sperm donor



PUBLIC INFORMATION 1800 111 IVF
WWW.IVF.COM.AU



IVFAustralia
Excellence in fertility care

Introduction

Sperm donation is a very important part of fertility treatment. Couples who use sperm donation as a form of treatment usually have almost no chance of becoming pregnant without this option. The gift of donated sperm can thus be one of the greatest gifts of all, giving the recipients a chance, that they would otherwise be very unlikely to have, of becoming parents. IVFAustralia's donor program facilitates treatment with known or deidentified sperm donors if you have a known donor treatment can begin immediately with screening tests.

However, sperm donation is also a particularly emotional and complex form of treatment and becoming a sperm donor has serious long-term implications for the donor and his own family. It is for this reason that we, at IVFAustralia, follow a meticulous process of preparation for donor insemination. This process involves thorough medical assessment, detailed testing and extended counselling of all parties involved in the sperm donation, including both of the recipients, the donor and the donor's family.

In the past, donor insemination was based on the principle of anonymity. In contrast, a much more open approach is, nowadays, favoured. All sperm donors are now required to make their identity available to the children conceived from sperm donation when they reach 18 years. The donor must also give written informed consent to his name being included on the NSW State Donor Registry.

The most important aspect of preparation for sperm donation, and the purpose of this information document, is to ensure that everyone involved makes the right decisions for themselves and their family: decisions that they will be comfortable with in 15 years time. So, before beginning treatment, we will spend a lot of time going through the social, emotional and legal issues with you. We will also assist you in considering the potential implications for you, your family and any children involved. We do hope that this information will help you in making the right decision for you.

General Information

What is sperm donation?

Sperm donation refers to the use of sperm, which has been donated by a third person or 'donor' to assist an individual or couple, known as 'recipient(s)', in their attempt to become parents. Donors are classified as either 'known' or 'de-identified' depending on the type of relationship between the Donor and Recipient(s).

Known sperm donation is where the identity of the donor is known by the recipient(s) and commonly where the donor and recipient have an existing relationship. A known donor may be a friend, colleague or family member. The donated sperm is thus only used for the treatment of one (or more) specific individuals.

De-identified sperm donation is where the identity of the donor is not known to any recipient, although identifying information will be made available for later access by the offspring once they reach the age of 18 years. The donated sperm is available for treatment of any IVFAustralia patient and up to five families can be created from one donor (including their own existing family/s). De-identified sperm donation is covered in a separate booklet.

The donor must give explicit written consent to providing identifying information to any offspring from his donation once they reach 18 years of age. He must also give written informed consent to his name being included on, and supply medical information to, the NSW State Donor Registry.

It is a national requirement in Australia that all donated sperm samples must be kept quarantined (frozen) for six months and will not be released for treatment of recipients until follow-up testing is complete.

Can I be paid to be a sperm donor?

No. It is illegal in Australia to receive or make any type of payment for human tissue, including donated sperm.

Can sperm donors stipulate preferences about who receives their sperm sample?

Yes. According to the 2007 ART legislation and 2009 regulations, donors are able to state preferences on the use of their sperm donation. For example, there are very different long-term implications of donation to a couple with no father figure, such as a single woman or a same-sex couple. Our counsellor will discuss these aspects with you.

Informed Consent

The most important aspect of preparation for sperm donation, and the purpose of this information document, is to ensure that everyone involved makes the right decisions for themselves and their family; decisions that they will be comfortable with in 15 years time. So, before beginning treatment, we will spend a lot of time going through the social, emotional and legal issues with you. We will also assist you in considering the potential implications for you, your family and any children involved. Donors, recipients and people born all have rights and responsibilities and will strongly encourage you to think ahead into the future. We do hope that this information will help you in making the right decision for you.

Withdrawal of consent by the donor

Sperm donors continue to 'own' their own sperm, even though the sperm is held within an IVFAustralia Laboratory. Donors can therefore withdraw their consent at any time to any future use of their sperm.

Becoming a known sperm donor

Eligibility criteria

IVFAustralia adheres to the practices that have been developed by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA) and the National Health and Medical Research Council (NHMRC) and the 2007 NSW Assisted Reproductive Technology Act and the 2009 Regulations for this Act. These practices stress the importance of the future welfare of any child born from donor gametes (eggs or sperm) or embryos. Medical, counselling appointments and the provision of information to sperm donors and recipients before a donation or treatment proceeds, will always take into account the best interests of the future child.

Donors are required to undergo rigorous medical assessment and blood testing. This is to try and prevent any potential infections and genetic conditions from being transmitted to either the recipient(s) or any children conceived.

We clearly cannot accept known sperm donors who are under 18 or who are close relatives of the woman to be treated. For example, at IVFAustralia, we will not provide sperm donation using a donor who is from a younger generation of the same family of either recipient. This is because, after careful consideration, at IVFAustralia, we have reached the view that such a donor is not in a position to give consent that is truly free from family pressures.

In addition, IVFAustralia does not encourage known sperm donors who:

- are over 50 years of age
- have a past or current history of significant mental health problems
- have medical conditions either himself or in his family that may be passed on to future children

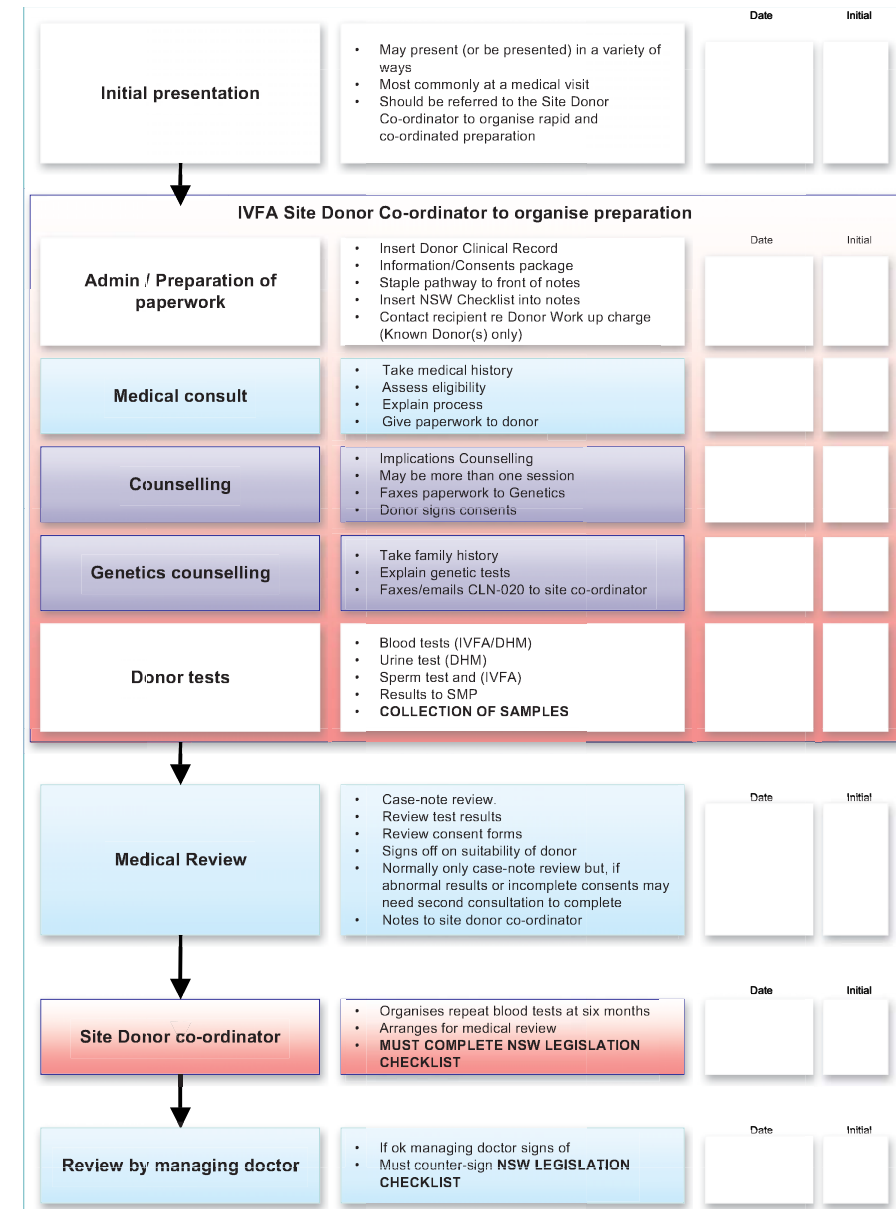
However, patients may have strong and very sound reasons for choosing a particular known donor. We will thus discuss the implications of health or other issues that arise in a possible donor on an individual basis with each donor and the potential recipients.

With all donors, it may become apparent during the assessment process that a man is not suitable to be a sperm donor. When this arises, the issues will first be discussed with the donor. Health or other confidential information about the donor will not be passed onto the recipient without the written consent of the donor. However, if the information would have serious implications for the health of either the recipient or any children and the donor is unwilling to give written consent for this information to be given to the recipients, it may not be possible for the donation to proceed.

Preparation of the donor

It is very important that there is thorough preparation for becoming a known sperm donor. This preparation has a number of important steps. The full process for this is shown in Figure 1.

Figure 1: Known sperm donor preparation



An appointment with an IVFAustralia affiliated fertility specialist

A GP referral is required for this appointment. Our IVFAustralia specialist will take a comprehensive medical history to ensure you are suitable to be a donor, arrange tests to exclude infectious diseases (including HIV/AIDS), to check that the hormones are normal and exclude some major genetic diseases. He or she will also give an overview of the preparation and treatment process and all of the appropriate consent forms.

Implications Counselling with a Fertility Counsellor

You and your spouse (including de-facto) will undertake a thorough counselling process. It is vital that you fully understand the implications of becoming a sperm donor, that you understand the issues that lie ahead and that you make the decision that is right for you in the long term. This will explore your motivation for donating, your expectations for future exchange of information, the legal framework for sperm donation and psychosocial implications of sperm donation.

Genetic Counselling and testing

Careful thought should be given to the implications for you, of the genetic counselling and testing process. Sometimes information will arise that can have important consequences for yourself and your own family.

What is Genetic Counselling?

Genetic counselling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease.

Why is Genetic Counselling important in a donation process?

Genetic counselling will carefully document the genetic background of the sperm donor so that if a child has health problems in the future, they have access to a full account of their genetic background. There is also the opportunity to provide expert advice and support in considering the long-term implications of any genetic information that emerges.

There are some instances where we need particularly detailed information to be recorded and considered, such as a family history of genetic problems, any past complications in partner's pregnancies such as multiple miscarriages, families from some ethnic backgrounds and where the donor is older than usual.

Do I need to prepare for the Genetic Counselling session?

Yes. Prior to the genetic counselling session you will be asked to gather information about your family medical history. Such information is of a very personal and sensitive nature and is often very difficult to gather. However, whatever information you do discover will be valuable to the genetic counselling process and enable the genetic counsellor to make the best use of the genetic counselling session.

To assist and guide your family medical history gathering please refer to the information sheet titled 'Documenting Your Family Medical History'.

What happens during the Genetic Counselling session?

During the session the genetic counsellor will go through the family medical history gathered. This will help you understand the inheritance patterns of any potential disorders and assess

the chances of a child born as a result of your donation being affected with those disorders. The genetic counsellor will distinguish between risks that every pregnancy faces for all couples and risks that are specific to pregnancies that may result from your particular donation.

The genetic counsellor will also discuss with you the specific tests that are planned for you, including the karyotype (chromosome analysis) and the Cystic Fibrosis and Thalassaemia genetic testing performed as a part of the donor assessment process.

Karyotype: The karyotype is able to identify any chromosomal anomalies that may increase the risks of a pregnancy being affected with a severe chromosomal abnormality. For further information, please refer to <http://www.genetics.com.au/factsheet/fs1.html>

Cystic Fibrosis: Cystic Fibrosis is a genetic condition that affects many organs in the body, especially the lungs, pancreas and sweat glands. About 1 in 25 people, of European Caucasian ancestry, are genetic carriers of Cystic Fibrosis and are at increased risk of having a child born with Cystic Fibrosis. For further information, please refer to <http://www.genetics.com.au/factsheet/fs33.html>

Thalassaemia: Thalassaemia is a genetic condition that can lead to serious diseases in the red blood cells. A person who carries only a single thalassaemia gene may have mild anaemia, but usually has good health. At least 1 in 20 adults carry a single gene for this condition, however the chances are higher in certain population groups such as those from Asia, Africa and Southern Europe. For further information, please refer to <http://www.genetics.com.au/factsheet/fs34.html>

Further genetic tests may be needed in some ethnic groups (e.g. Ashkenazi Jews) and, if these are necessary, the genetic counsellor will explain this to you.

Undertake donor blood and sperm tests

In addition to the genetic tests, you will undergo other blood and urine tests to exclude infectious diseases and conditions that might otherwise be passed onto the recipient or her child. We also need to check the quality of your sperm so that we understand the best way of using it to help achieve a pregnancy in the recipient.

Second appointment with an IVFAustralia affiliated specialist for review and treatment plan

Finally, all test results and their findings will be discussed with you. If anything arises during the assessment process that could have serious implications for the health of either yourself, the recipient or any child conceived, the doctor will discuss with you whether you are prepared to consent to the release of that information to the recipient. In some circumstances if the information is serious and you decide not to release that information, it may not be possible to proceed with the sperm donation.

Do remember that all the information collected by us in the course of the medical assessment, the testing and the counselling is strictly confidential and nothing will be passed onto the recipient without your written permission.

What is involved in donating sperm

For a known donor, who is donating to specified recipients, we normally aim to collect 3-4 separate sperm samples but sometimes more may be required.

Quarantine period

The guidelines of the Reproductive Technology Accreditation Committee (RTAC) of The Fertility Society of Australia (FSA) stipulate that donated sperm be quarantined for a 6 month period. The donor is tested for infectious diseases at the time of donation and then again at the end of the 6 months before the treatment cycle can begin. Tests include HIV, hepatitis B, hepatitis C, cytomegalovirus and human lymphotropic virus (a rare cause of cancer of the lymph nodes).

IVFAustralia adheres to the 2007 NSW Assisted Reproductive Technology Act, the practices that have been developed by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA) and the National Health and Medical Research Council (NHMRC). These practices stress the importance of the future welfare of any child born from donor eggs, sperm or embryos. Medical, counselling appointments and the provision of information to sperm donors and recipients before a donation or treatment proceeds, will always take into account the best interests of the future child.

The NSW Donor Registry

Under current NSW law, a child born from donated sperm is deemed to be the child of the recipient couple and, as such, the recipients put their name on the birth certificate. As parents, the recipients have the same rights and obligations as other parents. These rights and responsibilities to the children continue even if the couple separate or divorce. Gamete donation is a specialised area of the law. If you have any concerns in this regard, you should seek your own legal advice. IVFAustralia is not qualified to provide legal advice.

The NSW Assisted Reproductive Technology Act

The NSW Government has implemented the NSW Assisted Reproductive Technology Act, effective from the 1st January 2010.

The NSW legislation has a number of important implications for patients who are considering whether to donate or receive, donated eggs/sperm or embryos.

The main points of the Act are:

- Donated sperm from a single sperm donor is only allowed to create a maximum of five families (including the family/s of the donor).
- When a child is born following treatment with donated sperm, identifying information about the donor of the sperm will be placed on a State registry.
- Once the child is 18 years of age, he or she will have access to this information.

All IVFAustralia donors will be asked to give their consent to this. If the donor is unable or unwilling to give this consent, it will not be possible for their sperm to be used in the medical treatment of another couple.

The Donor Registry will be held at NSW Health in Miller St, North Sydney in strictest confidentiality. In the future, where a person aged 18 or above approaches NSW Health and can prove that he/she is a person who has been conceived from donated sperm, they will be able to obtain access to identifying information about the donor from whose sperm they have been created. No other person will be granted access to this information.

It is important to note that the legislation is not retrospective and does not apply to treatment provided before the 1st January 2010. In addition, there are two continuing exemptions from the Act.

- There is an exemption from the Act for three years for couples who already have a child conceived before 1st January from the same donor.
- Embryos that have been created from donated sperm prior to January 1st 2010 can be used for up to five years to achieve a child.

Arrangements for exchange of information

What information are sperm donors entitled to have about either the recipients or any family born from their donation?

Sperm donors are only entitled to non-identifying information about the recipient families and any offspring born. However, there is little doubt that the voluntary information exchange of a known donor relationship helps the children in the future. In a known donor relationship, the recipient family may often give the donor information about the child although the recipients are not obliged to do this. On request to the clinic, a sperm donor is entitled to be told about the number, gender, and the year of birth of children born to each family using his donation but will not be given any further information without the consent of the recipients of the donation.

What information about the sperm donor is given to offspring or recipient(s)?

The amount of information about the donor given to the offspring and recipients is dependent on the consent of the donor. Most of the time, in a known donor relationship, there is exchange of information between donor and recipient. Often the amount of information exchanged will depend of the level of mutual trust, level of comfort and shared plans regarding the donation and the length of the relationship. The minimum information about the donor that we are obliged to provide to the recipient includes:

- Relevant medical history summary
- A questionnaire completed by the donor (e.g. eye colour, personality traits, education, ethnicity etc)
- Date of sperm collection and suitability for different modalities of treatment
- Last date of contact with the donor

Once the conceived children turn 18 years of age, they will be entitled to identifying information about their donor. This information will be: the donor's full name, date of birth and the last known address. This information will also be provided to and stored with the NSW Donor Registry at the NSW Department of Health.

Having treatment with donor sperm

Who would normally use donated sperm?

The donor sperm program is available to all patients who have received medical advice that it will be the best approach for them. This may occur where the male partner has no sperm or may be done to avoid transmitting genetic disease. Single women and same sex couples are welcome to seek treatment with donor sperm, although it should be noted that there is no Medicare rebate for fertility treatment unless there is a medical cause for the infertility. Donor sperm can be used in conjunction with a donated egg.

For health reasons, treatment with donor sperm is **not** provided to women past the age of the natural menopause (51 completed years).

How can donor sperm be used to achieve a pregnancy?

Donor sperm can be used by you (the female recipient) either by artificial insemination or by IVF. Artificial insemination involves having a sample of the sperm placed into the recipient's uterus by one of our fertility nurses at the right time of the month. Sometimes, fertility drugs may be used to stimulate release of more than one egg.

IVF is a process where higher doses of fertility drugs are used to cause a larger (usually 5- 15) number of eggs to grow. These eggs are then collected from your body and joined with the donated sperm in the laboratory before being replaced back into your body a few days later.

The embryo transfer is done in the unit and is normally a simple painless procedure taking 5- 10 minutes. The embryos are drawn up into a fine plastic catheter, which is passed through the cervix and into the upper uterus where the embryos are slowly expelled. A pregnancy test is done 16 days after the egg collection if you have not had a normal period.

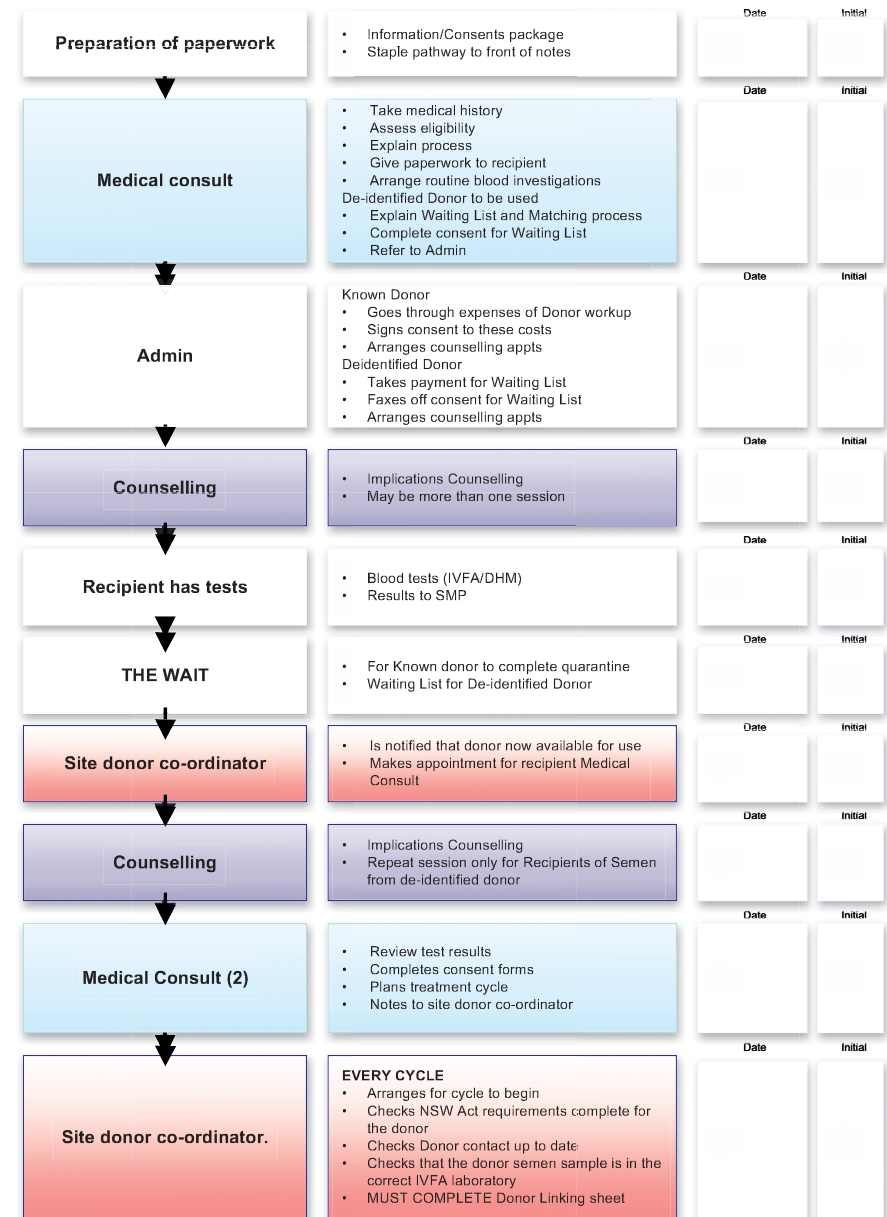
IVF is normally a more intense (and thus more expensive) form of treatment but carries a significantly higher pregnancy rate than artificial insemination.

Your IVFAustralia fertility specialist will advise you about the best method of treatment for you.

The process for the recipients (See Figure 2)

1. An appointment with an IVFAustralia specialist (GP referral required) who will take a comprehensive medical history. The ART information booklet and all appropriate consent forms are provided along with a preliminary discussion regarding the implications. If the potential recipient does not have a known donor, suggestions will be provided on methods of finding and selecting a donor. This may be further explored in additional counselling sessions, if requested by the recipient. (Information on how to approach a potential sperm donor is provided at the end of this document.)

Figure 2: Donated sperm recipient preparation



- 2. Implications counselling usually two individual appointments for the recipient and their spouse** (including de-facto) are held with our Fertility Counsellor (available at all of our clinics). The background to the donation, complex emotional and social issues are discussed as well as the legal framework, donor registry, consent implications and plans for future exchange of information and contact. These individual sessions are usually followed by a joint session with the donor and his spouse (including de-facto). The Fertility Counsellor signs and collects the consent form, which will be later discussed and signed with the treating specialist.
- 3. Routine cycle blood tests for recipients** are conducted to screen for any infectious diseases or conditions. There is also a waiting period of 3-6 weeks to wait for the results of the genetic tests for the donor to be returned.
- 4. Six month sperm quarantine period** the guidelines, of the Reproductive Technology Accreditation Committee (RTAC) of The Fertility Society of Australia (FSA), stipulate that donated sperm be quarantined for a 6-month period. The donor is tested for infectious diseases before the cycle and then again at the end of the 6 months. Tests include HIV, hepatitis B, hepatitis C, cytomegalovirus and human lymphotropic virus (a rare cause of cancer of the lymph nodes).
- 5. Follow up medical appointment** with your IVFAustralia specialist to discuss any further issues, clarify any medical procedures, have a baseline ultrasound (all discussed in the Patient Information Handbook) and review and sign the appropriate consent forms. Both partners are again required to attend. At this time the gynecologist will plan the treatment cycle. In many cases, they will plan for hormone preparation of the uterus to make it more receptive to the embryo – this procedure is also outlined in the Patient Information Handbook.
- 6. Nursing orientation** will provide very detailed information on the steps, medications, dates and medical procedures involved in the treatment process. A timeline of approximate dates will be calculated and provided during the orientation process. Medications for beginning the cycle will be provided at the orientation.
- 7. Start treatment**

What does sperm donation treatment cost?

The recipient is required to pay for all the costs of the donor's assessment and treatment. There are several separate components to the costs of treatment with donor sperm.

Donor preparation expenses

This includes the expenses involved in counselling, genetic counselling and medical testing of the donor. This is covered by a single charge that is payable at the time of the initial medical consultation of the donor. There is a specific consent form for these charges that outlines the individual expenses involved.

The charge for these expenses is non-refundable even if the donor does not continue with the donation.

This charge does NOT include the costs of medical assessment of the donor (i.e. doctor consultation). The donor will normally be invoiced for these services at the point of provision and the recipient may be required to reimburse the donor.

Once the donation is complete, you will also be liable for ongoing storage fees for any remaining donated gametes or embryos in storage.

Costs for the cycle

The costs for the actual donor sperm treatment cycle depend on the type of treatment involved. The Unit Administration Manager will normally go through these in detail with you before a cycle is started.

Recipients of donated sperm will be charged a set storage fee every six months to keep all the straws of sperm in storage. When you have treatment you will be charged for the cost of that treatment (e.g. IVF, artificial insemination) but you will not be charged any additional fees for using donated sperm.



Thinking it over

Implications to consider for potential donors and recipients

When deciding to become a sperm donor or recipient there are many psychological, legal and ethical factors to consider. Your IVFAustralia counsellor will help take you through many of these implications to assist you in coming to a fully informed decision. Many people will have already researched and discussed the implication of donating or utilising donor sperm before beginning the formal process with IVFAustralia. Your counsellor is required by the current legislation and RTAC guidelines to demonstrate that potential donors and recipients have discussed and understood a range of topics relevant to the welfare of any potential child created from donation, the donor, the recipients and any children currently in the families involved.

Social Issues

- The welfare of the child is important and this includes any current children of the recipients or donors.
- Current research and the experiences of offspring conceived through donation suggest that children should be told of their biological origins and that secrecy can have adverse effects on family relationships.
- Advice on how and when to tell children about their genetic origins is available from your counsellor.
- Consider your own, your partner's and your family's expectations around future contact, exchange of information and roles in relation to children born. Consider many similarities or differences there are in these expectations between all parties.
- How ready are you and your partner for proceeding with sperm donation / or creating a family with the assistance of sperm donation. Is your partner just as ready as you?
- How well do the donor's stated preferences for future exchange of information and contact match your expectations?
- Take your time in deciding on sperm donation. Particularly to come to terms with infertility, grieve the loss of the ability to pass on your genes and weigh donor sperm options with other options like adoption.
- It is normal to have fears about doing something new and unexpected. Studies of families with children conceived with the assistance of donated eggs and sperm show that most families are just as happy as other families (and may even feel they value their children more because they have been so long in the making!) and that they are usually comfortable with their choice of donor conception.

Medical Issues

- The donor is entitled to all results of his blood tests and investigations. If new medical information about the donor arises during the course of the assessment, medical and counselling support will be provided.
- If IVFAustralia becomes aware of any hereditary medical or genetic condition arising in either a donor or any child, other families created through that donor's sperm will also be notified.

Asking a person to be a known sperm donor

Some recipient(s) may prefer to try and have a child using a known sperm donor, who could be an acquaintance, friend or family member. The following points may be useful in deciding whether a person could be a suitable Donor for you, including how to approach the topic of them possibly donating semen.

- Consider what criteria you might be looking for in a donor, for example what level of involvement do you wish to have with the donor after a potential child is born? How important are aspects such as the donor's appearance, religion, personal characteristics, morals and beliefs, level of education etc
- What motivations of the person donating are important to you?
- What is in the best interests of a potential child in terms of their relationship with the donor? Is it possible for these conditions to be met by the donor you are contemplating?
- Would the donor feel like they were under some type of obligation to donate to you, whether you intend it or not?
- What factors would exclude someone potentially becoming a donor for you?
- If you feel you cannot approach the person directly initially, see if you can gauge what their thoughts are on assisted reproduction, particularly the need for donated gametes. You may be able to gain insight by talking to people who know them well, but be mindful of the donor's feelings.
- Keep in mind if you find it difficult to approach a person, how would it be to tell a potential child?
- Consider the time and the place that you wish to initially broach the topic of donation so you both feel comfortable.
- Try and include their partner in conversations too and get a clear understanding of how each person feels about the decision. It is important to be open and honest. Partner's consent is also required if your potential donor is to proceed.
- Allow your potential donor and their partner plenty of time and space to make their decision. Let them know you are open to discussing your expectations and theirs in relation to the future. Let them know it is O.K. if they do not want to go ahead.

Further information

Weblinks

IVFAustralia www.ivf.com.au

ACCESS Infertility Support www.access.org.au

NSW Health <http://www.health.nsw.gov.au/aboutus/legal/art.asp> for information about the NSW Donor Registry

Donor Conception Support Group (Australia) www.dcs.org.au

Donor Conception Network (United Kingdom) www.donor-conception-network.org There are a series of booklets titled 'Talking and Telling' available for free Download which consider many aspects of Disclosure

Gay and Lesbian Rights Lobby <http://gtrl.org.au>

Rainbow Families Council <http://rainbowfamilies.org.au> (Victorian Organisation)

Books

Daniels, Kenneth. (2004). **Building a Family with the Assistance of Donor Insemination.** Palmerston North: Dunmore Press. ISBN 0864694717

Lorbach, Caroline (2003). **Experiences of Donor Conception: Parents, Offspring and Donors through the Years.** London: Jessica Kingsley Publishers. ISBN 184310122

Grimes, J. **Before you were Born... X, Y and Me** <http://www.xyandme.com/XYMe-Books.htm>
Books are written with many variations including a baby born from IVF, donor insemination, frozen embryo, donor egg, donor sperm (IVF), donor embryo and same sex female parents, same sex male parents.

Single Women

Mattes, Jane. (1994). **Single Mothers by Choice: A Guidebook for Single Women Who Are Considering or Have Chosen Motherhood** USA: Three Rivers Press. ISBN: 0812922468

Morrisette, Mikki (2008) **Choosing Single Motherhood: The Thinking Woman's Guide.**

Same Sex Couples

Mohler, Marie., & Frazer, Lacy. (2002). **A Donor Insemination Guide: Written by and for Lesbian Women.** New York: Haworth Press. ISBN 1560232277

Aizley, Harlyn. (Ed.) **Confessions of the Other Mother: Nonbiological Lesbian Moms Tell All!**

Aizley, Harlyn **Buying Dad: One Woman's Search for the Perfect Sperm Donor**

Peters, Julie Anne. **Between Mom and Jo.**

Garner, Abigail. **Families Like Mine: Children of Gay Parents Tell It Like It Is.**

Gillespie, Peggy. (Ed.) **Love Makes a Family: Portraits of Lesbian, Gay, Bisexual, and Transgender Parents and Their Families.**

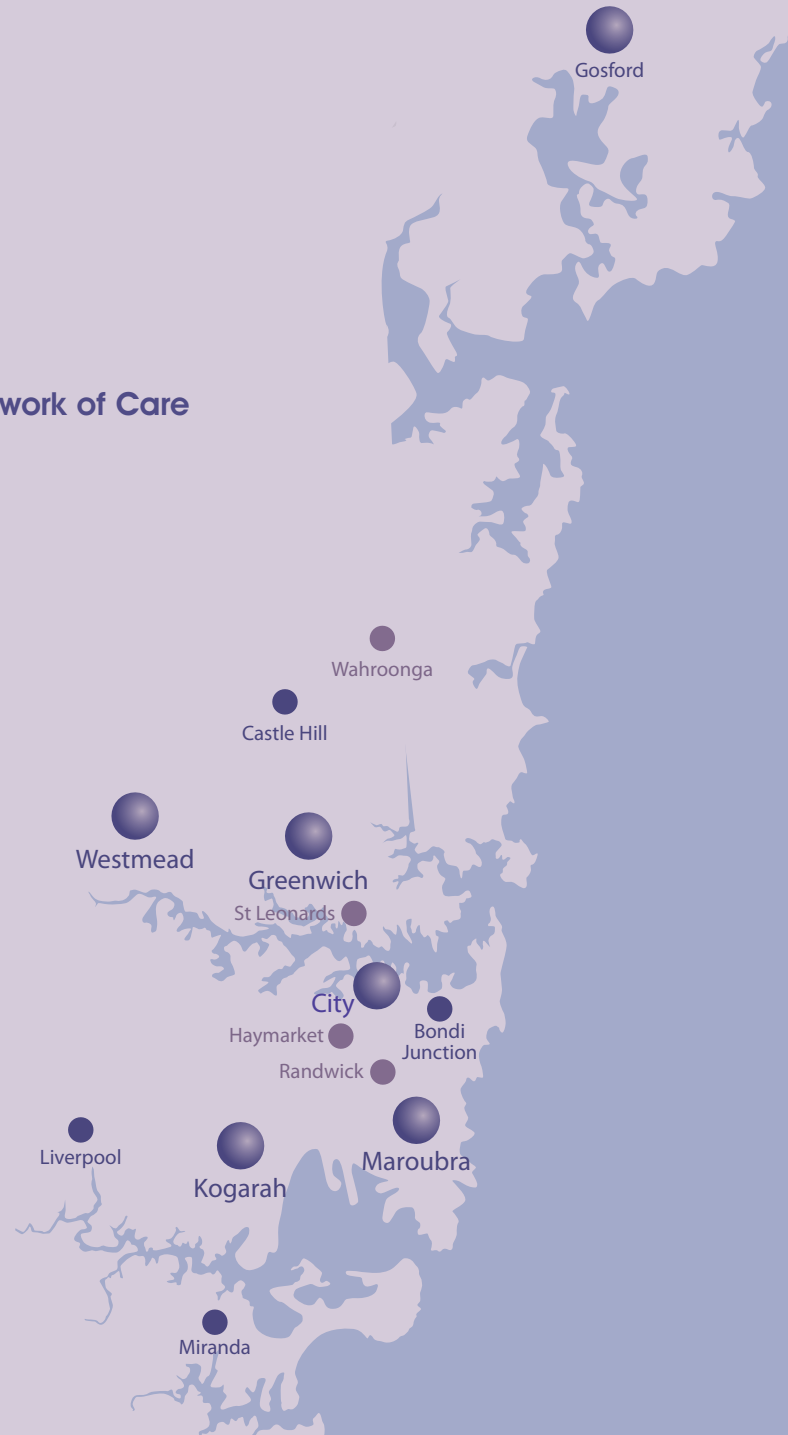


IVFAustralia's Network of Care

PUBLIC INFORMATION

1800 111 IVF

WWW.IVF.COM.AU



Sperm Donation



PUBLIC INFORMATION 1800 111 IVF
WWW.IVF.COM.AU



IVFAustralia
Excellence in fertility care

Introduction

Sperm donation is a very important part of fertility treatment. Couples who use sperm donation as a form of treatment usually have almost no chance of becoming pregnant without this option. The gift of donated sperm can thus be one of the greatest gifts of all, giving the recipients a chance, that they would otherwise be very unlikely to have, of becoming parents. IVFAustralia's donor program facilitates treatment with known or deidentified sperm donors. This booklet explains the treatment program for de-identified sperm donation. IVFAustralia has a carefully organised system, including a waitlist, to ensure fair and non-discriminatory access of women to treatment with de-identified sperm.

However, sperm donation is also a particularly emotional and complex form of treatment and becoming a sperm donor has serious long-term implications for the donor and his own family. It is for this reason that we, at IVFAustralia, follow a meticulous process of preparation for donor insemination. This process involves thorough medical assessment, detailed testing and extended counselling of all parties involved in the sperm donation, including both of the recipients, the donor and the donor's family.

In the past, donor insemination was based on the principle of anonymity. In contrast, a much more open approach is, nowadays, favoured. All sperm donors are now required to make their identity available to the children conceived from sperm donation when they reach 18 years. The donor must also give written informed consent to his name being included on the NSW State Donor Registry which ensures donors are recorded and only able to help create five families. One consequence of this is that many fewer sperm donors now come forward and so we have established a carefully organised system, including a waitlist, to ensure fair and non-discriminatory access of women to treatment with de-identified sperm donation.

The most important aspect of preparation for sperm donation, and the purpose of this information document, is to ensure that everyone involved makes the right decisions for themselves and their family: decisions that they will be comfortable with in 15 years time. So, before beginning treatment, we will spend a lot of time going through the social, emotional and legal issues with you. We will also assist you in considering the potential implications for you, your family and any children involved. We do hope that this information will help you in making the right decision for you.

General Information

What is sperm donation?

Sperm donation refers to the use of sperm, which has been donated by a third person or 'donor' to assist an individual or couple, known as **recipient(s)**, in their attempt to become parents. Donors are classified as either **known** or **de-identified** depending on the type of relationship between the Donor and Recipient(s).

De-identified sperm donation is where the identity of the donor is not known to any recipient, although identifying information will be made available for later access by the offspring once they reach the age of 18 years. The donated sperm is available for treatment of any IVFAustralia patient and up to five families can be created from one donor (including their own existing family/s). Known sperm donation is covered in a separate booklet: *Sperm Donation: using a known sperm donor*.

Known sperm donation is where the identity of the donor is known by the recipient(s) and commonly where the donor and recipient have an existing relationship. A known donor may be a friend, colleague or family member. The donated sperm is thus only used for the treatment of one (or more) specific individuals.

The donor must give explicit written consent to providing identifying information to any offspring from his donation once they reach 18 years of age. He must also give written informed consent to his name being included on, and supply medical information to, the NSW State Donor Registry.

It is a national requirement in Australia that all donated sperm samples must be kept quarantined (frozen) for six months and will not be released for treatment of recipients until follow-up testing (as below) is complete.

How can I become a sperm donor?

If you are interested in becoming a de-identified sperm donor, please contact us at IVFAustralia on **1800 111 483** and we will be pleased to arrange for our Donor Co-ordinator to talk to you on the telephone about becoming a sperm donor. It is very important that there is thorough preparation for becoming a de-identified sperm donor. This preparation has a number of important objectives.

Can I be paid to be a sperm donor?

No. It is illegal in Australia to receive or make any type of payment for human tissue, including donated sperm. IVFAustralia will pay expenses directly incurred in making the donation (e.g. travel, parking) but will not compensate donors for lost time at work.

Can sperm donors stipulate preferences about who receives their sperm sample?

Yes. According to the 2007 ART legislation and 2009 regulations, donors are able to state preferences on the use of their sperm donation. For example, there are very different long-term implications of donation to a couple with no father figure, such as a single woman or a same-sex couple. Our counsellor will discuss these aspects with you.

Informed Consent

The most important aspect of preparation for sperm donation, and the purpose of this information document, is to ensure that everyone involved makes the right decisions for themselves and their family; decisions that they will be comfortable with in 15 years time. So, before beginning treatment, we will spend a lot of time going through the social, emotional and legal issues with you. We will also assist you in considering the potential implications for you, your family and any children involved. Donors, recipients and people born all have rights and responsibilities and we will strongly encourage you to think ahead into the future. We do hope that this information will help you in making the right decision for you.

Withdrawal of consent by the donor

Sperm donors continue to 'own' their own sperm, even though the sperm is held within an IVFAustralia Laboratory. Donors can therefore withdraw their consent at any time to any future use of their sperm.

Becoming a sperm donor

Eligibility criteria

IVFAustralia adheres to the practices that have been developed by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA) and the National Health and Medical Research Council (NHMRC) and the 2007 NSW Assisted Reproductive Technology Act and the 2009 Regulations for this Act. These practices stress the importance of the future welfare of any child born from donor gametes or embryos. Medical, counselling appointments and the provision of information to sperm donors and recipients before a donation or treatment proceeds, will always take into account the best interests of the future child.

Donors are required to undergo rigorous medical assessment and blood testing. This is to try and prevent any potential infections and genetic conditions from being transmitted to either the recipient(s) or any children conceived.

IVFAustralia will only accept de-identified sperm donors who:

- are between 18 and 50 years of age
- have not previously donated sperm to another family
- have no past or current history of significant mental health problems
- have no significant medical conditions either himself or in his family that may be passed on to future children
- have no infective conditions that may be passed onto the recipient of the donation

Where any other information emerges that may have significance for the future health of a conceived child, the donor will be asked to give his permission for this to be released to the recipients. If the donor gives his permission for this, the information, will be made available to the recipients before they decide to accept the donation. If the donor does not give his permission for this information to be released, we would be unable to accept his donation.

Preparation for sperm donation

Becoming a sperm donor involves a medical interview, followed by counselling sessions, genetic counselling and blood tests. The full process for this is shown in Figure 1.

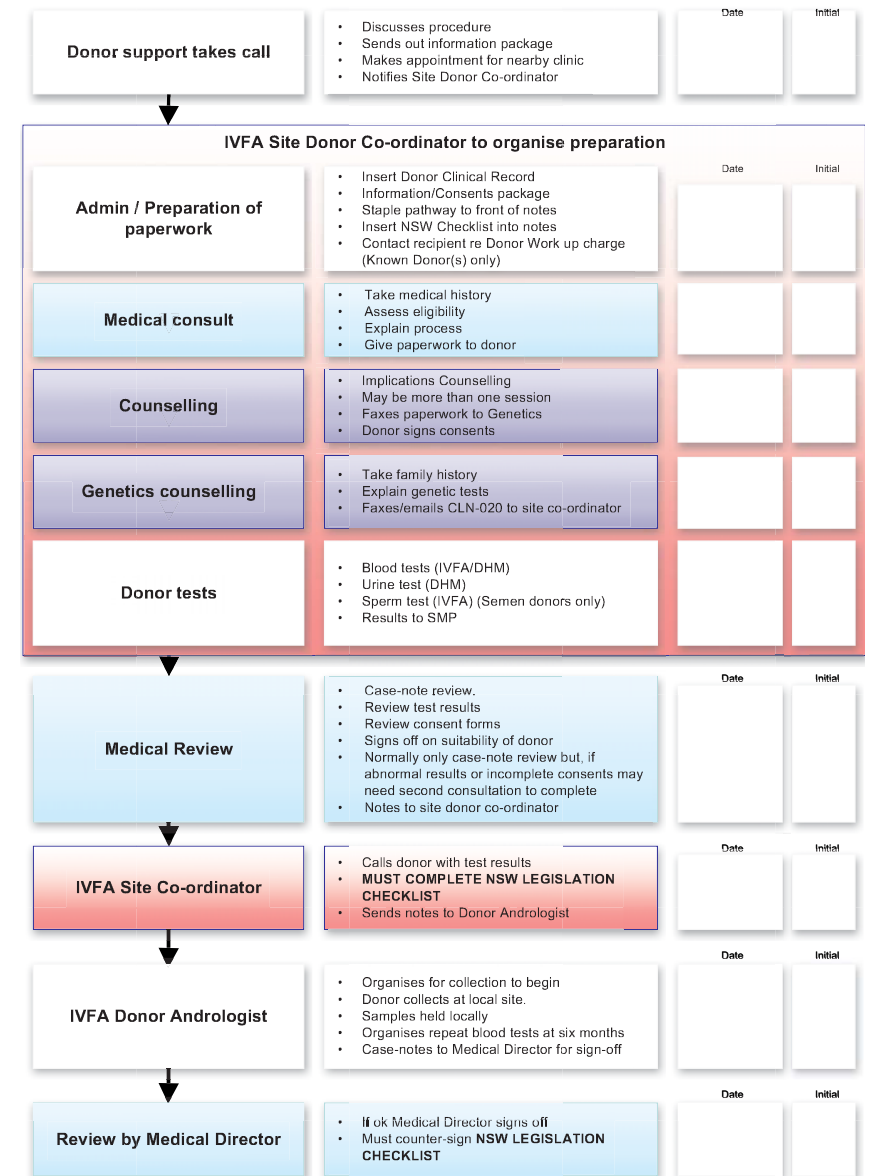
An appointment with an IVFAustralia affiliated fertility specialist (GP referral required)

Our IVFAustralia specialist will take a comprehensive medical history to ensure you are suitable to be a donor, arrange tests to exclude infectious diseases (including HIV/AIDS), to check that the hormones are normal and exclude some major genetic diseases. He or she will also give an overview of the preparation and treatment process and all of the appropriate consent forms.

Implications Counselling with a Fertility Counsellor

You and your spouse (including de-facto) will undertake a thorough counselling process. It is vital that you fully understand the implications of becoming a sperm donor, that you understand the issues that lie ahead and that you make the decision that is right for you.

Figure 1: De-identified sperm donor preparation



Implications counselling will explore your motivation for donating, your expectations for future exchange of information, the legal framework for sperm donation and psychosocial implications of sperm donation.

Genetic counselling and testing

Careful thought should be given to the implications for you, the donor, of the genetic counselling and testing process. Sometimes information will arise that can have important consequences for yourself and your own family.

What is Genetic Counselling?

Genetic counselling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease.

Why is Genetic Counselling important in a donation process?

Genetic counselling will carefully document the genetic background of the sperm donor so that if a child has health problems in the future, they have access to a full account of their genetic background. There is also the opportunity to provide expert advice and support in considering the long-term implications of any genetic information that emerges. There are some instances where we need particularly detailed information to be recorded and considered, such as a family history of genetic problems, any past complications in partner's pregnancies such as multiple miscarriages, families from some ethnic backgrounds and where the donor is older than usual.

Do I need to prepare for the Genetic Counselling session?

Yes. Prior to the genetic counselling session you will be asked to gather information about your family medical history. Such information is of a very personal and sensitive nature and is often very difficult to gather. However, whatever information you do discover will be valuable to the genetic counselling process and enable the genetic counsellor to make the best use of the genetic counselling session.

To assist and guide your family medical history gathering please refer to the information sheet titled *Documenting Your Family Medical History*.

What happens during the Genetic Counselling session?

During the session the genetic counsellor will go through the family medical history gathered. This will help you understand the inheritance patterns of any potential disorders and assess the chances of a child born as a result of your donation being affected with those disorders. The genetic counsellor will distinguish between risks that every pregnancy faces for all couples and risks that are specific to pregnancies that may result from your particular donation.

The genetic counsellor will also discuss with you the specific tests that are planned for you, including the karyotype (chromosome analysis) and the Cystic Fibrosis and Thalassaemia genetic testing performed as a part of the donor assessment process.

Karyotype: The karyotype is able to identify any chromosomal anomalies that may increase the risks of a pregnancy being affected with a severe chromosomal abnormality. For further information, please refer to <http://www.genetics.com.au/factsheet/fs1.html>

Cystic Fibrosis: Cystic Fibrosis is a genetic condition that affects many organs in the body, especially the lungs, pancreas and sweat glands. About 1 in 25 people of European Caucasian ancestry are genetic carriers of Cystic Fibrosis and are at increased risk of having a child born with Cystic Fibrosis. For further information, please refer to <http://www.genetics.com.au/factsheet/fs33.html>

Thalassaemia: Thalassaemia is a genetic condition that can lead to serious diseases in the red blood cells. A person who carries only a single thalassaemia gene may have mild anaemia, but usually has good health. At least 1 in 20 adults carry a single gene for this condition, however the chances are higher in certain population groups such as those from Asia, Africa and Southern Europe. For further information, please refer to <http://www.genetics.com.au/factsheet/fs34.html>

Further genetic tests may be needed in some ethnic groups (e.g. Ashkenazi Jews) and, if these are necessary, the genetic counsellor will explain this to you.

Undertake donor blood and sperm tests

In addition to the genetic tests, you will undergo other blood and urine tests to exclude infectious diseases and conditions that might otherwise be passed onto the recipient or her child. We also need to check the quality of your sperm so that we understand the best way of using it to help achieve a pregnancy in the recipient.

Reviews of test results and suitability

Finally, all test results and their findings will be discussed with you. If anything arises during the assessment process that could have serious implications for the health of the sperm donor recipients, the donor or any child conceived, the doctor will discuss this. Potential sperm donors will be asked whether they are prepared to consent to release that health information to potential recipients. In some circumstances if the information is serious and donors decide not to release that information, it may not be possible to proceed with the sperm donation.

Do remember that all the information collected by us in the course of the medical assessment, the testing and the counselling is strictly confidential and nothing will be passed onto the recipient without your written permission.

What is involved in donating sperm?

For a de-identified sperm donor, whose samples will be used to create up to five families (including their own), we normally aim to collect 10-12 separate sperm samples, although sometimes more may be required. This will require multiple visits to the clinic to make the donations.

Quarantine period

The guidelines, of the Reproductive Technology Accreditation Committee (RTAC) of The Fertility Society of Australia (FSA), stipulate that donated sperm be quarantined for a 6 month

period. The donor is tested for infectious diseases at the time of donation and then again at the end of the 6 months before the sperm can be donated to a recipient for use in a treatment cycle. Tests include HIV, hepatitis B, hepatitis C, and human lymphotropic virus (a rare cause of cancer of the lymph nodes).

The NSW Donor Registry

Under current NSW law, a child born from donated sperm is deemed to be the child of the recipient couple and, as such, the recipients put their name on the birth certificate. As parents, the recipients have the same rights and obligations as other parents. These rights and responsibilities to the children continue even if the couple separate or divorce. Gamete donation is a specialised area of the law. If you have any concerns in this regard, you should seek your own legal advice. IVFAustralia is not qualified to provide legal advice.

The NSW Assisted Reproductive Technology Act.

The NSW Government has implemented the NSW Assisted Reproductive Technology Act, effective from the 1st January 2010.

The NSW legislation has a number of important implications for patients who are considering whether to donate or receive, donated eggs/sperm or embryos.

The main points of the Act are:

- Donated sperm from a single sperm donor is only allowed to create a maximum of five families (including the family/s of the donor).
- When a child is born following treatment with donated sperm, identifying information about the donor of the sperm will be placed on a State registry.
- Once the child is 18 years of age, he or she will have access to this information.

All IVFAustralia donors will be asked to give their consent to the above. If the donor is unable or unwilling to give this consent, it will not be possible for their sperm to be used in the medical treatment of another couple.

The Donor Registry will be held at NSW Health in Miller St, North Sydney in strictest confidentiality. In the future, where a person aged 18 or above approaches NSW Health and can prove that he/she is a person who has been conceived from donated sperm, they will be able to obtain access to identifying information about the donor from whose sperm they have been created. No other person will be granted access to this information.

It is important to note that the legislation is not retrospective and does not apply to treatment provided before the 1st January 2010. In addition, there are two continuing exemptions from the Act.

- There is an exemption from the Act for three years for couples who already have a child conceived before 1st January from the same donor.
- Embryos that have been created from donated sperm prior to January 1st 2010 can be used for up to five years to achieve a child.

Arrangements for exchange of information

What information are sperm donors entitled to have about either the recipients or any family born from their donation?

Sperm donors are only entitled to non-identifying information about the recipient families and any offspring born. On request to the clinic, a sperm donor is entitled to be told about the number, gender, and the year of birth of children born to each family using his donation but will not be given any further information without the consent of the recipients of the donation. If both donors and recipients consent, it is possible for the voluntary exchange of information, according to the wishes of each party.

What information about the sperm donor is given to offspring or recipient(s)?

The **minimum** information about the donor that we are obliged to provide to the recipient includes:

- Relevant medical history summary
- A questionnaire completed by the donor (e.g. eye colour, personality traits, education, ethnicity etc)
- Date of sperm collection and suitability for different modalities of treatment
- Last date of contact with the donor

However, the amount of information about the donor given to the offspring and recipients is dependent on the consent of the donor.

Once the conceived children turn 18 years of age, they will be entitled to identifying information about their donor. This information will be: the donor's full name, date of birth and the last known address. This information will also be provided to and stored with the NSW Donor Registry at the NSW Department of Health.



Having treatment with donor sperm

Who would normally use donated sperm

The donor sperm program is available to all patients who have received medical advice that it will be the best approach for them. This may occur where the male partner has no sperm or may be done to avoid transmitting genetic disease. Single women and same sex couples are welcome to seek treatment with donor sperm, although it should be noted that there is no Medicare rebate for fertility treatment unless there is a medical cause for the infertility. Donor sperm can be used in conjunction with a donated egg.

As our donations are primarily received for treatment of local patients, we will only make sperm donated by our sperm donors available to patients from Australasia and the associated regions. We will not normally make Australian sperm donors available to women from further afield than this.

For health reasons, treatment with donor sperm is **not** provided to women past the age of the natural menopause (51 completed years).

How can donor sperm be used to achieve a pregnancy?

Donor sperm can be used by you (the female recipient) either by artificial insemination or by IVF. Artificial insemination involves having a sample of the sperm placed into your uterus by one of our fertility nurses at the right time of the month. Sometimes, fertility drugs may be used to stimulate release of more than one egg.

IVF is a process where higher doses of fertility drugs are used to cause a larger (usually 5 - 15) number of eggs to grow. These eggs are then collected from your body and joined with the donated sperm in the laboratory before being replaced back into your body a few days later.

The embryo transfer is done in the unit and is normally a simple painless procedure taking 5-10 minutes. The embryos are drawn up into a fine plastic catheter, which is passed through the cervix and into the upper uterus where the embryos are slowly expelled. A pregnancy test is done 16 days after the egg collection if you have not had a normal period.

IVF is normally a more intense (and thus more expensive) form of treatment but carries a significantly higher pregnancy rate than artificial insemination. Your IVFAustralia fertility specialist will advise you about the best method of treatment for you.

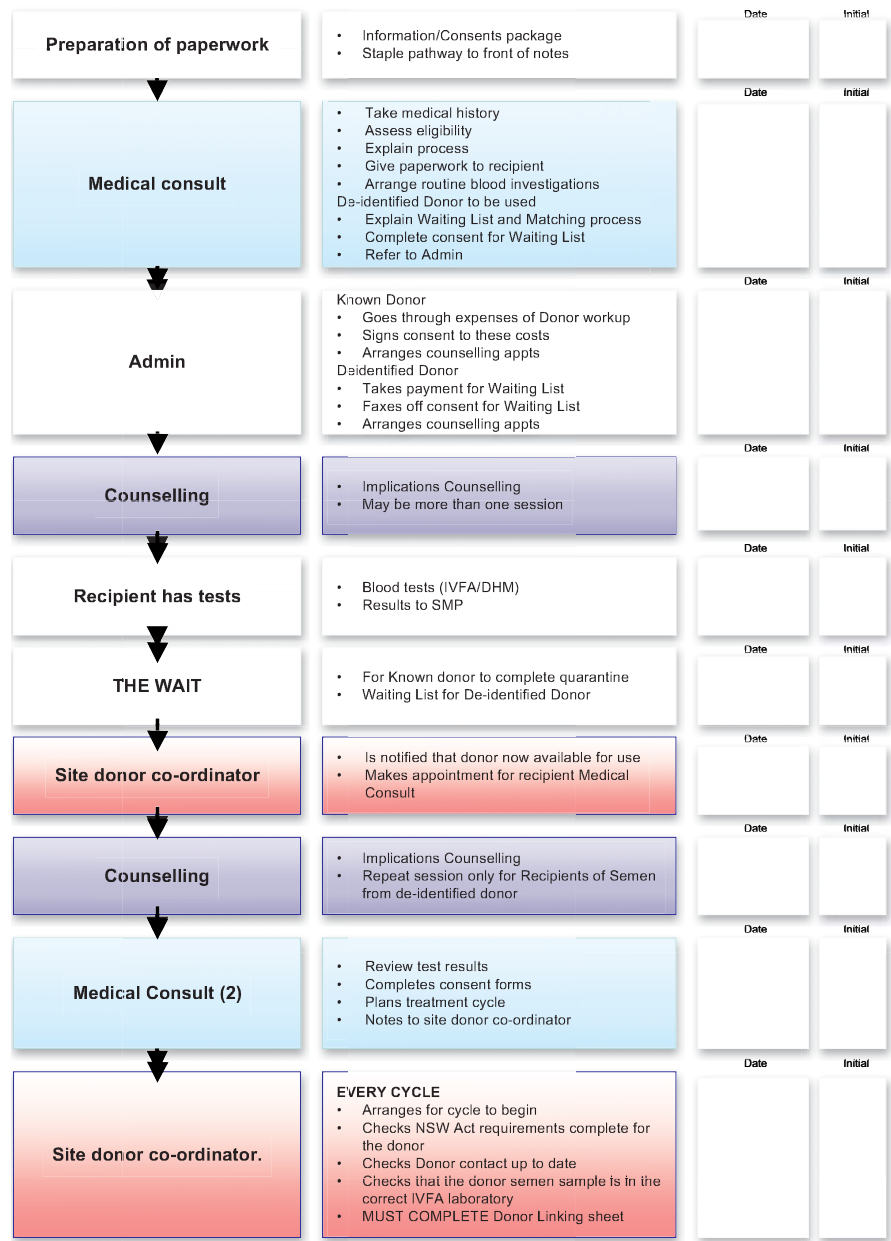
The process for the recipients

(see over Figure 2)

- 1. An appointment with an IVFAustralia specialist** (GP referral required) who will take a comprehensive medical history. The ART information booklet and all appropriate consent forms are provided along with a preliminary discussion regarding the implications. The IVFAustralia specialist will explain how the sperm donation waiting list works will complete the application to join the waiting list with you. They will also consider whether the sperm donation program is suitable for you. As required they will explain the sperm donation process and the process for screening and preparation before undertaking treatment. The specialist will provide you with consent forms to review and arrange for routine blood investigations.
- 2. Implications counselling.** Usually two individual appointments for the recipient and their spouse (including de-facto) are held with our Fertility Counsellor (available at all of our clinics). The background to the donation, including the complex emotional and social issues, is discussed, as well as the legal framework, donor registry, consent implications and expectations for the future. The Fertility Counsellor signs and collects the consent form, which will be later discussed and signed with the treating specialist.
- 3. Routine cycle blood tests for recipients** are conducted to screen for any infectious diseases or conditions. There is also a waiting period of 3-6 weeks to wait for the results of the genetic tests for the donor to be returned.
- 4. Wait for donated sperm to become available.** The guidelines, of the Reproductive Technology Accreditation Committee (RTAC) of The Fertility Society of Australia (FSA), stipulate that donated sperm be quarantined for a 6-month period. The donor is tested for infectious diseases before the cycle and then again at the end of the 6 months. Tests include HIV, hepatitis B, hepatitis C, cytomegalovirus and human lymphotropic virus (a rare cause of cancer of the lymph nodes).
- 5. Follow up medical appointment** with your IVFAustralia specialist to discuss any further issues, clarify any medical procedures, have a baseline ultrasound (all discussed in the Patient Information Handbook) and review and sign the appropriate consent forms. Both partners are again required to attend. At this time the specialist will plan the treatment cycle. In many cases, they will plan for hormone preparation of the uterus to make it more receptive to the embryo – this procedure is also outlined in the Patient Information Handbook.
- 6. Nursing orientation** will provide very detailed information on the steps, medications, dates and medical procedures involved in the treatment process. A timeline of approximate dates will be calculated and provided during the orientation process. Medications for beginning the cycle will be provided at the orientation.
- 7. Start treatment**



Figure 2: Donated sperm recipient preparation



How does the waitlist work?

If there are no suitable de-identified donors currently available for a recipient, there may be an option to join the IVFAustralia waitlist. You will be required to sign the waitlist agreement and pay a non-refundable administration fee.

The waitlist agreement allows people to remain on the list for a maximum of three years. If you still wish to remain on the waitlist after that time, you are allowed to do so but you need to see your IVFAustralia specialist to review your case and discuss the likelihood of ever obtaining sperm from IVFAustralia.

When you reach the top of the waitlist, you will be offered a Treatment Spot (see below) with a specified donor. If you are not happy with that donor, you can decline treatment with that donor or any others offered to you, without losing your place at the top of the waitlist.

What is a Treatment Spot?

Once you accept a Treatment Spot, you will be able to have up to THREE cycles of treatment (of any kind) using sperm from that donor. If you do not have a baby within these three cycles, you would be required to rejoin the waitlist at the bottom if you wish to have further treatment.

Unfortunately, due to the shortage of de-identified sperm donors, and individuals' preferences, a place on the waitlist does NOT guarantee that a recipient will receive treatment using donated sperm.

What does sperm donation with a de-identified donor cost?

Contribution to the expenses of preparing the donor

The recipient is required to make a contribution at each cycle of treatment to the costs of the donor's assessment and treatment. This includes the expenses involved in counselling, genetic counselling and medical testing a sperm donor. To comply with relevant Australian legislation that prohibits trading in human sperm, these expenses are calculated at cost recovery rates only.

Costs for the treatment cycle

The costs for the actual donor sperm treatment cycle depend on the type of treatment involved. The Unit Administration Manager will normally go through these in detail with you before a cycle is started.

Thinking it over

Implications to consider for potential donors and recipients

When deciding to become a sperm donor or recipient there are many psychological, legal and ethical factors to consider. Your IVFAustralia counsellor will help take you through many of these implications to assist you in coming to a fully informed decision.

Many people will have already researched and discussed the implication of donating or utilising donor sperm before beginning the formal process with IVFAustralia. Your counsellor is required by the current legislation and RTAC guidelines to demonstrate that potential donors and recipients have discussed and understood a range of topics relevant to the welfare of any potential child created from donation, the donor, the recipients and any children currently in the families involved.

Social issues

- The welfare of the child is important and this includes any current children of the recipients or donors.
- Current research and the experiences of offspring conceived through donation suggest that children should be told of their biological origins and that secrecy can have adverse effects on family relationships.
- Advice on how and when to tell children about their genetic origins is available from your counsellor.
- How ready are you and your partner for proceeding with sperm donation / or creating a family with the assistance of sperm donation. Is your partner just as ready as you?
- How well do the donor's stated preferences for future exchange of information and contact match your expectations?
- Take your time in deciding on sperm donation. Particularly to come to terms with infertility, grieve the loss of the ability to pass on your genes and weigh donor sperm options with other options like adoption.
- It is normal to have fears about doing something new and unexpected. Studies of families with children conceived with the assistance of donated eggs and sperm show that most families are just as happy as other families (and may even feel they value their children more because they have been so long in the making!) and that they are usually comfortable with their choice of donor conception.

Medical issues

- The donor is entitled to all results of his blood tests and investigations. If new medical information about the donor arises during the course of the assessment, medical and counselling support will be provided.
- If IVFAustralia becomes aware of any hereditary medical or genetic condition arising in either a donor or any child, other families created through that donor's sperm will also be notified.



Further information

Weblinks

IVFAustralia www.ivf.com.au

ACCESS Infertility Support www.access.org.au

NSW Health <http://www.health.nsw.gov.au/aboutus/legal/art.asp> for information about the NSW Donor Registry

Donor Conception Support Group (Australia) www.dcs.org.au

Donor Conception Network (United Kingdom) www.donor-conception-network.org There are a series of booklets titled 'Talking and Telling' available for free Download which consider many aspects of Disclosure

Gay and Lesbian Rights Lobby <http://grrl.org.au>

Rainbow Families Council <http://rainbowfamilies.org.au> (Victorian Organisation)

Books

Daniels, Kenneth. (2004). **Building a Family with the Assistance of Donor Insemination.** Palmerston North: Dunmore Press. ISBN 0864694717

Lorbach, Caroline (2003). **Experiences of Donor Conception: Parents, Offspring and Donors through the Years.** London: Jessica Kingsley Publishers. ISBN 184310122

Grimes, J. **Before you were Born... X, Y and Me** <http://www.xyandme.com/XYMe-Books.htm>
Books are written with many variations including a baby born from IVF, donor insemination, frozen embryo, donor egg, donor sperm (IVF), donor embryo and same sex female parents, same sex male parents.

Single Women

Mattes, Jane. (1994). **Single Mothers by Choice: A Guidebook for Single Women Who Are Considering or Have Chosen Motherhood** USA: Three Rivers Press. ISBN: 0812922468

Morrisette, Mikki (2008) **Choosing Single Motherhood: The Thinking Woman's Guide.**

Same Sex Couples

Mohler, Marie., & Frazer, Lacy. (2002). **A Donor Insemination Guide: Written by and for Lesbian Women.** New York: Haworth Press. ISBN 1560232277

Aizley, Harlyn. (Ed.) **Confessions of the Other Mother: Nonbiological Lesbian Moms Tell All!**

Aizley, Harlyn **Buying Dad: One Woman's Search for the Perfect Sperm Donor**

Peters, Julie Anne. **Between Mom and Jo.**

Garner, Abigail. **Families Like Mine: Children of Gay Parents Tell It Like It Is.**

Gillespie, Peggy. (Ed.) **Love Makes a Family: Portraits of Lesbian, Gay, Bisexual, and Transgender Parents and Their Families.**



IVFAustralia's Network of Care

PUBLIC INFORMATION

1800 111 IVF

WWW.IVF.COM.AU

