

**The Fertility Center of Oregon**  
590 Country Club Parkway, Ste A, Eugene OR 97401  
P: 541-683-1559 F: 541-683-1709  
Infertility • Reproductive Endocrinology  
Douglas Austin, MD  
Michelle Brookey, CNM, NP  
Carolyn Camille McGregor, WHNP

## **DONOR INSEMINATION**

**What is donor insemination?** Donor insemination is a form of artificial insemination using sperm from an anonymous sperm donor. It is a medical procedure which allows a woman to achieve a pregnancy when there is a sperm problem which prevents standard conception. Donor insemination has been an accepted medical treatment for over 30 years and is specifically recognized and protected by Oregon law.

**Who are the sperm donors?** Volunteer sperm donors are recruited by medical sperm banks which are frequently associated with medical schools. Many donors are students in graduate professional schools including medical, dental, law, etc. They are screened for any history of family medical problems, drug or alcohol abuse, or any other factors which might affect their health or the quality of their sperm samples. In addition to negative medical histories, sperm donors must have proven fertility and/or a high sperm count and negative tests for possible sexually transmitted diseases (STDs). They must also have sperm samples which have an excellent survival rate after freezing in liquid nitrogen.

**What information can you give me about the sperm donors?** Our program is completely anonymous in order to protect both the donor and recipient. Donors are known to us only by a number, and we know only their race, height, weight, hair color, and eye color. Some of the larger sperm banks may provide more description of donors. You will choose and order your own sperm samples and have them shipped to The Fertility Center for storage for your inseminations. We will give you a list of approved sperm banks.

**Why do you use frozen sperm samples?** Frozen sperm samples are now recommended by all major fertility organizations because of the ability to quarantine sperm for infectious diseases. Sperm donors are initially tested for diseases such as gonorrhea, chlamydia, hepatitis, syphilis, herpes, and AIDS/HIV. Sperm samples are then frozen in sperm freezing media in liquid nitrogen. The donors are then tested again for STDs at three months and again at six months. Only if all tests are negative are the sperm samples then released after six months of quarantine. This is the safest possible system currently available to protect a woman from transmission of STDs at the time of donor insemination.

**How is donor insemination done?** We recommend one intrauterine insemination procedure per month using the urinary LH testing kit ("ovulation prediction kit") for timing of ovulation. When a woman has a LH surge on an afternoon urine sample, she presents to the office the next morning for insemination. The frozen sperm sample is thawed and processed ("washed") to remove the freezing media and to concentrate the healthy sperm in a special transfer media. Intrauterine insemination is used because studies from our clinic and others have shown a significantly higher pregnancy rate with this technique when compared to vaginal or cervical insemination.

**How successful is donor insemination?** Our program has demonstrated a pregnancy rate of 18-20% per cycle (month) using one intrauterine insemination with a high sperm count specimen. These results are for all women age 40 or less regardless of fertility problems. The average patient will require about 4-5 inseminations to achieve a pregnancy although pregnancies have occurred with as few as one to as many as 12 or more inseminations. If pregnancy does not occur after six inseminations or if other fertility problems exist, additional infertility testing and treatment is usually recommended.

**Are there any legal problems with donor insemination?** Current Oregon law protects both donors and recipients for anonymous donor insemination in a physician office. Donors have no rights or responsibilities for pregnancies, and all pregnancies from donor insemination are treated under the law exactly like natural pregnancies.

The father's name on the official birth certificate is that of the husband of the woman who receives donor insemination. As with all medical treatment, information about donor insemination is considered strictly confidential and will not be released to anyone without your written consent.

**What are the risks of donor insemination?** There are many risks of pregnancy including ectopic (tubal) pregnancies, miscarriages, birth defects, etc. These risks can occur with donor insemination but are not more common than would be seen with natural pregnancy. Rare genetic disorders can occur with donor insemination as it is not possible to test donors for all known genetic conditions. Again, these same risks exist for any couple becoming pregnant on their own and are not increased with donor insemination. With the use of any human tissue product such as sperm, there are always risks of transmission of infectious disease. Although we believe that the frozen quarantined program is the safest possible technique, there is still a small risk of infection with donor insemination. With intrauterine insemination, there is an additional small risk of infections in the uterus, ovaries, and fallopian tubes from a woman's own bacteria. In general, donor insemination is considered a very safe procedure.