Questions and answers about the donation of human reproductive material

Donor sperm

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Embryo donation

Western Australian Reproductive Technology Council

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Introduction

This booklet briefly introduces many of the important issues that should be considered by potential donors and recipients of human reproductive material (that is sperm, eggs or embryos). The booklet goes into considerable detail about donor insemination (DI), and the donation and use of donor sperm, but in addition covers a number of issues of general importance for all donors and recipients of human reproductive material. It also includes issues of specific importance regarding the donation and use of donated eggs or embryos.

The information is of particular relevance to Western Australia, where the WA *Human Reproductive Technology Act 1991* (hereafter the HRT Act) has regulated practice since April 1993.

Definitions

Contact Details this usually refers to name, address and telephone numbers.

Exempt Practitioner means a medical practitioner who is exempted under section 28 of the HRT Act from the requirement to hold a licence to carry out artificial insemination procedures.

Donor Conceived Person refers to a person born as a result of donated egg, sperm or embryo.

Identifying Information this usually refers to full name and date of birth.

Licensee means a person holding a licence under the Human Reproductive Technology Act 1991.

Reproductive Technology Accreditation Committee (RTAC) Guidelines are developed by the Fertility Society of Australia as a Code of Practice for Centres using Assisted Reproductive Technology. In WA accreditation by the RTAC is a legal requirement as a condition of licence for licensed fertility clinics.

General questions about donation

Are the donor programmes confidential?

It is important to note that the only way any person born following a treatment using donated reproductive material may know of the circumstances of their birth will be through their parents.

Other than in situations where the donor and the recipient know each other and all parties involved have consented to the procedure, staff in the clinics and everyone handling the records take strict precautions to ensure that the donor remains anonymous to the recipient and vice versa. However, with amendments to the HRT Act in December 2004, donor conceived persons upon reaching the age of 16 years having undertaken approved counselling have a right to access identifying information about the donor. As a result of these changes to legislation only those donors who consent to their identifying information being released to donor conceived persons upon reaching the age of 16 are able to donate human reproductive material. (See section under legislative changes in 2004).

The information recorded by the clinics and placed on the Reproductive Technology (RT) Register in Western Australia's Department of Health is maintained in a confidential manner. Under the HRT Act there are instructions to practitioners as to how to handle the information they must transfer, between themselves and to the Register, in the safest possible way. The Act contains a number of offenses for any deliberate breaches of this confidentiality, and the Minister for Health has put in place strict confidentiality guidelines for management of the Register. Information that may identify a recipient or a donor is not to be kept on a computer, but in a separate, secure place.

Research done using the information within the Department of Health may involve the temporary use of named information, to link the information on the Register with other health information in the Department. However, all names must be removed from the computer files as soon as this linkage is

complete. The HRT Act also strictly limits the research that may be done by private researchers using named information from the Registers. The Commissioner of Health must approve any research of this type, and the circumstances in which the Commissioner may give this are extremely limited.

The State's Freedom of Information Act specifically rules out access under that Act to identifying information from these Registers, and the WA Human Reproductive Technology Act itself makes it highly unlikely that this information could be subpoenaed in a court of law.

What records are kept about the use of donated human reproductive material?

Complete medical records about the donor and the treatment cycle are made and stored in the clinics. These are subject to all the usual rules of confidentiality of medical records. The HRT Act also places an obligation on the Commissioner of Health to establish and maintain Registers of information about all types of artificial fertilisation procedures, including DI. These must include named information about donors and recipients. Clinics licensed under the HRT Act must send in information to the registers. This means that for treatments carried out after April 1993 there may be two sources of information about donation: the doctor or clinic where the treatment was carried out (where complete medical records should be retained for 25 years), and the RT Register in the Department of Health (which is to be maintained indefinitely). For treatments carried out before April 1993 the only potential source of information is the clinic where the treatment was carried out.

What information is available about the donor?

Quite extensive information about the donor is stored on clinic records and, for treatments carried out after April 1993, in the RT Register located with the Department of Health. This information includes the donor's physical characteristics, family background and level of education, as well as some information on the donor's interests and personality and a summarised personal health history. The donor is also encouraged to write

a 100-word personal statement. However, this information is recorded at the time of the treatment, and is not updated routinely.

Information other than that which may identify the donor may be available to participants or mature offspring through the clinic, and/or from the register. The HRT Act gives a right of access to non-identifying information on the RT Register. Where all parties to the donation consent to it, nothing in the HRT Act would rule out access to identifying information about each other, or contact between the participants to the donation. With the amendment to the HRT Act in December 2004, it is now possible to share identifying information where children are aged under 16 years provided that each donor and recipient consents to sharing identifying information and the parent has consented on behalf of the child. There must also be "approved counselling" of all parties (which may include the child) prior to identifying information being accessed.

Under the HRT Act the number of offspring for each donor is also limited, by restricting the number of families for each donor to five. This has the effect of limiting the total number of offspring, but allowing the possibility for more than one child in the family using the same donor. It may be possible to find out how many offspring and families the donor has contributed to by requesting this information from the RT Register staff. This request needs to be made in writing supplying name, date of birth, and dates of donation including verification of the identity of the donor.

No contact details are kept on the RT Register.

What information is available about the child?

Information about the donor conceived person that is available through the Register is limited to information up to the person's birth, such as details of the pregnancy, birth weight, plurality of the pregnancy etc. This information is not updated.

Is the use of a 'known' donor allowed in WA?

Yes. Nothing in the HRT Act rules out the use of a donor who is known to the recipient. However, as the issues raised are potentially very complex, the doctor must not carry out the treatment unless any donor or recipient, and their spouses or partners (if any), have each attended preparation involving counselling sessions with an Approved Counsellor. The doctors are also encouraged to carry out the standard test and quarantining of the donated material. This may be waived in cases of egg donation with embryo formation following fresh embryo transfer provided the recipient has been fully informed of the associated risks. In these circumstances the doctor is still required to allow a six-month cooling off period, after the initial agreement has been entered into, to lessen the likelihood of a donor being coerced into a situation that he or she may later regret.

Why are department of health registers being kept?

The RT Register established under the HRT Act by the Commissioner of Health serves two quite different purposes.

On the one hand they allow the practices carried out in this State to be monitored and followed up carefully and comprehensively. In this way objective information about the success rates and the short and long-term safety of the procedures may be made widely available. This contributes to a greater general understanding of the procedures and their outcomes, and the information may help people in making decisions about treatments they are considering.

On the other hand, information about their own case that may be recorded on the RT Register may be important for personal or medical reasons to a donor, recipient, or donor conceived person who may seek this information.

Should donor conceived persons be told about how they were conceived?

This is a difficult question and the decision made by the parents of a donor conceived person will depend on their own particular circumstances.

Traditionally, the involvement of a donor in the conception of a child has been shrouded in secrecy, and many people still enter the donor program with the intention of keeping this secret. However, social attitudes to the use of donated gametes/ embryos are changing. There are now many people who believe that honesty is very important and that the relationship between parents and children should not be based on a secret. Secrecy sometimes infers that the use of a donor is morally or ethically wrong and this could cause psychological problems for the child. In addition, a number of older donor conceived persons are speaking out about their need to know about their genetic history and to be able to have information about their donors.

There are many issues to be considered when deciding whether your child should be told about their donor origins. For example, the likelihood of the child finding out by some other means is an important consideration. This may occur by accident if you have told other members of your family or friends, about the method of conception.

The decision to tell your child, raises other issues, such as at what age and how the child should be told, how the child may relate that information to relatives, friends and others, and how the child and others may react.

From time to time, the WA Reproductive Technology Council conducts workshops during which people involved in the donor conception process may explore some of the 'telling' issues, such as: With whom should they share their experiences with? Should the children be told? At what age is it best to tell? Where is help and support available?

A number of the Approved Counsellors are specially qualified to help you consider these issues, or you may find support from others in similar situations that you may meet through groups such as the Genesis Infertility Support Group in Perth or the Donor Conception Support Group in NSW. Contact details for both groups appear at the end of this booklet.

Who are the child's legal parents?

Legislation in WA and other states of Australia states that the child conceived by a treatment involving the use of donated gametes or embryos (such as by DI), is the legal child of the recipient(s) who have both consented to the procedure. There is no need to state the method of conception on the obstetric record or the birth certificate of the child. In the eyes of the law the recipient(s) has the rights and duties of responsibility as if the child was their natural child. The 2002 amendments to the Artificial Conception Act 1985 clarifies that a "donor" of gametes or embryos used in an artificial fertilisation procedure is not a parent of a resulting child. This means that a sperm or ova donor, or embryo donors, including a known donor, has/have no parental rights or responsibilities in respect of a resulting child.

In Western Australia where a woman undergoes an artificial fertilisation procedure with the consent of her same sex de facto partner, the partner will be legally recognised as a parent of any child born as a result. Consequently a lesbian couple can be registered on the birth certificate as the parents of a child conceived by a treatment using donated gametes or embryos.

What Are The Legal Processes Of Donation?

Sperm, eggs or embryos may be donated if all the requirements of the HRT Act regarding counselling and consent have been complied with. Embryos may be donated for the treatment of another couple, and this couple may be named by the donors or chosen in ways they specify. All artificial fertilisation procedures are covered by the *Human Reproductive Technology Act 1991* and must be carried out by a licensee or an exempt practitioner or under their direction.

Following donation a recipient has the legal right to make decisions about what to do with these sperm, eggs or embryos. However, a donor may place conditions on any donation, and is free to vary or withdraw consent at any time, until the donated gametes have been fertilised or donated embryos transferred for use.

Who are the approved counsellors and what is the role of the counsellor?

The WA Reproductive Technology Council (Council) publishes a list of Approved Counsellors, who have been recognised by the Council as having suitable qualifications and experience, as well as at least basic knowledge of issues relating to infertility. This list is available upon request through your clinic, the Reproductive Technology Council (or website www.rtc.org.au) or from the Genesis Infertility Support Group. As indicated on the list, some of Approved Counsellors are also qualified to assist in matters relating to the donor conception process.

These counsellors work in a variety of situations, both in the public and the private sector. In clinics licensed under the HRT Act some counselling from an Approved Counsellor will be offered to you as a routine part of your treatment, and some of this may be available to you free of charge.

You are entitled to have at least one session of counselling with an Approved Counsellor for each IVF cycle begun. It is accepted practice across Australia that everyone undergoing an artificial fertilization procedure undertakes a consultation with the clinic counsellor prior to beginning treatment. RTAC Guidelines (Feb 2005) state 'All gamete and embryo donors, donors' partners and recipients of donor gametes or embryos must undergo counselling.'

If you are being treated in one of the licensed clinics you may make an appointment with the clinic counsellor, or you may make your own arrangements with one of the counsellors on the list of Approved Counsellors. With the counsellor you may explore in depth the use of donor semen, eggs and embryos, the procedure you are to undergo, and its implications as a means of having a family. Whether you are recipients or a donor, the counsellor may help you make treatment decisions, raise issues for your consideration, discuss things that worry you and direct you to other sources of information and support.

Counselling issues

For recipients:

This booklet gives you information about the key issues that people need to understand when using donated sperm, eggs or embryos. Many of these issues, difficulties, problems, conflicts and decisions are faced by almost everyone. However, the experience for each couple or individual is also unique.

Issues to be considered include:

- The advantages and disadvantages of using a treatment involving a donor, compared with other possible life or treatment options (eg adoption, in vitro fertilisation (IVF), or a child-free lifestyle)
- The emotional issues, such as the different issues raised for each person involved in the use of donated gametes/embryos. This may be more complex where a 'known' donor is involved
- The value, ethical or religious concerns posed by donor options
- The legal implications of using donated gametes/embryos for the donor, recipients and the children born from the programmes
- Concerns about your personal information being kept in clinic records or the registers in Western Australia's Department of Health; and
- Concerns about if, when and how to give a child information about his or her conception and the possible impact of this on the child and his/her relationship with you; what to do if the information about the donor is either extremely limited or the child wishes to contact the donor, etc.

Each of the issues raised above can create conflicts for those involved in the donor conception process. Before embarking on treatment involving a donor, it is important such conflicts are brought to the surface and worked through to a point where the difficulties or differences are either resolved, or at least recognised and accepted.

To begin a donor program without addressing these conflicts can lead to problems later on. This in turn could be detrimental to your future child's welfare and development. You should explore all the issues before you embark on the donor program, and the services of a qualified counsellor may greatly help you to do so. The role of the counsellor is to help you clarify issues and facilitate a process of resolving or coming to terms with these difficulties, differences, or conflicts.

For donors:

The issues to be considered by donors include:

- The emotional issues, including dealing with the existence of genetic offspring you may never know. This may be extremely complicated if you find in later life that you are infertile or do not have your own children when you had planned to do so. There may be other difficulties if you know the recipient, in a 'known' donor situation. Further issues may be raised when you consider the effect of your donation on your own current or future partner or children
- Value, ethical or religious concerns that may be posed for you by donation
- Legal implications of the use of donated reproductive material. You may need to understand the legal implications of what you are doing especially if you are donating for an IVF procedure where embryos may be developed and stored for extended periods of time and/or donated for research programs in the future. Concerns about the information about you that is to be kept in the clinic or placed on the Donor Register; and
- What the future needs of the donor conceived offspring may be, or requests for more information about you, or even to contact you, and how you or your family would react if this was to occur. With amendments to the HRT Act, donor conceived persons upon reaching the age of 16, have the right to access donor identifying information.

* 1 Refer under the Heading 'Who are the child's legal parents?' Legislative amendments yet to be proclaimed in Western Australia, will resolve the uncertainty about legal responsibilities.

Questions and Answers about the Donation of Sperm and Donor Insemination

What is donor insemination?

Donor Insemination (DI) is a medical procedure carried out by inserting semen (sperm) previously collected from a donor into the vagina (lower reproductive tract) of a woman, at that time of the month when she is ovulating (releasing an egg). This technique has been used for centuries, but only on a wide scale since the mid 1970's. Many thousands of peoples across Australia and throughout the world have been able to have a family this way.

When carried out by a doctor the procedure usually involves the use of frozen sperm supplied by an anonymous or known donor. The procedures involved are discussed in detail later.

Who uses donor sperm and why?

Couples with male factor infertility issues, single women and lesbian couples use donor sperm. Where the male partner has an untreatable form of infertility you may consider in consultation with your doctor using donated sperm. Usually the doctor investigates details of your infertility problem and discusses these with you. To have as much information as possible to guide decisions about your treatment, it is important that the doctor includes in this investigation an assessment of the potential fertility of the female partner as well. As a result of investigations the doctor may recommend DI treatment or the use of donated sperm through an IVF procedure.

If you are seeking an artificial fertilisation treatment and have a spouse, or de facto partner (including a same sex partner) then they **must consent** to the treatment. If you are a **fertile** single woman, or a **fertile** woman in a same sex relationship, you are **not** eligible to access *in vitro* fertilisation procedures, but you are able to access artificial insemination, under the direction of a licensee, to attempt to achieve a pregnancy.

The HRT Act requires that a doctor carrying out artificial insemination may only do so under a special license, or with an official exemption from this requirement. However, that doctor may authorise another person, such as a nurse or the woman's husband, to carry out the actual insemination procedure.

During an early phase of your diagnosis and treatment you will be given written information about the use of donated semen and its implications, with adequate time to discuss these with staff at the clinic. Ideally, you would have seen both a doctor and a counsellor before you begin treatment. The clinic staff will then explain all the procedures involved and, before you begin, you will need to sign a consent form to indicate that you have understood all aspects of the donor program and the procedures you are agreeing to.

Who are the donors and where does the donor sperm come from?

Donor Insemination or donor sperm IVF usually involves the use of frozen donor sperm, supplied to a doctor by a sperm bank. A sperm bank is a store of frozen sperm, obtained from a variety of donors. This allows the treatments to be carried out conveniently as sperm can be thawed and used when needed. In Western Australia all sperm banks must be licensed under the HRT Act, which sets high standards for donor screening and selection, and for all laboratory procedures.

Such a system permits:

- A ready supply of sperm, so that insemination can be done at the optimum time in each woman's monthly cycle
- A range of donors, so that your donor can be selected on the basis of certain characteristics
- Anonymity of the donor to the recipient and vice versa, unless all parties to the procedure agree otherwise (see legislative changes 2004)
- Screening for the sperm quality and the donor's health.

How are donors chosen for the sperm bank?

Different sperm banks may have slightly differing criteria for choosing semen donors, but usually any healthy male between 18 years and 50 years of age will be considered. The minimum age for a donor is set under the HRT Act at 18 years. Donors are recruited from a wide cross-section of the community, by public advertisement and private invitation. Some donors have experienced infertility in their own marriage, or know of someone who is in this predicament. Some have completed their own family. Others, before undergoing a vasectomy, will bank their sperm for possible later use, with consent for some of it to be used for anonymous donation.

A doctor screens each donor, in order to minimise the risk of transmitting an infectious disease, such as HIV (AIDS), or an inherited disorder. Each donor gives a Life-Style declaration, and it is a specific offense to provide false or misleading information when providing semen to a sperm bank. Donors sign this declaration of their health and a consent form, before each donation of their semen.

Blood tests of all sperm donors are performed, and the freezing, storage and thawing capabilities of the semen are also evaluated. For one reason or another, only about 50% of males wishing to donate to a sperm bank may be suitable. To compensate for any inconvenience or expense, most sperm banks offer some reimbursement to donors, but this is not always accepted. Payment for sperm donated is an offense under the HRT Act.

Under the HRT Act each donor may contribute to a maximum of five recipient families including donations made to families that reside outside Western Australia, unless the Council has given specific approval. However, there is no limit to the number of children to be donor conceived within each family. This limit is in part to minimise the risk of genetic disease arising from the inadvertent marriage of half siblings in later life, but also to limit the number of families that donor conceived people would be related to. Feedback from donor conceived adults suggests that it may be less bewildering to know that you are related to others in up to 5 other families.

How is the donor selected for my treatment?

When you are about to begin treatment using donated sperm, the clinic will usually allow you to choose a donor from a list of screened and tested donors available in the sperm bank. Most couples choose to match the physical characteristics of the donor as closely as possible with those of the husband, but for some people these are not the only important factors. Characteristics recorded for each donor may include the following: country of birth, ethnicity of both grandparents, complexion, hair colour, eye colour, height, body build, age, marital status, number of children in donor's own family, educational level, area of occupation, interests, ABO and Rh blood groups. A limited amount of additional information may also be provided.

Obviously not all these characteristics can be perfectly matched, and as for a natural pregnancy, you should be aware that many characteristics of the parents may not be inherited by a child as expected. For example, the inheritance of many characteristics, such as intelligence, is poorly understood.

Sperm samples collected in the sperm bank are carefully labeled and stored in small straws, using a clear system of colour-coding, and organisation to ensure that no mix-up between donors will occur. Only one donor is used in each treatment cycle and a sufficient number of straws are set aside for an agreed number of inseminations.

Can we have subsequent children using the same donor?

Once a donor pregnancy has been achieved, many couples would like the option of having subsequent children using the same donor. Your doctor may be able to arrange this for you, but if you are interested you should inquire about it as soon as possible.

Can we bring along our own donor?

The practice of carrying out a donor procedure using a known donor is not ruled out under the Act. The Directions specify, that before any artificial fertilization procedure involving donated reproductive material where the recipients know the potential donor can be carried out, the donor and recipient, and their partners (if any), must all have undertaken counselling with an Approved Counsellor, to discuss the implications of this type of arrangement. Furthermore, a 6 month cooling off period must follow the completion of the initial counselling before the parties can give their consent for the donated material to be used in the artificial procedure. The clinic may be able to arrange for this to be done by telephone if it is very difficult for all the relevant people to visit the counsellor in person.

There may be advantages to the couple and the child in the use of known donors, but there are also some unique problems and issues that you should consider. This is why counselling is required in these cases.

What are the health risks involved in donor insemination?

The DI/IUI treatment itself is quite simple, and carries little or no risk to the woman.

As donors are carefully screened for genetic and infectious diseases, the risk of their transmission is minimal. However, it is not possible to screen for every possible disease. The greatest concern arises from the possible transmission of the HIV (AIDS) virus in donor sperm. Quarantining all frozen donor sperm for a period of six months has minimised this risk. Each donor is re-tested for evidence of the virus before his sperm is released for use in a donor procedure.

Perhaps the greatest risk to health occurs from the emotional stresses associated with such an intense program. Each treatment brings the potential for success, but sometimes months can elapse without the treatment actually proving successful, bringing bitter disappointments. At times

such as these, it may be beneficial for you to discuss your disappointment and frustration with a counsellor or to seek out other support services such as Genesis Infertility Support Group.

What are the emotional implications of donor insemination and the use of donor semen?

The issues to consider in any medical procedure involving the use of donated sperm are not simply the medical issues. There are also complex emotional issues arising from the use of donated sperm.

Where a couple has decided to use donor sperm, time may be required for them to resolve feelings about infertility before opting for this procedure. Both partners may have feelings of ambivalence or concern over this course of action. Is my partner just doing this for me? Could he (she) say no? In particular, the male partner may need time to grieve for his inability to have his own biological child, before feeling ready to take the step to use donor sperm. All these concerns are normal in these circumstances.

You will have to make your own decisions as to whether you tell others about your infertility problem and the way you are seeking to resolve it. You may find it helpful to share your feelings, hopes and fears about your treatment with trusted family and friends, or even other couples that have been through similar experiences, or with one of the Reproductive Technology Council approved counsellors.

Secrecy sometimes tends to infer that the use of donor sperm is morally or ethically wrong, and this could cause psychological distress for the donor conceived child. Discussion with a counsellor may assist you in deciding when and how to tell the child about the method of conception. Generally the best approach is that if you do decide to share this information with family or friends then it is important that the child find out about the special circumstances surrounding their conception from you rather than risking them being told by someone else.

What does the donor insemination treatment involve?

Beginning a few days before the expected time of ovulation in your monthly menstrual cycle, you will be asked to commence daily hormone tests (taken by blood and urine samples). When these indicate that an egg is about to be released by the ovaries you will receive one or more inseminations at daily intervals. To do this it is necessary to use a speculum (small instrument) to part the walls of the vagina in the same way as a cervical cancer smear is taken.

Semen previously stored in a straw and frozen in liquid nitrogen is thawed, warmed and gently placed into the mucous of the cervix (neck of the womb). In some cases the semen is inserted higher up inside the uterus through a small tube. You will be asked to remain lying for a period of 20 minutes or so, and can then resume your normal activities for that day and the rest of the month. Some couples prefer the husband to carry out the insemination, and you may discuss this with your doctor.

How will we know if the treatment has been a success?

If 15 or more days elapse from the last insemination and you do not get a period, ou may be pregnant. A pregnancy test can be arranged by the clinic. If you are keeping a temperature chart you may note that the body temperature remains elevated (above 37.5^{o}C) for a period exceeding 14 days.

What is the chance of pregnancy by donor insemination?

Information from the Donor Register shows that approximately 7% of women who commence a monthly cycle of DI will be pregnant at the end of it. Unless certain adverse factors are identified, this chance of success will be the same in each subsequent cycle of treatment. However, for a variety of reasons, only about 50% of women who register for the use of the sperm bank will achieve a conception in this way.

The procedure is most suited to young women (age less than 35 years), who ovulate regularly and have no disease of their reproductive tract. If there is partial tubal blockage, endometriosis, or other problems, then the chance of success will be substantially less. Your doctor will be able to provide you with more information concerning each of these problems as it relates to your particular circumstances.

How long will we have to wait for the use of donor sperm?

The waiting period depends upon the number of people requesting this service and the supplies of sperm available. Staff at the clinic will tell you how long you will have to wait. This wait may provide you with time to consider and discuss all the implications of your decision, and it may be undesirable to decide too quickly to use donor sperm.

How many cycles of treatment will we be able to undertake?

Because of the demands on the sperm bank it may be necessary for there to be a limit to the number of attempts that each couple can make, and this may vary from time to time. Following several unsuccessful DI treatments you may be invited to consider other means of assisted conception, with or without the use of donor sperm.

What if the treatment is successful?

Experience suggests that the risk of miscarriage is the same as that after natural conception. You should regard your pregnancy as normal in every way, and you will usually be able to return to the doctor of your choice for obstetric care.

However, your pregnancy may also be a time to reflect on the special needs of your future child and the demands this may make on you. You may wish to begin to build up a network of support from others who have donor offspring. In particular, contact with members of the Donor Conception Support Group or the Genesis Infertility Support Group may be helpful and informative. (See contact details at the end of the booklet).

How much will it cost?

Please seek information from your clinic about the likely cost of treatments.

Questions and Answers about Donation of Eggs and Embryos

Are there any special issues relating to the donation of eggs?

The donation of eggs or the use of donor eggs raises many similar issues to those raised by sperm donation, as well as some additional ones. As for all donations, the minimum age for an egg donor is set under the HRT Act at 18 years.

To compensate for any inconvenience or expense, reimbursement is made to donors, but this is not always accepted. Payment for eggs or embryos donated is an offense under the HRT Act.

If you are infertile, and are considering donating eggs, you should consider carefully the emotional implications of your child being born to another woman, especially if you yourself are unsuccessful. If you are considering donation and are not being treated for infertility yourself, you need to fully understand the potential risks and side-effects of this treatment you must undergo, in order to make this donation.

One way in which the recipient of donated eggs may differ from the recipient of donor sperm is that she may be significantly older. Although any woman who cannot produce her own eggs, or who is at risk of transmitting an inherited disease may need donor eggs, the donor egg program is most often used in the treatment of older women. The use of eggs from younger women has been found to significantly increase the likelihood that these older women will have a child. If you are an older woman seeking this treatment, you should make sure you are fully informed about the increased risks and difficulties that may be associated with pregnancy and birth at your age.

Although the numbers of egg donors are limited, most clinics will match several characteristics of the donor woman with the recipient, and the donor will be screened in the same way as a sperm donor in order to minimise the risk of transmission of any genetic or sexually transmissible disease. As techniques for eggs to be frozen and stored are still at an early stage of development, the donated eggs will be immediately fertilized and the embryos stored and quarantined for six months prior to use.

Are there any special issues for embryo donors to consider?

There may be complex emotional issues associated with embryo donation, especially as you are probably infertile yourself in these circumstances, so you should particularly consider the implications of another couple having your genetic child. What you are considering is a sort of 'pre-natal adoption'. Any child born following donation may have full siblings in at least one other family.

Embryos may become available for donation only when a couple has completed their own treatment, but still have frozen embryos in storage. If you have completed your family and thus your treatment, and have any remaining embryos, the options you have include allowing them to succumb, donating them to another couple for their treatment or donating them for specific research. If you decide to donate these embryos, you may name a recipient couple, or you must specify how the recipients are to be selected. If you decide to donate the remaining embryos to research you will be required to give specific consent for the use of the embryos in a particular project at a future date and you are free to refuse to give such consent. You may place conditions on the donation, and may vary or withdraw your consent until the embryos have been used.

What are the alternatives to any further treatment?

Some couples may decide that they do not wish to undergo any further treatment for their infertility. They may then wish to seek help in coming to terms with life without their own children, or to explore the possibilities of adoption or fostering children. Your doctor, staff at the clinic or a counsellor, may also discuss these options with you.

The Department for Community Development (DCD) provides information on alternative parenting roles:

Adoption Service conducts regular information sessions for people contemplating adoptive parenthood. Contact Adoption Service (adoptions@dcd.wa.gov.au) about information, Tel (08) 9222 2555 or visit the DCD website at http://community.wa.gov.au/Resources/Adoption/

Foster Care Recruitment Service provides information on fostering. Children need foster care for many reasons, either short or longer term because they cannot live with their family. Foster Care Recruitment Service Tel (08) 9380 4960 or visit the website http://community.wa.gov.au/Resources/CarersAndFosterCare/FosterCare/

Legislative changes in 2002 and 2004

Legislative changes in 2002

The *Human Reproductive Technology Act 1991* (the HRT Act) has been in operation since 8 April 1993. On 22 April 1999, a bipartisan Parliamentary Select Committee that reviewed the Act tabled its report in the Legislative Assembly. Many of the recommendations in that report, have been implemented and the current Government is considering changes that should be made relating to surrogacy.

In September 2002 the WA Parliament proclaimed changes to the HRT Act. Some of the changes are important for donors and recipients of donated human reproductive material. These include:

Voluntary Register

The Voluntary Register for Information about Donation in Assisted Reproduction (Voluntary Register) was a recommendation of the Select Committee. In November 2002 the Department of Health established a Voluntary Register, which will provide a way for people involved in assisted reproductive services using, donated human reproductive material, to share information. See website for more information. www.voluntaryregister. health.wa.gov.au

Surrogacy

The Select Committee recommended that -

- some surrogacy arrangements be allowed to go ahead in this State;
- the manner in which these arrangements are to be made should be regulated. This would include setting standards and processes for screening and counselling of those seeking to be involved and protecting the child's best interests; and
- the legal status of any child born in this way should be clarified.

Amendments to other State legislation

The Select Committee report recommended amending the *Artificial Conception Act 1985* to address the uncertainty about legal responsibilities for gamete donors donating to single women. These amendments were proclaimed on 21 September 2002. The amendments clarified that a "donor" of gametes or embryos used in an artificial fertilisation procedure is not a parent of a resulting child. This means that a sperm or ova donor, or embryo donors, including a known donor, has/have no parental rights or responsibilities in respect of a resulting child.

Legislative changes in 2004

On 1 December 2004 the WA Parliament proclaimed changes to the HRT Act. Some of the changes are important for donors and recipients of donated human reproductive material.

Donor identification

The Select Committee recommended allowing donor conceived persons access to donor identifying information from the Reproductive Technology Register. This is in line with growing national and international opinion that access to this information is a basic human right. Changes to the Act were proclaimed on 1 December 2004 allowing donor conceived persons upon reaching the age of 16, access to donor identifying information provided they have undertaken approved counselling. There is no retrospective right to identifying information for persons conceived prior to the amendments using this donated material. It is only where the donation was made with the knowledge that identifying information may be provided or with the consent of these donors that this information may be shared.

Sharing Identifying Information where children are under 16 years.

There has also been another amendment to the HRT Act proclaimed on 1 December 2004 permitting sharing of identifying information where children are under 16 years. Parents who have used donated human reproductive material to form their families may consent on their own behalf and on behalf of their minor children for sharing of identifying information about the donor, the recipients and the child where both the donor and recipient request this and in so far as it does not disclose the identity of any participant who has not given consent. This is to follow counselling (approved by the Commissioner of Health on advice from the Council) to address, in particular, what may be in the best interests of the child.

Embryo Storage

The maximum period of allowed storage of an embryo or an egg undergoing fertilisation is now 10 years. This amendment applies to all embryos regardless of when they were created. If you wish to extend the storage period beyond the 10 years then you may apply in writing to the Reproductive Technology Council giving reasons. If the Council considers there are special reasons then it may agree to grant an extension to permitted storage. You must apply for extension to the storage period of your own embryos, through the revised Form 8 application set out in the revised Directions, and Council will consider these on a case-by-case basis. Clinics are no longer permitted to apply for an extension of storage periods on behalf of their patients.

Other than where embryos have been donated for a use requiring a licence from the NHMRC (eg embryos donated for research), after 1 December 2004 clinics will no longer be able to apply for extension of the storage limit for patients using Form 9s.

Donation of Remaining Embryos to Research

Following amendments to the HRT Act you may now decide to donate your remaining embryos that you no longer require for your own treatment for the purposes of research. If you decide to donate your embryos to research you will be required to give specific consent for the use of the embryos in a particular project at a future date and you are free to refuse to give such consent. Under the *Research Involving Human Embryos Act 2002*, the persons responsible for an embryo include the gamete providers for the embryo and their spouses or partner, and the woman for whom the embryo was created (for the purpose of achieving her pregnancy) and her spouse or partner (if different from the gamete provider).

Commonwealth legislation

In July 2001, the Council of Australian Governments (COAG) committed itself to achieving nationally consistent provisions in legislation to ban human cloning, and also asked jurisdictions to work towards nationally consistent approaches to regulate

ART and related emerging technologies. On 5 April 2002, COAG agreed that the Commonwealth, States and Territories would introduce nationally consistent legislation to ban human cloning and other unacceptable practices. COAG also agreed that research be allowed on excess ART embryos under a strict regulatory regime, to be administered by the National Health and Medical Research Council (NHMRC) as the national regulatory and licensing body. The Commonwealth legislation was introduced into Federal Parliament on 27 June 2002.

How can we learn more about donation or the use of donated human reproductive material?

Reading material

Building a Family by K Daniels. Dunmore Press 2004.

Experiences of Donor Conception Parents, Offspring and Donors through the Years by Caroline Lorbach. Jessica Kingsley Publishers 2003.

****Lethal Secrets***, by A Baran and R Pannor. New York: Warner Books 1987.

****Having Your Baby by Donor Insemination***, by Elizabeth Noble. Boston: Houghton Mifflin 1987.

****How I Began: The story of donor insemination***, by the Fertility Society of Australia and the Reproductive Biology Unit of the Royal Women's Hospital. Melbourne 1988.

****The Long Awaited Stork***, by Ellen Sarasohn Glazer. Massachusetts: Lexington Books 1990.

****Let the Offspring Speak: Discussions on donor conception***, compiled by the Donor Conception Support Groups of Australia Inc., 1998.

Families following assisted conception What do we tell our child? by Dr Alexina McWhinnie, University of Dundee 1996.

Talking to Children about Donor Conception, by WA Reproductive Technology Council, 2002.

Videos

A range of videos is available through your Fertility Clinics, the support groups, the Reproductive Technology Council and from the Family Planning WA's (FPWA) Library and Bookshop*.

*These books are among a larger collection readily available through the Library and Bookshop of FPWA, 70 Roe Street, Northbridge, WA 6004

Infertility Information

You may be able to find the infertility information, support, assessment or treatment you need among the services outlined on this list. However, you should also discuss your difficulties with your own general practitioner. In addition, a list of medical practitioners from around WA who may carry out artificial insemination procedures may be obtained by calling the WA Reproductive Technology Council.

General Information and Support for Infertility

- **WA Reproductive Technology Council**

  The Council can provide you with information about relevant WA laws; processes for monitoring and enhancing the quality of services provided by WA infertility clinics; and summary information from WA's Reproductive Technology Registers, including short and long term outcomes of assisted reproductive technology. Also available from the Council is an up-to-date list of qualified and experienced approved infertility counsellors.

  189 Royal Street, East Perth, WA 6004
  Tel: +61 (0) 8 9222 4260
  Fax: +61 (0) 8 9222 4236
  Web: http://www.rtc.org.au

- **FPWA - Family Planning Association Telephone Information Service**

  FPWA provides a confidential telephone information and referral service that covers all aspects of sexual and reproductive health such as infertility, relationships and sexuality, sexual difficulties, sexually transmitted diseases and contraception. This service is operated by FPWA Advanced Practice Nurses. It can provide you with information, support and referral to appropriate services including counselling. This service is available in the Perth metropolitan area weekdays 8.30am to 5pm on Tel +61 (0)8 9227 6178 and country areas Monday to Friday 7am to 7pm, Saturday 9am to 5pm on 1800 198 205.

  70 Roe Street, Northbridge, WA 6865
  Tel: +61 (0) 89227 6177 or country callers 1800 198 205
  Fax: +61 (0) 8 9227 6871.
  Web: http://www.fpwa-health.org.au/shh.htm

- **The Roe St Centre for human relationships - Counselling Service**

  This centre is a counselling service offered by FPWA, specialising in sexual and reproductive health issues. It is staffed by professional male and female counsellors with tertiary qualifications, which include counselling, social work, and psychology – some of whom are also approved infertility counsellors. Clients can access counselling without a referral and there is a non- rebateable fee for service. Telephone counselling is also available for rural, remote and outer metropolitan clients by appointment. Appointments are necessary.

  70 Roe Street, Northbridge, WA 6865.
  Tel: (08) 9228 3693
  Web: http://www.fpwa-health.org.au/roest.htm

- **Natural Family Planning Services**

  This organisation teaches natural fertility awareness in several locations:

  29 Victoria Square, Perth, WA 6000
  Tel: +61 (0) 8 9223 1396
  Fax: +61 (0) 8 9221 3497 or country callers
  Freecall 1800 114 010
  116 Durlacher Street, Geraldton, WA 6530
  Tel: +61 (0) 8 9921 1433
  25 Acacia Street, Bunbury, WA 6230
  Tel: +61 (0) 8 9791 3696

- **Genesis Inc (Infertility)**

  Western Australia's infertility support group. This self -help group is independent of infertility clinics and its members are men and women affected by infertility.

  PO Box 1469, Morley Business Centre, Morley, WA 6943
  Tel/Fax: +61 (0)8 9375 7572
  Web: http://genesis.dhms.net.au/

- **Donor Conception Support Group**

  Support group for any interested donors, recipients of offspring.

  National: PO Box 53, Georges Hall ,NSW 2198.
  Men's Helpline: Call 1300 789 978
  Tel: (02) 9793 9335
  Web: http://members.optushome.com.au/dcsg/

- **The Adoption Research and Counselling Service (ARCS)**

  Information, support and consultation to all those involved in Adoption, Fostering, Step and Blended Families and the Reproductive Technologies. Options include: Individual and Family counselling; Telephone counselling; Therapeutic and informal Support Groups.

38 Queens Crescent, Mt Lawley, WA 6050
P.O. Box 187, Mt Lawley, WA 6929
Tel: +61 (0)(8) 9370 4914
Fax: +61 (0) (0)8 9370 4917
Email: arcs@adoptionwa.org.au
Web: www.adoptionwa.org.au

Assessment and treatment of infertility available in Perth from clinics licensed under the Human Reproductive Technology Act

Terms used: donor insemination (DI); intra-cytoplasmic insemination (ICSI); intra-uterine insemination (IUI); in vitro fertilisation (IVF); gamete intra-fallopian transfer (GIFT).

- **Public Fertility Clinic: King Edward Memorial Hospital**

  A public clinic headed by a specialist in reproductive medicine and fertility which offers assessment of male and female infertility status and a range of treatments, both medical and surgical, including a limited number of referrals for IVF and GIFT. This clinic has special expertise in reproductive endocrine disorders, particularly polycystic ovarian syndrome and fertility options for women with a cancer diagnosis. This clinic has an experienced fertility counsellor available for appointments.

  The Reproductive Medicine Clinic,
  Centre for Women's Health
  King Edward Memorial Hospital for Women,
  West Wing Clinic
  374 Bagot Road, Subiaco, WA 6008
  Tel: +61 (0) 8 9340 1014
  Fax: +61 (0) 8 9340 1016

- **Concept Fertility Centre**

  A private clinic offering all infertility investigations and diagnostic assessment for male and female partners. Natural fertility enhancement programs offered include- hormone evaluation and ovulation monitoring/induction; timed intercourse cycles; hormone supplements if required; semen evaluation and enhancing treatments; IUI with husband's or donor sperm.

  Assisted reproduction programs include- IVF; GIFT; ICSI; PGD, assisted hatching, blastocyst culture, embryo/ semen cryopreservation and storage; oocyte donation; gynaecological surgery; infertility counselling and donor sperm bank.

  King Edward Memorial Hospital
  374 Bagot Road, Subiaco, WA 6008
  Tel: +61 (0) 8 9382 2388
  Fax: +61 (0) 8 9381 3603.
  Email: concept@conceptfert.com.au
  Web: http://www.conceptfert.com.au/

- **Fertility North**

  This regional private clinic specialises in the investigation and treatment of infertility. All treatment modalities are carried out including ovulation induction, donor insemination, intrauterine insemination, IVF, ICSI, embryo and semen cryopreservation and storage.

  Fertility North, Suite 213, Specialist Medical Centre, Joondalup Health Campus, Shenton Avenue, Joondalup, WA 6027

  Tel: +61 (0) 8 9400 9965
  Fax: +61 (0) 8 9400 9962
  Email: coordinator@fertilitynorth.com.au
  Web: www.fertilitynorth.com.au (under construction)

- **Hollywood Fertility Centre**

  Hollywood Fertility Centre offers a full range of diagnostic and therapeutic procedures including IVF, embryo and semen cryopreservation, donor insemination, intrauterine insemination and ovulation induction.

  Hollywood Fertility Centre, Hollywood Private Hospital
  Monash Avenue, Nedlands, WA 6009
  Tel: +61 (0) 8 9346 7100
  Fax: +61 (0) 8 9386 1463
  Email: hwfc@hwfc.com.au
  Web: http://www.hwfc.com.au/

- **Keogh Institute for Medical Research**

  A private non-profit medical research Institute which has a clinic offering investigation and treatment of male and female infertility, including-complete semen analysis reports; the provision of donor sperm and DI programmes; sperm storage facilities; treatment of reproductive and erectile impairment in spinal cord patients; a women's health clinic which focuses on the transition through menopause; and investigation and treatment of erectile dysfunction and premature ejaculation.

  A counselling service is provided for all aspects of male and female sexual function, infertility issues and relationship problems.

  The Institute is also involved in clinical trials testing new modalities of treatment and new medication for all aspects of reproductive endocrinology.

  3rd Floor A Block, Sir Charles Gairdner Hospital
  2 Verdun Street, Nedlands, WA 6009
  Tel: +61 (0) 8 9346 2008
  Fax: +61(0) 8 9346 3003
  Email: rmri@wt.com.au.

- **PIVET Medical Centre**

  A private clinic offering complete diagnostic assessment of male and female patients; ovulation induction and stimulation; DI; IUI; IVF; ICSI; GIFT; blastocyst culture; embryo freezing and storage; sperm freezing and storage and independent patient counselling.

  166-168 Cambridge Street, Leederville, WA 6007
  Tel: +61 (0) 8 9382 1677
  Fax: +61 (0) 8 9382 4576.
  Email: pivetmc@iinet.net.au
  Web: http://www.pivet.com.au

Notes:

Reproductive Technology Council

For further information please contact:

The Executive Officer
Reproductive Technology Council
Department of Health
189 Royal Street, EAST PERTH WA 6004
Tel: (08) 9222 4048
Fax: (08) 9222 4408
www.rtc.org.au

Department of Health

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