



FERTILITY CENTER

Pathway to Parenthood

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SPERM DONATION

Egg, sperm or embryo donation, embryo adoption and gestational surrogacy, frequently referred to as Third Party Reproduction, has opened a new dimension for couples who otherwise were labeled as being infertile or sterile.

Donor sperm insemination may be used to accomplish conception in a group of patients with appropriate indication. Some of the indications for using donor sperm include a male partner with low or no sperm, ejaculatory dysfunction, significant male factor infertility (failure of fertilization, male immune disorders or very low count and motility), when intracytoplasmic sperm injection (ICSI) is not feasible or elected, presence of a significant genetic defect or having an affected offspring, presence of an ineradicable sexually transmissible infection, severe Rh-immunized female with Rh positive male and females without partners or lesbian couples. The female is usually treated with oral or injectable medication to enhance ovulation, and the insemination is done on one or two consecutive days to maximize the chances of conception. It is important that documentation of fallopian tubal patency is undertaken in advance. The chances for conception are 15-20% per cycle and 85% overall (4-6 cycles), assuming there are no female factors.

The decision to proceed with donor sperm insemination is complex and requires a thorough discussion with a reproductive endocrinologist (RE) and psychological counseling. The main qualities to look for in selecting a sperm donor are assurance of good health and absence of any genetic diseases. The sperm donor should be younger than age 40 yr to avoid potential problems with aging. Although establishment of fertility is ideal, it is generally not required. Using sperm from anonymous donors is much more common than non-anonymous donors and both are acceptable as long as both parties agree.

Laboratory testing for sperm donors include serological tests for syphilis, hepatitis B and C, gonorrhea and chlamydia, cytomegalovirus, HTLV and HIV at baseline and are repeated at 6 months. Both anonymous and non-anonymous donor specimens must be quarantined for 180 days for appropriate re-testing to avoid any potential transmission of infection to the recipient. Therefore the use of fresh semen for insemination is not justifiable.

One of the major sperm banks that we work with is California Cryobank (www.cryobank.com). However, we will work with any licensed bank if the patient wishes to choose a sample from that bank. Selection of a donor is usually done from a catalogue or on line. Facts such as height, weight, eye color, hair color, hobbies and interests, IQ, blood group, family health history and educational background are usually provided. Some banks will give more in-depth information for additional fees. Patients should consider

whether they wish to purchase more sperm than they require for any particular cycle, in case they wish to have a genetic/biologic sibling in the future and the donor is no longer available. We will be able to store additional vials in our facility and you can speak with our Practice Administrator to get fees for this. It is important that when we provide services to couples and individuals who require donor sperm treatment that we follow the guidelines of the New York State Department of Health and the U.S. Food and Drug Administration (FDA).

Disclosure (informing the child where they came from) to the offspring is a personal matter, but is usually recommended so that the child will have good information about their personal health history. The main issue is that a consistent story is told to the child throughout its life, advancing information at age appropriate intervals.

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This handout is intended as an aid to provide patients with general information. As science is rapidly evolving, some new information may not be presented here. It is not intended to replace or define evaluation and treatment by a physician.