

### **Who are the child's legal parents?**

Laws in WA and in many states of Australia specify that a child conceived by treatment involving the use of donated reproductive material, such as DI, is the legal child of the person/s who have sought and consented to the procedure.

Therefore, these person/s have the rights and responsibilities as if the child was their biological child. The donor does not have legal rights and responsibilities.

### **Is the DI treatment of single women allowed in WA?**

The Human Reproductive Technology Act allows single and lesbian women to access DI treatment. The legal status of children born as a result is determined by the *Artificial Conception Act 1985*. Amendments to this Act in 2002 provide that a single woman or a lesbian couple can be registered as the parent or parents of a child conceived by a treatment using donated sperm.

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

Using a donor who is known to you is allowed in WA. Doctors however must not carry out the treatment unless the donor, recipient and their spouses or partners, if any, have attended counselling with an 'approved' counsellor.

### **Issues to consider**

A number of emotional and legal issues may arise from being involved in the DI program. You need to consider:

- The advantages of using a treatment involving a donor, compared with other possible lifestyle or treatment options (eg

adoption, *in-vitro* fertilisation, or a child-free lifestyle);

- The legal implications of the use of donated reproductive material – for the donor, recipients and the children born from the program;
- Any concerns you may have with your records being stored on the Register stored in the Department of Health;
- If, when, and how to give a child information about his/her conception, and the impact this may have on family relationships.

### **Counselling**

To help you understand the complex issues involved in this type of treatment, most clinics provide routine access to an 'approved' counsellor.

An 'approved' counsellor is a counsellor recognised by the Reproductive Technology Council as possessing a significant knowledge of the special issues associated with fertility and infertility.

The clinics or the Reproductive Technology Council can make the list of 'approved' counsellors available to you.

You are encouraged to explore these issues before becoming involved in the program. ■

***For further information please contact:***  
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## **Donor Insemination**

**(DI)**

## **The Facts**

**Information for people considering treatment by donor insemination in Western Australia**

## **Reproductive Technology Council**

**Revised October 2002**

### **What is donor insemination (DI)?**

Donor insemination (DI) is a medical procedure designed to help people have a child in cases of male infertility or to avoid the transmission of genetic disease. Women without a male partner who wish to have a child may also use this procedure.

The procedure is carried out by inserting sperm previously collected from a donor into the lower reproductive tract of a woman, at the time of the month she is ovulating (releasing an egg). The procedure is repeated on three consecutive days.

When carried out by a doctor, the procedure usually involves the use of sperm supplied by an anonymous donor through a sperm bank. Sperm donation by known donors is also permissible.

### **Who carries out the procedure?**

The WA Human Reproductive Technology Act requires that a doctor carrying out artificial insemination may only do so under a special licence, or with an official exemption from this requirement. The doctor may also authorise another person, such as a nurse or the husband/partner, to carry out the actual procedure.

### **What information will be provided to me about the treatment?**

During the early phase of diagnosis and treatment, written information about DI and its implications is provided. Participants are then given time to discuss this with staff at the clinic before treatment begins.

A consent form must be signed to indicate that you have understood all aspects of the program.

### **What is the treatment length and cost?**

Depending on the demands of the sperm bank at the time of treatment, there may be a limit to the number of treatment attempts each person may have.

After several unsuccessful attempts, you may need to explore other methods of conception.

Clinics can provide you with information about the likely costs of treatments.

### **What is the success rate?**

About seven per cent of women who commence a monthly cycle of DI will be pregnant at the end of it, compared with a normal pregnancy rate of 20 per cent.

For a variety of reasons, only approximately 30 per cent of women who begin treatment with DI will achieve a conception in this way, often in spite of repeated treatments.

The risk of miscarriage is similar to that after natural conception and any pregnancy should be regarded as normal in every way.

### **Is it safe?**

The procedure itself is quite simple and carries little or no risk to the woman.

Donors are screened for genetic and infectious diseases. The risk of transmission of the HIV/AIDS virus via donor sperm is greatly minimised by using only frozen sperm which has been quarantined for a period of six months. Each donor is then retested for evidence of the HIV virus before the sperm is released for DI.

Whilst the physical risks of DI are minimal, emotionally there can be an impact. Indeed

months of treatment can elapse without success, and this can cause stress to oneself and/or partner.

### **What information will be provided to me about the donor?**

You are entitled to non-identifying information about the donor, including his physical characteristics, family background, level of education, marital status, area of occupation, blood group as well as interests, personality and a summarised health history.

You may also wish to register on the Voluntary Register of Information about Donation in Assisted Reproduction. More information about this Register is available from the Executive Officer, whose details are at the back of this pamphlet.

### **The question of confidentiality**

Strict precautions are taken to ensure that the donor's identity remains anonymous to you and vice versa.

Information about you and the donor is stored on clinic records and in the Donor Register held by the Western Australian Department of Health. Access to any identifying information from these registers under the State's Freedom of Information Act is specifically ruled out, and there are very strict confidentiality requirements under the Human Reproductive Technology Act.

No identifying information is stored on the computer.