



DOUSING ASSISTED CONCEPTION MYTHS (1): Sperm Donation

This article is intended to enlighten the public on the subject of infertility, infant and maternal health. It is therefore regarded as part of our institution's Corporate Social Responsibility on reproductive health and assisted conception. Characters used here are non-existent and the stories highlighted are hypothetical and only aimed at simplifying the medical discourse.

CASE STUDY

After several attempts at conception, John Doe's fertility evaluation that included hormonal work-up and semen analysis revealed that he had no sperm production in his testes. His was a case of complete Azoospermia. Together with Jane, his wife, they yearn to become parents and decided to enroll in a Sperm Donor Programme.

REVIEW

Completely azoospermic men whose wives have optimal fertility potential, not willing to consider adoption, may still conceive and bear babies they can legally call their own, from an assisted conception treatment with donor sperms.

Oftentimes, donor sperms collected via sperm banks - in frozen forms or freshly collected from pre-screened donors - are good enough for either intra-uterine insemination (IUI), if there is no underlying female factor infertility or considered for in-Vitro Fertilisation (IVF) treatment should there be a female factor inclusion such as blocked fallopian tubes.

Several issues may need to be

addressed for couples enrolling in a sperm donor programme, such as genetic or biological ownership of the sperm, eventual phenotypic semblance of the baby, and even paternity controversies - to mention a few. Through counseling sessions and fertility support groups of parents and expectant families who have previously gone through such recipient treatment cycles, many wrong perceptions about using donor sperms for treatment may be clarified and effectively doused. A few of such issues in a donor-sperm programme are:

1. Medical Screening: All sperm donors are initially compulsorily screened for infectious diseases such as HIV and Hepatitis B & C

before enrollment.

2. Genetic Screening - potential donors with previous medical histories laden with genetically inherent predispositions are automatically certified unfit for enrolment.

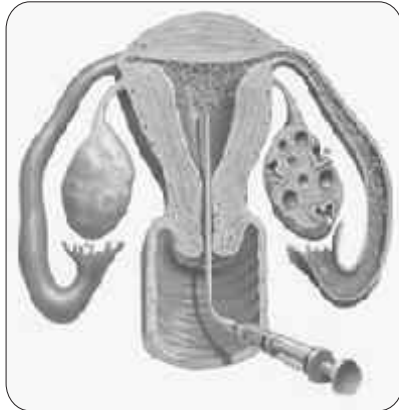
3. Donor and Recipient's Anonymity - it is ensured that donors sign legal documentations that make them unable to lay future claims. Except for cases where the couples on treatment bring in a known donor; the donor programme is legally and confidentially discreet such that recipients and donors are completely anonymous subjects needing conceptual or financial aid respectively.

4. Paternity - much like a comprehensive child adoption programme ensures the transference of legal guardianship to the adopting parents, the baby's paternity will no longer be the donor's.

Having ensured that such controversies as listed above are cleared prior to assisted conception, the baby delivered from a donor programme would be guided by the nurture rule. Parental care and environmental influence, not necessarily the genetic nature will thereafter be responsible for molding such social phenotypic dispositions like morals and character building of the child.

SURGICAL AID & TREATMENT

John and Jane Doe went through a series of counseling sessions before they proceeded with the donor-sperm/recipient programme. Donor sperm with optimal profile features (as documented from the donor) was artificially inseminated into Jane's uterus during an IUI procedure - following a mild ovarian stimulation. They now have a beautiful baby girl. The Doe's are now about to consider a second attempt at treatment by donor sperm artificial insemination, using the same frozen donor sperm as in their daughter's case.



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To be continued