Sperm Donation
Using a known sperm donor
Introduction

Sperm donation is a very important part of fertility treatment. Couples who use sperm donation as a form of treatment usually have almost no chance of becoming pregnant without this option. The gift of donated sperm can thus be one of the greatest gifts of all, giving the recipients a chance that they would otherwise be very unlikely to have, of becoming parents. IVFAustralia’s donor program facilitates treatment with known or deidentified sperm donors. If you have a known donor, treatment can begin immediately with screening tests.

However, sperm donation is also a particularly emotional and complex form of treatment and becoming a sperm donor has serious long-term implications for the donor and his own family. It is for this reason that we, at IVFAustralia, follow a meticulous process of preparation for donor insemination. This process involves thorough medical assessment, detailed testing and extended counselling of all parties involved in the sperm donation, including both of the recipients, the donor and the donor’s family.

In the past, donor insemination was based on the principle of anonymity. In contrast, a much more open approach is, nowadays, favoured. All sperm donors are now required to make their identity available to the children conceived from sperm donation when they reach 18 years. The donor must also give written informed consent to his name being included on the NSW State Donor Registry.

The most important aspect of preparation for sperm donation, and the purpose of this information document, is to ensure that everyone involved makes the right decisions for themselves and their family; decisions that they will be comfortable with in 15 years time. So, before beginning treatment, we will spend a lot of time going through the social, emotional and legal issues with you. We will also assist you in considering the potential implications for you, your family and any children involved. We do hope that this information will help you in making the right decision for you.
General Information

What is sperm donation?

Sperm donation refers to the use of sperm, which has been donated by a third person or ‘donor’ to assist an individual or couple, known as ‘recipient(s)’, in their attempt to become parents. Donors are classified as either ‘known’ or ‘de-identified’ depending on the type of relationship between the Donor and Recipient(s).

Known sperm donation is where the identity of the donor is known by the recipient(s) and commonly where the donor and recipient have an existing relationship. A known donor may be a friend, colleague or family member. The donated sperm is thus only used for the treatment of one (or more) specific individuals.

De-identified sperm donation is where the identity of the donor is not known to any recipient, although identifying information will be made available for later access by the offspring once they reach the age of 18 years. The donated sperm is available for treatment of any IVFAustralia patient and up to five families can be created from one donor (including their own existing family/s). De-identified sperm donation is covered in a separate booklet.

The donor must give explicit written consent to providing identifying information to any offspring from his donation once they reach 18 years of age. He must also give written informed consent to his name being included on, and supply medical information to, the NSW State Donor Registry.

It is a national requirement in Australia that all donated sperm samples must be kept quarantined (frozen) for three months and will not be released for treatment of recipients until follow-up testing is complete.

Can I be paid to be a sperm donor?

No. It is illegal in Australia to receive or make any type of payment for human tissue, including donated sperm.

Can sperm donors stipulate preferences about who receives their sperm sample?

Yes. According to the 2007 ART legislation and 2009 regulations, donors are able to state preferences on the use of their sperm donation. For example, there are very different long-term implications of donation to a couple with no father figure, such as a single woman or a same-sex couple. Our counsellor will discuss these aspects with you.
Informed Consent

The most important aspect of preparation for sperm donation, and the purpose of this information document, is to ensure that everyone involved makes the right decisions for themselves and their family; decisions that they will be comfortable with in 15 years time. So, before beginning treatment, we will spend a lot of time going through the social, emotional and legal issues with you. We will also assist you in considering the potential implications for you, your family and any children involved. Donors, recipients and people born all have rights and responsibilities and we strongly encourage you to think ahead into the future. We do hope that this information will help you in making the right decision for you.

Withdrawal of consent by the donor

Sperm donors continue to ‘own’ their own sperm, even though the sperm is held within an IVF Australia Laboratory. Donors can therefore withdraw their consent at any time to any future use of their sperm.
Becoming a known sperm donor

Eligibility criteria

IVFAustralia adheres to the practices that have been developed by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA) and the National Health and Medical Research Council (NHMRC) and the 2007 NSW Assisted Reproductive Technology Act and the 2009 Regulations for this Act. These practices stress the importance of the future welfare of any child born from donor gametes (eggs or sperm) or embryos. Medical, counselling appointments and the provision of information to sperm donors and recipients before a donation or treatment proceeds, will always take into account the best interests of the future child.

Donors are required to undergo rigorous medical assessment and blood testing. This is to try and prevent any potential infections and genetic conditions from being transmitted to either the recipient(s) or any children conceived.

We clearly cannot accept known sperm donors who are under 18 or who are close relatives of the woman to be treated. For example, at IVFAustralia, we will not provide sperm donation using a donor who is from a younger generation of the same family of either recipient. This is because, after careful consideration, at IVFAustralia, we have reached the view that such a donor is not in a position to give consent that is truly free from family pressures.

In addition, IVFAustralia does not encourage known sperm donors who:

1. are over 50 years of age
2. have a past or current history of significant mental health problems
3. have medical conditions either himself or in his family that may be passed on to future children.

However, patients may have strong and very sound reasons for choosing a particular known donor. We will thus discuss the implications of health or other issues that arise in a possible donor on an individual basis with each donor and the potential recipients.

With all donors, it may become apparent during the assessment process that a man is not suitable to be a sperm donor. When this arises, the issues will first be discussed with the donor. Health or other confidential information about the donor will not be passed onto the recipient without the written consent of the donor. However, if the information would have serious implications for the health of either the recipient or any children and the donor is unwilling to give written consent for this information to be given to the recipients, it may not be possible for the donation to proceed.

Preparation of the donor

It is very important that there is thorough preparation for becoming a known sperm donor. This preparation has a number of important steps. The full process for this is
**Figure 1 | Known sperm donor preparation**

- **Medical Consultation**
  - Takes your medical history
  - Discusses donation process
  - Assesses eligibility

- **Donor Coordinator Meeting**
  - An appointment is made to discuss the work up process for donation and plan appointments

- **Counselling**
  - Usually 2 individual sessions and a joint session with your recipient to consider the legislation and implications of donation

- **Genetic Counselling**
  - Takes Family medical history
  - Explains genetic tests

- **Semen Analysis Blood Screening**
  - Screening tests for infectious and genetic diseases

- **Sperm Freeze**
  - Your donor coordinator will arrange dates to freeze your sperm donation

- **Quarantine Period of Sperm**
  - Your sample is quarantined for 3-6 months prior to being released for use

- **Repeat bloods after quarantine complete**
  - After quarantine complete. Your donor coordinator will call to organise a date to have this completed

- **Medical Review**
  - Donation can now be released for access by recipient
shown in Figure 1.

**An appointment with an IVFAustralia affiliated fertility specialist**

A GP referral is required for this appointment. Our IVFAustralia specialist will take a comprehensive medical history to ensure you are suitable to be a donor, arrange tests to exclude infectious diseases (including HIV/AIDS), to check that the hormones are normal and exclude some major genetic diseases. He or she will also give an overview of the preparation and treatment process and all of the appropriate consent forms.

**Implications Counselling with a Fertility Counsellor**

You and your spouse (including de-facto) will undertake a thorough counselling process. It is vital that you fully understand the implications of becoming a sperm donor, that you understand the issues that lie ahead and that you make the decision that is right for you in the long term. This will explore your motivation for donating, your expectations for future exchange of information, the legal framework for sperm donation and psychosocial implications of sperm donation.

**Genetic Counselling and testing**

Careful thought should be given to the implications for you, of the genetic counselling and testing process. Sometimes information will arise that can have important consequences for yourself and your own family.

**What is Genetic Counselling?**

Genetic counselling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease.

**Why is Genetic Counselling important in a donation process?**

Genetic counselling will carefully document the genetic background of the sperm donor so that if a child has health problems in the future, they have access to a full account of their genetic background. There is also the opportunity to provide expert advice and support in considering the long-term implications of any genetic information that emerges.

There are some instances where we need particularly detailed information to be recorded and considered, such as a family history of genetic problems, any past complications in partner’s pregnancies such as multiple miscarriages, families from some ethnic backgrounds and where the donor is older than usual.

**Do I need to prepare for the Genetic Counselling session?**

Yes. Prior to the genetic counselling session you will be asked to gather information about your family medical history. Such information is of a very personal and sensitive nature and is often very difficult to gather. However, whatever information you do discover will be valuable to the genetic counselling process and enable the genetic counsellor to make the best use of the genetic counselling session.

To assist and guide your family medical history gathering please refer to the information sheet titled ‘Documenting Your Family Medical History’.

**What happens during the Genetic Counselling session?**
During the session the genetic counsellor will go through the family medical history gathered. This will help you understand the inheritance patterns of any potential disorders and assess the chances of a child born as a result of your donation being affected with those disorders. The genetic counsellor will distinguish between risks that every pregnancy faces for all couples and risks that are specific to pregnancies that may result from your particular donation.

The genetic counsellor will also discuss with you the specific tests that are planned for you, including the karyotype (chromosome analysis) and the Cystic Fibrosis and Thalassaemia genetic testing performed as a part of the donor assessment process.

**Karyotype:** The karyotype is able to identify any chromosomal anomalies that may increase the risks of a pregnancy being affected with a severe chromosomal abnormality. For further information, please refer to http://www.genetics.com.au/factsheet/fs1.html

**Cystic Fibrosis:** Cystic Fibrosis is a genetic condition that affects many organs in the body, especially the lungs, pancreas and sweat glands. About 1 in 25 people, of European Caucasian ancestry, are genetic carriers of Cystic Fibrosis and are at increased risk of having a child born with Cystic Fibrosis. For further information, please refer to http://www.genetics.com.au/factsheet/fs33.html

**Thalassaemia:** Thalassaemia is a genetic condition that can lead to serious diseases in the red blood cells. A person who carries only a single thalassaemia gene may have mild anaemia, but usually has good health. At least 1 in 20 adults carry a single gene for this condition, however the chances are higher in certain population groups such as those from Asia, Africa and Southern Europe. For further information, please refer to http://www.genetics.com.au/factsheet/fs34.html

**Further genetic tests** may be needed in some ethnic groups (e.g. Ashkenazi Jews) and, if these are necessary, the genetic counsellor will explain this to you.

**Undertake donor blood and sperm tests**

In addition to the genetic tests, you will undergo other blood and urine tests to exclude infectious diseases and conditions that might otherwise be passed onto the recipient or her child. We also need to check the quality of your sperm so that we understand the best way of using it to help achieve a pregnancy in the recipient.

**Second appointment with an IVFAustralia affiliated specialist for review and treatment plan**

Finally, all test results and their findings will be discussed with you. If anything arises during the assessment process that could have serious implications for the health of either yourself, the recipient or any child conceived, the doctor will discuss with you whether you are prepared to consent to the release of that information to the recipient. In some circumstances if the information is serious and you decide not to release that information, it may not be possible to proceed with the sperm donation.

Do remember that all the information collected by us in the course of the medical assessment, the testing and the counselling is strictly confidential and nothing will be passed onto the recipient without your written permission.
What is involved in donating sperm

For a known donor, who is donating to specified recipients, we normally aim to collect 3-4 separate sperm samples but sometimes more may be required.

Quarantine period

The guidelines of the Reproductive Technology Accreditation Committee (RTAC) of The Fertility Society of Australia (FSA) stipulate that donated sperm be quarantined for a three month period. The donor is tested for infectious diseases at the time of donation and then again at the end of the three months before the treatment cycle can begin. Tests include HIV, hepatitis B, hepatitis C, cytomegalovirus and human lymphotropic virus (a rare cause of cancer of the lymph nodes).

IVFAustralia adheres to the 2007 NSW Assisted Reproductive Technology Act, the practices that have been developed by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA) and the National Health and Medical Resource Council (NHMRC). These practices stress the importance of the future welfare of any child born from donor eggs, sperm or embryos. Medical, counselling appointments and the provision of information to sperm donors and recipients before a donation or treatment proceeds, will always take into account the best interests of the future child.

The NSW Donor Registry

Under current NSW law, a child born from donated sperm is deemed to be the child of the recipient couple and, as such, the recipients put their name on the birth certificate. As parents, the recipients have the same rights and obligations as other parents. These rights and responsibilities to the children continue even if the couple separate or divorce. Gamete donation is a specialised area of the law. If you have any concerns in this regard, you should seek your own legal advice. IVFAustralia is not qualified to provide legal advice.

The NSW Assisted Reproductive Technology Act

The NSW Government has implemented the NSW Assisted Reproductive Technology Act, effective from the 1st January 2010.

The NSW legislation has a number of important implications for patients who are considering whether to donate or receive, donated eggs/sperm or embryos.

The main points of the Act are:

k Donated sperm from a single sperm donor is only allowed to create a maximum of five families (including the family/s of the donor).

k When a child is born following treatment with donated sperm, identifying information about the donor of the sperm will be placed on a State registry.

k Once the child is 18 years of age, he or she will have access to this information.

All IVFAustralia donors will be asked to give their consent to this. If the donor is unable or unwilling to give this consent, it will not be possible for their sperm to be used in the medical treatment of another couple.
The Donor Registry will be held at NSW Health in Miller St, North Sydney in strictest confidence. In the future, where a person aged 18 or above approaches NSW Health and can prove that he/she is a person who has been conceived from donated sperm, they will be able to obtain access to identifying information about the donor from whose sperm they have been created. No other person will be granted access to this information.

It is important to note that the legislation is not retrospective and does not apply to treatment provided before the 1st January 2010. In addition, there are two continuing exemptions from the Act.

- There is an exemption from the Act for three years for couples who already have a child conceived before 1st January from the same donor.
- Embryos that have been created from donated sperm prior to January 1st 2010 can be used for up to five years to achieve a child.

**Arrangements for exchange of information**

**What information are sperm donors entitled to have about either the recipients or any family born from their donation?**

Sperm donors are only entitled to non-identifying information about the recipient families and any offspring born. However, there is little doubt that the voluntary information exchange of a known donor relationship helps the children in the future. In a known donor relationship, the recipient family may often give the donor information about the child although the recipients are not obliged to do this. On request to the clinic, a sperm donor is entitled to be told about the number, gender, and the year of birth of children born to each family using his donation but will not be given any further information without the consent of the recipients of the donation.

**What Information about the sperm donor is given to offspring or recipient(s)?**

The amount of information about the donor given to the offspring and recipients is dependent on the consent of the donor. Most of the time, in a known donor relationship, there is exchange of information between donor and recipient. Often the amount of information exchanged will depend on the level of mutual trust, level of comfort and shared plans regarding the donation and the length of the relationship. The minimum information about the donor that we are obliged to provide to the recipient includes:

- Relevant medical history summary
- A questionnaire completed by the donor (e.g. eye colour, personality traits, education, ethnicity etc)
- Date of sperm collection and suitability for different modalities of treatment
- Last date of contact with the donor

Once the conceived children turn 18 years of age, they will be entitled to identifying information about their donor. This information will be: the donor’s full name, date of birth and the last known address. This information will also be provided to and stored with the NSW Donor Registry at the NSW Department of Health.
Having treatment with donor sperm

Who would normally use donated sperm?

The donor sperm program is available to all patients who have received medical advice that it will be the best approach for them. This may occur where the male partner has no sperm or may be done to avoid transmitting genetic disease. Single women and same sex couples are welcome to seek treatment with donor sperm, although it should be noted that there is no Medicare rebate for fertility treatment unless there is a medical cause for the infertility. Donor sperm can be used in conjunction with a donated egg. For health reasons, treatment with donor sperm is not provided to women past the age of the natural menopause (51 completed years).

How can donor sperm be used to achieve a pregnancy?

Donor sperm can be used by you (the female recipient) either by artificial insemination or by IVF. Artificial insemination involves having a sample of the sperm placed into the recipient’s uterus by one of our fertility nurses at the right time of the month. Sometimes, fertility drugs may be used to stimulate release of more than one egg.

IVF is a process where higher doses of fertility drugs are used to cause a larger (usually 5-15) number of eggs to grow. These eggs are then collected from your body and joined with the donated sperm in the laboratory before being replaced back into your body a few days later.

The embryo transfer is done in the unit and is normally a simple painless procedure taking 5-10 minutes. The embryos are drawn up into a fine plastic catheter, which is passed through the cervix and into the upper uterus where the embryos are slowly expelled. A pregnancy test is done 16 days after the egg collection if you have not had a normal period.

IVF is normally a more intense (and thus more expensive) form of treatment but carries a significantly higher pregnancy rate than artificial insemination.

Your IVFAustralia fertility specialist will advise you about the best method of treatment for you.

The process for the recipients (See Figure 2)

1. An appointment with an IVFAustralia specialist (GP referral required) who will take a comprehensive medical history. The ART information booklet and all appropriate consent forms are provided along with a preliminary discussion regarding the implications. If the potential recipient does not have a known donor, suggestions will be provided on methods of finding and selecting a donor. This may be further explored in additional counselling sessions, if requested by the recipient. (Information on how to approach a potential sperm donor is provided at the end of this document.)
Figure 2 | Donated sperm recipient preparation

- **Medical Consultation**
  - k Takes Medical history
  - k Assesses eligibility
  - k Orders routine screens

- **Donor Coordinator & Administration meeting**
  - k An appointment is made to discuss the work up process and costs for you and your sperm donor

- **Counselling**
  - k Usually 2 individual and 1 joint counselling session with your known donor, to consider the legislation and implications of donation for you and your family

- **Donor Sperm Freeze**
  - k Donor Work Up fee invoice will be sent to you on the first freeze of donated sperm

- **Quarantine Period 3 months**
  - k Once the quarantine period is complete and the donors screening bloods are reviewed by your doctor. Your Donor Coordinator will call you to organise a medical consult to plan treatment

- **Medical Consultation**
  - k Appointment to plan treatment with the donated sperm

- **Commence Treatment**
  - k Call your Donor coordinator day 1 of period to organise an orientation for your treatment cycle
2. Implications counselling usually two individual appointments for the recipient and their spouse (including de-facto) are held with our Fertility Counsellor (available at all of our clinics). The background to the donation, complex emotional and social issues are discussed as well as the legal framework, donor registry, consent implications and plans for future exchange of information and contact. These individual sessions are usually followed by a joint session with the donor and his spouse (including de-facto). The Fertility Counsellor signs and collects the consent form, which will be later discussed and signed with the treating specialist.

3. Routine cycle blood tests for recipients are conducted to screen for any infectious diseases or conditions. There is also a waiting period of 3-6 weeks to wait for the results of the genetic tests for the donor to be returned.

4. Three month sperm quarantine period the guidelines of the Reproductive Technology Accreditation Committee (RTAC) of The Fertility Society of Australia (FSA), stipulate that donated sperm be quarantined for a three month period. The donor is tested for infectious diseases before the cycle and then again at the end of the three months. Tests include HIV, hepatitis B, hepatitis C, cytomegalovirus and human lymphotropic virus (a rare cause of cancer of the lymph nodes).

5. Follow up medical appointment with your IVFAustralia specialist to discuss any further issues, clarify any medical procedures, have a baseline ultrasound (all discussed in the Patient Information Handbook) and review and sign the appropriate consent forms. Both partners are again required to attend. At this time the IVFAustralia Fertility Specialist will plan the treatment cycle. In many cases, they will plan for hormone preparation of the uterus to make it more receptive to the embryo – this procedure is also outlined in the Patient Information Handbook.

6. Nursing orientation will provide very detailed information on the steps, medications, dates and medical procedures involved in the treatment process. A timeline of approximate dates will be calculated and provided during the orientation process. Medications for beginning the cycle will be provided at the orientation.

7. Start treatment
What does sperm donation treatment cost?

The recipient is required to pay for all the costs of the donor’s assessment and treatment. There are several separate components to the costs of treatment with donor sperm.

Donor preparation expenses

This includes the expenses involved in counselling, genetic counselling and medical testing of the donor. This is covered by a single charge that is payable at the time of the initial medical consultation of the donor. There is a specific consent form for these charges that outlines the individual expenses involved.

The charge for these expenses is non-refundable even if the donor does not continue with the donation.

This charge does NOT include the costs of medical assessment of the donor (i.e. doctor consultation). The donor will normally be invoiced for these services at the point of provision and the recipient may be required to reimburse the donor.

Once the donation is complete, you will also be liable for ongoing storage fees for any remaining donated gametes or embryos in storage.

Costs for the cycle

The costs for the actual donor sperm treatment cycle depend on the type of treatment involved. The Unit Administration Manager will normally go through these in detail with you before a cycle is started.

Recipients of donated sperm will be charged a set storage fee every six months to keep all the straws of sperm in storage. When you have treatment you will be charged for the cost of that treatment (e.g. IVF, artificial insemination) but you will not be charged any additional fees for using donated sperm.
Thinking it over

Implications to consider for potential donors and recipients

When deciding to become a sperm donor or recipient there are many psychological, legal and ethical factors to consider. Your IVFAustralia counsellor will help take you through many of these implications to assist you in coming to a fully informed decision. Many people will have already researched and discussed the implication of donating or utilising donor sperm before beginning the formal process with IVFAustralia. Your counsellor is required by the current legislation and RTAC guidelines to demonstrate that potential donors and recipients have discussed and understood a range of topics relevant to the welfare of any potential child created from donation, the donor, the recipients and any children currently in the families involved.

Social Issues

k The welfare of the child is important and this includes any current children of the recipients or donors.

k Current research and the experiences of offspring conceived through donation suggest that children should be told of their biological origins and that secrecy can have adverse effects on family relationships.

k Advice on how and when to tell children about their genetic origins is available from your counsellor.

k Consider your own, your partner’s and your family’s expectations around future contact, exchange of information and roles in relation to children born. Consider many similarities or differences there are in these expectations between all parties.

k How ready are you and your partner for proceeding with sperm donation / or creating a family with the assistance of sperm donation. Is your partner just as ready as you?

k How well do the donor’s stated preferences for future exchange of information and contact match your expectations?

k Take your time in deciding on sperm donation. Particularly to come to terms with infertility, grieve the loss of the ability to pass on your genes and weigh donor sperm options with other options like adoption.

k It is normal to have fears about doing something new and unexpected. Studies of families with children conceived with the assistance of donated eggs and sperm show that most families are just as happy as other families (and may even feel they value their children more because they have been so long in the making!) and that they are usually comfortable with their choice of donor conception.

Medical Issues

k The donor is entitled to all results of his blood tests and investigations. If new medical information about the donor arises during the course of the assessment, medical and counselling support will be provided.

k IVFAustralia becomes aware of any hereditary medical or genetic condition
arising in either a donor or any child, other families created through that donor’s sperm will also be notified.
Asking a person to be a known sperm donor

Some recipient(s) may prefer to try and have a child using a known sperm donor, who could be an acquaintance, friend or family member. The following points may be useful in deciding whether a person could be a suitable Donor for you, including how to approach the topic of them possibly donating semen.

k Consider what criteria you might be looking for in a donor, for example what level of involvement do you wish to have with the donor after a potential child is born? How important are aspects such as the donor’s appearance, religion, personal characteristics, morals and beliefs, level of education etc.

k What motivations of the person donating are important to you?

k What is in the best interests of a potential child in terms of their relationship with the donor? Is it possible for these conditions to be met by the donor you are contemplating?

k Would the donor feel like they were under some type of obligation to donate to you, whether you intend it or not?

k What factors would exclude someone potentially becoming a donor for you?

k If you feel you cannot approach the person directly initially, see if you can gauge what their thoughts are on assisted reproduction, particularly the need for donated gametes. You may be able to gain insight by talking to people who know them well, but be mindful of the donor’s feelings.

k Keep in mind if you find it difficult to approach a person, how would it be to tell a potential child?

k Consider the time and the place that you wish to initially broach the topic of donation so you both feel comfortable.

k Try and include their partner in conversations too and get a clear understanding of how each person feels about the decision. It is important to be open and honest. Partner’s consent is also required if your potential donor is to proceed.

k Allow your potential donor and their partner plenty of time and space to make their decision. Let them know you are open to discussing your expectations and theirs in relation to the future. Let them know it is O.K. if they do not want to go ahead.
Further information

Weblinks

IVFAustralia www.ivf.com.au
ACCESS Infertility Support www.access.org.au
Donor Conception Support Group (Australia) www.dcs.org.au
Donor Conception Network (United Kingdom) www.donor-conception-network.org
There are a serious of booklets titled ‘Talking and Telling’ available for free Download which consider many aspects of Disclosure
Gay and Lesbian Rights Lobby http://glrl.org.au

Books

Palmerston North: Dunmore Press. ISBN 0864694717
Grimes, J. Before you were Born... X, Y and Me http://www.xyandme.com/XYMe-Books.htm Books are written with many variations including a baby born from IVF, donor insemination, frozen embryo, donor egg, donor sperm (IVF), donor embryo and same sex female parents, same sex male parents.

Single Women


Same Sex Couples

Aizley, Harlyn. (Ed.) Confessions of the Other Mother: Nonbiological Lesbian Moms Tell All!
Aizley, Harlyn Buying Dad: One Woman’s Search for the Perfect Sperm Donor
Peters, Julie Anne. Between Mom and Jo.
Garner, Abigail. Families Like Mine: Children of Gay Parents Tell It Like It Is.
IVFAustralia’s Network of Care
ivf.com.au

**SYDNEY CLINICS**
Level 1, 33 York St Sydney [02] 8346 6800
Level 2, 176 Pacific Hway Greenwich [02] 9425 1600
Level 2, 20-22 Mons Rd Westmead [02] 8844 1550
Level 1, 225 Maroubra Rd Maroubra [02] 8372 3200
Level 3 Suite 15 [02] 8567 6955
St George Private Hospital South St Kogarah

**Sydney Consultation & Monitoring Clinics**
Bondi Junction [02] 8305 9800
Castle Hill [02] 9894 4419
Dee Why [02] 9950 6000
Liverpool [02] 8844 1575
Miranda [02] 8567 6980
Wahroonga [02] 9425 1780

**Sydney Consulting Rooms**
Chatswood
Haymarket
Randwick
St Leonards

**CENTRAL COAST**
Level 2 Suite 24
207 North Albany St Gosford [02] 4349 2000

**HunterIVF**
hunterivf.com.au
Suite 4
The Heights Private Medical Centre
2 Lookout Rd
New Lambton Heights [02] 4957 8515