

A HOW-TO GUIDE

# Male Factor Infertility - Family Building with Donor Sperm



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# Hello, Future Parents!

For heterosexual couples experiencing male factor infertility, sperm donation offers a wonderful opportunity to realize the dream of becoming parents. Though many couples approach family building through sperm donation with feelings of hopefulness and optimism, it is not uncommon for there to be emotional challenges as well as anxiety and uncertainty about the decisions you may face along the way.

I've partnered with Seattle Sperm Bank to provide this guide for intended parents like yourself as a tool to prepare you for working with sperm donors.



Britta became a mother through egg donation and was drawn to working in this field through her own experience with fertility challenges.

*Britta Dinsmore, Ph.D.*

LICENSED PSYCHOLOGIST

# Emotional Challenges

## Grieving the Loss of a Biological Connection

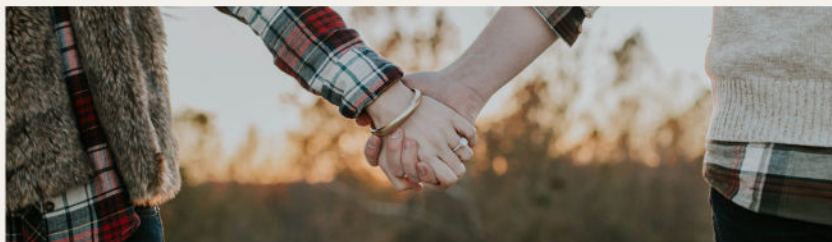
Both partners may experience a sense of grief and loss over not being able to conceive a child with the male partner's sperm. The male partner may grieve not being able to pass on his genes or "carry on the family line." The female partner may grieve not being able to have a child that represents the couple's shared genetics or feel sad at the thought of not being able to see her beloved partner in her future child. A man considering using sperm donation to have a child may also worry that without a genetic connection, he won't feel as connected to the resulting child or that the child won't feel as connected to him.

It can be helpful to acknowledge and discuss these feelings openly with each other. Giving yourselves permission to express feelings of grief and loss helps you move through them so that you can more fully embrace this path to parenthood. Sharing these feelings with one another can strengthen a sense of connection and help you both feel more emotionally supported. Also when fears are spoken aloud and shared, they often lose some of their grip and power.



It is important to know that parent-child attachment is NOT based on genetics, but on interactions between a parent and a child that collectively form a relationship built through the act of parenting and navigating family life together---both the easy, fun times and the challenging messy times.

Human beings are hard-wired for attachment. Showing up, day after day and bringing your best (though inevitably imperfect) self to the task of trying to meet your child's needs for love, safety, approval, acceptance, belonging, boundaries---that's what facilitates attachment.



It is also important to recognize that genetics are only the most basic of “building blocks” in the complex process of human development and that genetic expression is significantly shaped by the environment. Fathers whose children were conceived through sperm donation have a tremendous impact on the people their children become through modeling, teaching, guiding, sharing about themselves, and introducing their children to opportunities and experiences. Parents imprint on their children in so many different ways. Over the course of time, there will be ways that your future child is like each of you and ways he or she is different from each of you. Inevitably, you will see yourself/your partner in your child.

Furthermore, a child's legacy goes far beyond a genetic “bloodline.” Regardless of genetics, your future child will inherit the social, cultural, and familial legacies of both parents. Family identity is based on shared values, identity, rituals, and traditions---not genetics or bloodline.

# Feelings of Inadequacy- Identity & Role Struggles

Culturally, there is often an association between masculinity and virility or fertility. Infertility can be a real blow to a man's sense of masculinity, self-esteem, and sense of self-worth. Males who are diagnosed with male factor infertility may experience feelings of shame, failure, or being "less of a man." In addition to these internal feelings, men with fertility challenges may fear judgment of stigma from others due to societal expectations surrounding masculinity and fertility.

It is important to remember that there is so much more to being a man (or a woman) than fertility or "making a baby." For males with male factor infertility who may be struggling with their masculinity or a sense of inadequacy, it may be helpful to consider men who have been role models in your life or who you admire today and identify the traits and qualities in them that you admire. Likely, it is not their virility. Another suggestion is to make a list of the things that are important to you in being the kind of man you want to be (and perhaps the kind of man you would want your future child to look up to). Notice which of those attributes you already embody and try to be more aware of them in your daily life.



# Feelings of Fear or Guilt in Relation to One's Partner

Men facing fertility challenges may have a fear of disappointing or letting their partner down. They may worry that their partner wishes she was with someone else who was fertile. They may feel guilty for not being able to give their partner a child or because she has to endure intrusive medical procedures because of his fertility issues.

Open communication between partners about thoughts, feelings, and concerns is essential. When a man buries feelings of shame or inadequacy, feelings can “come out sideways.” He may unconsciously push his partner away, to avoid feeling vulnerable or he may become overly acquiescing in fertility treatment related decisions, because he feels like it is “his fault” that he and his partner are in this situation. Female partners may consider sharing with their partner what she values about him that have nothing to do with his fertility.



## Loss of Control

Infertility can result in a sense of loss of control over reproductive health, family building, and life goals and plans.

It can be helpful to focus on aspects of life over which one can exert healthy control, such as

- Prioritizing healthy eating
- Exercising regularly
- Maintaining good sleep habits
- Practicing mindfulness, meditation
- Engage in activities that provide a sense of meaning and accomplishment

# Impact on Intimacy

Leading up to the decision to use sperm donation, couples may have spent years trying to conceive on their own. Timed intercourse can make sexual intimacy feel more like an obligation than an opportunity for meaningful connection and an expression of joy and love. "Sex on demand" can lead to sexual performance anxiety for men and, relatedly, erectile dysfunction. When efforts to conceive have been unsuccessful over a long period of time, sex can become associated with failure and disappointment---hardly an ideal backdrop for an enjoyable, rewarding, and fulfilling sex life.



First of all, recognize that these experiences are very normal and highly common among couples experiencing fertility challenges. If sexual intimacy is not a big priority at this time and you don't want one more thing to "work on" or feel pressured to resolve right now, that is perfectly fine and understandable! Sexual intimacy issues that arise during fertility challenges may well resolve on their own when the fertility challenge itself is resolved. However, if you do want to re-establish a greater sense of sexual intimacy during this time, try to incorporate "non-baby making" sexual intimacy into your life. If performance anxiety has become an issue, instead of having intercourse be the end goal, consider focusing on intimate touch instead---caresses, hugs, kisses, back rubs, neck and shoulder massages, or cuddling on the couch. If problems with intimacy persist and you would like to work on resolving them, consider seeking help from a mental health professional specializing in sexual intimacy.



# Concerns about the Future

Couples may feel anxious and uncertain about if, when, and how they will ever reach their goal of becoming parents.

It can be helpful to develop a realistic and flexible plan with regards to fertility treatment, taking into account financial and emotional reserves and realities. For instance, try setting concrete (though flexible!) goals and expectations around how many IUI cycles you will try before considering whether to move to IVF or how much time or money you feel is reasonable to invest in a particular treatment option before pausing to re-evaluate. It is important to acknowledge that the journey may take unexpected turns. Engage in regular discussions with one another about your shared vision and strategies for coping with setbacks or delays.

Also, while fertility treatment in and of itself is certainly time and energy consuming, it can be important to continue (even in small ways) to engage in things that honor and celebrate who you are as an individual or as couple that have nothing to do with being prospective parents as well as to continue to invest even small amounts of time and energy into your growth, dreams, or future outside of your pursuit of parenthood.



# Questions & Concerns about Disclosure

## Disclosure to Family & Friends

Couples may have concerns and feel uncertain about whether, when, and how to disclose the use of sperm donation to family and friends and to their future child.

When it comes to disclosure to others, it is fair to say that conceiving a child is a private matter and no one else is necessarily entitled to information about how you conceive.

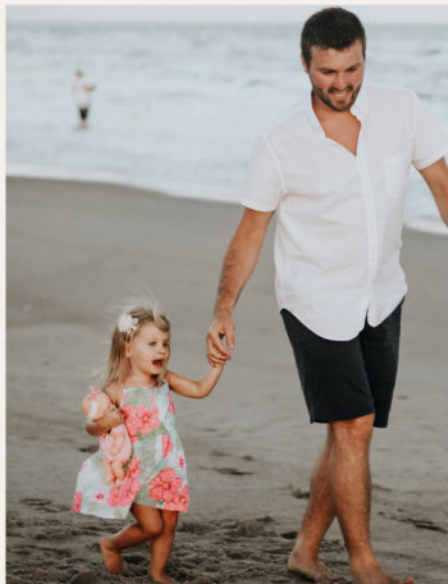
That being said, some couples find it helpful to share with supportive friends and family what they are going through so that they can get the additional support they need during such an emotionally challenging time.

Balancing support and privacy needs is key. It is important to discuss together whether there are certain people that you both feel comfortable sharing your journey and plans with and/or whether there are certain individuals with whom you would rather not share this information.



Especially if you are feeling vulnerable, consider whether the people with whom you are considering sharing are likely to be supportive and helpful. Ask yourself what your experience has been sharing vulnerable things with this person in the past or how you have seen them handle others' disclosure of vulnerabilities. If privacy is important to you, consider how good this person is at maintaining privacy. Consider whether they have any religious beliefs or views that might cause them to respond with judgment or negativity about third party assistance. It can be painful if you don't get the response you were hoping for when you share something that may feel both personal and vulnerable.

If you get a non-supportive response, remember, you don't have to justify or explain your decisions about family building. In the case of judgment or unsolicited advice, some have found it helpful to respond with something along the lines of *"I know you may be trying to be helpful, but this is a difficult, challenging, and personal time and after careful consideration we have arrived at a decision that feels right to us. Hopefully, you can keep us in your thoughts/send positive and hopeful thoughts our way."*



It can also be useful to set boundaries around providing more detailed information, such as when you are undergoing specific procedures or expecting specific results. It may be helpful to let people know that you will let them know when you have news you are ready to share. People are different in how they like to be supported by others. It can also be helpful to let friends and family know whether you would find it helpful for them to check in with you specifically about how your family building efforts are going or whether you would prefer they just periodically let you know they are thinking of you and care about you but wait and to allow you to bring up the topic of family building if/when you feel like talking about it.

### **Disclosure to your child**

With regard to disclosure to the future child, it is generally agreed that all other things being equal, it is in a donor-conceived child's best interest to have honest and accurate information about his or genetic origins. The rationale for this includes the following:

- Most parents value a relationship built on a foundation of honesty and trust.
- Many would consider that children may have a right to know their genetic origins and to have accurate information about extended "familial" genetic mental health and medical history.
- Secrets tend to weigh heavily upon and become an emotional burden for parents.
- When there are secrets, children often sense tension around certain topics.
- Secrets typically don't stay secrets; especially with consumer genetic testing through entities like "23 & Me" and "Ancestry.com". It is unrealistic to think that donor conception won't be discovered at some point.



Research shows that when children grow up knowing about being donor-conceived from a young age they aren't confused about who their "real parents" are---they understand that parents are the people who raise you and take care of you and that is people, not genes, that make a family. Furthermore, they tend to feel positive about their identities and sense of belonging within their families and proud of "their story."

In contrast, research shows that when children find out about donor conception later in life, they are more likely to feel confused, angry, or betrayed.



### How to Approach the Conversation with your Child

Many parents recognize the value of being open with their children about their genetic origins but don't know how or when to do this. Here are some ideas to consider:

- With a young child, parents can talk about "a piece or part that was missing or wasn't working quite right" and "a kind and generous helper who gave them a very special gift---the piece or part they needed" to have the child.
- Some parents wait until the child begins asking questions about babies and pregnancy.
- Others may spontaneously start sharing bits and pieces of the child's story as they are looking at baby pictures together with their child. Children love seeing pictures of themselves when they were babies and hearing about their stories, so this can be a warm, positive, and natural way to begin the dialogue.
- There are some wonderful children's books out there that parents can read to their children. Consider exploring several of these to help jumpstart conversations.



It is helpful to think about it as an ongoing dialogue over the course of years rather than a one-time conversation. Children will understand it differently at different developmental stages and have different questions at different ages.

When parents start these conversations when their children are young, there is less pressure to craft the “perfect” script or explanation. Think “bite size chunks,” sprinkled over time that lay the foundation that will grow and evolve over time.

Also when parents start young, they have that much more time to help shape their child’s understanding of what genetics are important for (physical characteristics such as height, build, hair and eye color, health history) and what they aren’t important for (what makes a family, who your parent is).

# Donor Selection



One important decision is donor selection. A primary consideration is whether to choose a directed donor (i.e. a donor already personally known to you, such as a friend or family member) or a non-directed donor (a donor through a sperm bank). This is ultimately a personal decision, and there is no “one right answer,” as there can be advantages and disadvantages to each.

Some prospective parents prefer to choose a directed donor, because they feel more comfortable with the idea of their donor being someone they already know and trust and who will presumably be a part of their lives for the foreseeable future (and therefore available for the future child to meet, know, and ask questions of).

For other prospective parents, choosing a directed donor feels more emotionally complicated or “messy.” For instance, there may be concerns about boundaries or the donor overstepping his role. Or prospective parents may worry that it will feel awkward to them when with their child in the presence of the donor and/or other friends or family members who know the identity of the donor.

# Directed Donors

## Initial Considerations

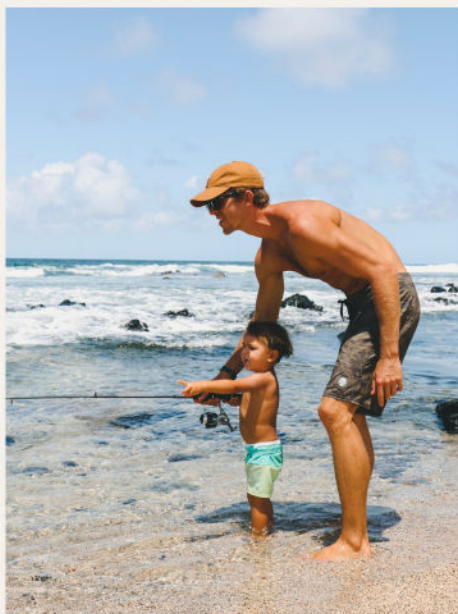
Existing relationship dynamics: You may want to think twice about asking someone to be your donor with whom you have a history of challenging relationship dynamics, even if the person would otherwise be the “perfect” donor. This could result in unforeseen challenges down the road as you navigate roles and relationships in the future between yourselves, your child, and your donor.

## Donor’s personality traits

Ideally you want your donor to be someone who is flexible and collaborative and who is able to prioritize the future child’s welfare and best interests as different decisions, requests, or circumstances present themselves in the future.

## Donor’s conceptualization of his role

The donor should be clear that he will have no parental role in relation to the future child (i.e. no rights, responsibilities, or involvement in parenting decisions).





**Direct, open, and respectful communication is key.**

It is important to talk through preferences and expectations in advance of making a final decision about whether to proceed. A consultation with an experienced mental health professional specializing in family building through third party assistance can be helpful.

In accordance with the American Society for Reproductive Medicine (ASRM) guidelines, some fertility clinics require such a consultation prior to fertility treatment with third party assistance, particularly in the case of directed donation.

**Important topics to discuss and make sure both parties are in alignment with include:**

- Any anticipated (or hoped for) changes in the nature of the relationship or frequency of contact between the two parties as a result of the donation
- The anticipated (or hoped for) role the donor will play in the resulting child's life (i.e. aunt/uncle-like figure, close family friend, mentor, etc.)
- Clarity around the donor not having any parental role (including rights, responsibilities, or parental decision-making) in relation to the child
- Disclosure to the child- will the child be informed about his/her donor conception and the identity of the donor (this is recommended); if so, how, when, and by whom?
- To mutual friends or family- the parties should agree upon with whom the information about the child's donor conception and the donor's identity be shared, as well as how, when, and by whom
- To others, including social media
- How many children the donor is comfortable with his sperm being used
- In the case of IVF, the possibility that more embryos may be created than you choose to use for your own family building and how decisions will be made about any remaining embryos



# Donor Selection - Non Directed Donors



GORAN (14288)



MALONE (12766)



FRANKLIN (12105)

There is no one right way to approach selecting a non-directed donor, or donor from a sperm bank like Seattle Sperm Bank. Before looking at a donor database, it can be helpful to consider what your priorities are, such as:

- Race/ethnicity
- Desired physical attributes, such as height, weight, hair/eye/complexion, facial features
- Desired aptitudes/abilities, such as-intelligence, academic achievement, athleticism, artistic/creative
- Personality traits (i.e. adventuresome, ambitious, playful, funny, spirited, easygoing, etc.)
- Health history, including medical and mental health (both personal and familial)
- Motivation for donating
- Attitudes toward openness for future contact with the resulting child
- Subjective factors (i.e. similar interests, hobbies, profession, or simply a subjective sense of being drawn to a particular donor)

# Legal Matters

## Do I need an attorney?

Sometimes prospective parents using donor sperm worry about whether or not the donor will “change his mind” and try to assume a parental role in the resulting child’s life in the future.



When done properly, legal contracts serve to protect both the donor and the recipients. Not only will the donor not have any parental rights in relation to the resulting offspring, but he will also not have any parental responsibilities for the resulting offspring.

## Important reminders:

- Be sure to read and understand the terms of your legal contract, whether it be between you and the sperm bank or you and your directed donor.
- For directed donors, it is wise to work with an attorney to create legal documentation prior to initiating treatment.
- Each party should be represented by separate legal counsel to avoid a conflict of interest.
- Different states have different laws pertaining to family building through third party assistance.
- Understand the laws in the state in which you live, the state in which you live (and presumably the state in which delivery will occur), as well as the state in which any embryos will be created.



It is important to remember that your child is not going to be a “clone” of the donor. While genetics are important “building blocks,” many traits, characteristics, and qualities are determined by a complex interplay between genetic and environmental factors.

Also, when choosing a donor, one must choose “the whole package” so to speak---it is not possible to “pick and choose” only certain traits and qualities. Inevitably, all donors are likely to have a few “less than perfect” aspects of personal or family history.

That being said, it’s important to generally feel positively about your selection, as you want to be able to convey your positivity about the donor you chose to your child someday when sharing with your child about his or her “origin story.”

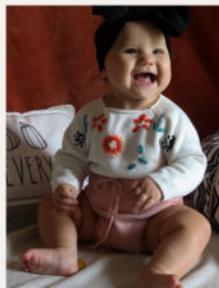
# What to expect emotionally during fertility treatment

If your insemination plan includes working with a fertility clinic, you can expect to have an IUI or IVF procedure. An IUI involves introducing donor sperm directly into the uterus. Whereas IVF involves advanced laboratory procedures where an egg is introduced to the sperm outside of the body.

Both IUI and IVF cycles require a substantial investment in time, energy, and emotion. You can anticipate a variety of the following:

- dedicated effort to track the different phases of the treatment cycle
- take medications daily
- tolerate potential physical and emotional side effects
- attend frequent medical monitoring appointments
- endure periods of waiting and uncertainty
- absorb potential setbacks or delays when things don't go as planned

It's no wonder that along with feeling hopeful and optimistic, it is not uncommon for people to also feel somewhat anxious, stressed, or overwhelmed at different points in the journey.



## Intrauterine Insemination (IUI)

Though typically less medically “involved” than IVF, IUI cycles can involve a lot of intense emotion within a short period of time.

Some couples have likened the IUI journey to an “emotional roller coaster,” with feelings of excitement, hope, and optimism in the weeks leading up to the insemination giving way to impatience and anxiety during the wait until the pregnancy test.



Of course, if the cycle is successful, the waiting stage is rewarded with the joy of success and the sweet anticipation of a baby on the way.

But, if the cycle is not successful, the couple is left with disappointment, frustration, sadness, and perhaps newfound worry about their likelihood of future success.

It is not uncommon for couples to have to undergo several IUI cycles before they are successful, meaning that for many people, the end of one cycle leads directly to the beginning of a next attempt and getting “back on” the emotional roller coaster.

## In Vitro Fertilization (IVF)

IVF cycles are more medically involved, typically requiring multiple daily injections; medications often must be refrigerated, and injections must be administered at roughly the same time each day. Though the injections are not necessarily painful in and of themselves, some patients experience soreness at the site of the injection or a reaction to the medium in which the active ingredient of the medication is delivered. With IVF, the cycle itself takes longer than with an IUI, so more monitoring appointments and lab draws are involved.

For all of these reasons, some couples experience IVF cycles as more intrusive than IUI cycles, though the emotions may feel somewhat less intense due to the fact that the process occurs over a more extended period of time. Though it can be just as devastating when a first attempt isn't successful, there is usually more time taken between cycles and, therefore, couples may have more time to process their feelings, regroup, and ready themselves for a next cycle with IVF than with IUI.



# Building a Support Network



Building a strong support network can provide a lifeline during times of uncertainty and emotional upheaval.

Reach out to friends and family members to ask about their availability for emotional and/or practical support. You may need to educate people about the realities of your experience, including the stresses and challenges. It's often helpful to be specific about what would be most helpful. For instance, people often respond to others' pain by trying to "fix the problem" or offer advice or solutions. When this happens, it can be helpful to thank the person for their suggestion but let them know that what you really need is just for them listen and let you feel your feelings.

Also, if you want support but still some privacy around certain decisions or parts of your journey, it can be helpful to consider ahead of time what kind of boundaries you want to set and practice how to respond to well-intentioned questions for which you don't want to give specific answers. In terms of practical support, people are often glad to be tasked with something specific, such as a ride home from a procedure or delivering a meal.



Seeking professional help through counseling by mental health professionals with training and experience with infertility and reproductive challenges can be invaluable in providing additional support, clarifying goals and priorities for better decision-making, and helping you develop coping strategies specific to the challenges of infertility.

- To find therapists specializing in this field, check out the “For Patients/Find a Provider” tool on the American Society for Reproductive Medicine’s website.  
[www.reproductivefacts.org/find-a-health-professional](http://www.reproductivefacts.org/find-a-health-professional)
- Participation in support groups with other individuals experiencing similar challenges can also be helpful in alleviating feelings of isolation and fostering hope and positivity.
- Participating in groups specific to your local area can be a great way to build community and kinship and, in the future, to introduce your child to other families built through donor conception.
- RESOLVE is a national infertility support organization that offers both in-person and virtual support groups  
[www.resolve.org](http://www.resolve.org)

# This is the beginning of something good.

Remember that each couple's journey is unique. Open communication, mutual understanding, and shared decision-making are essential components of navigating the emotional challenges associated with infertility and sperm donation. Sperm donation is a wonderfully successful family building option for many couples, and navigating the emotional aspects together can strengthen your relationship and prepare you for the joys of parenthood!

Continue reading for how to get started with **Seattle Sperm Bank**, and to learn more about supportive services offered through our author, Britta Dinsmore, Ph.D.



# Next Steps

As you start your journey to parenthood, Seattle Sperm Bank is here to offer support, guidance, and advice through every step.

## Step 1. All Access Pass

- Visit [seattlespermbank.com](http://seattlespermbank.com) to purchase an All-Access Pass to view available donors.

## Step 2. Browse Donors

- Browse our extensive donor database to find the best possible donor based on your personal needs and preferences.

## Step 3. Purchase Your Donor

- Orders can be placed either online or over the phone with our team. We are here to assist you with the shipment or storage of your purchased samples.



## Supportive Services:

- Donor Consultations
- Photo Matching
- Support for Directed Donors
- Genetic Counselors on staff to assist with genetic screening results
- Family Planning with sibling vial storage
- SSB Connects, our internal sibling registry

## ABOUT THE AUTHOR

# Britta Dinsmore, Ph.D. Licensed Psychologist

Britta Dinsmore graduated with a doctorate in Counseling Psychology from the University of Oregon. She is a licensed psychologist in Oregon, Washington, and Montana and has 18 years' experience specializing in fertility challenges, reproductive assistance, and pregnancy loss.

Britta previously served as National Mental Health Advisor for the Parents Via Egg Donation organization. Britta is a member of the ASRM Mental Health Professionals Group, the Oregon Surrogacy Professionals Association, the Society for Ethics in Egg Donation and Surrogacy, and RESOLVE.

She lives in the Pacific Northwest and, in her spare time, enjoys hiking, backpacking, cross country skiing, gardening, travel, and spending time with her family including her dogs Maisy and Riley.



To learn more about services offered by the author, visit [BrittaDinsmore.com](http://BrittaDinsmore.com)