

BFS Donor Survey 2005/6



A total of 94 centres were contacted and responses have been received from 42 centres, of which 7 were storage only centres. Therefore from 35 treatment and storage centres the following can be summarised:

1. Percentage of the 35 centres engaged in each activity:

	2004/5	2005/6
Recruitment of sperm donors	25%	34%
Recruitment of known sperm donors	34%	37%
Treatments using donor sperm	100%	100%
Recruitment of altruistic egg donors (not egg sharers)	63%	66%
Recruitment of known egg donors	66%	66%
Egg sharing	46%	43%
Embryo donation	51%	54%

2. Percentage of the 35 centres with the following experience:

	Harder	The same	Easier	n/a
Recruitment of sperm donors locally	37%	9%	3%	51%
Buying donor sperm from commercial banks	94%	3%	0%	3%
Recruitment of known sperm donors	14%	29%	9%	48%
Recruitment of altruistic egg donors	43%	29%	6%	22%
Recruitment of known egg donors	14%	60%	0%	26%

3. Percentage of the 35 centres assessing impact on service delivery:

	Increased waiting time	Less choice of donor	Rationing of treatments	Closure of service	Increased cost
Donor sperm treatments (altruistic)	74%	86%	60%	9%	89%
Donor sperm treatments (known donors)	20%	17%	9%	3%	11%
Donor egg treatments (altruistic donors)	57%	35%	17%	3%	6%
Donor egg treatments (egg sharing)	17%	14%	9%	0%	9%
Providing embryo donation.	26%	20%	6%	0%	0%

4. Comments:

- Since anonymity was removed, we have had an increase in enquiries but, after receiving an information pack, most did not proceed.
- Much higher levels of technological intervention are being used to maximise chances from a rationed resource ie couples choosing IVF over IUI because they fear they will only get the chance of one or two treatments. Also couples with very severe (genetic) male factor opting for TESA ICSI because there is no donor sperm.' 'Ethnic' sperm has disappeared.
- Significant impact on staff time to try and find suitable donors for patients. Patient's dissatisfaction in being able to have their 'ideal' donor. Treatment cycles being cancelled as no suitable donor can be found. Price of donor insemination having to be increased to match the costs of purchasing donor sperm from other clinics.
- We intend to review whether to stop providing DI at the end of the financial year. The cost, the increased staff time commitment for obtaining supplies and the increasing waiting list we are accumulating, are the main factors which will determine this.
- Donor recruitment clinics refusing to provide donor sperm for IVF use since frozen embryos count as a potential pregnancy.
- We have stopped taking on any new patients for donor sperm. Supply very limited. Having to pass on greatly increased costs to patients.
- Frustration for patients and staff. Pressure from patients to consider purchasing from other countries that takes considerable time for staff in checking suitability of source and arrangement of import licenses.
- Making a 39 year old waste time waiting for donors to be available is effectively imposing infertility on them.
- We have noticed no significant impact on our egg donation programme. The throughput of altruistic donors and sharers has not changed. However, the waiting list for donor sperm is now equivalent to the waiting list for donor oocytes.