

'We need another man in our lives'

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Our names are called from reception. The doctor is finishing some paperwork as we walk through the door. As we sit down, she spins to face us in her swivel chair and smiles.

"How can I help you today?"

Bruce clears his throat, averting his face from her expectant gaze:

"We're trying to have a baby, and my latest sperm test results should be here."

"Righto!" She swings back to the computer screen on her desk. The computer won't give up the information. After a few exasperated groans, she triumphs: "Ah! There we are!" A short pause. "There aren't any."

"Aren't any what?" I'm confused - no records, no results, no what?

"No sperm, I'm afraid."

"What, none at all?" Bruce is looking at the floor and saying nothing. I look back at the doctor.

"Is this common?" I ask.

"No, not really."

The doctor is looking at Bruce, who appears to have "checked out" of the situation. I want to give his hand a squeeze, but I can't move.

"Is there anything we can do?" I venture.

"No, I don't think there is, I'm afraid," she replies. "Now I hate to jump the gun, Caroline, but - donor sperm..."

What is she *talking* about? I don't want sperm from a complete stranger! "What about Bruce?" I want to shout. "It's *his* baby I want!"

I watch Bruce re-cross his legs, shifting his weight and sinking deeper into the chair. Our GP notices as well as she tries to comfort him by saying: "It doesn't make you any less of a man, you know."

Bruce and I had been together for six years. We both wanted children and had been trying to conceive for nearly a year, without success. Because of my history of minor gynaecological problems, we asked our GP to run tests. As a result, we discovered that my fertility was fine - the problem lay with Bruce.

More than 30 per cent of the problems with sub-fertility or infertility are caused by a male factor. Bruce is a slim, healthy, ex-rugby-playing young man who has probably never produced sperm, perhaps due to a microdeletion, or missing piece of his Y chromosome. Azoospermia, the medical term for a zero sperm count, is the "black hole" of fertility treatment. No one knows the cause; there are no visible symptoms or indications of the condition. Nothing can be done to correct it.

I didn't want to accept that we had no alternative to using sperm from a donor, so I contacted my gynaecologist for any advice he could offer. He suggested that we see a urologist to rule out any of the possible problems such as blocked tubes,

preventing sperm from getting out into the ejaculate. He also mentioned that time was not on our side and advised us to go private to see a specialist quickly. At 38, I was already too old to be placed on an NHS fertility treatment waiting list, so saving time at this stage would be vital if I needed treatment as well.

The urologist confirmed our worst fears, but told us to contact a licensed fertility clinic which we would find on the website of the HFEA - Human Fertility and Embryology Authority, the government body responsible for monitoring all UK fertility centres. He advised us to explore all possibilities to give us peace of mind and resolution.

About two weeks later, we arrived at our chosen centre - in common with five other couples also there for the monthly clinic. Given the part of Bruce's anatomy about to be probed, the cruel irony of the pub opposite being called The Bunch of Grapes did not escape us.

Bruce underwent a procedure officially called a testicular sperm extraction (TESE), but which we renamed a "John Wayne-ectomy" due to the bandy-legged gait Bruce had to employ in getting around the house for a week afterwards. Core samples of testicular tissue are taken under local anaesthetic to establish the presence, or not, of embryonic sperm. If even one sperm can be found, intra-cytoplasmic sperm injection (ICSI) can be used to fertilise one of my eggs.

I remember overhearing the surgeon speaking to the couple in the next bay, saying: "We found some. Congratulations! We can begin treatment on your wife straight away." He then came into our bed bay, shaking his head, and gently told us that he had analysed 15 tissue samples, none of which revealed any sperm at all. Donor sperm was our only option.

While trying desperately to feel all right about having to be inseminated with a catheter and going through blood tests, scans and endless appointments, I subconsciously began a process of grieving for the child that we couldn't create together. Bruce, in common with many infertile men, began to feel frustrated and, although he knew it was illogical, he said: "This seems to be a ridiculous reason not to be a father." These feelings fuelled a drive in me to "fix it" for Bruce to be a father, and a determination in him to cope with the prospect of me being pregnant with sperm from another man. We both wanted to go forward with my treatment quickly.

But there was another problem that we hadn't bargained for - a desperate shortage of donor sperm. Choosing donor characteristics is a strange experience. The process made us feel uncomfortable, but this isn't about "designer babies". Only 250 men donated sperm in the UK last year, and after being offered three donors who had completely different hair colour, eye colour and height from Bruce, we finally accepted sperm from a man who was roughly the same height and build. Out of 10 possible matched characteristics, we accepted a match on just two.

I have, so far, gone through three inseminations and four cycles of intra-uterine insemination (IUI). Sperm are injected directly into my uterus and left to fertilise naturally. My reasonable level of fertility means that I haven't yet endured the more invasive procedure of IVF. This won't always be the case as I grow older and my fertility wanes. I have never considered going "DIY" - buying fresh sperm over the internet - as that is a legal minefield. Additionally, many of the viral "nasties" such as HIV, hepatitis C and many STIs can be held in the seminal fluid.

So why not adopt? Well, adoption agencies do not allow you to apply until you have stopped fertility treatment. If our continuing treatment becomes impossible due to the lack of money, donors or my age, we may try to adopt, but we wouldn't want to replace the baby we couldn't have; we would opt to give a loving home to an older child - to do a different thing for a different reason.

Initially, I had emotional difficulties dealing with the thought of accepting another man's sperm inside me. Thankfully, the clinics deal only with frozen sperm. This is washed, the seminal fluid removed and then presented to me suspended in a bright pink fluid - it doesn't look like anything originating from a human male. Just before my last go I did find myself offering words of encouragement to the little chaps in the test tube. Unfortunately, this didn't work.

One of the most difficult parts of dealing with what can become an extended period of time (in our case, three years and counting) is the ignorance surrounding the various causes of infertility. Nearly everyone knows someone who is having treatment and most people assume that my husband is the fertile one, saying things like "Well, if you just relax, I'm sure it'll happen naturally". Or they ask about my IVF, leaving me with the choice of smiling and discussing it no further, or enlightening them as to the true nature of my treatment in the middle of a grocery shop or newsagents, leaving us both embarrassed.

"Implications counselling" is mandatory for recipients of donor eggs or sperm. We found it invaluable. Our attention was drawn to issues needing our consideration before conception. The change in the law means that children conceived by donor eggs or sperm will now be able to request access to identifying information about his or her donor after their 18th birthday. Research from other countries where anonymity has already been removed, suggests that 80 per cent of parents decide to keep details of their child's conception a secret, but parents who have told their children say that it was the right decision for them: the children accept this information at face value and get on happily with their lives. Of course, some children find out by accident and can be devastated; this often leads to a mistrust within the family.

The decision to be open with our child acted as the catalyst for us to get married. It was shocking to learn that, as an unmarried couple, only my name would appear on the birth certificate; the father's name would be left blank. Bruce would have to go through a formal adoption procedure to have full parental responsibility for our child. We used the news of our wedding as an opportunity to tell friends and family about our struggle to have a family. By and large, they were incredibly supportive, particularly as our attempts failed and our emotions, finances and relationships were strained almost to breaking point.

Supporting each other emotionally became incredibly difficult over time. Although we both ran more or less the same gamut of emotions, we did so at different stages: while I desperately wanted to talk about my feelings, Bruce sometimes couldn't bear to talk at all. I took up the clinic's offer of continuing support counselling. Bruce, in common with most men, didn't, so I went on my own. With help, I was able to gain enough insight into our situation to enable both of us to work through our feelings. This undoubtedly kept us together and helped us to preserve and develop our relationship.

At the moment, we are not in a financial position to go ahead with a fifth treatment, but we would like to encourage fertile men to consider donating sperm to fertility clinics. The removal of donor anonymity is, in our view, nothing to worry about. If

you are in a position to think about donating, you can explore the implications of the law change with a fertility clinic counsellor.

The two names on the birth certificate will always be the legal and emotional parents of the child. We want that lovely responsibility. Details of the donor's name and last registered address will become available only to the child and *only* at their request. So yes, a donor may get a knock on the door 18 years from now, but he or she will already know that this is a possibility, and if it's our family on your doorstep, we'll just be there to say "thank you" from the bottom of our hearts.