

READ THIS
MATERIAL
MORE THAN
ONCE!

Information prior to insemination

We are looking forward to meeting you at the preliminary health record consultation, either at Stork Clinic or by telephone! You decide for yourself what suits you best, and make the appropriate arrangements with our secretary when scheduling the appointment.

Requirements for the preliminary consultation

Remember that before your health record consultation can take place, we must have received your completed and signed personal medical statement, as well as documentation of your payment. We need to have this at least ten days before your appointment. You can send the statement and documentation by any of the following methods:

- a. Fax: (+45) 32 57 33 46
- b. Ordinary mail: See address below.
- c. Email: info@storkklinik.dk

The personal medical statement form and instructions for payment are at the end of this informational package. If we haven't received your statement and payment, we'll need to give your scheduled appointment time to someone else, since there is often a waiting list for consultations. It's a good idea to contact us at least ten days before the consultation, just to make sure everything you've sent has arrived.

Due to Danish law we have to ask for a copy of your passport that we will keep with your medical files. We will also have to ask you for your full social security number instead of your birthday. We are sorry for this less personal attitude, but it is necessary according to Danish law.

Health record consultation

Our consultations last about 45 minutes. We'll discuss your health, and your chances for becoming pregnant. Please read this informational package thoroughly beforehand, so we can use the time discussing your individual situation instead of talking about general questions that might be answered in the package. It's even a good idea to read it again the day before the consultation, and then to keep it for reference during the insemination process.

Helping you make the decision

If you're not really sure whether insemination with donor sperm is for you, your preliminary consultation can also be used to help you make that decision. Maybe you're not 100% certain if this is the way you want to become a mother, or perhaps you don't know if you would be able to explain your choice to your child. We can work together to find out if donor insemination is right for you. It's your choice and yours alone. We can also use our experience to discuss whether an anonymous donor or open donor would be best for you, or if you would rather try to find a man willing to be a known donor – or perhaps even a fully-involved father. You can decide yourself whether you would like to send us a personal medical statement before this type of consultation. Both the "decision" consultation and the more traditional preliminary consultation are entirely non-binding for you.

Examinations by your own doctor

You need to have the following examinations done by your own doctor and write the results in your signed personal medical statement – preferably before your preliminary consultation, but definitely before we can inseminate you. These examinations are required by the Danish health authorities.

*Chlamydia,
HIV 1 and 2
Hepatitis B:
HBsAG and
Anti-HBc.
Hepatitis C:
Anti-HCV-Ab*

We also recommend that you confirm that you are immune to Rubella (German measles). If your work exposes you to other infectious diseases, discuss this with your doctor. We are unfortunately not able to help women who have positive HIV or Hepatitis C test.

Examination by your own gynaecologist

We strongly suggest that you have your fertility checked by your own gynaecologist, with an ultrasound scanning of your pelvic region plus hormone blood tests. That way before you come to your first insemination, you will have a clear picture of your chances for becoming pregnant.

Daily telephone hours

Weekends between 10am and 4.15pm, CET. We have lunch break from 12.15 p.m. to 1 p.m.

Emergency telephone hours, for insemination only:

Weekdays between 8am and 10am CET, for scheduling inseminations only!

On weekends and holidays, the telephone is staffed from 8:30am until 9:30am CET for scheduling inseminations only.

Opening hours at Stork Clinic

Stork Clinic is open for insemination 365 days a year, including weekends and holidays. We ordinarily close at 4pm, unless there are more women than usual who need to be inseminated on the same day. You should therefore plan to arrive at the clinic by 2pm at the latest if you plan to be inseminated.

In Denmark we have the following holidays in 2007:

Holidays in Denmark in 2009:

January: 1.

April: 9., 10. and 13.

May: 8. and 21

June: 1. and 5.

December: 25, and 31

On holidays our telephone will be answered as on weekends.

You can book time for insemination between 8.30 and 9.30 am.

When you have an insemination on a holiday or weekend, an extra fee of 400 DKK applies and will be added to the insemination price.

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At your own doctor

Chlamydia, Hepatitis B and C and HIV

Shortly before insemination, your own doctor should test you for Chlamydia, hepatitis B (HBsAG and Anti-HBc) and Hepatitis C (Anti-HCV-Ab) and HIV. We require that you be 100% sure you are free of these diseases before you can be inseminated. If you have unprotected sex after you have been examined by your doctor and before the insemination, you must be tested again and await the results before you can be inseminated.

Stork Clinic cannot be responsible for making sure you are disease-free before you are inseminated. This is your responsibility, and it is critical, because a single insemination when you are infected will make the infection worse and, in some cases, spread it further into your body. If you are infected, the sterile catheter used for insemination could also serve as a path by which bacteria and viruses resulting from the infection travel from your cervix up into your uterus, where it can spread via your Fallopian tubes throughout the entire pelvic region. In a worst-case scenario, diseases like Chlamydia can spread to your entire body and can create inflammation in all of your joints, something that can take years to cure and sometimes cannot be cured at all. We don't want that any more than you do, which is why we ask for your signature on the Personal Medical Statement certifying that you take full responsibility for being disease-free.

You should also be certain that you have neither syphilis nor hepatitis. Ask your doctor if you need to be examined for these diseases. The responsibility for making sure you are free of them is also yours.

Please make sure to be tested, even if you feel certain you are disease-free. There are unfortunately many women who discover that they have an undiagnosed infection, often one with no visible symptoms, and these infections must be cured before insemination takes place.

If you have tried to get pregnant via home insemination with sperm from someone you know, you should also be tested for HIV, hepatitis B and C and chlamydia before you are inseminated at the Stork Clinic. Even though your donor may have appeared entirely healthy, he may have had infections he did not disclose or did not know about.

In the Personal Medical Statement you will confirm with your signature that it is your responsibility, not ours, that you are fully healthy every time you come to Stork Clinic for an insemination.

Are you immune from childhood illnesses?

You should have a blood test to make sure that you are immune from the childhood illness rubella, sometimes called German measles. If you catch rubella while you are pregnant, your baby could be born with severe birth defects, or you could be faced with an unpleasant decision about whether or not to have an abortion. It is your choice whether or not to be immunized against rubella if you are not already immune. Talk with your doctor about it.

If you work with children or have close contact with small children, it could be necessary to take extra blood tests to make sure your body is creating antibodies against "fifth disease" (parvovirus B-19). If you have a cat or close contact with a cat, ask your doctor about toxoplasmosis.

Other health problems

If you are suffering from either chronic or acute illnesses, it is not always a good idea to become pregnant. The same is true for women who have physical handicaps or psychological problems, or have abused drugs or alcohol at some point. Please have a serious consultation with your doctor or specialist about what your illness or handicap would mean in case of insemination or pregnancy.

Stork Clinic can only consider inseminating women with serious health problems once we have received written confirmation from your doctor that despite your illness or handicap, you are physically or psychologically ready to become pregnant. A pregnancy must not threaten your physical or mental health or the baby's.

This is also true if you have had a serious illness in the past. We will need a written document from your doctor discussing your special lifestyle needs, not just your illness in general.

Gynaecologist appointment

We recommend that you be examined by a gynaecologist before you are inseminated. If possible, please try to do this before your preliminary consultation, so we can talk about it.

It's best that this examination take place before your first insemination, since it is psychologically stressful and expensive to be inseminated many times without success.

The gynaecologist will examine you with regard to the upcoming insemination and evaluate your chances for becoming pregnant. This will be done with the help of ultrasound scanning and with blood tests for hormones. We believe that these tests and examinations at your gynaecologist is a condition for the insemination in order for you and us to know that from the very beginning you have a real chance for you to become pregnant. We would like for you together with your gynaecologist to do what ever is possible to reduce the risk of you having pointless inseminations.

BLOODTESTS

We recommend that you have a complete hormonal elucidation regarding female and male hormones. As a minimum you should have tested FSH on day 3 of your cycle and progesterone a week after your ovulation before you come for an insemination. Your gynaecologist should decide which others blood test is necessary for you.

THE ULTRASOUND

The ultrasound will allow the gynaecologist to examine your uterus and ovaries and make sure they are normal. Even if you feel entirely healthy and menstruate regularly, you could have an ovarian cyst or a polyp – a small growth within your uterus – that needs to be removed. A polyp can prevent a fertilised egg from implanting in the wall of the uterus. You could also have muscle knots or fibroids located in problematic parts of your uterus without you knowing it. The ultrasound will not allow the gynaecologist to see whether or not there is free passage through your Fallopian tubes, which are only 1-2mm in diameter.

TO FIND A GYNAECOLOGIST

If you live in Denmark, examination by a gynaecologist is free with a referral from your doctor. Some doctors, however, do not want women without a man in their lives to receive public support for an examination in advance of insemination at Stork Clinic. If your doctor is one of them, you must either pay for the examination yourself or change doctor. Whether you are paying yourself or have a referral, you can choose the gynaecologist you prefer.

Stork Clinic has found the following gynaecologists to be sympathetic to women without a man in their lives:

Jens Stenderup,

Højbro Plads 5, København K, Denmark
Tel. (+45) 33 93 50 90.

Peter Østergaard,

Øresundshøj 2B, 2920 Charlottenlund, Denmark
Tel. (+45) 39 64 36 66

Carsten Trolle,

Majorstuaaklinikken, Slemdalsveien 1, N-0369 Oslo,
Norway Tel. (+47) 22 69 55 10.

Past infections

If you have had uterine infections in the past, or gonorrhoea or Chlamydia, we suggest you have an X-ray called an HSG. This examination will make sure that your Fallopian tubes, which provide the passage from your ovaries to your uterus, are clear. Unfortunately, this cannot be seen during an ultrasound scanning. The illustration at the end of this text is somewhat misleading – in fact, the Fallopian tubes are only a millimetre or so in diameter.

Past infections may have created scar tissue that could make pregnancy more difficult to achieve. Sometimes the sperm cells cannot get to the egg, or the egg cannot enter the uterus.

An X-ray examination can be conducted either at an X-ray clinic or a hospital, and if you are part of the Danish health system, the examination is free with a referral from your doctor. Some gynaecologists will do a so-called “water scanning”, in which salt water is introduced into your uterus to see if your Fallopian tubes are clear.

If you are inseminated two or three times without success, we recommend an X-ray. Some women have trouble with their Fallopian tubes even if they have never suffered an infection. It is emotionally difficult and expensive to waste time on inseminations that do not succeed. Some gynaecologists also believe that chances are higher for pregnancy in the two or three months after an HSG, since the Fallopian tubes sometimes widen a bit due to the passage of X-ray fluid.

Some women’s Fallopian tubes suffer from minor cramps during a HSG examination, so it may appear that the Fallopian tubes are blocked. If your HSG suggests that your tubes are blocked, talk with us about it. If, on the other hand, your HSG suggests that all is well, you can be more certain that both sperm and a fertilised egg can pass through your Fallopian tubes.

Cycle & Ovulation

Number of days between menstrual periods

On your personal medical statement, we ask you to write the number of days between your menstrual periods for each of the past six months. Use a calendar, and count from the first day you get your period to the day before you get your next. Try to do this for six months if you can. Accuracy is extremely important, particularly if you are going to be inseminated in your natural cycle, so please use a calendar and do your best to get the intervals right. How long the actual bleeding lasted is not important. There's no need to write down the dates themselves, just the intervals. We will, however, need the date of the first day of your last menstruation before insemination.

What is a "day in your cycle"?

In this informational material, and when we speak with you on the phone in the future, we will use the expression "day in your cycle." For example, we might say, "the 14th day in your cycle." The first day you get your period is the first day in your cycle. If you get a little blood spotting in the days before the full flow begins, that doesn't count. "Day 1" is the day your flow really begins. If your period begins in the evening, the next day is Day 1 of your cycle.

Statistics

Inseminations at Stork Clinic from 01.01.2007 to 31.12.2008:

Age	Inseminations	Pregnancies	
		Count	Percentage
20-24 Y	18	8	44,4%
25-29 Y	160	45	28,1%
30-34 Y	696	170	24,4%
35-39 Y	1.045	187	17,9%
40-45 Y	1.029	86	8,4%
All	2948	496	16,8%

The figures above represent the number of inseminations undertaken in 2008, not the number of women who were inseminated. You can calculate from the figures, for example, that if you are between 30-34 years of age and are being inseminated in your normal cycle, you have a 24,4% chance of getting pregnant **each time** you are inseminated. On the average, you should be pregnant after three or four inseminations.

The statistics also show that women between 35 and 40 need an average of 5-6 inseminations to get pregnant, and that women over 40 need an average of 11. These time horizons are equal to what it would take to get pregnant via regular sexual intercourse with a man who has good sperm quality.

The risk of miscarriage is the same after insemination as it is after conceiving via sexual intercourse. Our 2005 statistics show that if you are under 35 the risk of miscarriage is around 19% and if you are over 40% it is, sadly, as high as 44%. The reason that it takes women longer to become pregnant after 40, and that the risk of miscarriage is so high, is that eggs age and deteriorate.

Averages and percentages are one thing, but the experience of conception is different for every woman. We have seen women over 40 that are lucky and conceive the first time they are inseminated. And there have also been some women younger than 35 who need to be inseminated more than four times before becoming pregnant. As we said in the section on emotional as-

pects, it can be emotionally quite difficult to be inseminated many times before becoming pregnant.

Please note that Danish law permits insemination of women 45 years of age + 3 months. The chances for becoming pregnant and giving birth to a healthy child are small if you are in your mid-forties.

HOW LONG SHOULD I CONTINUE?

Through the years we have made a lot of women pregnant. Some become pregnant fast and for others it takes longer. Common for all the women who have become pregnant is that they have all become pregnant within 12 inseminations. We have had a few women who have insisted on continuing the insemination process after 12 inseminations. We have not succeeded in making anybody pregnant after the 12th insemination. Therefore we do not recommend more than 12 inseminations.

Natural cycle or hormone treatment?

Women's eggs are affected by age. While men constantly produce new sperm cells, women's eggs are formed when they are in their mothers' wombs. Our eggs become less and less able to be fertilised each year. When a woman is in her mid-thirties, only half her eggs are ordinarily be able to be fertilised, and of those, only half will be able to develop in a way that can produce a baby. In a normal cycle, a woman's body releases only one egg at ovulation. In a hormone-stimulated cycle, it can release as many as 2 or 3.

Nevertheless, the Stork Clinic's statistical material shows that hormone stimulation does not increase the chances for pregnancy. We don't know why, but one explanation could be that some women, despite hormone stimulation, release only one egg.

Inseminations without hormones 2005				
Age	Inseminations	Pregnancies		Mis-carriages
<= 34 yrs	681	185	27%	37
35-40 yrs	874	151	17%	48
41-45 yrs	374	33	9%	14
Total	1929	369	19%	99

Inseminations with hormones 2005				
Age	Inseminations	Pregnancies		Mis-carriages
<= 34 yrs	100	23	23%	4
35-40 yrs	145	17	12%	11
41-45 yrs	79	5	6%	3
Total	324	45	14%	18

PCO – Polycystic ovarian syndrome

Some women have hormonal imbalances which require treatment before pregnancy can be achieved. PCO stands for polycystic ovarian syndrome, the symptoms of which are highly irregular menstruation, lack of ovulation, hormonal imbalances and sometimes excessive hair growth and skin problems. The ovaries make more follicles than usual, but none of them mature properly and ovulation often does not occur. Up to 20-30% of all women unfortunately have PCO. Overweight women more often suffers from PCO than standard weight women. If your menstrual cycles are highly irregular, talk to your gynaecologist about having a complete hormonal examination. This means that you should have checked if all your female hormones works as they should and whether or not you have to many male hormones. Gynaecologist Bjame Sigsby has specialised in treating women with PCO. Se www.gynklinik.dk

PCO and your diet

Some researchers suggest a link between insulin resistance and PCO. The researchers believe that insulin resistance causes many PCO symptoms. The conclusion of this new research is that if you have PCO it is important - regardless of your weight - that you blood sugar and your insulin production is in balance. Three months of a PCO diet is recommended to control insulin resistance. This gives completely new perspective to women with irregular menstruations or other symptoms of PCO because the condition is treatable. The hormonal balance can be restored, you will have fewer PCO symptoms and it will be easier to become pregnant if you follow a PCO friendly diet. Many gynaecologist believe that it does not make sense to use hormones to stimulate women who have PCO because the risk of a miscarriage is substantially higher if you have not reduced your insulin resistance and thereby your PCO. In short the change in diet is that you should avoid carbohydrates, especially the "fast" carbohydrates and substitute them by lots of vegetables, protein and healthy oils and fat.

Natural cycle

If you will be inseminated in your natural cycle, you will need to find your time of ovulation yourself with the help of an ovulation test kit. You can buy these at the drugstore. If you will be using hormone stimulation, you usually will not need an ovulation predictor kit, so you don't need to read this paragraph.

READ THE INSTRUCTIONS ON THE PACKAGE VERY CAREFULLY

When you get your ovulation predictor kit, follow the instructions that come with it very carefully. Here, however, is a little background that may not appear in the instructions.

In order to figure out which day you should start checking your urine for a rise in LH, the ovulation hormone, look at the shortest menstrual cycle you have had in the past six months. This is the number you should use when calculating when to start testing. The idea is that you will start testing a couple of days BEFORE ovulation occurs. You should get negative results the first day or first few days. This is important because some women have so much of the LH hormone that their ovulation tests can come out positive up to five days in a row. That does not mean you can ovulate for five days!

We are only interested the day the test changes from being negative to being positive. When you have your first positive test, that means that ovulation will take place within 24-36 hours. To find out when that change occurs, it's a good idea to check your LH both in the morning and in the evening.

Since there is only one ovulation, there is no need to keep testing after the first positive result. Some women only test positive for one day, and that's just fine. Insemination might be scheduled for the day after your first positive test, even if the test has turned negative again by that time.

Sometimes the ovulation predictor will show a hormone line thinner than the control line. Don't worry about this – the most important thing is that the lines are the same colour, the same lightness or darkness. The test is also positive if the hormone line is darker, even if it isn't very thick.

If an ovulation appears to be "on the way" in the morning, make sure to test again on the same afternoon or evening. It is important that your urine is as concentrated as possible when you are testing at a time other than first thing in the morning. Drink as little as possible, and avoid food with higher water content, especially fruit, for a couple of hours, then empty your bladder. Drink nothing at all until you feel the need to urinate again, then take the test.

Some women have had bad experiences with an ovulation predictor called Uni-Plan. If you buy inexpensive tests on the Internet, avoid those with small sticks in favour of those in plastic containers that resemble a ballpoint pen. The stick tests are extremely sensitive to dust, a bit of faeces or even oil from your fingers, and can therefore show a wrong result. The tests in plastic containers hide the sensitive areas behind a little plastic window. They also have a greater ability to absorb urine, which means more hormones for the test to evaluate.

Positive ovulation test

When your ovulation predictor produces a positive result, call Stork Clinic and tell us which cycle day you are on. For more information on cycle days, see page 6.

**Call us between 8:00 and 10:00am
Central European Time
on any day you have a positive result.**

**On weekends and holidays you can call between
8.30 –9.30am.**

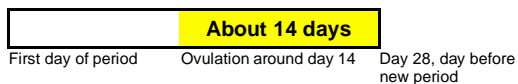
When you tell us your test result and cycle day, we can figure out which day would be best for your insemination. You may be inseminated that same day, or perhaps the day after. It is best to inseminate as closely to your time of ovulation as possible, since donor sperm can only live about 24 hours in your body after insemination.

Frozen vs. Fresh donor sperm

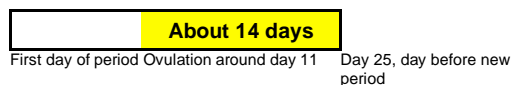
The ovulation predictor's instructions will tell you that sperm can live up to three days in a woman's body. This is true only of good-quality fresh sperm. In order to minimise the risk of HIV transmission, Stork Clinic uses only sperm that has been frozen for at least six months – see the section on donors. Thawed donor sperm can only live about 24 hours in a woman's body.

14 days before menstruation

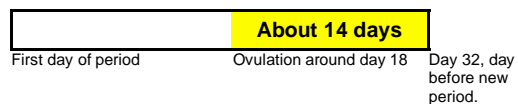
Ovulation usually happens about 14 days before your next menstrual cycle begins. This is generally true regardless of the length of your menstrual cycle. Only if your menstrual cycle is precisely 28 days long will ovulation take place right in the middle of your cycle.



However, if you have short menstrual intervals, for example of around 25 days, ovulation may come as early as Day 11 ($25 - 14 = 11$).



If you have long intervals between menstrual periods, for example 32 days, you should calculate ovulation by subtracting 14 days from the day you expect your period to arrive. This could be as late as Day 18 ($32 - 14 = 18$). This is completely normal.



This general rule can be used to decide if you will be inseminated on the same day your ovulation test is positive, or the day after. If you normally have 28 to

30 days in your menstrual cycle and your ovulation test is positive on Day 13, it would be a good idea to wait until the next day to be inseminated. ($13 + 14 = 27$). If, on the other hand, you normally have 25 to 28 days in your menstrual cycle and your ovulation test is positive on Day 14, it would be a good idea to be inseminated the same day. ($14 + 14 = 28$).

If your menstrual cycles are irregular, it can be harder to use this rule, because it's hard to be sure how long the current cycle will last while you are in the middle of it. In such cases, we usually recommend that you be inseminated the first day your ovulation test is positive.

Some women can "feel" when they are ovulating, and if you are one of them, you can use these signals to decide which day you want to be inseminated.

Double insemination

In some cases, women having a natural cycle choose to be inseminated both the same day their ovulation test is positive and the day after. We recommend double insemination only when it is not clear when ovulation will take place. To be frank, we would rather put our energy into finding the right day instead of into double insemination. But if your body tells you something different than what experience tells us, we have learned that it is best to listen to your body!

Double insemination is rarely necessary for women using hormone stimulation, unless the gynaecologist who performs the ultrasound scanning on Day 10 or 12 is in doubt about which day ovulation will take place. If you would like to be double-inseminated in a hormone-stimulated cycle, the insemination should take place 12 or 36 hours after you have taken your ovulation injection of Profasi or Pregnyl, which we will describe later in this text.

When do hormones help?

Generally we do not encourage women with normal hormonal levels and regular menstrual cycles to take hormones. They simply do not improve your chance of becoming pregnant! This is true even if you are over 40.

They do, however, increase the risk of twins, triplets and further multiple pregnancies, which carry a much higher risk of complications. The chances of delivering a healthy child are greatest when you are pregnant with only one baby.

Some women have such acute hormonal imbalances that ovulation does not take place spontaneously. Here hormones are necessary before a woman can become pregnant.

If you have PCO (a form of hormonal imbalance) and a BMI over 27 – in other words, if you are overweight – hormones and menstruation will often normalise when you slim down.

If hormones are necessary

Hormone pills are taken from Day 3 to Day 7 in the cycle in which you would like to be inseminated. Remember that the first day you menstruate is Day 1 in your cycle.

There is no way of knowing how you will react to hormone treatment. Some women still release only one egg. Other women release more. The dose of hormones can be adjusted if you do not become pregnant on the first attempt. If you do not get satisfactory results from hormone pills, they can be supplemented with three hormone injections in the following cycle.

Ultrasound scanning

If you choose hormone stimulation, Stork Clinic requires that you get an ultrasound scanning from your gynaecologist 1-3 days before each ovulation. This is usually on day 10-12 of your menstrual cycle. This is partly to see how many follicles you have released, and partly to see how large the follicles are. A follicle is a water sac in which each egg is enclosed, and in which it matures inside the ovary.

The time of ovulation is determined from the diameter of the follicle and the thickness of the endometrial lining. The gynaecologist will tell you which day is best for insemination, which is usually Day 13-16.

Eggs that can ovulate are usually in follicles of 17mm or larger. If three or more follicles larger than 15mm have matured, Stork Clinic will not inseminate you in this particular cycle. If you would like to try again in a future cycle, your hormone dose must be reduced. We insist on this in order to reduce the risk of multiple pregnancies.

Ovulation injection

When you get your ultrasound scan on Day 11 of your cycle, you should call the Stork Clinic right away. We will arrange an insemination appointment on the day the gynaecologist suggests. You should take the ovulation injection Profasi or Pregnyl about 36-38 hours before the insemination appointment. It is easiest to do the injection yourself, since it must be done late in the evening. The gynaecologist will tell you how. Some women choose not to use an ovulation injection, since ovulation predictor kits are more exact in some situations.

Side effects

Some women will suffer minor side effects on the days they take hormone pills. Mood swings, irritability, dizziness or a slight cramp in the ovarian area are all common. You may have heard that women having IVF treatments suffer similar symptoms, but the hormone dose used for insemination is far lower.

Make sure to call us

If you are receiving hormone stimulation, you should call us as soon as you have made an appointment for ultrasound scanning on Day 10 to 12 of your cycle. We would like to know when you would be scanned in advance, because it is important that we speak with each other on the day you are scanned. That way we

can make an appointment for the insemination, so you know when to take your injection, which needs to be taken 36-40 hours before insemination. Call before 4pm CET on the day you are scanned, or you risk not getting in contact with us that day. It is upsetting to spend an evening not knowing when to take your injection.

Healthy living

It is crucial that your body gets all the vitamins, minerals, and essential fats it needs, and while Zinc, C, and E vitamin supplements can be useful, the best way to get the nutrients you need is to eat fruit, vegetables, nuts, fish, whole grain products and thistle and sunflower oil. Women trying to get pregnant should eat as much fresh, whole food as possible, and as little additives and processed food as possible.

Eat vegetables, vegetables, vegetables – a minimum 600g daily, and not overly boiled or deep-fried. Vegetables should be gently prepared – steamed, stir-fried or raw. If you like bread, choose whole-grain bread instead of the kind made with refined white flour. Eating whole grain bread, whole grain pasta and brown rice along with your full ration of vegetables will give you the calcium you need. Avoid dairy products. If you eat enough vegetables and whole grains, your body will get all the calcium it requires.

Fats are also important, although animal fats are not what your body needs. Instead, eat fish 1-2 times a week, or if you don't eat fish, take fish oil capsules. Fish contains crucial fatty acids, as do thistle oil, sunflower oil, freshly roasted flax seeds and pumpkin seeds. You need fats and oils from this group every day. They are important for your body at all times, but particularly if you are trying to get pregnant.

Avoid canned food, processed food, trans-fats, margarine, heavily fried food, white sugar, and candy. Instead of soft drinks or sweet juices, mix a little orange juice or lemon juice with sparkling water. If you can't live without something sweet, try fresh or dried fruit, or home-made cake. When you make the cake, you can replace white flour with ground whole grain flour, white sugar with raw sugar, margarine with butter or olive oil.

Also make sure you get a minimum of 15-30 minutes exercise every day, in the fresh air if possible!

Folic acid

In order to cut the risk your child will be born with spinal bifida, health experts recommend you get at least 400 µg of folic acid a day from the time you plan on becoming pregnant until three months into the pregnancy. Folic acid is a B vitamin and is contained in green vegetables, but it is not effective if heated above 70 degrees. It's a good idea to get folic acid in tablet form at your pharmacy.

Your working environment

Examine your working environment to see if there are any chemicals or other factors that might be dangerous to your unborn baby. If you're in doubt, contact your personnel officer or union representative. Take a look around your home, as well as places you spend your free time, for dangerous substances.

Smoking

Studies show that smoking cuts your fertility by up to 50%! Most women stop smoking when they get pregnant, but if you are hoping to conceive, it is a good idea to stop now and allow your body time to detoxify. It is important that your body contains as few poisons as possible when the baby's brain, central nervous system and other vital organs are developing.

Smoking is by far the largest negative factor when it comes to pregnancy. It causes low birth weight, and is a factor in both premature birth and late foetal death – that is, after the 28th week of pregnancy. It can also interfere with the baby's supply of oxygen via the placenta.

About 100 babies in Denmark die every year because their mothers smoked.

Smokers' babies also have a higher chance of suffering from Type 2 diabetes later in life, or of becoming overweight. The higher the number of cigarettes per day, the higher the chance the baby will someday be overweight – cigarettes seem to affect the metabolism. (Source: British Medical Journal 2002; 324: 26-27)

We can't say it any more clearly: You should stop smoking 1-2 months before you are inseminated!

Lately, there has been some debate as to whether or not women should use nicotine patches during a pregnancy. According to a study done in January 2006 it seems that the patches can be damaging to the baby. Due to this study the Danish Health Authorities recommends not to use nicotine patches. If however, it is not possible to stop smoking without the help of nicotine patches, the Danish Health Authorities believes that the patches are better than smoking.

If you have a partner, try to get him or her to stop smoking too.

Passive smoking

If you are exposed to passive smoke either at home or at work, it is the same as smoking ten cigarettes a day yourself.

The particles you absorb from other smoke are small enough that the lungs distribute them through the bloodstream to the entire body. They set off an inflammation reaction that can lead to deadly diseases such as cancer, blood clots in the heart and emphysema.

According to the Danish authorities, passive smoke in workplaces is responsible for 50 deaths in Denmark every year. It's important to take care of yourself, and demand that others around you be considerate to non-smokers. Airing out the room is unfortunately not enough. Many workplaces have a smoking policy, and if yours does not you can try to have one created.

If your partner can't or won't quit smoking, you must explain how dangerous this is for your baby both before and after its birth. It would be best if your partner quit smoking entirely, but if that isn't possible, there should be no smoking at all in your home. Limiting smoking to a few rooms of your home isn't good enough, since the dangerous particles leak out through the building.

Alcohol

Drinking alcohol before you are inseminated affects your ability to get pregnant. According to a study conducted by Tina Kold Jensen of the Copenhagen University Hospital's Clinic for Growth and Reproduction, downing 1-5 drinks in the weeks before ovulation lowers your fertility by 33% compared to women who drank no alcohol at all. (Source: Does moderate alcohol consumption affect fertility? Follow up study among couples planning first baby, *BMJ*, 22 August, Vol. 317, p. 505-510. Tine Kold Jensen et al. 1998). Many doctors believe that alcohol, even in moderate amounts, is more dangerous to an unborn baby than drugs like heroin and morphine. (Source: Leif Ibsen, chief of Gynaecology, South Hospital in Svendborg, Denmark).

Coffee

Coffee can also affect your ability to get pregnant. One survey showed that women who drank 3 cups of coffee a day (about 230 mg of caffeine) cut their fertility 25% compared to women who drank 1 to 2 cups a week. (Source: Caffeine Intake and Fecundability, Tine Kold Jensen et al. *Reproductive Toxicology* Vol.12, no. 3, 1998). Caffeine is the substance that makes coffee dangerous. Note that two cups of black tea or ice tea have the same amount of caffeine as one cup of coffee. You can avoid caffeine entirely by drinking herbal tea – there are so many different kinds that you are bound to find one you like. You should also avoid cola, cocoa and chocolate.

Extra weight

If your Body Mass Index is over 27, it can be harder for conceive, sometimes due to hormonal imbalances

such as PCO. You can calculate your Body Mass Index using this equation:

$$\text{BMI} = \frac{\text{Weight in kilograms}}{(\text{height in meters}) \times (\text{height in meters})}$$

If you are overweight, you have an increase risk of a number of pregnancy complications including miscarriage, high blood pressure, pregnancy toxemia, diabetes, and premature birth. The baby can also have blood sugar problems that require treatment. (Source: Danish Midwives' Journal, June 2002)

Therefore it is highly recommended that you lose at least 10% of your current weight, or more. That can be incredibly difficult, so it's good to meet with others in the same situation for encouragement. Many women have had good experiences with Weight Watchers or other professional weight-loss consultants. The desire to become pregnant can be a strong motivating factor – so get going! Our normal recommendation of up to 600 grams of vegetables daily can be increased to 800 grams.

Changing your lifestyle

If you change your lifestyle where it concerns food, coffee and alcohol, do it because it "feels right." It may well happen that you do all the right things and still do not become pregnant the first, second or third time you try. This can be frustrating, especially if you feel that you are denying yourself things you enjoy.

Eat better, lower your consumption of stimulants or stop them entirely, and relax. Do it at your own pace. There's one exception to this rule: smoking. If you smoke, you should plan to stop as soon as you can.

Medication

If you have an acute or chronic syndrome requiring regular medication – including allergy medication – consult your doctor before you plan your insemination to see if you can continue taking the medication while pregnant. Your doctor may recommend that you switch to something else. Make sure that you do this well before insemination. If you take painkillers for PMS or menstrual cramps, stop, or substantially cut back. Instead, take a day off work, or get reflexology treatment, acupuncture, or a massage. The category of painkillers that includes Ipren, Ibuprofen or Advil should be avoided entirely, since new surveys show they have a surprisingly strong negative effect on fertility.

Fever

If you have been sick with a fever in the weeks before insemination, you should cancel your appointment for this cycle. Your egg can be negatively affected by a fever of 38 degrees or above.

The emotional aspects

Trying to get pregnant is a special time for most women, full of hopes and dreams. It helps to assume the process will take a long time – no one knows how long. Even if you are healthy and all conditions are perfect, there is no guarantee you will become pregnant after the first insemination. Science has come a long way, but it doesn't control everything. Not all eggs can be fertilised, and there are many other aspects of conception we cannot control.

This can be very frustrating. For some women, it helps to talk to others in the same situation. Groups are regularly formed at the Stork Clinic where women can discuss their feelings. For other women, keeping busy with things that have nothing to do with the insemination is the best medicine.

Try to find your own balance. Accept the feelings you have, but try to be open for other exciting things in your life besides your menstrual cycle, ovulation and hormones.

Sperm donors

We purchase donor sperm from two sperm banks in Denmark. All donors are Scandinavian-looking men with an average age of 25. If you request a donor with brown eyes and dark hair, he will be a European or Scandinavian man with these characteristics, unless you make special arrangements with us. Most donors are students at Danish universities. Sperm donation in Denmark is fully anonymous and Stork Clinic does not have any donor names.

All donors have been through several medical examinations and have healthy medical histories. They are examined by doctors for many genetic and infectious illnesses, including HIV. Donor sperm is frozen for at least six months, and the donor must provide negative HIV tests both three and six months after donation before the sperm is released. This is a Danish government requirement.

Between 85-90% of the men who wish to donate sperm do not pass the extensive medical exams required and are not approved.

If you would like a Danish-language version of the Danish law on sperm donation and artificial insemination, we will be happy to provide one. This law lists the illnesses for which potential donors are checked before they are approved.

The Danish government requires that women seeking insemination receive the following information before being inseminated with donor sperm.

HEREDITARY ILLNESS

Only men who take an oath that they know of no inherited illnesses in their family tree are eligible to become sperm donors. Such men are questioned carefully by a doctor to bring to light any such risks. Despite these precautions, it is not impossible that donor sperm could

carry a hereditary illness, but this is less likely to be so for the sperm of an approved donor than that of the average Danish man. (Source: Danish Health Ministry's guidelines on artificial insemination, September 30, 1997)

MINIMAL RISK OF HIV

AIDS is an extremely serious illness that destroys the body's immunity against infectious disease and certain cancerous tumours. AIDS is caused by a virus called HIV, which can be transmitted via sperm. Everything possible has been done to ensure that donors have not engaged in high-risk behaviour that involves a risk of HIV infection. Donors take HIV tests, just to make sure. Furthermore, sperm is used only after having been frozen for at least six months and the donor has passed additional tests to make sure he has no HIV antibodies in his blood. Despite these precautions, there is a very minimal risk of HIV transmission during artificial insemination. (Source: Danish Health Ministry's guidelines on artificial insemination, September 30, 1997)

The Danish National Sperm Bank has delivered more than 50,000 portions of donor sperm over the past ten years, and not one has resulted in HIV transmission.

Ten years ago, 150-200 children were born from donor insemination each year. The central sperm bank says that number is now about 300 a year. According to the Danish Health Ministry's rules on artificial insemination, by which the Stork Clinic is bound, each donor can be used as the source for 20-25 live births.

Since donors are carefully sorted and 85% to 90% of the men who apply are rejected, it's fair to say that the health of donors is significantly better than that of the average Danish man. Nevertheless, it is impossible to eliminate every risk of hereditary illnesses.

Donor requests

You may have requests about your sperm donor's appearance, including eye colour, hair colour and height, if these are important for you. It's not always certain, however, that all of your wishes can be fulfilled by one donor.

When requesting a specific type of sperm donor, it is important to remember that your child may look entirely different. Genes can skip a generation, or sometimes two. Both you and the donor may have obscure family members with entirely different hair or eye colours. We have had several cases of dark-haired women who request dark-haired donors, only to end up with beautiful blond, blue-eyed children. Your request for a donor of a certain height also doesn't mean that your child will be of that height – no one can guarantee how tall your child will be.

With this in mind, you may want to ask yourself how important it is to request a certain kind of donor. Even if you decide that it IS important, you should be prepared for the chance that your child will look entirely different than you expected. This is true for all women, including those who have babies with men they know. The fewer donor requests you have, the better we will be able to choose a current donor with the best sperm quality.

Choice of donor and consequences

The final choice of donor will be made by Stork Clinic, which cannot guarantee the results of the insemination, how your baby will look, or your baby's physical, mental, or psychological health.

If you do not get pregnant the first time you are inseminated, we sometimes use the same donor's sperm for your second insemination – and sometimes we don't. There is no scientific reason to believe there is an advantage to fertility either way.

You will not receive any specific information about the donor at the time of insemination. When you are pregnant, you can decide if you want to hear the very limited information we have about your donor. If you do, you must first read and sign our "Ethical Considerations" document.

Very specific donor requests, such as a donor of a particular ethnicity, can sometimes be fulfilled. Since this sperm will have to be special-ordered, we will ask you to pay an additional freight charge of DKK 800. This sperm will be saved for you in a special nitrogen tank. Storage costs DKK 1200 a year.

If you or your partner has already given birth to a child via artificial insemination, we can look into whether we can obtain sperm from the same donor. We will need to get the donor number from the clinic you used last time.

So called OPEN donors

It is possible to buy donorsemen from Scandinavian open donors. The open donors have agreed to a meeting with the donorchild, when the child is 18 years old. The sperm bank has a "Donor chart", a case sheet of the donor, with information regarding his medical history and family situation as well as the identity of the donor. This information is only accessible to the adult donor child of 18 years of age or older. This is also true about a "donor profile" which includes information about the health of the donor's family and a number of answers to more common questions which will give an idea of the donors personality.

If you want to have more information about these special open donors, please contact StorkKlinik at info@storkklinik.dk or call us at + 45 32 57 33 16

Reservation

When you become pregnant or if you want to use the so-called open donors, you can usually reserve sperm from the same donor or a certain donor for a future pregnancy. The central sperm bank recommends that you reserve enough sperm for at least 8 inseminations, but you can decide yourself how many portions you want. You purchase and pay for the portions of donor sperm you want to reserve. Sperm costs DKK 2.300 per portion, and if you include freight of DKK 800 and storage costs of DKK 1.200 a year, a two-year reservation of donor sperm for 8 inseminations would cost DKK 16.000. You can extend the storage for several years.

If you decide not to use the donor sperm you reserved, you can ask us to see if we can place it with other women. If we can, you will receive 80% of the purchase price returned. Administration and deposit fees cannot be refunded.

Donorsemen from USA is inadvisable now

Some women have obtained sperm on their own from California sperm banks, where a minority of donors sign up for "identity release" when the child is 18 years old.

But we are sorry, we can not recommend this any more. The American sperm bank now needs to guarantee that their products are following the new EU standards. And that can unfortunately be very difficult. If you are not interested in the American donorsemen at all, please go to the next passage. You do not need to read the following. ☺

The American sperm banks need to prove their products are of the same standard as the new European standard due to a new law regarding the use of human tissue in the EU nations.

And this could be complicated. If you wish to try anyway, please ask the American Sperm bank for a document telling that they guarantee the semen you are considering to buy are following this:

Commission Directive 2006/17/EC of 8 February 2006 implementing Directive 2004/23/EC of the European Parliament and of the Council as regards certain technical requirements for the donation, procurement and testing of human tissues and cells Text with EEA relevance
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2006:038:0040:01:EN:HTML>

And:

Directive 2004/23/EC of the European Parliament and of the Council of 31 March 2004 on setting standards of quality and safety for the

donation, procurement, testing, processing, preservation, storage and distribution of human tissues and cells
Official Journal L 102 , 07/04/2004 P. 0048 - 0058
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32004L0023:EN:HTML>

At StorkKlinik we need the document from your American sperm bank to win approval at the Danish "Health and drug administration" / "Lægemiddelstyrelsen" before we can say "let go" to receive your American donor semen. This can take time and be very complicated for.

Regarding the American donor semen that already are stored at StorkKlinik for a number of women, the Danish "Health and drug administration" / "Lægemiddelstyrelsen" has told us "that they will find a solution".

Have you come to terms with the idea of an anonymous donor?

Most women who choose insemination with anonymous donor sperm have thought it through carefully beforehand. You must be 100% comfortable with this decision, for your sake and for your baby's. As soon as age 3, your child will begin to ask, "Where is my father? Who is he?"

For single women and lesbians

If you are single or a lesbian, your child will probably start asking "Who is my daddy?" or "Where is he?" between the ages of 3 and 5.

We recommend strongly that you tell your child the truth, in age-appropriate language. The truth will seem very abstract in a young child's universe. But even so, we recommend that you be 100% honest from the very beginning. For example, it can create problems to say, "I don't know who your father is." That suggests that somewhere in the world there is a father. We have seen examples of children who have received this explanation and begun to create a fantasy life around their "father", making up stories about him and why he isn't around to spend time with the child.

A sperm donor is a donor, and will never be a father. It can be confusing to use the emotion-packed word "father", which contains so many feelings and expectations.

For heterosexual couples

In the early part of their decision-making process, many couples hope to keep their involvement with donor insemination a secret from their future child, and sometimes from family and friends. Some believe that "What a child doesn't know won't hurt him." They feel an understandable desire to protect their child – or maybe themselves.

This is a very common way of looking at things in the early phase of the process, where there are many unresolved feelings. A lot of people think, "Why create problems if you don't have to?"

Unfortunately, we have seen many unhappy examples where this approach creates severe psychological consequences for the child as it matures.

At some point in their lives, children want to know where they come from. It takes a surprising amount of mental energy for parents to hide the truth. Sooner or later, the entire well-meaning family is enmeshed in a web of lies. And after parents have told so many small fibs about something vitally important to the child, it gets harder and harder to ever reveal the truth.

Keeping the secret is complicated by the fact that very few adults can go through a difficult period of infertility without sharing the fact that they are having trouble conceiving or that they are going to a fertility clinic. Children often discover the truth sooner or later, on their own or via someone else's "slip of the lip." For teenagers or adult children, the reaction is typically bitterness,

a feeling of trust being irreparably broken, of being let down. "If my parents, the people who are supposed to be the people closest to me in the world, have lied to me about something so important," thinks the child, "can I trust anyone at all?"

By lying, we as parents give a child the signal that there is something "wrong" or not quite optimal about the way they came into the world.

Try asking yourself and your partner: Why are we afraid to tell it like it is, from the very moment that our child first asks about the birds and the bees?

Why not just tell the truth from the first day forward?

Is it because we are ashamed to belong to the 20% of the population which has trouble conceiving a child?

Is the problem that the father-to-be is worried about his role in the child's future?

Or is there some other reason we are considering concealing the truth? What is it?

As I – Nina Stork – see it, there is nothing to be ashamed of about conceiving a child via donor insemination. In Denmark, a fifth of all men lack the sperm quality to make a woman pregnant without some medical help. This can be a bitter pill to swallow for the individual man and the woman in his life. The anger and feelings of grief about his inability to pass along his family's genes can be overwhelming for a while. This is entirely natural. But it's luckily not the end of the world, and there are surprisingly many men in the same situation.

I recommend that you tell your child as early as possible that "mum is mum and dad is dad, and that will never change. And when mum and dad were ready to have you, we borrowed a sperm cell from another man because dad's sperm cells couldn't be used." Simply and without drama. And the more often you tell it in the same relaxed manner, the more the child will think "So what?" Particularly if the child can see it's no big deal for you. If you as parents feel positive and secure about the situation, so will the child.

You can read more at www.ukdonorlink.org.uk .

For everyone

A sperm donor may someday be father to his own children, and he may also be donor to many other children conceived through insemination. But the donor is not the father of your future child in any social, legal or practical sense. I believe that it's closer to the truth to tell your child that a very nice man helped you once, but he is not your father and never will be. This is true even of "open donors" willing to reveal their identities – a sperm donor will always be a donor, nothing more.

Your small child will get more out of **how** you tell your story than exactly **what** you say. No matter how scientifically you explain to a child how she came into the world, if you have unresolved feelings about the situation yourself, they will be hard to hide.

The way you feel will affect your child's sense of its own identity. Your child will absorb your feelings, and your partner's feelings, about the decision to have donor insemination. The more certain you are about having made the right decision, the more certain your child will feel about his own path into the world.

The Danish magazine Carizma published the following quotes from sperm donors:

'Jens': – There's not that big a difference for me between the children born from my donor sperm and all the other children in the world. I'm not their father. A father is a person who shares a child's life, and that's not something I do with these kids. Someday, after my girlfriend and I have been together for a few years, we'll hopefully have children of our own.

There are probably some women who have had children from my sperm – maybe one, maybe 15. I don't know, and I don't really think about it all that much. I wish those children well, but I basically wish all human beings well.

'Peter': – I come to the sperm bank for the money, but also because I get regular medical exams and tests of my sperm quality. It's kind of like a seal of quality, that I have been one of the men chosen to contribute to the sperm bank. Only one in ten men get past the entrance exam.

We strongly recommend that you tell your child the truth, in an age-appropriate manner. The concept of insemination may sound very abstract in a child's universe, but it is important that he or she know the truth from the beginning. It can be problematic, for example, to say "We don't know who your father is" – because that would suggest that there IS a father somewhere in the world. Some children then begin fantasising about this imaginary father. They make up stories about him, and about why he isn't there to spend time with the child.

Your donor may be the biological parent of your child and many other children, but he is a father only to those children he loves and nurtures in his private life. He will never be the father to your child, in either the social or practical sense. I (Nina Stork) believe it is more realistic to tell your child that a very nice man helped the two of you once, long ago, but that he is not a father in the sense that other children have a father they can spend time with.

Your child will get more out of **how** you tell the story than precisely what you say. Any uncertainty you feel about your decision will seep through to your child and can affect his or her sense of identity. The child should be able to lean on you and feel your confidence about deciding to become pregnant via an anonymous donor.

The following quotes from sperm donors come from the magazine Carizma:

Jens – There's not a big difference between the children created with my sperm and every other child in the world. I am not a father to any of them. A father is a

Write your thoughts down

Write down your thoughts, feelings, considerations and the discussions you have had before coming here today. If you are a couple, write separately, since you may have different reasons for taking this particular path. If you like, your thoughts can be written down as a letter to the child, composed in adult language. You can give the letter to your child when he or she turns 18, if you like. Half of your child's genetic history will always be a mystery, but the decision-making process up to conception can be an important part of his or her personal history. In 15 or 20 years, your memories may be different: write down how you feel right now.

The writing process can also be used as a final chance to sort out your own feelings about donor insemination. You can feel in your gut if what you are writing feels right to you. You will know if you can be 100% honest with yourself and your future child. If you discover that you aren't ready, then wait! Use the waiting period to examine other ways you might become a parent. It's important for your future child that you feel in your heart that your decision is the right one.

person who takes part in a child's life, and I am not part of any of these children's lives. I won't be a father until I someday have children with my partner. I know there are some kids out there created with my sperm – maybe one, maybe 15. I don't know, and I don't really think about it. I wish the kids well, but I wish everybody well.

Peter – I donate sperm for the money, but also because I get ongoing health check-ups and tests of my sperm quality. I see them as kind of a "seal of quality," like I have become an exclusive member of a sperm bank. Only one out of ten get approved!

Write down your feelings

You might want to take time to write down your thoughts and feelings, and describe the decision process you went through before choosing insemination. In the case of couples, both of you may want to record your personal thoughts, since you may have reached the decision by different routes.

If you like, write your thoughts as a letter to your baby, using adult language. The letter might be a wonderful present for your child when he or she is 15-20 years old. While half of your child's genetic history will always be inaccessible, the thoughts you had before you chose insemination are a part of his or her personal history. Write it down now, while it is fresh in your memory.

The writing process is also a way for you to come to terms with the decision for yourself. You can feel in your heart if what you are doing is right for you and for your child. If you are in doubt, wait! Look into other ways of becoming a mother. It is crucial that you are sure that you are doing the right thing.

Private Donor or Father-to-Be

If you have a private sperm donor or a husband, his sperm can be washed and placed in your uterus. Stork Clinic recommends that you ask your donor to have his own doctor test him for HIV, Hepatitis B and C and chlamydia before he donates sperm. It is easy to have one or more of these illnesses without knowing it. Remember, however, that if HIV infection takes place shortly before a test is taken, the test can come back a false negative. The test checks for HIV antibodies, which can take several months to develop. All the test can show you is if your donor was HIV negative three months BEFORE he was tested. Do not use fresh sperm unless you are very certain that you can trust your donor. Stork Clinic will also ask you to sign a special document acknowledging the risks involved with private donor sperm.

We also require that the quality your donor's sperm be examined before insemination takes place. This can be done at his own doctor or at the Stork Clinic, where we can give you our evaluation of sperm quality on the same day the sample is given. We require this examination to avoid the wasted time, money, and emotions involved with inseminations that do not work.

On the day of your insemination, the fresh sperm must be delivered to the Stork Clinic at least an hour before you are inseminated, so that it can be washed. If it turns out the sperm sample cannot be used – even if the donor has passed an earlier quality exam – you will still have to pay the DK900 sperm washing expenses.

The man is welcome to “make his sperm donation” in a private space here at the Stork Clinic, and we will

provide a container. If he would prefer to do so elsewhere, it must be delivered to us within a half hour of ejaculation.

Advice about home insemination

If you have your own donor, you may wish to schedule a paid advisory session in which we will advise you on home insemination. We will give you instructions and tell you about the best times for insemination, as well as information about how to handle the sperm and deliver it most effectively into the uterus. We will also discuss the emotional and legal aspects of home insemination.

We will give you an injector and a sperm container. If you plan to be inseminated with your own donor, we recommend that he have his sperm quality tested as early in the process as possible. It is emotionally and financially difficult to spend time and money on inseminations that do not work due to poor sperm.

It is easy and safe to inseminate yourself with a small injector we can provide. It is, however, very dangerous to experiment with trying to put unwashed donor sperm directly into your uterus. This can be fatal, because it will introduce bacteria, male hormones, etc. into your uterus, where only pure sperm cells would naturally enter. Unwashed donor sperm should be only be placed in your vagina. The sperm cells will then swim up into your uterus, just as they do after intercourse.

Insemination at Stork Clinic

When you are ovulating and ready for insemination, we do our best to be ready with whatever you need. This is why it is important to clear up any lingering issues at your preliminary consultation, or at follow-up consultations if necessary.

In ordinary intercourse, a man deposits his sperm at the top of a woman's vagina. The sperm then swim up into the uterus. When performing insemination, we try to improve your chances for pregnancy by putting sperm directly into your uterus. We need to "wash" the donor sperm before we do so, to remove semen, male hormones, bacteria, proteins, and dead sperm cells. Nothing but active sperm cells will enter your uterus.

A very few women have had allergic reactions after insemination, usually to the nutritional material we add to the sperm after washing. If you feel sick, get red bumps or find breathing is difficult after you have left Stork Clinic, call your doctor immediately.

If you are prone to allergies, let us know, and we can discuss whether or not to eliminate the nutritional material entirely and inseminate "raw" donor sperm into your vagina.

When you arrive

Being inseminated should be a positive experience, and a relaxing one. We set aside an hour for consultation, insemination, and a short rest period afterwards.

We want you to feel as safe and relaxed as possible. One of our staff will explain in detail what will happen, and the actual insemination will take place at your pace.

The washed donor sperm will be placed in your uterus via a thin, sterile catheter. Insemination usually does not hurt, and takes 5 to 10 minutes. Bring along some music you enjoy. You – and your partner or friend, if you would like to bring someone along – can rest for a half hour after the insemination if you like. This isn't necessary for conception, but it is a chance for you to relax a bit before you head out the door.

Slight risk of infection

The nutritional material in which washed sperm cells live is sterile, and a sterile catheter is used for insemination. Even so, insemination occasionally leads to pelvic infections.

If you feel sensitivity or actual pain in your abdomen in the days following insemination, or you have a fever or foul-smelling discharge, this can be a sign of a pelvic infection. You should see your doctor immediately for treatment.

After the insemination

After insemination, you can live your life as you always do. You can jump, sing, dance, run – whatever. Movement increases blood flow to your body, including to your uterus. Loafing on the sofa for a week won't increase your chances of becoming pregnant! That said, it's better not to run a marathon right at this time, or start a new workout program from scratch.

Exercise after insemination

In the first two weeks after insemination, don't overdo it or "push yourself" while exercising. Don't go beyond what your body is accustomed to. The golden rule is to use 80% of your energy, not 100%. After your workout, there should still be some energy left in your body. If you usually run 4km two or three times a week, you can continue to do that, but slow your tempo, or avoid the "spurt" some runners enjoy for the last half kilometre. If something hurts or you get a feeling that something isn't right, run less.

Women who take part in elite sports often have trouble getting pregnant until they cut back their training significantly more than what we have described above. While this can be stressful, the result is worth it!

Pregnancy test

If you have not had your period 16 days after insemination, take a pregnancy test. Please contact the Stork Clinic and let us know the result – whether you are pregnant or not. If you are not pregnant, we would like to know exactly when your period arrived, since this will help us chart your next cycle. It's also important that you call us if you are pregnant. We keep exact statistics about how many women become pregnant from each donor. These statistics are crucial for yours, ours, and the sperm bank's sake. We must also report to the Danish health authorities how many babies are born from each donor's sperm, in order to control the number of pregnancies that result from each donor.

Risk of ectopic pregnancy

Sometimes the fertilised egg remains in the Fallopian tubes, instead of progressing down into the uterus. The risk for a so-called "ectopic pregnancy" is higher if your Fallopian tubes have been damaged, for example by an earlier pelvic inflammation. If an ectopic pregnancy is not discovered in time, it can mean sharp pain and bleeding in your abdomen, if the Fallopian tube bursts. This is a serious situation that demands immediate hospitalisation. If you have had pelvic inflammatory disease, Chlamydia or gonorrhoea, we recommend that you get an ultrasound scanning 2-3 weeks after your positive pregnancy test to make sure your baby is developing as it should.

Meeting other women like you

Both before and after you become pregnant, Stork Clinic can help you put together a support group of other mothers, would-be mothers, single mothers or co-mothers – whatever situation you find yourself in.

Write an invitation to the women you would like to invite to join your group, choosing a time and place for the first meeting. Introduce yourself, and explain what type of group you are trying to create. Try to be as specific as possible. Describe what type of women you would like to meet – single, heterosexual, lesbian, or all types of women.

Make as many copies of the letter as you would like to send out and send them to Stork Clinic in open envelopes, since we will be enclosing a brief greeting. For a fee of DKK 00, we will select women who fit your criteria. We do not give out any addresses, but we will forward your letter to them. Based on our experience, you will probably receive responses from about half of the women to whom you send letters.

Practical information

Changing your mind

When you have made an appointment for either an preliminary consultation or insemination, we count on you being there. But if you change your mind, or something comes up, it is NO PROBLEM to cancel.

It costs nothing if you tell us at any time up to and including until the day before your appointment, or if you leave a message on our telephone answering machine before 8am CET on the day of the appointment. That way, another woman can take your place.

If you cancel later than 8am CET on the day of the appointment, we will be required to charge you.

Arriving late

Rarely does anyone arrive late for their insemination appointment at Stork Clinic. But if you do arrive late, it has serious consequences. The frozen donor sperm

we use is thawed and washed 70 minutes before you arrive. Once the washing process is finished, insemination must take place within the hour.

If you are going to be late, you MUST let us know at least 2 hours before your scheduled appointment.

Otherwise, we will be forced to bill you for the missed insemination. Washed donor sperm that has been waiting for more than an hour is not useable.

If you want us to start a new washing and preparing another portion of donor semen for you, we will have to bill you for two inseminations, the missed one and the new one.

Payment

If you would like to have your preliminary consultation by telephone, you must pay for it in advance. You can either transfer the money through your bank or send us a cheque. We must receive the cheque or a copy of the payment documentation, along with your complete Personal Medical Statement, at least 7 days before your consultation appointment. On the statement, please indicate which form of payment you have chosen.

If you plan to have your preliminary consultation in person at the clinic, you can pay by Visa, Visa Electron, Mastercard, cheque, in cash, or with the Danish payment card Dankort.

If you would like to transfer money from your bank to ours, please remember

This must be done BEFORE your preliminary consultation.

In the information that your bank sends our bank, two pieces of information must be **very clear**:

1. The name that appears on the personal medical statement.
2. The date of the preliminary consultation.

If this information does not appear in the bank transfer information, we cannot see that you have paid for your consultation, and it will have to be cancelled.

If your partner makes the payment, your name must appear very clearly on the transfer statement we get from the bank.

Make sure to add on funds to cover any extra fees your bank may impose for a transfer. This can be as much as €10 per transfer.

We also need all the information described above if you or your partner makes the payment by netbank.

Payment for insemination must take place on or before the day you are inseminated. If you pay in advance, make sure to bring documentation of the payment with you to the insemination.

If you would like to order a specific type of donor sperm, you must pay in advance for both the sperm and its freight.

When you transfer money to us, please use the following bank information.

Our bank is:

Jyske Bank, Sct. Jacobsvej 4,
DK-2750 Ballerup.

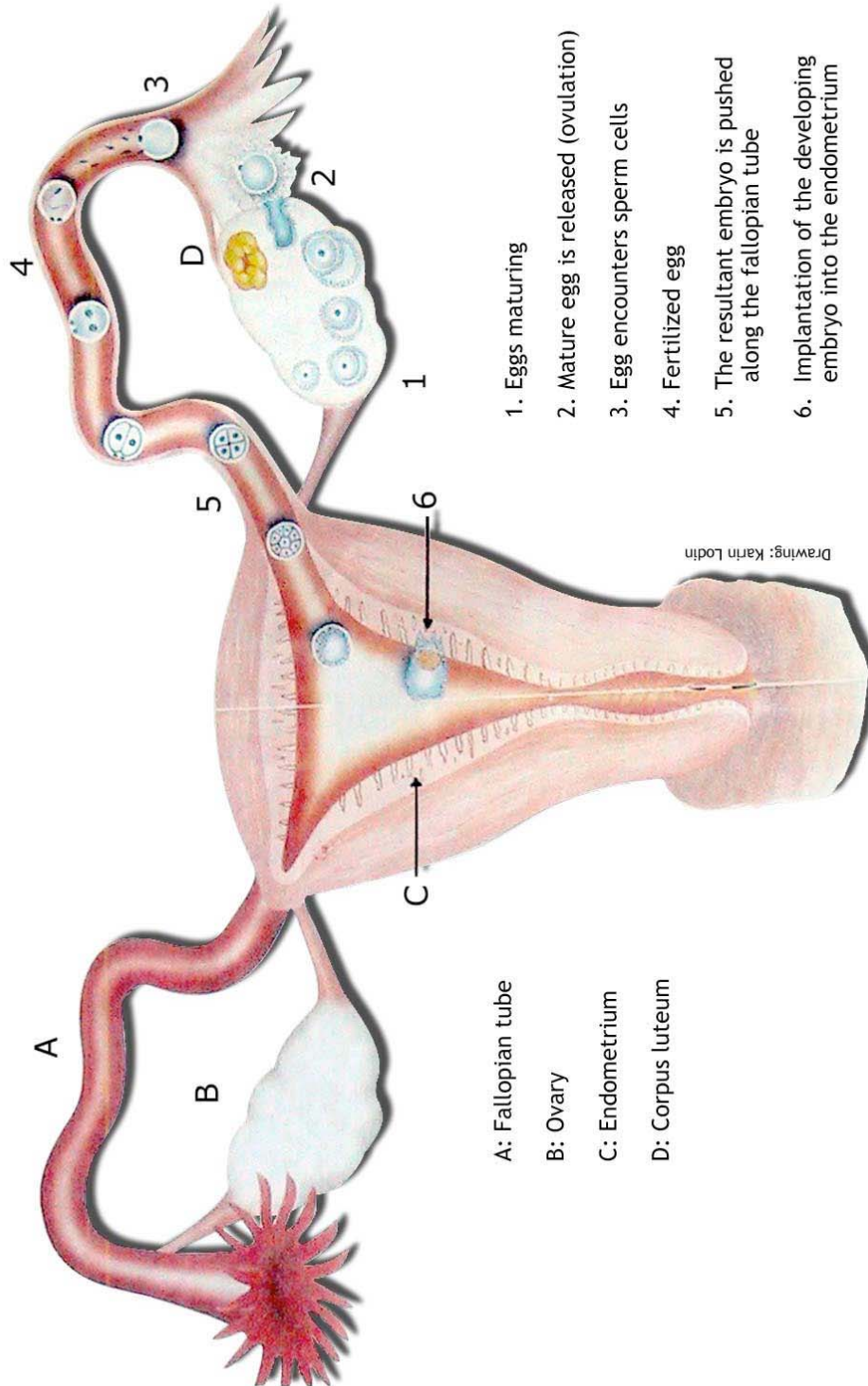
Reg.nr.: 5043 Account number: 122 111 3

International money transfers to Jyske Bank should include the **S.W.I.F.T Code JYBADKKK**, and the **IBAN Code: DK 38 5043 000 122 11 13**

PRICE LIST

Prices in Danish kroner:	
Preliminary consultation	600,-/800,-
Insemination including anonymous donor sperm	4.000,-
As above, 2 x insemination in the same cycle	5.950,-
Insemination included open donor semen	5.900,-
As above, 2 x insemination in the same cycle	8.700,-
Insemination included donorsemen bought through the StorkKlinik	2950,-
As above, 2 x insemination in the same cycle	4900,-
Insemination with donorsemen you bought directly from a semen bank	3.300,-
As above, 2 x insemination in same cycle	5.300,-
Extra charge for weekend or holiday insemination	400,-
Advice about home insemination if you have your own donor	600,-
Pregnancy consultation per hour	600,-
Forwarding of letters in order to start a group	200,-
Freight charge for special-order or previously-reserved donor sperm	800,-
Open donor sperm, per portion	2.300,-
Donor sperm, per portion	1.600,-/ 2.100,-
Deposit fee per year, max 10 portions	1.200,-

Figure 1: Ovaries



Alternative Treatments

Some women would like to do a bit extra for their health when they are trying to get pregnant. For some, this is a natural part of their lifestyle. For others, it's driven by frustration after many unsuccessful attempts at insemination. This is a list of health professionals who use various methods to make a woman's body ready for pregnancy. They are either people we know or people recommended by women who have been inseminated at Stork Clinic.

FORESIGHT

Nutritional and vitamin and mineral supplements, a program created by English doctors. Often includes hair analysis to analyse the body's supply of vitamins, minerals and sometimes toxins that should be eliminated before pregnancy. Vivi Logan, Institute for Optimal Nutrition, Teglgårdstæde, Copenhagen. (45) 33 32 44 89 weekdays between 9am and 1pm. In Norway, Gun Petersen in Lier near Oslo runs the same program.

You can read more in the book *Planning for a Healthy Baby*, by Belinda Barnes and Susan Gail Brady.

ACUPUNCTURE

www.meditalklinik.dk, Nørre Søgade 27A, 1. Th, 1370 København K tlf. +45 39 43 39 39

Midwife Helle Elle Nielsen, www.amoxa.com, Egilsgade 26, 2200 Copenhagen, 32 57 58 88. Helle Ella works with classic acupuncture and Chinese herbal medicine to clean the body and balance its energies before conception.

Kate Knoblauch, Schleppegrelsgade 9, Copenhagen, 35 36 09 35, does acupuncture and is also an NLP therapist. She has a great deal of experience with women trying to get pregnant.

Michael Bjellebæk is an acupuncturist warmly recommended by women who have become pregnant at Stork Clinic after his treatments.

REFLEXOLOGY

Erik Orlander, located in Taastrup, Denmark, offers reflexology treatments and homeopathic preparations. He is recommended by one of the women who became pregnant here.

Mette Isaksen, Klinik A-Z, Åvej 14, Hareskovby 3500 Værløse, is warmly recommended by women in the insemination process. She is also an NLP therapist and offers advice about vitamins and minerals. She has experience treating pregnant woman and is also willing to be present during labour as a reflexologist.

STOP SMOKING

Finally Stop Smoking, the easy way to stop smoking, by Allen Garr. Join the course by contacting Mette Fonss, mette@easyway.dk.

Stork Klinik

Personal Medical Statement

Print, fill out, sign, and send to Stork Clinic - Nørre Søgade 27A, st. th - DK-1370 Copenhagen K or fax to +45 32 57 33 46

You are also welcome to E-mail the journal at : info@storkklinik.dk

This statement will be an important tool for us. Please write clearly, using block letters.

BASIC INFORMATION

I have booked an preliminary consultation on the following day: - STATE DAY AND TIME-		I would like to have my preliminary consultation by telephone. I have paid DKK 600 in advance – see chapter on payments – and have enclosed one of the following:		cheque <input type="checkbox"/>	My preliminary consultation will take place at the Stork Clinic. I have therefore checked the box to the right: <input type="checkbox"/>
				documentation of bank transfer <input type="checkbox"/>	
Full name				Date of Birth and social security number:	
Address					
Postal code	City			Country	
Home phone number		Mobile telephone number		E-mail	
Current employment/full-time study				Work telephone (We are extremely discreet)	
If you have a partner, what is his or her name? Birth date:			If you or your partner has children, please list their names and ages.		

GENERAL MEDICAL HISTORY

Are you allergic? If yes which form?	Yes <input type="checkbox"/>	Height	Weight	BMI (Body Mass Index) $\frac{\text{Weight in kilograms}}{(\text{height in m})^2}$
	No <input type="checkbox"/>			
Current and past illnesses:				Year
Time in hospital, please mention all:				Year
Present and previous medication intake, please mention all (including painkillers and allergy medicine):				
Medicine prescribed by a doctor	Doctor's name			Date of prescription

PREGNANCIES

Number of previous pregnancies			Years pregnancies took place
Number of abortions		Weeks of pregnancy	Years abortions took place
Number of miscarriages	Years miscarriages took place	Week of pregnancy	Was this pregnancy planned?
Complications after miscarriages or abortions		Infections after miscarriages or abortions	
Previous births			Years births took place

EARLIER ATTEMPTS TO BECOME PREGNANT

Have you been inseminated before?	Where?		Year insemination took place
Number of inseminations	Did you have hormone treatment?	Other attempts to become pregnant, and year	How long did you try?

INSEMINATION

<input type="checkbox"/>	Would you prefer a hormone-stimulated cycle? (Check box)	<input type="checkbox"/>
In which month would you like to begin the insemination process?	Date your last period began	

With my signature, I confirm that the above information is correct and complete to the best of my knowledge. I have thoroughly read the 22 pages of "INFORMATION BEFORE INSEMINATION". I would like to be inseminated based on the conditions described and take full responsibility for being 100% healthy – and free of gonorrhoea, syphilis, HIV, Chlamydia and hepatitis – before every insemination at the Stork Clinic. The Stork Clinic cannot be held liable for the results of the insemination or a pregnancy. I promise to inform Stork Clinic about the results of each insemination. I promise to make sure to have an ultrasound scan a few days before an insemination in the event that I have taken hormone stimulation (pills or injections) in the cycle in question.

If I bring my own private donor or donor semen from a foreign sperm bank to be used for inseminations at Stork Clinic, I agree that Stork Clinic cannot be hold responsible the quality of the donor semen, or for the risk of any type of disease transmission, including HIV, hepatitis, allergies and Chlamydia.

Date: Signature:

As the partner/spouse of the woman named above, I support her decision to seek insemination at the Stork Clinic.

Date: Signature:.....