



Using a donor for fertility treatment in Kenya: Key Facts

Advanced fertility treatments are accessible locally, albeit only for the selected few due to high costs and limited insurance coverage. The need to use donated eggs, sperms or embryos (fertilized eggs) appears to be on an upward trend mainly due to couples postponing pregnancy due to career or financial reasons. Increasing age, especially in females, decreases fertility potentials after the mid 30's and onwards for both females and males. No individuals, or couples, should ever hastily get themselves into donor fertility programs without fully comprehending the complexity of the process.

But who really needs a donor? At one extreme, there are women with no eggs of their own and men with no sperms as well. Such situations immediately render themselves suitable for donated eggs or sperms, or even embryos. With advancing age, egg numbers become depleted and have poor quality, necessitating older women to require donated eggs. In addition, there are single women who may want to conceive with donated sperms. Several other scenarios render themselves to use of donors.

Eggs, sperms and embryo donors must be selected carefully. They need to be young and preferably of proven fertility, resulting in good reproductive potential. Donors should be in good health, free of transmissible and genetically inheritable diseases, be of sound mind, and must not be coerced to donate. Those donating often do so out of goodwill, or for a reasonable fee to cover associated expenses. We advise that the donation be anonymous to both the donor and the recipient(s), however some donors and recipients may choose to waive anonymity. Recipients are advised to inform any resulting child, from treatment, about their conception when the child is old enough to understand the reasons for donor gamete treatment.

Once there is no ambiguity about the need for a donor, the process can start. Both donors and recipients complete a thorough clinical evaluation to confirm suitability of proceeding with treatment.

A psychological review is also recommended in order to explore non-clinical matters related to the complexities of donor fertility treatments. Both parties must complete consent forms and relevant disclaimers.

Regardless of a well-executed donation/recipient fertility process, several matters may still arise in the future. One recurrent issue is maintenance of anonymity if this was agreed from the start. Some countries have legislated donation programs, while others like Kenya don't have a legal framework in place yet. The UK for example mandates a donor/recipient national register, and allows those of legal age to access information that may reveal if they were born out of a donor process. This basically de-identifies the donor who can eventually be contacted by the resultant child. This policy by the Human Fertilisation and Embryology Authority (HFEA),

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UK, has resulted in many donors withdrawing their consent, resulting in a shortage of donors and more frustration for recipients. Thus some Kenyan couples from UK now come back to Kenya for treatment.

At Harley Street Fertility Centre Kenya Ltd, all donors are seen initially and asked to fill in a questionnaire. All donors undergo fertility tests and infection screens before they are accepted on the programme.

Recipients are counseled and are given non-identifiable information regarding their donor. This is to avoid the resulting child finding out about their origins from a third party. No information is given to any third party without written consent from both partners undergoing treatment.

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