

Services Offered

Assisted Reproductive Technologies

- In-Vitro Fertilization
- Intracytoplasmic Sperm Injection (ICSI)
- Blastocyst Culture
- Assisted Hatching
- Embryo and Gamete Cryopreservation
- Egg Donation

Endocrine Dysfunction

- Ovulatory Dysfunction
- Polycystic Ovarian Syndrome
- Recurrent Miscarriages

Full Service Andrology Laboratory

- Intrauterine Insemination (IUI) using husband or donor sperm
- Sperm Wash
- Semen Analysis with Kruger Strict Criteria Morphology



New York State Department of Health
Clinical Laboratory Permit
PFI: 5006 CLIA: 33D0697586

Directions

By subway, take the IRT #4 or #5 to 86th Street and Lexington Avenue. Walk east to Third Avenue and then walk up to 91st Street.

By bus, take the 3rd Avenue bus, #101 or #102, to 91st Street.

By car from New Jersey, take the George Washington Bridge to Harlem River Drive which becomes the FDR Drive-South. Exit at 96th Street. Turn right on 96th Street to 2nd Avenue. Turn left on 2nd Avenue to 89th Street. Turn right on 89th Street to 3rd Avenue. Turn right on 3rd Avenue to 92nd Street. Turn right on 92nd Street. Garages are located on 92nd between 2nd and 3rd Avenues. Special parking rates are available for AFS patients at the GGMC garage on 92nd Street. Give your parking ticket to our receptionist for validation.

From Long Island, Westchester or Connecticut, take the Triboro Bridge to the FDR Drive-South. Exit at 96th Street. Turn right on 96th Street to 2nd Avenue. Turn left on 2nd Avenue to 89th Street. Turn right on 89th Street to 3rd Avenue. Turn right on 3rd Avenue to 92nd Street. Turn right on 92nd Street. Garages are located on 92nd between 2nd and 3rd Avenues.

Meter parking (1 hour) is available on 2nd and 3rd Avenues after 9.00 AM

Hablamos Español
Мы говорим по - русски



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Advanced Fertility Services

In Vitro Fertilization Center

Turning dreams into reality

Donor Sperm Insemination

A Guide for Patients

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Donor Sperm Inseminations

Many couples experiencing male factor infertility may choose to undergo donor insemination (DI) in order to achieve pregnancy. During DI, a physician places sperm from a male other than the female's partner into the female's reproductive tract near the time of ovulation. In recent years, DI has become one of the most effective methods for couples with severe male factor infertility to experience pregnancy and childbirth.

When is Donor Insemination Needed?

Donor insemination may be indicated if there are significantly abnormal semen characteristics and if the female appears to be fertile after a series of tests. Causes for male infertility may include irreversible azoospermia, a previous vasectomy, previous radiation or chemotherapy treatment, or another irreversible male fertility factor. Additional conditions that may require DI for pregnancy are when the husband or wife or both are carriers of a known hereditary or genetic disorder, such as Tay -Sachs disease, Huntington's disease, hemophilia, or abnormalities involving chromosomes. Donor inseminations may also be used if the female is Rh sensitized and the male is Rh positive. Additionally, single women who desire pregnancy utilize donor insemination.

The Evaluation

In order to decide whether to undergo donor insemination, couples need to know the cause(s) of infertility and their chances of pregnancy without donor insemination. The physician will take a detailed medical history from both partners. The male will need a semen analysis and several hormonal tests.

The female examination includes a pelvic sonogram and may include other related tests to evaluate female fertility.

How is insemination cycle performed?

1. If a woman's menstrual cycle is regular, the ideal time for insemination is in the middle of the cycle. For example, if a woman has a regular menstrual cycle of 28 days, the insemination is scheduled on cycle day 13 or 14. Prior to insemination, the female partner is checked with a vaginal ultrasound. If ovulation is confirmed, the sperm specimen is prepared.

2. The semen is "washed" in the laboratory (called sperm processing or sperm washing). By this process, the sperm is separated from the other components of the semen and concentrated in a small volume. Various media and techniques are used to perform the washing and separation. The sperm processing takes approximately 60-90 minutes.

3. The separated and washed specimen consisting of a purified fraction of highly motile sperm is placed into the uterine cavity using a very thin, soft catheter (plastic tube). The procedure is very much like a Pap smear. The patient may experience very mild cramping when the catheter enters the uterus. In extremely rare cases the patient will experience severe cramping 1-3 hours after an insemination.

The woman remains lying down for 5 minutes following the procedure. Since the sperm is inserted into the uterus, it will not leak out when she stands up. There are no restrictions on diet or physical activity after an insemination.

Screening Anonymous Donors

Anonymous donor sperm specimens are provided only through New York State Department of Health licensed sperm banks. Sperm donors are tested for sexually transmitted diseases and genetic conditions, Rh factor, hepatitis B and C, HIV, and other STDs.

AFS Ultrasound Department
is Accredited by AIUM



AFS Medical Services
Surgical & Recovery Room



It is recommended that less than 10 pregnancies per donor be produced to decrease the chance of offspring intermarriage. To ensure that the specimen is free of potentially transmissible diseases donor sperm specimens are required by law to be frozen and quarantined for a minimum of 6 months before they can be used. Donors are retested prior to the release of semen specimens to ensure that the specimen is free of potentially transmissible diseases.

If donor sperm recipients wish to match certain characteristics of their male partner with the donor, sperm banks can often provide information regarding physical traits. Some also provide detailed information on personal habits, education, hobbies, talents, etc. However, there is no guarantee that these traits will be passed on to the offspring. In the case of a woman with no male partner, her characteristics are often matched to the donor's traits. In order to prevent future medical and legal problems, it is important to make sure that the sperm bank keeps a permanent confidential record of the donor's health and genetic screening information, and that the identity and confidentiality of an anonymous sperm donor and the recipient are maintained.

Known Donors

Sometimes couples wish to use a known donor or a relative of the husband so that the baby will be related to both parents. However, there are many issues involved in using a known donor. Over time, the relationship with the donor as well as the donor's psychological make-up may change. This could create social and legal problems. Furthermore, if the insemination is kept secret, couples may become dependent upon the discretion of the donor. Even when using a known donor, it is still very important to follow the NY State Department of Health guidelines and to have semen frozen and both the donor and the recipient initially checked for sexually transmitted diseases and the donor checked again six months later.