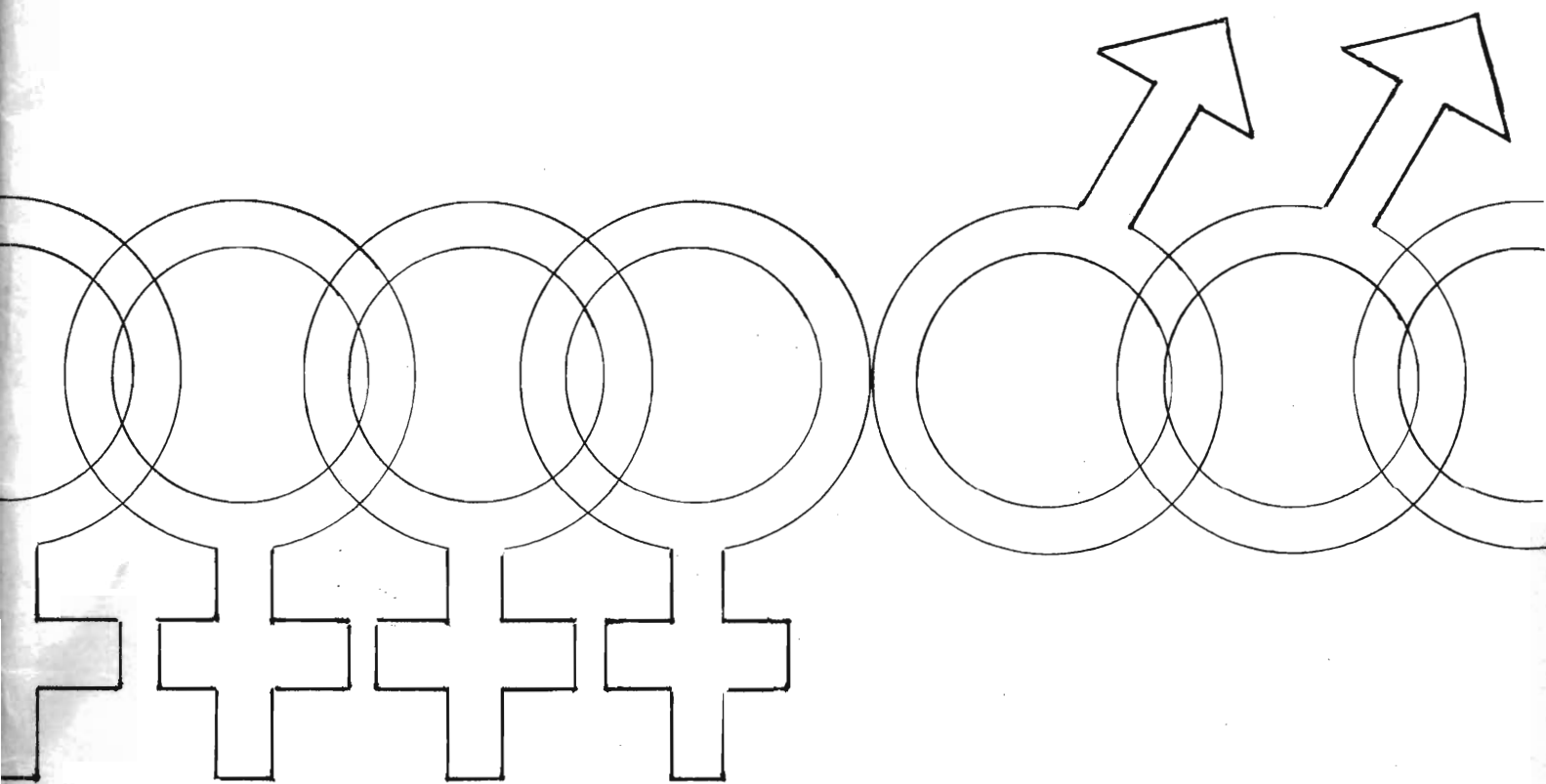


Artificial Insemination an alternative conception



FOR THE LESBIAN AND GAY COMMUNITY

\$2.00 (bulk orders - \$1.50)

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% San Francisco Women's Centers
3543 18th St. , San Francisco, Ca. 94110

Artificial Insemination **an alternative conception**

FOR THE LESBIAN AND GAY COMMUNITY

Who We Are

We are a lesbian [Jill] and a faggot [Jack]. Jill is a donee and has been inseminating for several months. Jack is a liaison for Jill and has been a donor for other lesbians. Together we feel a need to talk to gay people like ourselves who are just beginning, or already involved in this process. We want to share with other lesbians and gay men some of what we have learned so far.

We see this only as a beginning step. We have not known each other or worked together long enough to know where all of our unity lies, but we can describe our politics as "progressive/feminist". We both see the involvement in the process of lesbians inseminating themselves as politicizing in itself.

As more gay women are considering having children by means of artificial insemination, there are many problems and much information to be shared. Although much confidentiality is required for all our security, people involved in this process do have a relationship to each other. For this reason, we need to develop respect and sensitivity to each other. Understanding each of our roles in this process may help.

As this is only a beginning, the need for critical feedback is great. Our friends and support groups can provide alot of this. It is all of those involved who will ultimately continue to put out new and more constructive information and diverse political analysis.

Who We Hope to Reach and Why

We want to talk with lesbians and gay men, with doctors, health workers, midwives and any other people sympathetic to the rights and welfare of gay people . We want to share with all those considering or involved in the process of artificial insemination for/of lesbians. We feel a need to begin producing our own literature for this purpose because we can not rely on the mass media to put out the truth. Recently, the San Francisco Chronicle, Newsweek Magazine, Channel 2 [Bay Area, California, 10:00 PM News - Segment II], Week-end [a TV magazine show] and The New York Times have had lesbians and artificial insemination as hot news items. Much of their coverage has been stereotyped, anti-gay, and inflammatory. They have focused on the lack of legislation in "this area" and the lack of statistics available. Both of these ideas pose a grave threat to us gay people who want to have children in as secure and private an atmosphere as any straight person has.

We want to reach lesbians who want children but do not want to have sex with men. Many women will choose to find M.D.'s who will agree to inseminate them. Of course, there are problems with this. The main one is finding doctors who will agree to inseminate you if they know you are a lesbian. Both the race and class of the mother are too often issues with doctors too. It costs alot depending on how often you go. Most doctors charge from \$25 to \$60 per insemination. For many women this is not affordable. Aside from cost, there's the question of whether or not the doctor can provide a donor of your own race or ethnic background if you so desire. Also, some M.D.'s even if they agree to inseminate, are so afraid of the consequences that they may not turn out to be reliable. This has been to happen. Often they are afraid that if something is wrong with the child, they will be held responsible. Sometimes their sense of "moral conscience" bothers them. In other words, they turn out to be very anti-gay.

But there are good M.D.'s too - ones who are both reliable and fair, who will work with you all the way. But they are few and far between. Women's health clinics, Women's centers/switchboards and alternative community clinics would be good places to begin looking for doctors and/or donors.

We feel in the long run, as more lesbians get pregnant by artificial insemination, that there is bound to be repressive legislation aimed at making it hard for us to go the M.D.'s for this purpose. This legislation could be aimed directly at us by means of cutting off our means to aid; both medical and financial. The state could limit or curtail human services [welfare , Medi-Cal , Medi-Care , public pre-school facilities, etc.] to lesbians with children whose fathers are unknown [i.e., donors]. Repressive measures might be applied to M.D.'s and any other health workers who aid in helping a lesbian inseminate herself.

Last year in England, the threat of repressive legislation against lesbians artificially inseminating was stirred up by an article in the press. Apparently a local clinic was inseminating single women and lesbians. This came to the attention of the British Medical Association [similar to the A.M.A. here]. The Ethics Committee of the B.M.A. took up the issue of "controversy" to decide whether they should and could stop this practice. Fortunately for the English women, and for us, the Committee's statement said it was not unethical to help lesbians have children by A.I. and that it should be left to the discretion of the doctor and patient. This may be a small victory but the political climate changes rapidly and England is not Amerika. We cannot discount the possibility of new legislation against us in so volatile an area. This is especially true considering the growing anti-gay backlash which is part of a general trend to the Right.

We want to reach the gay community in general and make gay people aware of the issues and struggles involved in the process of becoming gay parents. We need to reach out to our extended community for the resources it can provide us and make them aware of our existence and support.

Lastly, within this pamphlet, we have tried to provide information. We are not setting up a network. The problems of time, knowledge, experience and security, etc., make that impossible for us. That is the job of all of us - - to develop a network and

support system that will function effectively. There are many more issues to explore, so we hope that dialogue will be stimulated by this pamphlet.

This pamphlet is divided into four sections as follows:

LESBIANS - THE DONEE

THE LIAISON - THE GO-BETWEEN

GAY MEN - THE DONORS

LEGAL STATUTES

Thanks to all our friends, lovers, and comrades for their help in the production of this pamphlet.



LESBIANS - The Donee

Making the decision as a lesbian to have children is a very involved process. We cannot fully discuss it here. Class, race, age, disabilities, health and emotional factors all play a part. Briefly, each of us makes this decision after much thought as to 1) Whether or not we can financially support a child; 2) Whether or not we have a support system [friends, lovers] who are committed to us and to helping raise the child; 3) Bringing up a child as a lesbian mother, and a child conceived by artificial insemination. There are dozens of further considerations, hopes and fears, which go into deciding. Each of these is affected by our feelings about ourselves, our own culture, our oppression, and our politics. Although it is not the purpose of this pamphlet to delve into the issues in making this decision, they are important and do need answers and discussion among all. This section applies mostly to lesbians who have already made the decision to get pregnant and have a child.

Covered in this section are:

1. How and when to inseminate - the technical aspects of artificial insemination. This information is to demystify the process. It is easy in itself - like inserting a tampon. Also included is some information on ovulation and sex pre-determination. Basal temperature chart included.
2. Choosing a liaison - a person that acts as a go-between between you and the donor[s]. There is a separate section on the responsibilities of a liaison. This section discusses how to choose one.
3. Anonymity - why it may be important for the donors not to know that you are the donee. Also discusses your rights to know medical and other information about the donor. Sample medical form included.
4. Last minute problem at inseminating time. donors not showing up, being ill, etc.'

- 5. Not getting pregnant after trying for some time - the effects on you and those close to you. Your attitude toward pregnancy and other things to check for: fertility, nutrition, mental conception, tranquilizers, etc.
- 6. Setting up support groups.
- 7. Bibliography - Resources

1. WHEN AND HOW TO INSEMINATE

WHEN

In order to become pregnant you must figure when you ovulate. For each of us this is slightly different. Determining ovulation can be based on many bodily signs, which if kept track of, can point out a pattern in your cycles. There are many methods of keeping track of bodily signs. None of them is exact, but a few of them done together will probably give you a good indication of when you ovulate.

It may take some practice, so it is a good idea to give yourself a few months to try out these methods before you inseminate. If you have a good idea when you ovulate, you could begin taking your temperature [below] for a few months to see if it corresponds.

Here are some of the methods to determine ovulation:

A. 14 day rule of thumb. Most women ovulate about 14 days [11-16] before their menstrual period. In other words, counting day one from the beginning of your period to the day before your next period will tell you how long your cycle is. Let's say it is 30 days - count back from the 30th day - 14 days. You will end up on the 16th day of your cycle. That is the most likely time of ovulation. If you have fairly regular cycles, each lasting 29-31 days, you can judge fairly well when you will ovulate. Combined with any of the other methods, it will give you an even better indication.



If you have irregular cycles this will still mean that your ovulation falls about 14 days ahead of your next period, but you'll need other methods to figure it out. [For women with irregular cycles, you may want to check out Lucy Lacey's book, Lunaception. It has helped some women regulate their cycles. Also the Dr. Christopher's Herbal Compound for Menstruation Irregularity at your local health food store or co-op might help. You should try this a few months before you plan to inseminate]. An irregular cycle does not mean, however, that it needs to be regulated before you inseminate. Most women have somewhat irregular cycles [28-38 days]. It may be easier determining ovulation if you are regular, but not necessary when using other methods.

11-16 days

JANUARY																	FEB.																
date	P	P	P	P	P	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	P	P
day	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F
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↑ day 14

B. Mucus Method

"The Ovulation Method is based on the cervical mucus secretion: the normal vaginal discharge. Changes in the mucus indicate fertile and infertile days. The mucus changes according to the level of ovarian and putuitary hormones.* Stated briefly: two kinds of secretions can be found in a healthy woman's vagina; the cervical mucus which comes down from the cervix [the neck of the uterus]. Just before ovulation, this cervical mucus has it's own peculiar characteristics: it resembles egg white; it's very slippery, and can be stretched without breaking. Mucus observation need be external only -- so all you have to do is just observe your natural vaginal mucus when you wipe yourself with a piece of toilet paper. Whatever is secreted by the cervix will come to the outside. After observing the mucus closely for a full cycle between periods, you will become aware of the changes it undergoes. You can learn to identify the ovulation mucus, and then, if your observation is correct, the menstrual period will begin 11-16 days after the ovulation mucus reaches its peak.

This method is based on firm scientific observations of how the body functions. Estrogen, one of the female hormones, increases in the body until it reaches its peak, at which time another hormone, luteinizing hormone, is released, causing an ovum to erupt from the ovary and to begin its journey down the fallopian tube, where it can get fertilized. At the same time, the rise in estrogen level causes the os [the mouth of the uterus, through which the sperm has to travel to reach the ovum] to open up. During this time, the Ovulation Mucus stretches itself into a corridor pattern which leads the sperm directly up to the uterus. And these corridors actually vibrate within the same frequency range as the tails of the sperm! And -- as if this wasn't enough -- the Ovulation Mucus is richly supplied with glucose, to nourish the welcomed sperm, so that it may live and fertilize for as long as 5½ days!

This special Ovulation Mucus not only enhances the possibility of conception -- it is necessary for it. Compare the Ovulation Mucus to the tacky, sticky cervical mucus that sets in after ovulation. First, the os -- the mouth of the uterus -- closes up. Then the cervical mucus blocks the cervix and the relatively closed os with a cob-webby pattern of mucus which helps prevent the sperm from getting through. This kind of mucus is high in leucocytes -- white blood cells -- which surround any foreign bodies [like sperm] and ingests them. It also contains anti-trypsin. Trypsin is the enzyme in the head of the sperm which enables the sperm to break down the outer shell of the egg and enter it. Finally, this mucus also contains factors which tend to clump the sperm and stop the movement of their tails. Most sperm cannot survive more than a few hours in such unfriendly medium.

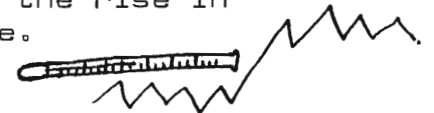
The problem, then, is to learn to identify such mucus. This method works beautifully, whether your periods are irregular, or whether you're pre-menopausal, or post-partum, or semi-sterile. By observing the mucus each day, you can tell when you're ovulating."¹

*¹¹This technique has been studied by the World Health Organization, and they put out an excellent book, CERVICAL MUCUS IN HUMAN REPRODUCTION, which is available, free, from the Human Reproduction Unit, WHO, 1121 Geneva 27, Switzerland. This book gives documentation of actual changes in the human body at the time of ovulation."

- C. Basal temperature - Your basal temperature is your body temperature taken with a basal or ovulation thermometer (most drugstores, \$3.00 to \$6.00), immediately upon waking (not after you've gotten up to go to the bathroom).

It is most accurate when you have the same amount of sleep each night, but if you note on your chart the amount of sleep you've had you can view it with that in mind. The less sleep, the lower the temperature. If you have a cold for example, your temperature may be somewhat higher than usual. Jot these things down so you'll be able to see a more accurate pattern. Ovulation time can be approximated in this way by watching the fall and rise of your basal temperature. Start taking your temperature the day after your last menstrual day. It will probably fluctuate for 5-9 days at a low range. Then you will see a noticeable dip and within a day or two a sharp rise (usually, 1/2 degree). There is some controversy as to whether ovulation occurs just before, during, or after the dip (on the rise). So you might want to read further information. As far as we can determine, pregnancy can happen five days prior to ovulation and within one day (24 hours) after ovulation. (The sperm can live as long as 96 hours; the egg, 24 hours) Most sources of birth control say that an unsafe time also exists a day or two after the rise in temperature. This could mean they judge ovulation to occur at the rise in temperature; or between the dip and the rise.

See sample chart on page 7.



For some women the rise in temperature is slower. It can take as long as four days to rise. Not many sources talk about this but many women's charts show this. Although we haven't found an explanation for this; practically it means using other methods (mucus, especially) to make timing more accurate, or if possible, inseminating more times.

- D. Mittelschmerz: This means mid-cycle pain. Some women experience a pain on one side (left, one month; right side, the next), when they are about to ovulate. The pain can last one or two hours to one or two days. If you get a cramp like pain around mid-cycle, record it on your chart to see how it corresponds to your basal temperature.
- E. Ferning: This method requires a microscope but is very accurate. Ovulation mucus, when dried on a slide and viewed under a microscope forms a beautiful pattern like a Boston fern. If you know someone with access to a microscope (in a clinic or school) you might try this - it is an amazing thing to see.
- F. Tes-tape: This is used mostly by diabetics as it tests sugar content. It costs about \$3.00 in a drugstore and can be used to test sugar in your mucus. The tape gets darker (higher sugar content) as ovulation approaches. It in itself is not very precise.

See Woman-Controlled Conception and Bibliography for further information.



vagina becomes more alkaline - enhancing the longevity and motility of male-chromosomed sperm. If you desire a boy, insemination at ovulation or just after will increase the odds tremendously. According to some statistics the percentage of boy babies is greater in artificially inseminated women.*

Douching

Since female-producing sperm thrive in a more acidic environment:

For a girl douche with two tablespoonfuls apple cider or distilled vinegar in a quart of water, from 24 to a few hours before insemination. The only problem with douching too close to insemination is the possibility of washing away the helpful mucus.

Since male-producing sperm thrive in a more alkaline environment:

For a boy douche with two tablespoonfuls baking soda in a quart of warm water. Let sit 15 minutes to dissolve before douching.

Inseminating distance from cervix. "Placing the sperm near the cervix gives the faster [male] sperm the advantage of a shorter course to run." Placing the sperm just inside the vaginal opening [just enough so it doesn't drip out immediately] places the male chromosomed sperm in longer contact with the unfriendly acid environment [see douching - above], and thus favors the female sperm.²

Orgasam. The sperm entering the vagina tend to make the environment more alkaline. If you want a boy, having an orgasam at the time of insemination will enhance your chances. If you want a girl, don't have an orgasam. The movement and pulsating of the os after orgasam encourages the sperm into the uterus. In an alkaline environment with fast-swimming sperm [boy] thriving, this will aid their movement, more so than the slower swimming sperm [girl].

Another choice. Some women feel that there is enough evidence to support the theory that several ejaculations by the donor prior to the actual sperm specimen will enhance the chances of a girl/child. These ejaculations taking place on the days prior to your first inseminating day. [See Woman-Controlled Conception] It might be a good idea to check this further. It is the opinion of other women that the sperm count is lowered to such a degree, in this way, that it may not be advisable, especially for women having difficulty getting pregnant.

For further information, check around for other sources. There is much controversy on this issue, and there is no guarantee you will get what you want. So it is best to be prepared to raise a boy even if a girl is what you want most. Also see MENTAL BIRTH CONTROL [visualization methods for sex pre-determination] by Mildred Jackson.

² Woman-Controlled Conception ; Mary and Sarah

* According to Dr. E. Whelan - Boy or Girl?

HOW

THIS IS THE EASIEST PART OF ARTIFICIAL INSEMINATION

- 1) Have the sperm specimen in a jar.
- 2) Lie down with a pillow under your butt. You can raise your legs against the wall, bed, chair, etc., if you want. Basically your pelvic area should be tilted so the sperm swim with the force of gravity.
- 3) Use a 2 cc syringe, (without the needle!), eye dropper, or turkey baster and put the sperm into one of these.
- 4) Place it into your vagina as you would a tampon and squeeze the sperm out, into yourself. If you're using a turkey baster - don't put it in more than 1 1/2 - 1 3/4 inches, as it contains too much air to be close to the os. If you are trying for a girl, put the sperm into yourself just far enough so it won't drip out. Experiment first, using plain water, one or two days prior to your first insemination.
- 5) Lie still and relax, day-dream, etc., for about 30 minutes.

THAT'S IT !

~~~~~!!!

When you get up, the force of gravity will cause the sperm to drip out. Use a small sanitary napkin or toilet paper so it doesn't drip down your leg. This, plus the unfamiliar or well-forgotten smell and consistency, might take some getting used to.

2. CHOOSING A LIAISON

Another section of this pamphlet deals with the responsibilities of a liaison. The choosing of a liaison needs to be based on some of the information in that section because it requires time and energy to be a liaison. Most important is to work with someone you trust (if at all possible). However, it may not be possible to have the person closest or most committed to you act as a go-between. One, if the person doesn't have the time, or two, if that person is your lover. Some lesbians feel that it is not a good idea to have your lover act as a go-between because it will be easier to identify you. This is mostly because of being seen together often or if the donor knows one of you. For some women it will be hard to find anyone other than their lover to be the liaison. But if you do have a close friend who can work with you, your anonymity is better protected.

Some lesbians want specific men (predominantly gay) who they know to be their donors. If you trust the men you are asking to be donors, then there should be complete agreement on your rights to this child and what part the donor plays, if any, after the child is born. When the donor knows you, it is very important to keep in mind (no matter how trusting your relationship) that the birth of an actual child, not the concept, can change people's attitudes.

Women who are isolated from a substantial gay community, or for any other reason, cannot find anonymous donor sources, must ask men they know. Sometimes this might mean straight men as well.

In both these cases you may feel a go-between is unnecessary. You may want to talk directly with the donor. A lot of careful consideration should be given to the risks involved. Also you may feel that the potential donor is doing you "a favor", so to speak. This may lead you to agree to things you can't really follow through on, or things you don't want to discuss until you're thought more about it. For this reason, it is helpful to have a friend or lover go with you to talk with the potential donor.

3. ANONYMITY You don't know the donor, the donor doesn't know you

Anonymity is not an issue of paranoia - it is very important. The security of all lesbians deciding to have children, now and in the future, is involved. The possibility of a donor knowing that your child has half his genes and wanting to be the father to that child is just one risk. Another is having the child taken away from you, based on being declared unfit, poor, lesbian, etc., We have also heard of a case before the New Jersey courts in which a woman [single] was ordered to allow her child to be visited by an anonymous donor who was able to prove parentage! She had received A.I. from a doctor. The donor somehow found out about her.³ [See LEGAL STATUTES for further information on new tests developed to prove parentage]

The question of anonymity is complicated. Some lesbians want to know who the donor is for the sake of the child. They feel that the child will be under enough pressure from peers just for having gay parents. A lot of kids don't know who their father is, and it doesn't make their lives easier. Kids do pick on each other around this issue and it gets intense sometimes. The advantage we have as lesbians choosing gay men as donors is the possibility of remaining anonymous to them while still knowing their names and more. It is possible to have the child not only know the name of the father, but also to meet him when the child is old enough to make that choice. Many lesbians don't want that. But for those who do, it is important to know that it may be possible to have whatever information you want.

You must decide what you want from the donor and have your liaison find out if it is agreeable to the donor(s). You ultimately will choose who your donor(s) will be. This choice should be based on substantial information. Enclosed in this pamphlet is a sample medical list to give to the donor. You can add whatever else you want. You can add color of hair, eyes, height, weight, condition of eyes and teeth, etc. Read the section on donors, but basically, most medical information [if it is known] should be answered by the donor. Things like V.D. testing are very important. Aside from medical information, you can ask about race, ethnic background, religion, and any conditions you would like to agree upon [such as his name, a picture, and if the child can know who he is, etc.,]. If you want, you can even arrange that an annual address be sent to a friend so that the child will be able to locate him at some later date. Because you ask all this does not mean you have to give up your anonymity.

Whether the donor wants [or is able] to provide the information is another question [read the section on donors]. Many will provide almost all, and some just the bare medical facts. You receive the information back and then decide. In the meantime, it is important to encourage our gay men friends to struggle around these issues. At the same time, these men [our donors] may have questions for us. Some reasonable and fair ones and others not. It is our decision how to deal with them.

³ As of this printing, the details of this case are not known.

4. LAST MINUTE PROBLEMS AT INSEMINATING TIME

It is very hard when you have done all the work of charting your cycle, arranging medical information, getting liaison and donor together, and the big day comes when it is time to inseminate and wham... your donor forgot - or he just came down with the flu the day before! Anything can happen. Containers with sperm left out in the cold night air, glass containers that break on the way to you, containers too deep and narrow to fit a syringe into.

If you have just one donor and are inseminating just once or twice a month, accidents like these can really be depressing (to say the least). Anxiety doesn't help you get pregnant. So knowing that mistakes can happen, people do get sick at those important times too, may help relieve some of your tension if things don't work out as planned. The best thing to do, if possible, is to have more than one donor available and plan to inseminate at least two or three times a cycle. Many women are fertile as many as 5 days a month, so you can inseminate accordingly. Many straight women have intercourse alot when they are trying to get pregnant. Obviously it is harder for us to arrange, and much more time consuming. Also, after several months of this, everyone concerned may start to be wiped out either physically or emotionally from the process. Although many women get pregnant right away (in one to three months), the average statistically is 6 to 8 months. That is an average. Keep this in mind if things should get messed up in any particular month.

There is some new research coming out that indicates that sperm from two different men may have a tendency to interfere with each sperm's motility and ability to fertilize an egg, i.e., the sperm from two different donors may inhibit the sperms' motion. Although this is not proven yet, it might be a good idea to alternate donors on a monthly basis if you are using more than one donor. In other words, have both available but use one in February, for example, and the other in March (and so on).

5. NOT GETTING PREGNANT AFTER TRYING FOR SOME TIME

Well, let's say you've been inseminating for 4 or 5 months now, and are not pregnant yet. Many women feel a need to review everything to see if they are doing something wrong. You may be doing everything right, but it is always good to go over it, especially if it will ease any anxiety you are likely to feel by now.

Things to keep in mind are:

- a. Your cycle may change from month to month and it may take you awhile to observe and interpret the changes in mucus, temperature, etc.,
- b. If you haven't had a sperm count done, ask your donors to have one. Most medical laboratories can do this. It is a simple procedure and you could probably have the results back in 24-48 hours.
- c. Try inseminating more times per cycle if it is possible.
- d. Go over your attitude about what is happening to you with someone close to you. Fears and worrying slow down the process, and thinking about it all the time doesn't help either. Try to relax. (see h. below)

- e. If at any time you are feeling that something might be wrong, there are many things you can check into. If you have a history of PID [pelvic inflammatory disease] or anything else that may have caused scarring in your tubes or uterus, you should check this out with a doctor. [Try to find one who will be sympathetic to your needs.] Also, if you feel there is any reason to believe your tubes are blocked, a doctor can use the Rubin Method [carbon dioxide blown through your tubes to unblock them]. This must be determined by a doctor. There is another way to determine blockage and that is through use of a dye and x-ray. This is similar to the Rubin test except that dye that is x-ray sensitive is used and an x-ray can determine if such a problem exists. Aside from this, there are many other possibilities, such as hormonal balance, nutrition as it pertains to fertility, etc., [see below]

The best thing to do if you are encountering real problems is to read up on it and then check with a doctor, nurse, or midwife. But alot of these tests are uncomfortable, and may not be too healthy either. And they cost some, depending on what you have access to. So before you do anything, give yourself at least 6 months of trying. Many doctors will not even want to run any tests on you until you've been trying for at least one year.

Emotional factors have alot to do with pregnancy. It has been many women's experience that when they come to the point of almost giving up... that is when they become pregnant.

- f. One other factor of recent discovery is the effect of petroleum [including plastic containers] on sperm. It has the potential to kill sperm stored in these containers. Although you have to be more careful with glass, have your donor use a glass jar [a baby-food or mustard jar is perfect]. To inseminate, a glass eye-dropper or syringe is good. If you can only get plastic, this is probably ok since it is not in contact for more than a minute or two. But glass is best.

Some women prefer using a turkey baster. This is fine. But remember not to place it against the cervix at the opening [os]. It can be dangerous to put air into the uterus and a turkey baster holds alot of air, unlike a properly used syringe.

- h. Another consideration is nutrition as it relates to fertility. The following are supplements you might consider adding to your diet [and the donors if his sperm count is low]. Even eating a nutritionally balanced diet and steering clear of coffee, sugar, tobacco and alcohol may not be enough to supply enough of these vitamins/minerals.

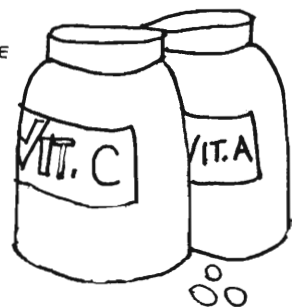
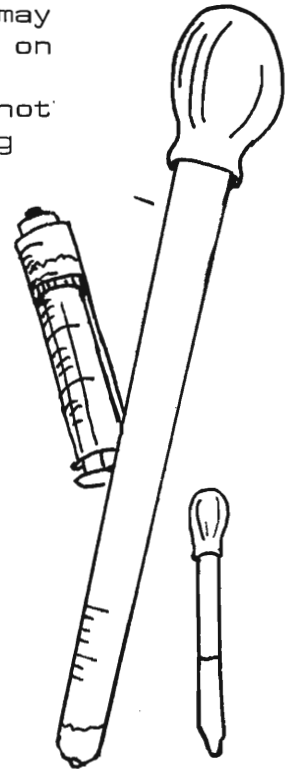
Vitamin E: 200-600 International Units

Vitamin A: 25,000- 10,000 units

Vitamin B Complex [and especially B₁₂]: an excellent source is brewer's yeast.

Vitamin C, Zinc, and calcium/magnesium are also important in reproduction. [calcium/magnesium often come together as dolomite, since you need one to absorb the other]

All of these, but especially Vitamin E are useful in enhancing fertility.



Specifically for a low sperm count any donor can try a cold [65°F] hip bath just prior to ejaculation. As heat tends to destroy sperm production, cooling aids in sperm development and activity.



- i. Your mind and emotions play a very large part in conception. How you feel about getting pregnant can help. The main thing is not being too anxious. This may take a concerted effort. Although some doctors recommend tranquilizers at insemination time, there are other approaches that work as well without the use of drugs. Such things as deep breathing exercises, yoga, self-hypnosis and other relaxing methods are all good. Herbal teas such as valerian root tea has a mild tranquillizing effect. One of the most enjoyable methods is visualization. In this method you picture the process that is happening in your body - the fertilization of your egg. Or picture your child - her/his birth, etc., This can make you feel more confident and thus relaxed. [see footnote 6]

6. SETTING UP SUPPORT GROUPS

Another important issue is setting up support groups for ourselves. In major cities there is usually a lesbian mothers organization. If there isn't one in your area already, you may want to get in touch with local lesbians who have children, and together consider forming a group where all can talk stuff over. It is particularly important to find other women who are taking the same step as you are. It is also important if you have a lover that she get support for her feelings and thoughts in this process. Relationships undergo a great deal of stress during this time and each person needs to feel that what she is going through is valid. Seeing that your reactions are similar to those of other lesbians going through what you are, helps alot in understanding and struggling through them.

If you are isolated from other lesbians for any reason, writing to a lesbian organization in the closest area where there is one, may help. Let them know that you'd like to be put in touch with a lesbian mothers organization or alternative parenting group. There is a need for us to maintain some security in this. (Peoples' lives and their childrens' are involved, so try to talk first with people you know. This will give us some limited measure of security and still enable us to talk with each other and share our knowledge, our support, and our loving.

It is equally important to remember that once we are involved in this process and are pregnant or have a baby, people will become aware of this. If someone calls you on the phone and asks you for information and names, take for granted that your phone is not secure (even if it might be) and don't give out other peoples' names. If you know the person, tell her/him that you'd like to talk in person. If you don't know her, find out how she got your number and who you know in common. Paranoia isn't the issue - security is.

As more lesbians are becoming mothers, we need to share support and information without involvement and exploitation from the mass media, and their open invitation to repressive legislation and other forms of harassment against us.

7. BIBLIOGRAPHY - RESOURCES [see page 19].

THE LIAISON - The Go-Between

The person who goes between the donee and donor must be someone the donee trusts. For this reason, she depends on you to take seriously her needs as well as the donors'. [It will help to read the donor and donee sections of this pamphlet.]

Your responsibilities as liaison are:

1. Find men willing to be donors.
2. Set up times to talk with the potential donors. Find out if they are willing to fill out medical forms and take V.D., and any other necessary tests, i.e., sperm count, etc.
3. Get medical forms and any other conditions for donors from the donee. Give the medical forms to the donors and explain the further conditions the donee has requested.
4. Bring back to the donee all information given to you by the donors, so that she can make a decision as to whether she wants any particular donor or not. Medical information is an especially important determining factor, aside from physical characteristics.
5. Find out if the donors understand and are willing to abstain from sex with anyone but a known lover(s). This is for the purpose of limiting disease [particularly V.D.].
6. Talk about anonymity with the donors. Make sure they understand the donee's wishes about this, and their lack of rights to the child-to-be.
7. Find out what problems the donor might have. Always leave room for dialogue so that if the donor needs to ask questions, etc., he can.
8. Find out if the donor has any conditions he feels need answering before he begins.
9. Find out the donor's schedule [limits]. Make certain he understands that it may take 6 months or more. Find out if he can be a donor that long. Does he plan any vacations, etc., when he won't be available? Always have the donor contact you ahead of time [if possible] if he won't be able to provide a sperm specimen.
10. If you must tell a donor that this donee isn't going to require his services, do so with respect for the person. It is not a personal issue, but usually a decision based on the medical information, so this could be explained. Also ask if you can keep his medical record and name for future use by another lesbian. Of course, you'll have to check back again if this happens. Make sure you do not give his name to anyone before you ask his permission to do so.
11. You may want to turn the donors on to other men who are donors to get support. This is not just a physical exercise - it is emotionally stressing as well and the donor's needs must be respected as well as the donee's.

12. Each month the donee should try to determine in advance the dates she needs you to arrange inseminations. Let the donor know ahead of time what days [or evenings] he is needed, i.e., have the donor available on an on call basis for 5 nights in a row, even if the donee only inseminates once or twice. This will give some leway. Arrange a place for him to drop off the specimen - or for you to pick it up. Arrange with the donee how she will get the specimen.

When traveling with the specimen, make sure the glass jar is well sealed and kept warm. Room temperature is fine. On cold days, wrap the jar in a towel and put it under your jacket. Sperm can live up to 2 hours at room temperature, but it is best to use it as soon as possible. Also, protect the sperm from light. Putting the jar in a paper bag will accomplish this.

13. If at any time the donee wants another donor, or the present donor[s] cannot continue, you must start the process again to find a replacement.

The most heavy responsibility of the liaison is keeping her or his mouth shut - when it comes to names. You are the keeper of information which no one but yourself [or if it is agreed upon - the donee] will know. If you have trouble keeping things to yourself, reconsider being a liaison. If and when the heat gets turned on - you're the one with the information.

At the same time as you have alot of responsibilities, you do have a life of your own. The donee needs to respect this too and you should try to work things out so that it is flexible to your schedule whenever possible. Figure out how much time you need to accomplish your end of things, and give yourself some extra time if you've just begun being a liaison.



GAY MEN - The Donor

The initial contact of a potential donor should, if possible, be made by the liaison. [As a rule, the donor and donee do not know who each other is.] Even though the potential donor has expressed interest in involvement, there still may exist doubts and fears as to what exactly this involvement means. Don't be afraid to put out your feelings and be as clear as possible concerning your questions. The liaison can be particularly helpful in assisting you to formulate questions, as well as in providing answers in many cases.

Questions commonly considered by potential donors are:

- What are my rights concerning knowledge of the donee?

This includes information as to the donee's identity and lifestyle, and her attitudes about the gender of the to-be-born child. [Some lesbians wish only to bear women children.] Can I express willingness/inclination toward a relationship? Does the donee want a relationship?

- What are my rights concerning knowledge of the to-be-born child?

At what point, if any, will the identity of the child be made known to me? Will the child know who I am? What expectations are there on the part of the donee regarding material support of the to-be-born child?

- How many donors will be used?

There is no one correct answer to these questions, and you should encourage as much dialogue as possible [respecting, of course, the needs of others in the process]. It is best to be resolved about as many issues as possible - Before you involve yourself. Remember: Anonymity for both mother and child is the rule, rather than the exception.

WHAT IS INVOLVED IN BEING A DONOR ?

Initially, you will [probably] be given a personal and family medical history form to complete. This is to insure the donee of certain conditions regarding the potential child. Questionnaires usually include inquiries about physical characteristics, general health, substance [e.g. drug] usage, and the medical history of the donor's family with regard to specific diseases and/or conditions. At this time it is wise to get a general physical as well as V.D. tests.

After you complete the forms, the liaison will contact you to tell you if you are wanted as a donor. If the donee does not want to have you as a donor at this time, the liaison may ask if you are willing to be considered by other donees. Your name will not be given without your permission. [Make clear to the liaison that you desire anonymity.]

When you become a donor you will be expected to be "on call" a certain number of days per month. On a few of these days you will actually donate. Be aware that the donee's cycle may be irregular and that the process takes an average of six to eight months. During the time you are donating, donors can set times 2 months - 4 months as to how much energy they have for donating at a time. But it must be clear donors can't give up in the middle without some prior notice [unless of course there are circumstances that prevent this] i.e., if the donor knows he will be donating, say, from the 15th to the 19th of any month, he should not tell the liaison on the 14th that he's not prepared to donate anymore. If he is having any physical or emotional difficulties with the process he should talk to the liaison and get them aired before he quits in frustration/freak-out/depression, etc. It is the liaison's responsibility to check in with the donor as to how it is going - if any problems are arising, especially emotional.

During the time you are donating, you must be especially careful about contracting diseases such as hepatitis, gonorrhoea, and syphilis. This is of particular importance for donors with more than one steady sexual partner.

THE ACTUAL DONATION

The liaison will tell you what days you will be needed to donate and will work out mutually agreeable times and places for contact.

Remember:

- You should avoid saunas and hot baths 24 hours prior to donating and during the donating period. The extreme heat destroys sperm.
- You should abstain from ejaculating for 24-48 hours prior to donating unless arrangements are made otherwise [see sex pre-determination].
- Samples must be fresh. Ideally insemination should occur not later than two hours after ejaculation.
- Samples should be transferred in clean glass containers. Reports indicate that prolonged contact with plastic may result in a spermicidal effect.
- The container should not be too deep. A syringe or eyedropper must be used for insemination.

SUPPORT DURING THE PROCESS

For most donors, the single support will be the liaison. The need for security narrows the possibilities of talking to others who are not involved. There is a definite need for a support system similar to, but perhaps not in the same form as, those available to lesbians and other women wishing to artificially inseminate. [See donee section for more information]



THE DONOR & DONEE MEET

There are circumstances under which the donor and donee will want to meet. The main one is that they know each other and the donee feels a need to talk directly with the donor.

Although many of the terms and conditions of the insemination have been discussed prior to the meeting time, it may be filled with ambivalence. Just the fact that a great deal of time has elapsed since a formal consideration of the process has occurred can present problems. The donee or donor may want the liaison to be there. If so, it is important that the liaison anticipate, but not expect, problems. It is imperative that you function as mediator if issues must be resolved. Recognize your own feelings that may prejudice the process. If you do not feel personally competent to do what the situation calls for, it is imperative that you indicate this for your own benefit as well as that of the other people involved. A feminist counsellor/mediator, or mutual friend may provide an alternative [but consider all risks to security].

On the other hand you may feel ok about talking to each other without the liaison. The advantage in having at least one other person there, however, is to prevent a misunderstanding if an issue arises of which you are uncertain how you feel and what the final resolution will be. Such issues may be: how much participation the donor will have [if any] in raising the child - child support, etc., [if initially these issues were purposely left open until such a meeting].

.medical form for donor.

This form is for the benefit of the donee and the child to be. It will be used to detect any health problems that may arise if the child to be, is ill. If it is known that diabetes, for example, exists in your family's medical history, this would be vital information for detection, prevention, and/or treatment should any symptoms arise in the child. This form will also be used to qualify you as a donor. It is important to put down all the medical information you know. If you do not know much of your family's medical history you should write that fact.

Write YES and the DATE /or NO (The following are blood tests)

V.D.TEST _____
 HEPATITIS _____ - This test should be done if you have had contact with someone
 TAY - SACHS _____ who has it or if you show any symptoms
 SICKLE CELL ANEMIA _____

YOUR BLOOD TYPE IF YOU KNOW IT _____

If you have been taking any of the following drugs regularly put a check next to it (them). LSD and amphetamines can cause sterility. Others can cause birth defects depending on extent of use.

LSD _____	AMYL NITRATE _____	ANGEL DUST _____
HEROIN _____	CODEINE _____	AMPHETAMINES _____
COCAINE _____	VALIUM _____	HORMONES _____
OPIUM _____	THORAZINE _____	ANTIBIOTICS _____
QUALUDE _____	DEMEROL _____	OTHERS(include medicine taken orally)
ALCOHOL _____		

Do you smoke cigarettes? _____ grass? - _____
 If you use drugs only once in a while: *no drugs at least 1 week prior to donating.
 This includes aspirin.*

If anyone in your family has had any of the following put a check next to it. Also write the family member (i.e. mother, brother, grandfather, etc) and the severity of the illness.

Example: DIABETES _____ sister - takes daily shots of insulin

ALCOHOLISM _____	DRUG ADDICTION _____
ALLERGIES _____	EMPHYSEMA _____
APPENDICITIS _____	HEART DISEASE _____
ASTHMA _____	HEMOPHILIA _____
BLINDNESS/GLAUCOMA _____	HIGH BLOOD PRESSURE _____
CANCER _____	LOW B.P. _____
DEAFNESS _____	HYPOGLYCEMIA _____
DIABETES _____	KIDNEY DISEASE _____
DIPHTHERIA _____	LEUKEMIA _____
LIVER DISEASE _____	TAY-SACHS _____
MULTIPLE SCLEROSIS _____	T.B. _____
POLIO _____	THYROID _____
RETARDATION _____	(Hypo - low) _____
SICKLE CELL ANEMIA _____	(Hyper - high) _____

OTHERS:

PHYSICAL CHARACTERISTICS

Since both donors and donees are of all races and ethnic backgrounds it would be helpful to give this information to the donee.

Other Conditions:

LEGAL STATUTES

There are many laws on the books in every state relating to married women with children/custody of children by one parent when both parents are known, etc., There are laws pertaining to married women using donors for artificial insemination. But we could find no laws [yet] pertaining to single women and/or lesbians using donors for artificial insemination. Although we have heard of cases where donors have claimed paternity, there are no laws covering single women/lesbians, per se.

As far as paternity suits go, there are some tests being developed that can more accurately determine parentage. So far the courts have used blood tests which can only determine if a donor [or any man] is not the father. Now a new test called the Tissue Analysis Test is available which can determine more positively if a particular man is the father to a particular child. We do not know if this has been used in court as of yet. But it is bound to be, sooner than later.

We need to develop our own security and at the time fight new and repressive laws that may eventually be used against us. We need to know what these laws are about and communicate with each other about how & where & when they are being used. [See Bibliography #'s 10, 11, and 12].

BIBLIOGRAPHY - RESOURCES

1. Woman-Controlled Conception. Two personal accounts by Mary and Sarah, of artificial insemination. A booklet that will give you some good information on a more personal level. As of this printing the booklet will be distributed by UNION WAGE, P.O. Box 40904, S.F., CA 94140
2. A Cooperative Method of Birth Control. by Margaret Nofziger. Although most books with information on the mucus-method, temp charts, etc., are for straight people trying to find out about birth control, they prove very useful for women trying to conceive as well. This book is excellent - full of very clear diagrams and descriptions. It includes many sample temp. charts for all length cycles, even slow rising temperature curves. This short book sells for about \$3.00. They also have a kit with thermometer, charts and the book for \$9.95.
©1978 Second edition, The Book Publishing Co., Summertown, Tenn. 38483
3. Avoid or Achieve Pregnancy Naturally, by Terri Guay, 5th Edition, Emergency Publications ©. A booklet, an excellent source for understanding the mucus-method. Charts and diagrams also. Put out through: Natural Family Planning Teachers Inc. of Oregon Providence Medical Center, Rm. 201-202, 700 N.E. 47th, Portland, Oregon 97213.
4. Natural Birth Control Book, Art Rosenblum
©1976, 4th edition, Aquarian Research Foundation, Philadelphia, P.O. 4120, 5620 Morton St. P.A. 19144.
Here, other methods are described - astrological birth control, lunaception, mental birth control, etc., \$3.00.

5. Mental Birth Control, by Mildred Jackson, N.D. and Terri Teaque, N.D. [G.B.]
©1978, Lawton Teaque Publications, P.O. Box 656, Oakland, CA 94604.
A unique method for relaxing, conceiving and pre-determination of sex of the baby. Really worth trying.
 6. Boy or Girl? By Dr. Elizabeth Whelan [Sc.D.]
©1977, Pocket Books - a Simon & Schuster Division of Gulf Western Corp., 1230 Avenue of the Americas, N.Y., N.Y. 10020 \$1.75.
A history of sex pre-determination of the white, European ruling classes mostly, with a little anthropology thrown in. This book is generally humorous in a sick sort of way. There is toward the end, however, some interesting information on sex pre-determination for women using artificial insemination.
 7. Healing Yourself, by Joy Gardner
©1976-78, Healing Yourself, P.O. Box 752, Vashon, Washington, 98070. \$2.00 + 50¢ postage [single copy].
An excellent 64 page booklet on nutrition, herbs, vitamins, daily health problems for young and old alike, from asthma to hepatitis to home delivery and nursing. An absolute must for anyone whose going to raise kids, especially. Packed with practical and helpful information. Easy to read.
 8. A.C.H.I. Bookstore, Sue Crockett, P.O. Box 2232, Buena Park, CA 90621. [714] 523-4141.
A phenominal list of books and pamphlets on pregnancy, birth, children, nutrition, parenting, etc., Send for a catalog/order form
* Also A.C.H.T. Box 1219, Cerritos, CA 90761. [213] 802-1020 or [714] 994-5880.
Has a complete set of home birth kits for midwives and/or parent[s]. An excellent resource!
 9. Prevention Magazine © Rodale Press, Inc. Each copy \$1.00 yearly subscription [12 issues] \$9.00. 33 East Minor St., Erimsaus, PA 18049.
An excellent health magazine. Very easy to read, practical and interesting. Packed full of the latest research on natural healing and preventive medicine. [Such as: articles on sid-sudden infant death or crib death and other infant and childhood diseases]
 10. LESBIAN RIGHTS HANDBOOK - A Legal Guide for Lesbians. [Available July 1979] © 1979 Lesbian Rights Project, 433 Turk St., S.F., CA 94102. Check local bookstores, price \$1.00. An excellent resource.
 11. A GAY PARENT'S LEGAL GUIDE TO CHILD CUSTODY. Published by the Anti-Sexism Committee/National Lawyers Guild, 588 Capp St., S.F., CA 94110. Very good information.
 12. Ms. Magazine, April, 1979, has an article entitled "Making Illegitimacy, Legitimate", by T. Ihara and R. Warner, © 1979, Ms. Mag. Corp. Discusses rights of single [straight] women having children. Includes laws on paternity rights, social security, welfare, etc.,
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