by SDS–PAGE. Total RNA or mRNA was prepared from peripheral lymphocytes of non-pregnant and pregnant women and of a male. They were probed for the presence of HCG-α- and HCG-β-mRNA using RT-PCR. Moreover, a quantitative PCR, incorporating [α-32P]dCTP, was performed to detect possible differences in the mRNA contents.

**Results and discussion:** The de-novo synthesis of the α-subunit protein was clearly detectable. A band showing the molecular weight of the mature HCG-β subunit was not present, although smaller 14.0 and 7.5–8.0 kDa molecules were frequently observed. The RT-PCR products clearly showed the presence of α-mRNA. An analysis of the PCR products using primers of the HCG-β5 gene showed no restriction when digested with PstI, which recognizes a restriction site present in the HCG-β sequence but missing in the corresponding region of LH–β. As a control, two restriction fragments of 183 and 55 bp were obtained when first trimester placenta mRNA was used as the starting material. These results show that most probably LH and not HCG is produced by peripheral lymphocytes. Marked differences between pregnant and non-pregnant women were not observed, at either the protein or the mRNA level. Preliminary experiments using quantitative PCR indicated that the LH-β mRNA content seemed to differ (up to a factor of 10) between pregnant and non-pregnant women; however, there were also great differences between various donors.

**Reference:**

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**Paramedical Invited Lecture 1**

**Monday, 1 July 1996**

**Press Centre**

**10:45–11:15**

026. What keeps us going: how to motivate team members

Norbury H.

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Members of the IVF/reproductive endocrinology team are constantly faced with long working hours, difficult case loads and sometimes discouraging results. One of the challenges for the team is to maintain a high level of professional competence and motivation. As the technologies in assisted reproductive treatment are constantly changing, health care professionals must continually update their knowledge and skills while working full time or risk falling behind and becoming obsolete. This constantly moving environment causes a lack of continuity that may lead to stress and frustration with the job and within the team itself. However, to truly motivate team members, they must be challenged to not only learn and improve but to share their unique contributions with their co-workers. Motivating members of the team enables individuals to grow within their positions and to gain competence. This results in personal satisfaction and contributes to the positive manner of the IVF team as a unit. This increased motivation benefits the individual, the IVF team and the patients they treat. This talk will cover a model focusing on positive motivational tools used to improve individual and group performance. This model will also review how to recognize negative aspects which could adversely affect the team.

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**Paramedical Session 1**

**Monday, 1 July 1996**

**Press Centre**

**11:15–11:30**

027. Results of an artificial insemination programme with cryopreserved donor spermatozoa

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**Introduction:** Artificial insemination by donor spermatozoa (AID) is an acceptable alternative for many couples when other treatments fail. Although AID has been seen as a controversial technique, it is now more accepted than in the past. It can also offer a solution for patients with genetic risks for their offspring, although a large number of these patients can be helped with recently developed techniques such as ICSI, which may eventually be combined with microsurgical epididymal sperm aspiration, testicular sperm extraction and preimplantation diagnosis. The use of AID as an alternative request for single parents and lesbian couples is still controversial. The aim of this study was to analyse the results of our insemination programme and to obtain more information about the factors influencing the pregnancy rates.

**Materials and methods:** All couples were counselled before starting the treatment cycles. In cases of a possible problematic request, professional psychological advice was obtained. The ovulatory status was checked by hormonal blood assessments on days 3 and 21 of the cycle. All patients received ovulation induction by either 2X 50 mg clomiphene citrate (Clomid®, Pergotem®) per os from days 3 to 7 of the menstrual cycle or 1X 75 IU HMG (Humegon®, Pergonal®) from day 3 until sufficient oestradiol concentrations were achieved. A blood test and ultrasound were performed on days 12 and 13 of the menstrual cycle. A first intracervical insemination was performed if one or two follicles ≥17 mm in diameter were seen on a vaginal ultrasound. If required, the patient received...