

Egg Donation *Information for Egg Recipients*



Introduction

This information booklet is designed to help patients receiving donated eggs to understand what is involved with the egg donation treatment.

The History of Egg Donation

Whilst sperm donation has been taking place for over 100 years, only with recent scientific and medical advances such as IVF has it become possible for women to donate eggs. In the past this meant that women with no eggs or whose eggs were very poor quality and families in which inherited disorders were common had to remain childless. Egg donation now gives these individuals the chance to have a family of their own.

A couple in this situation can have a donated egg fertilised with the male partner's sperm outside of the woman's body (In-Vitro Fertilisation) and then have it transferred back into the woman's womb. For more information on IVF please see our patient information booklet.

What is Egg Donation?

Simply, it is the fertilisation of eggs donated from a woman, known or unknown to you, with your partner's sperm, in the same way as with In-Vitro Fertilisation (IVF)(see patient information booklet).

Unfortunately, certain medical conditions make it impossible to achieve a pregnancy with your own eggs.

These include:-

- Premature menopause (usually classed as menopause before the age of 40)
- Poor response to ovarian stimulation at previous attempts at assisted conception
- Infertility caused by the removal of both ovaries or from chemo/radiotherapy treatment.
- Inherited disorders in the family of the female partner

Once you have been told that egg donation is your only means of becoming pregnant you will be offered the chance to talk to the Centre's independent counsellor.

You may:-

- Wait indefinitely for an 'anonymous' donor to come forward (we do not have a bank of egg donors. These donors undergo the procedure voluntarily and for purely altruistic reasons. Donors are paid up to £750.00 for their donation to

cover costs and expenses incurred by them (i.e. child care/ travel). You would probably have to share the eggs with another couple requiring egg donation.

- Ask a friend or relative to donate their eggs either directly to you or anonymously to someone else on the waiting list so that you automatically reach the top of the waiting list and have the next available anonymous donor. In this situation you would receive all the eggs from the donor.
- Advertise for your own donor. Again, if you are successful you will receive all the eggs and have immediate treatment.
- Donor must be age 35 years or under at the time of donation.

Counselling and Screening of Donors

All donors and partners are seen by a senior doctor as well as the centres independent counsellor and nursing staff. The donors are informed that any child born as a result of their donation will be the legal child of the couple they have donated to. A medical and family history is taken and we write to the donor's GP.

Donors are made aware that there is a 1 to 2% chance of Ovarian Hyperstimulation Syndrome (OHSS) and a less than 1% risk of infection due to the egg collection procedure.

The following tests are carried out on the donor;

- Day (2) 1-4 FSH + AMH (anti-müllerian hormone)
- CMV IgG , IgM
- HIV 1&2, Hep B core antibody, HEP B surface antigen, HEP C
- Syphilis
- Genetic Screening and cystic fibrosis
- Swabs for gonorrhoea + chlamydia
- Blood Group
- HTLV 1 and 2

If needed – β thalassaemia, sickle cell and tay sachs.

The Importance of Telling Children About Their Donor-conceived Origins

Centres are now required by law to give patients undergoing treatment using donor gametes or embryos information about the importance of telling any resulting child at an early age that they are donor-conceived. Centres are also obliged to inform patients about suitable methods for doing so.

The Donor Conception Network (DCN), an organisation that helps parents of donor conceived people discuss these issues with their children, has produced a series of booklets called 'Telling and Talking' which can be downloaded at www.donor-conception-network.org

Donor Anonymity

Egg donors are anonymous from the patients who receive their eggs. They will not know the identity of the patients who receive their eggs and vice versa.

Patients receiving donor eggs are given information on the characteristics of the donor such as eye colour, hair colour, blood group etc.

If they donate 'anonymously' only Centre staff and the Human Fertilisation & Embryology Authority will know your identity. Any child born as a result of donor egg treatment will have the right to contact the HFEA at the age of 16 at which time they will be entitled to receive the *following non-identifying information*:-

- Physical description (height, weight and eye hair and skin colours)
- Year and Country of birth
- Ethnic group
- Whether the donor had any genetic children when they registered and the number and sex of those children
- The number, gender and year of birth of any half/full siblings they may have
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- Other details the donor may have chosen to supply (e.g. occupation, religion and interests)
- Ethnic group(s) of the donor's parents
- Whether the donor was adopted or donor conceived (if they are aware of this)
- Marital status (at the time of donation)
- Details of any screening tests and medical history
- Skills
- Reason for donating
- A goodwill message
- A description of themselves as a person (pen portrait)

Any child born as a result of donor sperm treatment will have the right to contact the HFEA at the age of 18 at which time they will be entitled to receive *identifying* information (after appropriate counselling and notification of yourself) which will include:-

- Donors full name (and any previous names)
- Date of birth and town or district where born
- Last known postal address (or address at time of registration)

The donor will not have any obligations towards such children however and the couple being treated will still be the legal parents.

Donors now have the right to access by law information about the number, gender and year of birth of any children born as a result of their donation.

Consent and Information Session

You will be seen by a nurse prior to going on the waiting list. During this time you will be taken through the medical and ethical issues involved in your treatment and you will be able to ask any questions you might have. You will both have some screening bloods taken.

When a donor match has been found you will sign consent forms and may have further blood tests. The nurse will explain in detail what happens in a typical treatment cycle so that you are prepared for what is involved. Private patients will pay for the drugs for themselves and the donor, as well as the other costs incurred by the donor. We will explain how to purchase the drugs and the cost involved. NHS patients incur no costs.

At this stage the nurse will check that we have a recent, satisfactory, sperm test result from the male partner.

An Outline of a Typical Drug Regime for a Treatment Cycle

The contraceptive pill or depot injection is used to stimulate a period to start on a chosen date. This is done to synchronise your treatment cycle to that of your donor.

Approximately two to three weeks after the start of this treatment you will have a trans-vaginal scan to ensure that your ovaries are inactive and the lining of your womb (endometrium) is thin. You will also have a blood test.

Once you have been down-regulated you will start taking some oestrogen hormone tablets and be rescanned after 11 days. These will thicken the lining of the endometrium and make it receptive to embryos. The tablets will be taken for approximately eight weeks and longer if you get pregnant. You will be scanned at regular intervals and your donor will start her injections to stimulate her ovaries at this time.

On the day of your donor's egg collection you will begin to take progesterone pessaries to mature your endometrium. These will continue until you have your pregnancy test and continue at the same rate until after the 12th week of pregnancy if you are pregnant and then gradually reduce over the next 2wks, stopping at the 14th week of pregnancy.

Sperm Sample

On the day of the donor's egg collection, the male partner of the recipient (your partner) will be asked to produce a semen sample to be mixed with the donated eggs. This sample is usually produced in the clinic after he has abstained from sexual activity for two or three days.

If, for any reason, it is likely that there will be difficulties in obtaining a semen sample, we **may** try to freeze some samples from your partner before the day of egg collection. If donor sperm are to be used, they will be prepared at this time.

What Does IVF/ICSI Treatment Involve?

In an IVF cycle, the donor's ovaries are stimulated to allow many eggs to develop. The eggs are collected after they have matured, but before they have been released by the ovary.

It is possible that the donor may not respond well, leading to too few eggs being developed. In these cases we may have to cancel the treatment cycle. Approximately 2-4 hours after egg collection, the sperm sample produced by your partner will be prepared in the laboratory. In IVF the best sperm are selected and mixed with the eggs, or injected into the eggs in ICSI.

In IVF/ICSI 50-70% of the eggs will fertilise, but this can vary from 0% to 100% as it is difficult to predict how well the sperm will fertilise the eggs. In about 10% of IVF/ICSI cases there is no fertilisation.

After the eggs have been inseminated they are examined for signs of fertilisation. The resulting embryos are examined again the following day to see if they have developed and are suitable for transfer into the womb. Sometimes, the embryos have not developed, even though they fertilised normally. In this case, a transfer would not be made.

The embryologist will telephone you on the day following egg collection to let you know if fertilisation has taken place. If it has not then you will be seen by the embryologist to discuss the case. An appointment will be booked with the clinician to review the case.

The actual transfer of embryos is performed by a doctor three or five days after the donor has had her eggs collected. It is a relatively simple and pain free procedure.

The best embryos are selected, put into a fine catheter and gently transferred into your womb. After the transfer the embryologist checks that the embryos have left the catheter and gone into your womb.

A maximum of two embryos can be transferred (unless you are over 40 years of age and in exceptional circumstances). Any remaining embryos that are of high enough quality can be frozen for future use if you wish and have consented to

What Happens Then?

After the embryo transfer we advise that you continue your routine much as normal. The nursing staff will provide you with an advice sheet to follow. If you have any queries you can of course contact the centre to discuss them.

The Pregnancy Test

The risk of miscarriage after a positive pregnancy test alone is about 30%. Once the pregnancy sac has been seen and fetal heart action identified then the risk of miscarriage is significantly lower at about 5%.

The risk of a tubal or ectopic pregnancy after embryo transfer is about 3-5%. It is possible, though very unlikely, to have a pregnancy in the womb and a tube at the same time.

The risk of abnormalities in babies born after IVF is no higher than in natural conception. Your risk is more likely to relate to your age and family history. There is thought to be a slightly increased risk of some abnormalities in babies born as a result of the ICSI procedure, please refer to our patient information booklet for more information on this.

Embryo Freezing

During the information and consent session with the nursing staff you will be asked what you wish us to do with any 'spare' embryos.

You may consider freezing your spare embryos. Your embryos need to be of good quality and the embryologist will tell you if any 'spare' embryos are of high enough quality to be frozen, either on the day of embryo transfer or the day after. The replacement of any frozen embryos is performed in subsequent cycles with a similar drug treatment schedule.

By law, the embryos can be frozen for a maximum of 55 years with a review of this required every 10 years. Subsequently, or in the event of the death of either partner, you must decide if the embryos are to be destroyed, donated or used for research.

Babies born following embryo freezing have the same risks of abnormalities as those born following assisted conception.

Contacting the Centre

You can contact the centre at any time if you have any worries, concerns or questions about your treatment.

The staff are available on the following numbers on 01743 261202 Monday—Friday from 9am—5pm

Other Sources of Information

References

HFEA

www.hfea.gov.uk

Donor Conception Network

www.donor-conception-network.org

National Gamete Donation Trust

www.ngdt.co.uk

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NHS Direct

A nurse-led advice service run by the NHS for patients with questions about diagnosis and treatment of common conditions.

Telephone: 0845 4647

Website: www.nhsdirect.nhs.uk

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Equip

A West Midlands NHS website which signposts patients to quality health information and provides local information about support groups and contacts.

Website: www.equip.nhs.uk

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Patient UK

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.

Website: www.patient.co.uk

Further information is available from;

Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Princess Royal Hospital, Tel: 01952 282888

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