The Shrewsbury and Telford Hospital NHS
NHS Trust

The Shropshire and Mid Wales Fertility Centre

Egg Sharing
Information for Sharers

Introduction

This leaflet has been designed to help those who are considering taking part in our egg sharing programme by sharing some of their eggs during treatment to help other women who are unable to produce or use their own eggs. It should help you to understand the purpose of the techniques that are used during the egg sharing process as well as the techniques themselves.

If this leaflet does not succeed in answering all of your questions about donating your eggs, please feel free to speak to a member of the nursing team at the Centre (Tel: 01743 261202).

What is egg sharing?

Egg sharing is a system whereby individuals who could not normally afford private fertility treatment are able to reduce the cost of their treatment by agreeing to share (donate) a proportion of the eggs collected in each cycle with a couple who need donated eggs.

Egg sharing, therefore, is identical to egg donation except that the 'sharer' uses a proportion of the eggs collected for a cycle of IVF for themselves, with the remainder being donated. Because of this, potential egg sharers have to undergo all of the workup and screening that is normally expected of an egg donor.

Who is suitable for egg sharing?

In order to be considered for the egg sharing you must be no older than 35 years of age and must have undergone all of the screening procedures that are undertaken by potential egg donors (see below). Your response to any previous fertility treatment and the results of previous hormonal tests such as the Follicle Stimulating Hormone (FSH) level and Anti-Müllerian Hormone (AMH) will be reviewed prior to deciding upon suitability.

Why is egg sharing needed?

There are many medical conditions that might make it necessary for a women to need eggs provided by a sharer. 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

Will I have to pay to share eggs?

Yes, there is a charge to cover the costs involved, however this charge is smaller relative to that which would be made for a 'normal' cycle of IVF. The majority of the costs of the egg share cycle are covered by the egg recipients.

What are the arrangements for egg sharing?

The woman receiving a proportion of your eggs will remain anonymous and you will not be given any details about her or her treatment outcome. You will also remain anonymous to her.

If you have 8 eggs or more collected then you will share them equally with her (i.e. half the eggs each). If an odd number of eggs are collected then you will keep the extra egg. If you have less than 8 eggs collected, then we believe that there are too few eggs to share. In this case you will keep all the eggs at no extra cost.

You may withdraw your consent to share eggs at any time before the embryos have been transferred, however if you withdraw your consent to share eggs then you become liable for the full cost of your treatment.

You are required to receive counselling about the implications of the proposed treatment before agreeing to proceed.

It is important to note that your treatment can only proceed if a matching patient who requires egg sharing is ready to start treatment. If you do not wish to wait, you can proceed with a standard IVF treatment without egg sharing at full cost.

How many egg sharing cycles can I have?

Whilst there is no theoretical limit to the number of egg collections a woman can have, in practice your chances of achieving a pregnancy do start to fall after the fourth cycle. In general most couples would not wish to have more than three or four cycles. There is a legal limit of ten family units each achieving a pregnancy. You may stipulate how many family units you may wish to donate to if less than 10.

The ten pregnancy limit makes it absolutely essential that you inform the Centre if you have donated or stored eggs in the past at other Centres.

Will I be held responsible if a child born from my egg sharing is disabled in any way?

It is the responsibility of the sharer to inform us of any genetic (inheritable) diseases that are known in the family. It is essential that the Centre is informed of any such conditions as if it can be proven that the sharer has knowingly misled the Centre and the recipient then the parents of any child born as a result of treatment that is affected could sue the sharer for damages.

Sharer Counselling

All volunteers for egg sharing are carefully counselled by two separate members of the Fertility Centre team and are also seen by the independent counsellor. The effects of the treatment cycle on the sharer, her family and children are discussed in detail. The Centre also ensures that if the sharer has a partner they participate fully and agree with the treatment.

If the sharer has children who are old enough to understand the implications, we encourage the counsellor to discuss it with them also.

We ensure that the rights of the unborn child conceived after egg sharing are carefully considered during consultations.

Egg sharing and the law

Any child born as a result of an egg donation during an egg sharing cycle will be the legal child of the recipient, not the sharer. The Human Fertilisation and Embryology Authority (HFEA) keeps a register of all egg and sperm donors as well as all treatments using donated eggs or sperm.

The law regarding sharer anonymity in the UK changed on the 1st April 2005 so that children born as a result of shared egg treatment will be able to find out the identity of the sharer.

If you donate through egg sharing 'anonymously' only Centre staff and the Human Fertilisation & Embryology Authority will know your identity. Any child born as a result of egg sharing treatment will have the right to contact the HFEA at the age of 16 if contemplating marriage or 18 at which time they will be entitled to receive *identifying* information (after appropriate counselling and notification of yourself) which will include:-

- Name of Sharer
- Address at date of donation
- Screening tests carried out
- Personal and family medical history
- Any additional information that the donor wished to provide

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

Egg Sharer Screening

After a woman has been counselled and accepted as a potential egg sharer she must undergo a 'screening' programme. This is done to ensure that she has no infections or genetic conditions that might be passed on to the recipient or her baby. We will take a medical and family history and perform a general examination. We will also ask for the sharer's permission to contact her GP for a more detailed medical history.

The sharer must provide blood samples to determine what her blood group is and to discover whether she has any infections such as Hepatitis B, C, Syphilis, CytoMegalo virus (CMV), HIV and HTLV 1 & 2. Screening is also undertaken for genetic disorders (karyotype) and Cystic Fibrosis. The sharer will also have a cervical swab to test for Gonorrhoea and Chlamydia.

The implications of being tested for HIV are discussed with the patient prior to the test being taken. The results of the tests are confidential and are only made known to the sharer. Without her written permission her GP cannot even be informed. Patients from certain ethnic backgrounds require further screening.

Jews of eastern European descent should be screened for Tay-Sachs, people of Indian, Mediterranean and Middle-Eastern descent should be screened for β Thallassaemia and people of African descent should be screened for sickle cell.

Matching the Sharer to the Recipient

As far as possible we try to match the general physical characteristics of the sharer to those of the recipient. The characteristics we try to match are:-

- Height
- Weight
- Build
- Hair Colour
- Eye Colour
- Complexion
- Ethnic Background

We always attempt to match blood group. Obviously it is not always possible to get an exact match, but we try our best to get it as close as possible.

What treatment is involved for the sharer?

An egg sharer will basically receive the same treatment as a patient undergoing IVF/ICSI, with the main difference being that the sharer will only use half of their own eggs for IVF/ICSI.

You will be seen by a nurse prior to starting your treatment. 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 that you may have.

You will be asked to sign consent forms following a full explanation of procedures and drug schedules. At this stage, the nurse will check that we have recent, satisfactory, sperm test results from the male partner.

Treatment involves the suppression of the ovaries followed by artificial stimulation of the ovaries. This requires a single 'depot' injection and/or daily injections for 11 – 16 days. During this time we will need to perform four to six trans-vaginal ultrasound scans and blood tests to determine the growth of the follicles.

The egg collection is performed under conscious sedation and pain relief the eggs are divided as described above between egg sharer (donor) and recipient.

Some side effects to the drugs may be experienced. The depot injection can give symptoms similar to that of the menopause, for example, mood swings, hot flushes, headaches, vaginal dryness and breast tenderness. The stimulation drug can give rise to symptoms of ovarian hyperstimulation syndrome (OHSS), for example, abdominal discomfort, a feeling of being unwell, nausea, bloated abdomen, reduced urinary output and breathlessness.

On the day of the sharer's egg collection, the male partner of the sharer (your partner) will be asked to produce a semen sample to be mixed with the eggs that have been allocated for you. This sample is usually produced in the clinic after he has abstained from sexual activity for 3-5 days. If, for any reason it is likely that there will be difficulties in obtaining a semen sample, we may need 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.

In IVF/ICSI 50-70% of the eggs will normally fertilise, but this can vary from 0-100%, 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 then continuously monitored for a further 2 days to see if they 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 performed.

The embryologist will telephone you on the day following egg collection to let you know if fertilisation has taken place. If it has not, you will be seen by the Embryologist to discuss the case and you will be booked an appointment with the clinician to review the treatment cycle and any future cycle.

The actual transfer of embryos is performed by a doctor 3—(5) 6 days after the egg collection. The best embryos are selected, by the Embryologist, put into a fine catheter and gently transferred into the womb. After the transfer, the Embryologist checks that the embryos have left the catheter.

A maximum of 2 embryos can be transferred (unless you are over the age of 40 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 this.

A pregnancy test is performed 2 weeks after embryo transfer. The risk of miscarriage after a positive pregnancy test alone is around 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 tubal or ectopic pregnancy is about 5%. It is possible, although very unlikely, to have a pregnancy in the womb and in the tube at the same time.

The risk of abnormalities in babies born after IVF is no higher than in natural conception. 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. Babies born following embryo freezing after IVF have the same risks of abnormalities as those born following natural conception.

You may consider freezing any spare embryos. Your embryos need to be of good quality and the Embryologist will tell you if they are suitable for freezing. This will be done on the day of embryo transfer or the day after. The replacement of any frozen embryos is performed in subsequent cycles with a different drug schedule.

By law, the embryos can be frozen for a maximum of 10 years. In exceptional circumstances, this period can be extended to 55 years if agreed by the clinician.

Confidentiality is maintained at all times, both for the sharer and the recipient and the Centre will not inform the sharer of the outcome of the donation. A year following donation the egg sharer can request information regarding the year of birth, number of children born in a birth event and the sex of the child/children.

The Risks to the Egg Sharer

There are some risks associated with donation but these are minimal and short term. There is a 1-2% risk of severe ovarian stimulation (OHSS), (where too many eggs are produced) despite careful monitoring of injections. If this occurs the cycle may be abandoned.

There is a minimal risk of pelvic infection following an egg collection (less than 1%)

What Should I Do if I Wish to Participate in Egg Sharing?

You can contact the nursing staff at the Fertility centre (Tel: 01743 261202) to arrange an appointment or for an informal chat.

If you wish to know more about the drugs involved and the egg collection procedure itself, the Centre would be happy to provide a copy of its Patient Information Booklet which explains this in detail.

What Happens if I Change My Mind?

You can withdraw your consent to the egg sharing at any time (until the eggs/embryos have been used). If you do withdraw consent at this stage you become liable for the whole cost of the treatment.

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

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

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

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

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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