The Shrewsbury and Telford Hospital NHS
NHS Trust

The Shropshire and Mid Wales Fertility Centre

Egg Sharing Information for *Recipients*

Introduction

This leaflet has been designed to help those who are considering taking part in our egg sharing program as recipients of eggs donated by others who are also undergoing IVF/ICSI treatment. 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 require 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 to the recipient. Because of this, potential egg sharers have to undergo all of the workup and screening that is normally expected of an egg donor.

Egg recipients at egg sharing pay a higher than normal fee that covers the majority of the costs of the egg share cycle, i.e for themselves and for the egg sharer.

Who is suitable to be an egg recipient?

In order to take part in egg sharing as a recipient you must be female, 50 years of age or under and the male must be 55 years of age or under, be in good health, and be unable to produce viable eggs for IVF or ICSI yourself. Unfortunately, as egg sharing is not available on the NHS you will also need to be in a position to pay for most of the egg share treatment.

What will I have to pay for?

You will have to pay for any and all costs incurred during treatment. This includes the full cost of receiving shared eggs using either standard IVF or ICSI. The full cost of drugs needed for both the donor and yourself. There will be a charge for freezing embryos. Any subsequent frozen embryo transfers and the cost of embryo storage after the first year if embryos are stored will be met by each individual couple, i.e the recipient and the sharer.

Why is egg sharing needed?

There are many medical conditions that might make it necessary for eggs to be used through egg sharing. 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

What are the arrangements for egg sharing?

The woman sharing a proportion of her eggs with you 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 the sharer has 8 eggs or more collected then you will share them equally with her (ie—half the eggs each). If an odd number of eggs are collected, then she will keep the extra egg.

If the sharer has less than 8 eggs collected, then we believe that there are too few eggs to share. The sharer will have the choice to either keep all her own eggs and pay the full cost of treatment or donate all her eggs to the recipient couple and a free cycle from the unit next time, but you will still be liable for the costs that have been incurred for you.

You may withdraw your consent to receive eggs/embryos at any time before the embryos have been transferred, however if you withdraw your consent to receive shared eggs/embryos then you remain liable for the whole cost of your treatment, and including most of the sharers cycle.

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 is willing to donate a proportion of their eggs is ready to start treatment.

How many egg sharing cycles can I have?

Whilst there is no theoretical limit to the number of embryo transfers 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 donating to ten different families if they all achieve a pregnancy.

Counselling

All egg recipients 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 recipient, her family and children are discussed in detail. The Centre also ensures that if the recipient has a partner they participate fully and agree with the treatment.

If the recipient 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.

Donor Anonymity

Egg sharers are anonymous from the patients who receive their eggs. As a sharer they will not know the identity of the patients who receive their eggs and they will not know your identity.

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
- 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.

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 and C, syphilis, Cytomegalo virus (CMV) and HIV, HTLV 1&2 (Human T cell lymphotrophic viruses). Screening is also done for genetic screening (karyotype) and Cystic fibrosis.

The sharer will also have a cervical swab to test for gonorrhoea and chlamydia if chlamydia antibodies are positive.

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.

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 Origin

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 recipient?

The recipient will have a drug schedule designed to coinside with the sharer.

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 full explanations 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 for the recipient involves the suppression of the ovaries followed by artificial stimulation of the lining of the womb. This requires a single 'depot' injection or the contraceptive pill, together with/followed by daily tablets of HRT (Hormone Replacement Therapy). During this time we will need to perform

between 2-3 trans-vaginal ultrasound scans to determine the thickening of the endometrium (lining of the womb) and blood tests with each scan.

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.

On the day of the sharer'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 2-3 days. If, for any reason it is likely that there will be difficulties in obtaining a semen sample, we will 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.

In IVF/ICSI 50-70% of the eggs will fertilise, but this 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 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, you will be seen by the Embryologist to discuss the case and 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 or 5 days after the egg collection. The best embryos are selected, 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 1 or 2 embryos can be transferred (unless you are over the age of 40 and in extreme 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 minor 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 similar drug schedule.

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

The risks to the egg share recipient

There is an increased risk of multiple pregnancies following fertility treatment.

What should I do if I wish to participate in egg sharing as a recipient?

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.

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

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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