The Shrewsbury and Telford Hospital NHS Trust

Patient Information

The Shropshire and Mid Wales Fertility Centre

Egg Donation

Information for Egg Recipients

Shropshire and Mid Wales Fertility Centre

Address: Severn Fields Health Village, Sundorne Road, Shrewsbury SY1 4RQ.
Tel:01743 261202

Introduction

It is unlikely or impossible for some women to achieve a pregnancy using their own eggs. This can be due to them having poor quality eggs or certain medical conditions.

These conditions 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

Women and couples who find themselves in this situation will be advised to consider egg donation as a possible treatment option. Eggs donated by another woman (whom we call the "donor") are fertilised in the laboratory using their partner's sperm or donor sperm in a process known as In-Vitro Fertilisation (IVF). Embryos created using this process are transferred back into the patient, (the "recipient") who will hopefully go on to achieve a pregnancy and give birth to a baby. Donors may be known to the patient or may be anonymous.

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

What happens next?

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

Finding a donor

Your options are:

1. Wait indefinitely for a voluntary donor to come forward (we do not have a bank of egg donors). These donors do this out of their own good will and are paid up to £750.00 for their donation to cover costs and expenses incurred by them (i.e. child care/ travel). If using a voluntary donor you would probably have to share the eggs with another couple requiring egg donation. If you are an NHS patient the cost of the donor expenses is covered, if you are funding your own treatment you will have to pay all, or a proportion of this.

2. 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.

3. Advertise for your own donor. Again, if you are successful you will receive all the eggs and have immediate treatment.

4. Participate in an egg sharing program. In this case the donor is another patient who wishes to share half of the eggs collected in her treatment with another patient. The cost of the sharers treatment is reduced and is paid for by the recipient of the eggs making this a more expensive option than standard IVF. The recipient also has to cover the cost

of the sharers medication. Full details are provided by our staff.

Please note egg donors 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 fertility doctor as well as the Centre's 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 a complication called Ovarian Hyperstimulation Syndrome (OHSS) and a less than 1% risk of infection or perforation due to the egg collection procedure.

Screening tests are carried out on the donor to check their suitability and health status to reduce the risk of transmitting any illness from the donor to the recipient or embryo. However, the screening process is not a guarantee that any child born would be healthy and free from genetic disease or that the donor is free from all infectious disease.

Donated eggs are not quarantined prior to creating embryos. Therefore any embryos created from donated eggs and subsequently frozen are also from non-quarantined eggs.

The donor is screened again 3 months after egg donation and no further treatment can take place for the recipient until that screening has been done and results reviewed.

Counselling of Egg Recipients

All egg recipients are carefully counselled by two separate members of the fertility team, the doctor and the nurse, and must be seen by the unit's independent counsellor. We ensure that the rights of the unborn child conceived after egg donation are carefully considered during consultations.

The Importance of Telling Children About Their Donor-conceived Origins

Fertility centres are now required by law to give patients undergoing donor treatment information about the importance of telling any resulting child that they are donor-conceived at an early age. 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 which can be downloaded at **www.dcnetwork.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 the recipient will not know the identity of the donor.

Patients receiving donor eggs are given information on the physical characteristics of the

donor such as eye colour, hair colour, blood group etc. Recipients can also be provided with the pen portrait provided by the donor on request. Information can include their reason for donating, a good will message and a description of themselves as a person. Any information which may identify the donor will be removed. Recipients are also able to know the age if the donor, and therefore the associated risk of miscarriage and chromosomal abnormalities which increases with age.

The identity of egg donors who donate anonymously will only be known to Centre staff and the Human Fertilisation & Embryology Authority (HFEA). 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
- 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 egg 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 to the donor 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. The couple being treated will be the legal parents.

Donors 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.

Any child born as a result of donor egg treatment may request anonymous information about any donor conceived genetic siblings from the age of 16. From the age of 18 they can be given identifying information about genetic siblings with mutual consent.

They may also request information about the possibility of being related to the person they intend to marry or enter into a civil partnership with at any age and from the age of 16 information on the possibility of being related to a person they intend to enter into an intimate physical relationship with.

As an egg donor recipient you should also be aware that the egg donor may request the following information regarding their donation:

- The number of children born
- The gender of the children
- The year the children were born.

If you give birth to a child following donor egg treatment you will be entitled to ask for

- All non-identifying information about the donor.
- Information about the number, gender and year of birth of their children's genetically related donor-conceived children.

Counselling and support services are available to discuss the implications of receiving this information either through the fertility unit or independently.

Are there other ways donors can be identified?

Yes. Although the fertility clinic and HFEA will continue to manage (and potentially disclose) the donor's information in line with the Human Fertilisation and Embryology (HFE) Act donors and recipients need to be aware that it is possible for them to be identified through direct to consumer DNA testing matching services e.g. '23 and me' and that this is outside of the control of both the clinic and the HFEA. It may be possible for those not registered with a consumer DNA matching company to be traced through genetic relatives that are registered.

Consent and Information Session

You will be seen by a nurse before going on the waiting list for 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 you might have. You (and your partner if you have one) will have some screening bloods taken and sign relevant paper work.

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.

At this stage the nurse will check that we have a recent, satisfactory, sperm test result from the male partner unless a sperm donor is to be used.

Costs

Private or self funded patients will pay for the drugs for themselves **and** the drugs for the donor, as well as the other costs incurred by the donor. Patients having eggs donated from an egg share cycle incur part of the cost of the sharer's cycle as well as their own. We will arrange delivery of the drugs and explain the cost involved. NHS patients incur no costs.

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.

For those having the injection, you will have a transvaginal scan two to three weeks after the start of your treatment to ensure that your ovaries are inactive and the lining of your womb (endometrium) is thin. You may also have a blood test.

For those on the contraceptive pill some will commence the HRT tablets without having a scan as long as a period has started.

Once you have been down-regulated you will start taking some oestrogen hormone tablets and be rescanned after 11 days to check the lining of your womb. If your lining is not thick enough your medication may be increased and you may require another scan. Pessaries are taken vaginally to support the lining of the womb. These are administered every 8 hours from the morning of the donors egg collection.

Sperm Sample

If your partner is providing a semen sample to be used in the treatment he will be required to produce a sample on the day of the donor's egg collection to be mixed with the donated eggs. This sample is usually produced in the clinic after he has abstained from sexual activity for three to five 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/ICSI 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 if using the ICSI technique.

In IVF/ICSI approximately 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, an embryo transfer would not be possible.

Some couples will opt for their embryos to be placed in the time lapse incubator. This comes at an additional cost and there is separate paper work and information available regarding this option.

The embryologist will telephone you on the day following the 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 this. An appointment will be booked with the doctor to review your treatment.

The actual transfer of embryos is performed by a doctor three, five or six 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 tube called a catheter and gently transferred into your womb. After the transfer the embryologist checks that the embryo/s have left the catheter and gone into the womb.

A maximum of two embryos can be transferred. Any remaining embryos that are of high enough quality can be frozen for future use if you wish and have consented to this.

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 including when to take a pregnancy test. If you have any queries you can contact the fertility centre.

Risks

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 at a 7 week scan 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 and that of the donor. It is thought that there is a slightly increased risk of some abnormalities in babies born as a result of the ICSI procedure, please refer to our patient information A47C for more information on this. This checklist is given to you at or before your consents appointment and information is also available on our website https://www.shropshireivf.nhs.uk/information-leaflets/ .

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 and is simpler and less costly than having another fresh treatment. Freezing of spare embryos incurs a cost for non-NHS patients.

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.

The first year of storage is included in the cost of your treatment. After this first year all patients, including those who have had treatment through the NHS, will need to pay for storage. Please see our website for the current price.

Other Sources of Information

References
HFEA
www.hfea.gov.uk

Donor Conception Network
www.dcnetwork.org

The Seed Trust
www.seedtrust.org.uk

Contact details for more information

Useful telephone numbers
Fertility nursing team **01743 261202 option 2** or call the hospital switchboard on **01743 261000** and ask to be put through to the Fertility unit. Please note the department accepts calls from 9am to 5pm Monday to Friday.

Further information is available from;

Patient Advice and Liaison Service (PALS)
We act on your behalf when handling patient and family concerns, liaising with staff, managers and where appropriate, relevant organisations to negotiate immediate or prompt solutions. We can also help you get support from other local or national agencies.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691
Princess Royal Hospital, Tel: 01952 282888

Other Sources of Information

NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.
Telephone: 111 (free from a landline or mobile)
Website: www.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.info

Information in other Formats

Please contact the Fertility Unit to discuss of you need this information in another format or different language.

Website: www.sath.nhs.uk

www.shropshireivf.nhs.uk

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