



INFORMATION SHEET FOR EGG DONORS AND RECIPIENTS

INTRODUCTION:

fertility PLUS has had an egg donor programme since 1996. Egg donation is an option for women who are unable to produce their own eggs, or have diminished ovarian reserve and produce few eggs with the potential of forming viable embryos. This information will assist egg donors and recipient couples going through the egg donor programme.

EGG RECIPIENTS:

Once a doctor at *fertility PLUS* has ascertained that egg donation is the best treatment option, recipient details will be given to one of the donor egg co-ordinators. They will contact the recipient within a few days to discuss the process and arrange any tests which may be required.

Prior to embarking on this treatment the prospective egg recipient and her partner will require a counselling session with one of the *fertility Plus* counsellors. This session covers the legal and emotional aspects of using donated eggs.

Who Can Become a Donor?

Women aged between 21 and 36, who have preferably had children of their own and have completed their family. If a known donor is over 36 it does not necessarily mean they can not donate, this can be discussed with the donor egg co-ordinator.

They should be in good health and not carrying an inheritable disease.

A comprehensive medical history will be completed when a potential donor meets with the doctor.

Anyone who has lived, for a total of six months or more, in the UK, France or The Republic of Ireland between 1980 and 1996 you will not be able to be an egg donor. This is due to the risk of Creutzfeldt - Jacobs disease.

Acquiring a Donor

There are 3 options with regards to finding an egg donor.

1) Known Donor

A friend or family member may offer to donate their eggs for you. This is often the quickest way to obtain egg donation as the waiting list for a clinic recruited donor is fairly long. We can give you written information for any potential donor which

explains this process. We would suggest they ring to discuss this in more detail with one of the donor egg co-ordinators.

Ideally a known donor should be 35 years old or younger and preferably with proven fertility. However consideration is given to a sister or close friend who is between 36 and 40 years old.

The first step for these donors (indeed all potential donors) is an FSH and AMH blood test to assess their ovarian function. If this is within normal limits the co-ordinator will arrange a doctor's and counselling appointment to discuss physical, emotional and legal implications of becoming a donor. These appointments will help her decide if this is something she would be comfortable doing.

Prior to proceeding with egg donation your donor would require a full set of blood tests including HIV, Hepatitis B and C.

Known donors and their recipients always have a joint counselling session facilitated by one of the counsellors. This will be discussed with you at your first counselling appointment.

2) Altruistic Donor

The clinic occasionally receives calls from women who wish to donate their eggs. These donors are carefully screened and have had appointments with the doctor and counsellor. Following a six month HIV, Hepatitis B and C clearance, they are allocated to women who are on the waiting list for egg donation. The donors have filled in a 'Non-Identifying Information' form, which acts as a donor profile covering such things as eye and hair colour, education and employment history, special interests, ethnic origins and family background. This information is given to the potential recipient. If they feel the donor profile suits them they can proceed to the next step. If they feel the donor is not suitable for them she will be reallocated to the next recipient on the waiting list. Some egg recipient couples wish to meet their donors and if the donor is agreeable to this it can be arranged. This is always done at the clinic with the counsellor as a facilitator.

3) Advertising for an Egg Donor

Advertising can be the quickest way to obtain an altruistic egg donor. The advertisement is placed by yourself (we can give you examples of previously placed ads and ideas of where to place them), and contains a reference number and the contact details are that of the clinic's donor egg co-ordinator. All calls and prospective donors are screened in the same way as clinic recruited donors are. As with the clinic recruited donors there is the six-month HIV, Hepatitis B and C clearance. You are kept informed of any replies and the progress of any potential donors. If there is more than one potential donor you will be sent all the donor profiles and can choose the profile that you are most comfortable with. Again, if you would like to, and the donor agrees, a meeting can be arranged, this will be done at the clinic with the counsellor facilitating.

The HART Register

As part of the Human Assisted Reproductive Technologies Act there is now a register established in August 2005 which enables donor offspring to find out about their genetic origins. It is important for you to understand what the register will mean for you. This is covered in full in the Legal Aspects section of this booklet and will be discussed in depth in your counselling session.

Potential Egg Donor Work up

Prior to donating eggs potential donors will

- Have some baseline bloods including FSH (FSH is a measure ovarian function), HIV, Hepatitis B and C. The Hepatitis and HIV blood tests are routine and a requirement for all people considering donation. If you feel there may be any problems arising from these blood tests please discuss with your nurse.
- Have current cervical swabs and smear
- See a counsellor at least once to discuss the emotional and legal implications of donating their eggs.
- Complete a Medical Questionnaire with a *fertility* PLUS doctor and discuss physical implications of becoming a donor. The required consent process will also be discussed.
- See the nurse who co-ordinates donor egg cycles to discuss the on going process. The counselling, Dr and nurse appointment can all be done on one day.

Egg donors must repeat the blood tests six months from their first blood test.

This can be decreased to three months for a known donor once a waiver has been signed by the recipient and discussed with the doctor. When the clinic receives these results, egg donation can begin.

THE PROCESS OF EGG DONATION

Treatment for Donor

Usually the donor cycle is synchronised with the recipient to ensure embryos can be replaced into the recipient at the correct time.

Daily injections are required to ensure eggs are available; the cycle will take approximately six weeks from the first day of the period until the eggs are retrieved. See below for details of the process.

LONG COURSE BUSERELIN – LCB FOR EGG DONORS

DOWN REGULATION

This is achieved by daily subcutaneous injections of Buserelin from Day 21 of the cycle. Down regulation is likened to a menopausal state, when the blood estradiol and progesterone level is at the base line. This is totally reversible once administration of Buserelin is stopped. A menstrual bleed will occur around two weeks after starting Buserelin. However, it may be unusual - typically heavy and/or late.

It is advised that donors have protected intercourse e.g. use condoms, even though the chances of pregnancy may be small.

- A blood test is carried out two weeks after beginning Buserelin injections to confirm a state of down regulation, before starting the stimulation injections.
- Daily Buserelin injections continue in conjunction with the stimulation injections until 'trigger'.

FOLLICULAR PHASE - STIMULATION OF FOLLICLE GROWTH

- Day 1 (after down regulation) Addition of the second daily injection, either Puregon or Gonal F. Which are forms of FSH (follicle stimulating hormone)
- Day 7 or 8 Blood test and an ultrasound scan, to estimate ovarian stimulation.
- Day 9-11 Repeat Blood test and scan.

A decision may now be made when the egg collection will occur and a time will be given for the trigger injection. Another scan and/or blood test may be required before this decision is made. The trigger injection is given around 36 hours before the eggs will be collected and stimulates the final part of egg maturation.

- Day 11 -14 Egg retrieval takes place

Egg retrieval is usually done under light sedation and though degrees of pain do differ from donor to donor most women find it relatively painless. The eggs are removed vaginally under ultrasound guidance and the procedure usually takes about thirty minutes. After the egg retrieval the donor recovers in the clinic for about an hour before they are discharged. Often there is abdominal discomfort for two or three days and a small amount of bleeding. A nurse will ring daily after the egg retrieval, checking the donor is well and keeping her informed about the recipient's outcomes.

Please note: In a small number of cases women may over-respond or under-respond to the fertility drugs. In either case, a specialist may choose to stop your treatment if he/she thinks it is in your best interest.

It is also important to note that the donor has the right to withdraw from the programme at any time.

Treatment for Recipient

In order to synchronise the cycles, Buserelin injections (as for the donor) are required. These will start on either day 1 or day 21 of the cycle (the nurse will advise on this).

Once down regulation is achieved (2-4 weeks following commencement of Buserelin) the recipient continues with the Buserelin injections until advised to begin taking Estradiol Valerate. These are tablets which assist the lining of the uterus (endometrium) to develop. Again this is synchronised with the donor's cycle and generally the tablets don't start until the donor is also down regulated. The Buserelin injections stop when the donor is ready to have her eggs removed and Utrogestan, vaginal pessaries which help to support the endometrium, are commenced. On this day the recipient male partner will need to provide a semen sample. He will be given a time to bring this in. The sperm is carefully washed and added to the eggs 4-6 hours after the egg collection. The following day the eggs are checked for fertilisation and a maximum of 2 embryos are transferred into the recipient two to five days later. If a pregnancy is established Estradiol Valerate and Utrogestan are continued until 10-12. The donor is kept informed of all outcomes for the recipient.

The nurse co-ordinating the cycles will ensure both the donor and recipient are well informed and have a written diary of dates for all steps in this process. We aim to synchronise the donor and recipients cycles so the recipient can have a fresh embryo transfer. Occasionally synchronising is not possible in which case the embryos are frozen and will be replaced in the recipients following cycle.

Legal Aspects of Egg Donation

Legal aspects of egg donation will be covered in detail in your counselling session, however one of the key points to be aware of before you begin is the existence of the Human Assisted Reproductive Technology Act 2004 (HART) Register. The register has been established so offspring of donated gametes (eggs or sperm or embryos) can find out about their genetic origins. The register is maintained by the Department of Internal Affairs Births, Deaths and Marriages (BDM) and holds information on the donor's personal details such as contact details and ethnicity, family history and physical attributes.

For births on or after August 22nd 2005, it is mandatory for fertility clinics to provide details to BDM which are placed on the register. For donations made prior to this date that result in a birth, people can choose whether to provide their details for inclusion on the register.

In most circumstances donor offspring will have the right to access this identifying information about their donor when they are 18 years old, and in some situations earlier. A donor will be able to request information about offspring, but this will only be provided with the consent of the donor offspring if aged 18 years or older, or with the consent of the guardians if the offspring is under 18 years. There are also provisions for donor offspring being able to find out if they have any siblings related to the same donor.

The full Act can be seen on the website www.legislation.govt.nz/act/public/2004

Donors have a legal responsibility to disclose a known medical condition, if it is not disclosed and a child is born with a disability related to the medical condition this could render the donor legally liable. Donors have no other legal responsibilities or rights.

Telling Children about Their Donor Origins

What recipients choose to tell their children is an individual decision. This also applies to what donors may tell their own children. Research does indicate however, that children born through donor programmes generally seem to accept their origins readily if they have been told from an early age that a donor played a part in bringing their family together. Children obviously need to be given information on an age appropriate basis, and according to their individual needs. A philosophy of openness also appears to be beneficial for the children of donors.

This issue will be discussed in the counselling session, and the counsellors will provide a reference list for further reading which includes the experiences of others. The counsellors will also provide information about the Donor Conception Network which is a support and resource group.

If you have any queries or concerns please contact one of the donor egg coordinators at Fertility Plus by calling 6309810 ext 3.

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