

PENINSULAR CENTRE FOR REPRODUCTIVE MEDICINE

INFORMATION FOR EGG DONORS AND RECIPIENTS

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Introduction:

In vitro fertilisation (IVF) and the donation of eggs is regulated in the UK by a statutory body called the Human Fertilisation and Embryology Authority (HFEA). The HFEA licenses and inspects all clinics that undertake (IVF) and treatments using donor gametes. All such clinics have to operate according to a Code of Practice which, amongst other things, sets guidelines as to the type of information, counselling and screening that is applied to donors and people receiving treatment using donated gametes. Women may need egg donation because their ovaries have ceased to function because of disease or premature menopause, or else because of poor egg quality (usually because of age). Some may request it if they may have a serious genetic disorder which may be passed to their children.

Taking account of the welfare of children who may be born as a result of treatment:

Centers are required to take into account not only the request of couples seeking treatment, but also the welfare of any child which may be born as a result as well as that of existing children in the household or family. So far as our clinic is concerned this usually means that:

- treatment will usually only be offered to couples who are committed to a stable long-term relationship and who are prepared to consent to be the legal mother and father of the child or children resulting from treatment. In cases where a child born from treatment would have no legal father (e.g. posthumously) the onus is on the woman or couple undergoing treatment to provide written assurance to the satisfaction of Clinic staff of arrangements to ensure that the needs of that child for a father would be met;
- There should be no substantial risk that the child would inherit or contract a serious medical disease;
- The prospective parents should enjoy sufficiently good health such that the parental needs of a child could be met without serious difficulty;
- Women donors must be aged less than 36 years and women recipients of egg donation should be aged less than 50 years;
- We would not be able, or prepared, to treat couples where there is a background on either side of child abuse or violence and couples must be prepared (if necessary) to give their consent for inquiries to be made of the police or social services to ensure that this is not the case. We may also be required to obtain the consent of couples to consult with their General Practitioners in case there are any other factors that may have a bearing on eligibility for treatment;

Anonymity:

Gamete (egg or sperm) donation in the UK is usually performed on an anonymous basis i.e. the recipient(s) are not able to discover the identity of the donor. The donor, likewise, should not be able to discover the identity of any recipients or children born from treatment. From April 2005 children born from treatments performed after that date have been allowed after the age of 18 to apply to the HFEA to discover the identity of their donor should they wish. The HFEA encourages couples to tell children if they have been born as a result of gamete donation since many people are concerned to know something of their biological origins. The recipient(s) however are the legal parents of the children and are not legally obliged to tell them that they have been born as a result of egg donation.

Sometimes treatments are arranged when the identities of the donor and recipient to be known to each other and, possibly, to the child or children. The donor may sometimes be a friend or relative of the

recipients. This type of donation is permitted in the UK and may be undertaken by our clinic with certain provisos, namely:

- the donor, recipient and their partners should have thought through the implications of the donation thoroughly along with what it might mean to their own future relationships and the relationships with the child or children;
- it must be clear that the donation is entirely voluntary and altruistic and that there has been no moral or other pressure or inducement;
- if it is intended that the child's biological parenthood should be kept secret from the child, relatives, or friends, consideration should be given as to how the secret may come out and how that situation would be dealt with;
- independent counselling with our clinic's counsellor is mandatory for donors and recipients separately, and together as a group

PLEASE NOTE:

1. Whether egg donation is anonymous or not the donor and any children resulting from treatment would have no legal parental claims or rights over each other;
2. Whilst information about those involved with egg donation is treated by the Clinic in strictest confidence, we have no control over information that either the donor or recipient may choose to impart to others, or indeed what those others themselves may pass on. Couples are asked to keep details of their treatment as confidential as possible.
3. There is some evidence that women who have become pregnant with donated eggs may be more likely to be affected by certain pregnancy complications such as high blood pressure.
4. With anonymous donation the clinic tries to match at least some of the physical characteristics of the donor with recipient couples. Despite this we cannot guarantee the physical characteristics of the child.
5. The timing of treatments may be affected by constraints of waiting lists, clinic workload, and availability of suitable donors.

DONORS' RIGHTS TO INFORMATION:

Donors for treatments performed after 2009 can ask the clinic or the HFEA to be informed whether and how many children have been born from their donation, their sex and their year(s) of birth. They could also, if they wished, signify that they would like to be informed if in the future if a child had applied to be told their identity. If you are a donor and keep us updated with your contact details we and/or the HFEA would make all reasonable efforts to let you know this if you wish.

You can also signify if you would like to be informed in the event that we received information that a child had been born from your donation with a medical condition that could have implications for your own family.

Recipients

Recipients of donor eggs in our clinic will be women aged 50 or under who need this treatment for a variety of possible reasons, including the need to enable them to have the best possible chance of conception or to try to reduce the risk of a serious inheritable disorder affecting their child. A 'primary' recipient would have her hormonal cycle manipulated with the use of hormone drugs so as to try to synchronise her womb with the donor and make it receptive to fresh embryos 2 to 5 days after the donor eggs have been collected. A 'secondary' recipient, if one is arranged, would be a woman whose cycle would not be synchronised with the donor but whose partner's sperm would be used to fertilise one or more donor eggs on the day of collection with a view to freezing any resulting embryos and subsequent transfer when the

woman's womb was ready in the future. A minimum wait of six months from the time of freezing is usually required to satisfy HFEA screening regulations and under current rules a donor may decide not to undergo the requisite additional tests or may withdraw her consent to the continued storage or use of embryos created from her eggs at any time. In that event regulations may require not only that the embryos should not be used but that they may also need to be disposed of. These regulations may be reviewed in the future. Secondary recipient couples would need to pay for their own consultations, investigations, and in the event that embryos were created, the freezing and storage costs. If or when the embryos were to be used, charges would be based upon the number of surviving embryos transferred. Clinics are not allowed to use donor eggs for more than two women in any single egg collection cycle.

Suitability of Donors

Donors must be within the age limits of 18 and 35 and must come forward to donate voluntarily and out of a motive to help infertile couples. Egg donation is also permitted from a woman undergoing IVF treatment herself as part of an 'egg-sharing scheme', for which there is a supplementary information leaflet. Preferably donors should have proven fertility and have completed their own family. Potential donors are screened for infections (including HIV) and their personal and family history of inheritable disorders and illnesses. Permission will be sought from the donor to obtain relevant information from her GP. The results of any screening tests and the fact that they have been undertaken are kept in the strictest confidence within the clinic.

It is possible that information may come to light from the screening procedure that may make the donor unsuitable. If so, the potential donor alone will be informed of the reason and advice or counselling offered as appropriate.

Payment of donors

The clinic does not pay donors for the eggs that they donate. A donor may, however, be reimbursed for all reasonable expenses incurred during her visits to the clinic (e.g. travel expenses, child minding) provided that these are agreed with the clinic in advance. Where relevant e.g. for couples exploring the possibility of egg sharing, the costs of consultations, drugs, expenses and our clinic's charges are detailed on our clinic's price list. Recipients will understand that there is no guarantee that the treatment will succeed and that there is a possibility that a potential donor may pull out after initial expenses have been incurred.

Summary of what is involved for donors:

1. There is an initial consultation with the clinic doctor to discuss suitability and the procedures and screening tests involved;
2. Screening tests are arranged and performed as outlined below;
3. An opportunity is given for the donor +/- her partner to meet with the clinic counsellor;
4. Consent forms are discussed with a member of the clinic's staff;
5. When a suitable donor and recipient are ready they will be notified - usually two months in advance - to arrange hormone regimes and treatment schedules;
6. Ovulation induction takes place in accordance with the clinic's protocol;
7. If egg-sharing, a decision is made as a result of monitoring during the course of ovulation induction treatment whether or not to undertake IVF based upon the number of pre-ovulatory follicles that develop;

8. If egg sharing and if it is decided to proceed the appropriate HFEA Consent Forms are completed by all parties involved
9. Egg collection takes place as outlined in the Clinic's leaflet about assisted conception procedures;
10. A further appointment may be requested for a blood test from the donor after six months if there are any frozen embryos for donation resulting from treatment;

Consent

Donors will be given information, counselling and time to consider their plans before they give written consent. A donor may stipulate terms of consent, but it should be noted that clinics are not allowed to operate policies that are discriminatory. The donor is also free to withdraw her consent or alter the terms at any time up to the point that the eggs or embryos developed from them are transferred to the recipient. If you are a donor and wish to withdraw from treatment at any time do not be frightened to let the clinic staff know - it is your right.

Screening Procedure

Donors are required to complete a pre-consultation questionnaire as well as they are able and to return it to the clinic prior to an initial consultation with a clinic doctor. Their own and their family's medical history will be discussed at this first appointment. If a potential donor is suitable and wishes to proceed a further blood test will be taken to check for Hepatitis, HIV, Blood Group, Syphilis, and certain other infections. Swab samples from the woman's vagina and cervix will also be checked for possible infections. HIV antibodies may not be detected until a few months after an individual has become infected and in those cases where some of the embryos developing from the woman's eggs have been kept frozen a second appointment may be requested 6 months after the initial testing to repeat the blood test before the embryos can be used for treatment. Recipients should be aware that there is therefore a small risk involved of the transmission of HIV as a result of the use of fresh embryos. Couples undergoing screening tests should also consider the implications that there may be for them and their relatives (in the case of tests for genetic disorders) should any be found to be positive or abnormal.

The IVF procedure

A standard information leaflet is available for couples undergoing IVF that outlines the procedures involved in selection for and the performance of treatment. The procedure for egg donors is the same as that described in the leaflet except that after the egg collection procedure the eggs are fertilised with sperm from the male partner of the recipient couple (or in some cases possibly donor sperm) and any resultant embryos are replaced into the womb of the recipient woman. The procedure for the primary recipient couple involves the woman undergoing a rather simpler hormone regime usually using a nasal spray or injection for 2-6 weeks, and then a course of tablets and pessaries. The aim is to ensure that the recipient's womb is at the correct stage of readiness when the embryos are ready for transfer. The tablets and pessaries are continued until either the woman has a period or it has been established by an ultrasound scan that she is pregnant. The man from the recipient couple will need to provide a semen sample on the day of the donor's egg collection operation. If necessary in some cases a sample may be frozen in advance.

Additional Information: The HFEA produces information for couples and a downloadable guide on egg (gamete) donation and other fertility procedures is available from their website at www.hfea.gov.uk. It is recommended that you read this.