

Becoming an Egg Donor

Please read this leaflet carefully

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Introduction

This booklet has been written to help women who are considering donating their eggs to another woman. The booklet aims to take you step-by-step through the treatment cycle, explain why certain things are done and to answer most of the questions that commonly arise during treatment. We suggest you read the booklet carefully before embarking on egg donation and follow it during the treatment cycle. If you are unclear about any aspect of your treatment, our dedicated egg donation coordinator will always be happy to answer your queries.

Who Needs Donated Eggs?

Egg donation has become an integral part in the management of infertility for those women who were previously considered to be unable to conceive. Women who are unable to produce or use their own eggs require donated eggs and the following are the sorts of reasons why:

- Premature menopause.
- Risk of genetic abnormality if the woman is a carrier of a genetic disorder.
- Poor ovarian response to hormonal stimulation.
- Absence of the ovaries.
- Ovarian failure due to chemotherapy and/or radiotherapy treatment.
- Women over the age of 40.

What Kind Of People Donate Eggs?

Potential egg donors come forward voluntarily for purely altruistic reasons. There is no incentive whether financial or otherwise for them to donate. Most patients will choose an anonymous egg donor but some will consider a known donor. The donor must be fit and healthy and under the age of 35. In exceptional circumstances women 36 years and older may be considered. Donors may donate on more than one occasion. A careful, detailed, past medical, family and genetic history is taken from the potential donor and when indicated, tests are done to reduce the risk of hereditary diseases being passed on. Donors also undergo screening tests for syphilis, Hepatitis B & C, HIV (AIDS), CMV, Toxoplasmosis, Chlamydia, gonorrhoea and the genetic condition, cystic fibrosis. Afro-Caribbean donors are screened for sickle cell trait and donors from other racial groups screened as indicated by their racial group or origin (e.g. Jewish donors for Tay Sachs and Asian or Eastern Mediterranean donors for Thalassaemia). A chromosome analysis (karyotype) is also done. It is important to understand that the tests may reveal previously unsuspected conditions (e.g. genetic diseases or infections such as Hepatitis or HIV). Potential donors

who are found to have an infection or to have a high likelihood of passing on a serious genetic condition will be unable to donate and appropriate medical advice and counselling will be offered. Further information about genetic testing is available from the staff in Yorkshire Fertility.

Screening of donors is rigorous. However in the unlikely event of a donor conceived person being affected by an inherited condition, which the donor knew about or ought reasonably to have known about but failed to disclose, donors must realise the donor conceived person may be able to sue the donor for damages. We will also ask you whether or not you wish to be notified if we learn (e.g. through the birth of an affected child) that you have a previously unsuspected genetic disease or are a carrier of a harmful inherited condition and whether you would like your GP to be informed. Potential donors using contraceptives can still be assessed for suitability. Women who have been sterilised are still able to donate their eggs. Women using the Mirena coil or using a contraceptive implant will need to have these removed prior to proceeding with a donation cycle. The timing will be discussed at the first visit. Non-hormonal (e.g. copper) coils do not need to be removed. Women using the oral contraceptive pill will be advised when to discontinue and use alternative contraception. Women on depo injectable contraception will be advised individually on timing at the first visit.

Counseling

Donors are accepted after counselling by an independent counsellor. Egg donors have no continuing responsibility to any child born following egg donation. Specifically, donors will not be the legal parent

How Are Donors And Recipients Matched?

Characteristics such as eye colour, height, build, complexion, race and blood group are used for matching.

Confidentiality

All Yorkshire fertility patient notes are filed separately from general hospital notes and are kept locked away when not in use. There are a limited number of personnel who have access to your file and we will only communicate with your GP(s) if we have your signed consent to do so. The identity of donors and their recipients is kept strictly confidential. We also ensure that donors and recipients, as far as possible, will not be in the clinic at the same time. To facilitate this we would appreciate your compliance with specific instructions to attend the clinic at a particular time.

Legal Issues

Until April 2005, people who donated sperm, eggs and embryos remained anonymous. Donors provided identifying details for a register, which was kept by the Human Fertilisation and Embryology Authority, but these were confidential. Under the Human Fertilisation and Embryology Act

1990, people over the age of 18 could apply to find out if they were conceived using donated sperm, eggs or embryos. They could also ask whether they were related to someone they wanted to marry, but they were not allowed to know the identity of their donor.

After consultation, the Government has decided that the benefits of allowing people to find out more about their genetic origins outweigh the disadvantages and the law has changed. People conceived using eggs, sperm or embryos from people who registered (or re-registered) as donors after 1 April 2005 will be able to consult the register for non-identifying information from the age of 16 and identifiable information once they reach 18. The expectation is that by 2023 an agency will be set up to handle information provision and arrange appropriate counselling prior to any potential contact between a donor conceived child and their donor(s).

Therefore any person born as a result of a donation will from the age of 16 have access to the following provided non-identifying information:

- Physical description.
- Height and weight.
- Eye, hair and skin colour.
- 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.

- Other details, e.g. occupation, religion and interests.
- Ethnic group of the donor's parents.
- Whether the donor was adopted or donor conceived.
- Marital status at the time of donation.
- Details of any screening tests and medical history.
- Skills.
- A goodwill message and a pen portrait of themselves.

From the age of 18 the following identifying information can be provided:

- Full names (and any previous names).
- Date of birth and town or district where born.
- Last known postal address or address at time of registration.

We will endeavour to contact and forewarn donors before disclosing identifiable details. Donors are encouraged to provide updated and current contact details to facilitate this process whenever they move their primary residence.

NB: It is important to realise a donor may withdraw or vary her consent to proceed at anytime before the eggs, or the embryos arising from her eggs, are replaced within the recipient's uterus. In the unlikely event that a donor did wish to withdraw or vary her consent, this needs to be confirmed in writing. There is a form - WC – available

from the donation coordinator at the centre to facilitate this.

Intra-familial and Inter-racial Donation and Surrogacy

All donors are offered the services of an Independent Counsellor. However, in cases of surrogacy, inter-racial and intra-familial egg donation, counselling is a prerequisite as the approval of ACON's Clinical Team must be obtained before treatment can proceed.

Outcome Of Donation

We are able to confirm whether treatment has been successful and ultimately the number of children born. We recognise that not all donors will want this information. The Egg Donation Co-ordinator is happy to discuss this further with you and counselling is available if required.

Synchronisation Of Cycles

The cornerstone of egg donation is the synchronisation of the ovarian cycle of both the egg donor and the recipient. This ensures that the embryos are placed in the recipient's womb at the optimal time for their implantation. The egg donation co-ordinator will liaise with the donor and with the recipient to ensure that the cycles are synchronised properly.

The Egg Donation Cycle

Generally, a human menstrual cycle results in the release of only one egg (oocyte) from the egg sac (follicle) at ovulation. In the case of assisted reproduction, chances of conception can be increased by stimulating the ovaries to produce numerous ripe

eggs. The drugs are given as daily injections and mimic the action of the body's natural hormones. Drug doses and combinations are calculated for each individual depending on a number of factors, including age, medical history, body size etc. Details will be given to each patient in the form of an individual "protocol" by the Yorkshire Fertility medical staff.

The Egg Donor Pathway

Your initial appointment will be with the egg donation co-ordinator, to take a very detailed history about you and your family members. At this visit we also perform a trans-vaginal ultrasound scan. You will also be asked to sign some forms so that we have permission to write to your GP to inform them of your potential donation and to ensure they do not know of any reason why you should not be considered as an egg donor. Depending on the type of contraception you are using, if any, we will organise a blood test to be performed with your next period, to check your baseline hormone levels. An appointment will then be booked for you to see a member of the medical team to review your blood test results and medical history, to assess your suitability of being an egg donor. Following this appointment an obligatory appointment will be made to see our independent counsellor. For this appointment you will need to attend with your husband/partner. Finally, you will be seen by the egg donation co-ordinator again to have all the screening bloods and vaginal

swabs taken. These results can take approximately 12 weeks to be completed. If the results are all satisfactory, an appointment is made for you to sign all the relevant consent forms and explain in more detail about the treatment and what is involved. It will be decided at this visit when the donation will happen. All your appointments take place in Yorkshire Fertility in Halifax, apart from your egg collection, which takes place at CARE in Manchester or Seacroft in Leeds (or the Central Unit)

Treatment Cycle

Usually, the treatment will commence with an injection we give to you in your tummy. This injection helps suppress the hormones you are producing so that we have control of your cycle. You will need to attend Yorkshire Fertility on around day 21 of your cycle. Following a trans-vaginal scan, you will be given a prescription to collect your drugs from pharmacy. You will return to Yorkshire Fertility and one of the nurses will administer this for you. You will be asked to return approximately 2 weeks later for another scan to check that the drug has been effective. During these 2 weeks you should expect your period as normal. The next stage of the treatment is the stimulation phase. This is when we will show you how to inject yourself with a hormone drug which will hopefully stimulate your ovaries to produce follicles. We then need to monitor you by scanning at regular intervals over the next 2 weeks. All monitoring

and treatment is administered on an outpatient basis. The general sequence of events during this period is similar for all patients, although each treatment cycle is specific to the individual. Therefore, we do not have a standardised set of guidelines. You should not worry if your treatment cycle is longer or shorter than anticipated, nor if it is different from other patients and donors. The following is a general guide

Final Triggering Injection

When follicle sizes have reached a satisfactory level, arrangements are made for you to administer a triggering injection which brings about the final maturing of eggs within the follicles. This injection is usually administered late in the evening, 36 hours prior to egg collection.

Day of Oocyte (Egg) Collection

On the day of egg collection you will be asked to go to Central Unit about an hour prior to the time of your procedure. Egg collections are usually carried out under sedation. Eggs are recovered vaginally, using the ultrasound probe (as used during scanning) to guide a needle through the wall of the vagina into the follicles. The follicles are then aspirated and flushed until the eggs are obtained. During the post-operative period you may experience some abdominal discomfort similar to period pain. Paracetamol (if you are not allergic to it) will usually control any discomfort, which generally subsides in 2-3 days. As you will

have had sedation you must have someone to drive you home and look after you for the next 24 hours.

Risks of egg donation: the procedure, pregnancy risks and contraception

The egg collection procedure involves the administration of powerful drugs and a minor operative procedure to collect eggs. With modern techniques it is a very safe procedure, but the egg collection is a potentially uncomfortable procedure and there remain risks of rare but serious complications. Donating eggs should not affect your future fertility, but small risks do exist. During the egg donation cycle you will be potentially highly fertile. Although we try to collect all the eggs developing it is possible that some are not. It is therefore VITAL that an effective alternative method of contraception is used during the cycle.

Counselling and Support

Before you are finally accepted into the Donor Programme you and your partner must meet the counsellor to discuss the implications of becoming a donor. This is an opportunity to consider whether you want to proceed and also to ask questions and clarify for yourself what donation will actually mean for you, your partner and your family. Important areas need to be explored such as the boundaries of your own responsibility as a donor, and your attitude to the use of any spare embryos you may have helped to create.

In addition the Counsellor is available to help and support you at any time while you are offering to donate and she can be easily contacted through Yorkshire fertility reception.

Compensation and Reimbursement of Expenses

Strict guidelines are laid down for compensating donors for their time and reimbursement of expenses and these will be explained by the Egg Donation Coordinator. The HFEA has recently announced an increase in compensation for egg donors with effect from 1st April 2012. If you wish to claim for expenses, please discuss this with the Egg Donation Co-ordinator at the end of the treatment cycle.

Egg Donation Co-ordination

Please contact the Egg Donation Coordinator through **Yorkshire Fertility reception 01422 224478**. Remember, you are free to withdraw from the egg donation programme at any time before the egg collection without threat of financial penalty or fear of recrimination.

Useful Contacts

- **National Gamete Donation Trust**
www.ngdt.co.uk
- **Human Fertilisation & Embryology Authority**
www.hfea.gov.uk/egg-donation-and-eggsharing
- **CARE FERTILITY**
www.carefertility.com
- **Donor Conception Network**
www.dcnetwork.co.org
- **Fertility Friends**
www.fertilityfriends.co.uk

If you would like this information in another format or language contact us below.

Czech

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Hungarian

Amennyiben ezt az információt más formátumban vagy nyelven szeretné megkapni, vegye fel a kapcsolatot fenti részlegünkkel.

Polish

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

Punjabi

ਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Urdu

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

If you have any comments about this leaflet or the service you have received you can contact:

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