

## **Guidance notes for people needing egg donation.**

Below is some general information to help you. We hope that you will contact us again if there is anything further we can do. We can put you in touch with others who have received egg donation treatment, for example, so you can speak to them about their experiences.

The information should be read in conjunction with the Human Fertilisation and Embryology Authority's leaflet "Using Donated Sperm, Eggs and Embryos". The HFEA can be contacted on 0207 291 8200 or [www.hfea.gov.uk](http://www.hfea.gov.uk) for further information.

The process of having children is seen as being a very natural and relatively simple one. Most people take it for granted, at least until they discover that they may not after all be able to conceive children. This realisation can have far reaching implications for many people.

Most of us do not realise that even for those who "do not have any difficulty in conceiving" the average chances of conceiving are only about 20-25% per cycle. (Interestingly this is about the same chance of becoming pregnant through some assisted conception techniques.) Indeed, one in seven couples seek medical advice at some stage in their lives in order to achieve a pregnancy.

Some couples fail to achieve a pregnancy because the female partner may have suffered a premature menopause – as young as 20 years of age, never been able to produce eggs, lost the use of her ovaries due to disease, surgery or the treatment of cancer. Some women carry inherited genetic diseases and are thus seeking donated eggs so as not to transmit the disease to their children.

There is an acute shortage of egg donors and many people wait for several years to benefit from donated eggs. Some are fortunate enough to have friends and family willing to donate eggs as a 'known donor'. However most are not so fortunate and thus they are likely to be 'in the queue' waiting for sufficient anonymous donors to volunteer their eggs.

### **Who can be an egg donor?**

Donors should be healthy women aged 19 - 35 years old, free of any serious medical infection, disability, congenital, family or hereditary disease and who are not severely overweight for their height. Because of the small risk of reducing the donor's own fertility, many clinics say they prefer to treat women who have already completed their own family. As many women do not do this until 30+ years of age, there is only a small window of opportunity before the cut off age of 35. So a donor is likely to be a woman with small children of her own.

## **What is involved in becoming an egg donor?**

### Counselling for donors

Potential donors are carefully counselled to ensure that they are fully aware of all that is involved in egg donation. Their rights, the rights of the eventual parents and any child born as a result of donated eggs; as well as potential effects on the donor and their own family if they do indeed become an egg donor. Equally, they are advised of the medical procedures involved. When they visit the Licensed Centre, they will be asked questions about their health and related issues mentioned above. They will be offered counselling about what is involved and their rights, as well as the rights of those receiving the donated eggs and any child created by means of the donated eggs.

The donor's details will be held on a register maintained by the HFEA (Human Fertilisation & Embryology Authority) as safeguard against inappropriate sexual relationships between children sharing the same (genetic) mother.

**The law changed on the 1<sup>st</sup> of April 2005 to remove anonymity from donors and allow donor-conceived children to access the identity of their donor when they reach the age of 18. The new legislation will not be retrospective.**

From the 1<sup>st</sup> April 2006, donors may claim reasonable expenses incurred in connection with gamete donation. For example the cost of travel to the clinic or the cost of childcare where the donor would have normally been caring for the child.

Donors may also claim compensation for earnings lost during gamete donation up to a daily maximum of £55.19, with an overall maximum of £250 per cycle of egg donation or course of sperm donation.

### Screening of Potential Donors.

It will be necessary for potential donors to be "screened" so as to ensure that they are free of infections, diseases or genetic conditions that might be transmitted in the donation process. Information will be required from them about their medical and family history. Potential donors will also need to have a general medical examination and blood tests.

With the potential donor's permission, their General Practitioner will be contacted in order to obtain a more detailed medical history.

As it is usual for there to be an attempt to match the physical characteristics of both the donor and the eventual recipient of the donated egg, general physical characteristics of eye and hair colour, height and weight and race and complexion are taken into account and are thus recorded by the clinic

### What treatment does the donor have to undergo?

A Women's natural cycle allows only one egg to mature per menstrual cycle. In an IVF cycle, more eggs are required, in order to produce two or three viable embryos for the recipient couple.

In essence, the treatment involved for the egg donor is much the same as that for a woman undergoing IVF treatment. The donors cycle needs to be suppressed by desensitising the pituitary gland. This is done by means of either daily nasal sprays or self-administered injections for approximately four weeks. The ovaries are then stimulated by means of daily injections for at least ten days. There will be a need for regular ultrasound scans (about 5 or 6) to determine the stage of the ovulation cycle, together with further blood tests. If there is a risk, the donor couple may be asked to abstain from sexual intercourse, or use a barrier method of contraception to prevent the risk of a multiple pregnancy)

The actual egg collection is usually performed under general anaesthetic but alternative sedation may be available according to the egg donor's wishes. Normally, egg collection is performed vaginally under ultrasound scan.

Donors can usually return home just several hours after the egg collection has been completed. However, they need to be aware that they will suffer the normal after-effects of having had a general anaesthetic, and they should ensure that somebody accompanies them on the day. If they have children or other dependants, these will need others to look to their needs, until the after-effects of the anaesthetic have worn off.

### What risks are there for the donor?

The risks to the donor are considered to be minimal and short-term. Such risks include the possibility of troublesome bleeding or pelvic infection (less than a 1% chance). Equally, there is a 1% - 2% risk of excessive ovarian stimulation (too many eggs being produced) despite careful monitoring. In such a case, the donation cycle will probably be abandoned and treatment would be commenced to regularise the period cycle. Very rarely, there can be more serious medical complications.

### **What next?**

Following is a list of clinics licensed by the HFEA to treat couples with IVF using donated eggs. We suggest you contact at least three clinics and have a chat with them – they will advise you of the next step and of the waiting list for an egg donor. It is possible to be on more than one clinic's waiting list. Please let them know if you are lucky enough to have found an egg donor yourself.

### If you want to try to find an egg donor – where do you start?

Many clinics have long waiting lists for egg donation, due to the shortage of donors. If a recipient finds someone to join the pool of anonymous donors, they can sometimes bypass the queue, and be treated much sooner, being matched to another donor. So many couples take it upon themselves to try to find a donor. If you wish to follow this route, here are some points to consider:

- **Clinics often offer advice and practical help**

- **Consider posters**

NGDT can provide you with a supply of posters. Some clinics produce their own posters with referencing system, so that a donor can be ‘tagged’ to a particular recipient.

Good places to display posters are anywhere that young women will see them: doctor’s surgeries; baby clinics; blood donor centres; nurseries; hairdressers; libraries; health & fitness clubs.

Please ask someone in charge if it is acceptable to place your poster on a notice board prior to doing so, and how long they will display it for.

- **Adverts in magazines**

- **Doing radio interviews, magazine articles**

NGDT keeps a database of recipients who are willing to be interviewed, as we are often contacted by the media.

### **Further information.**

Please note that the NGDT aims to raise awareness of the need for egg and sperm donors, but it is not appropriate for them to put potential donors and potential recipients directly in touch. This must be done via the clinics listed.

This can be a frustrating and emotionally trying time for you. You may find it helpful to use the counselling service available at your clinic, or contact other organisations that know what you are going through. Try contacting INUK, the national infertility support network, on 08701 188088.

Meanwhile we at NGDT wish you every success in your quest for a baby. If you would like any further information, we can be contacted on 0845 226 9193. If there is nobody there to take your call, please leave a message on our 24-hour answer machine. Alternatively, you can visit our website [www.ngdt.co.uk](http://www.ngdt.co.uk).