

Egg Donation

Patient Information

Becoming or using an egg donor



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Introduction

The decision to use donated eggs will have a significant impact on the people who achieve a family through the donor program and on the children in that family. The decision to donate may also have a significant impact on the donor and their family. Therefore donating eggs and being recipients of donor eggs should not be taken lightly.

This booklet provides the information necessary to assist donors and recipients in making informed decisions in regards to offering or receiving donor eggs, including legal rights and responsibilities, medical treatment and social issues. Advice is also provided on how to advertise, meet and select a potential egg donor.

Melbourne IVF's donor program nurse is your point of contact (for both recipients and donors); they will provide information and guidance on the procedures and processes involved in becoming an egg donor or recipient. We encourage you to contact the donor program nurse at any stage by phoning 03 9473 4444 or by emailing donoreggembryo@mivf.com.au.

General information

What is egg donation?

Egg donor conception refers to the use of eggs donated by another woman who acts as a 'donor' to assist an individual or couple who are the 'recipient(s)', to create a family. In order to donate eggs, the donor must undertake an IVF cycle.

The use of donor eggs is an option for women unable to produce their own eggs, or when her eggs are of a poor quality and are unlikely to lead to the birth of a child. In some circumstances, the donation might be sought because the woman carries a rare genetic disease.

What is Recipient Recruited Donation?

Recipient recruited donation refers to the recipient finding their own donor. Egg donors are usually relatives or friends but may also be acquaintances or recruited through advertising.

Who can use donor eggs?

Many women are unable to use their own eggs for a variety of reasons, including

- Women with no ovaries, or poorly developed ovaries
- Women with premature menopause
- Where there is a chance of passing on genetic diseases.
- Women with fertility problems resulting from chemotherapy, surgery or illness.
- Women who have had IVF where poor egg quality was found on repeated cycles of treatment.



Melbourne IVF places no social or cultural limitations on women who wish to undertake egg donor treatment. Melbourne IVF offers treatment to a woman up to her 51st birthday.

Who can be an egg donor?

Egg donors should be aged between 23–40 years and preferably have completed their own families. Women who have had a tubal ligation or a contraceptive device implanted may be egg donors.

In some instances for potential egg donors, a review by a clinical psychiatrist is required. The case is then presented to Melbourne IVF's Clinical Review Committee for approval prior to proceeding. These include where the potential egg donor:

- Is under 23 years of age.
- Has offspring under 12 months of age.
- Intergenerational donation is proposed e.g. niece to aunt.

The donor process may only commence once these requirements are satisfied and approval granted by the Clinical Review Committee.

An appointment for the donor with the recipient's Melbourne IVF Fertility Specialist must be scheduled. The donor is required to obtain a referral to the fertility specialist. At this appointment the doctor will obtain the donor's medical and gynaecological history and discuss procedures and implications of treatment. It is important that both personal and family histories of illness, genetic conditions and/or medical treatments are discussed. The donor will be required to complete a Genetic and Medical Health Questionnaire.

Can I be paid to be an egg donor?

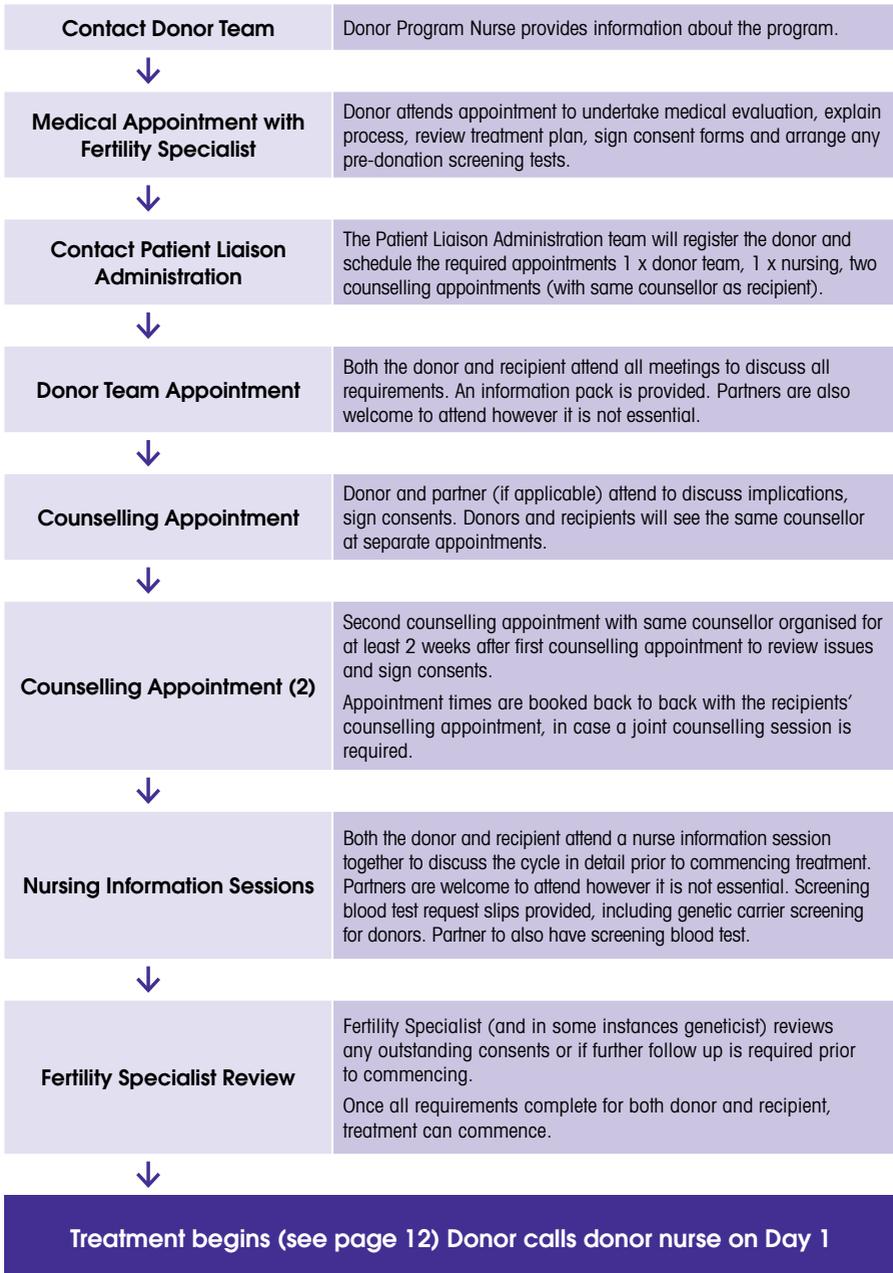
No, donating eggs is purely altruistic. In Australia it is illegal to receive or make any type of payment for human tissue, including donated eggs. Under the Prohibition

of Human Cloning for Reproduction Act 2008 (Victorian legislation), egg donors may be reimbursed for reasonable expenses incurred during the donation process, such as travel and parking, however they cannot be compensated for loss of work time.

Becoming an egg donor — what is involved?

Prior to commencing treatment, both the donor and the recipient are required to attend pre-treatment appointments, including medical and counselling appointments, and a combined nursing information session to understand and discuss all of the procedures and processes involved in the treatment.

Preparing for treatment (Donor)



Medical appointment

An appointment with a fertility specialist is arranged separately for both the donor and the recipient to review their medical history, arrange screening and hormone blood tests, explain the process, sign consents and discuss implications of treatment. In addition egg donors will also be tested for Cystic Fibrosis, Thalassaemia, SMA, Fragile

X, and Karotype;; other genetic tests will be ordered as appropriate. It is not possible to screen donors for genetic problems unless there is a known risk of a particular condition.

Egg donors and partners, must have blood tests for HIV (AIDS), Hepatitis B & C, Syphilis, Cytomegalovirus, HTLV.

Egg donors are required to complete a Genetic and Medical Health Questionnaire. Any issues that arise from the completion of this form will be discussed with the fertility specialist and if necessary referred to a geneticist for review.

Melbourne IVF fertility specialists recommend that egg donors commence taking folic acid 3 months prior to donating their eggs.

Donor Nurse appointment

The donor and recipient will meet with the Donor Egg Nurse who will provide them with an information pack relating to the program and provide them with a general timeline of how the process will work.

Counselling appointments

In Victoria, it is a legislative requirement that donors meet with a counsellor to discuss the implications of egg donation. It is a Melbourne IVF requirement based upon NHMRC ethical guidelines that donors' partners (if applicable) also attend the counselling sessions. This is an opportunity to consider all the issues and implications associated with their decision to be involved in the donor program and to make an as informed decision as possible. Recipients and their egg donors (and respective partners) will initially have separate counselling appointments with the same counsellor. A combined session

may be scheduled as part of this process at the counsellor's discretion as there may be common issues to discuss. There are at least two counselling sessions each for both donor and recipient (and partners). Consent forms are signed with the counsellor.

Recipients and donors may contact or schedule further appointments with the counsellors to discuss questions or concerns at any stage of the treatment process. Counselling appointments are available at East Melbourne, The Women's Hospital or at Melbourne IVF local clinics.

It is important to consider the following issues as these will be explored in the counselling sessions.

Becoming an egg donor — issues to consider:

- Why you wish to become an egg donor.
- How will you feel about a child conceived from your egg donation?
- Issues regarding your own fertility that might require discussion with your fertility specialist or counsellor (e.g. previous pregnancy losses).
- How the donation, whether successful or not, is likely to impact on your relationship with the recipient(s) and/or your own relationships.
- How will you feel when a child is born as a result of your donation?
- What your children should know (if applicable).
- How will you feel if the donor conceived child contacts you at age 18 or wants earlier contact?
- What should your family and friends be told?
- Who else should you tell?

Donors and Recipients — issues for discussion:

- Which appointments will the recipient(s) attend with donor, and vice versa
- i.e. fertility specialist, egg collection, embryo transfer.
- What information will be provided to the donor about embryos formed.
- How will communication between donor and recipient occur i.e. phone, email.
- Having a clear understanding of each other's approach to disclosing any child's donor origins.
- What future contact will occur between donor and recipient if a pregnancy occurs: how often and by what means. Expectations of contact for the near future should be clarified as much as possible with the understanding that feelings and needs may change over time.
- Options for any excess embryos in storage once the recipient(s) have completed their family?

Nurse information session

Once the medical and counselling appointments are completed, the donor and recipient will attend a nurse information session together to understand the medications involved and treatment cycle timeline. It is recommended that partners attend this session, however it is not essential. During this session the nurse will explain the following:

- The process involved for the egg donor/recipient cycle and the importance of scheduling for these cycles.
- The function of the medications used during the various stages of the treatment cycle.
- The nurse will demonstrate how to administer the medications.
- The nurse will provide screening blood test request slips for all partners.



Treatment information for the donor

Egg donors are required to undergo an IVF cycle in order to retrieve the eggs. If the recipient wishes to undertake a fresh embryo transfer, both donor and recipient will call the nurses on Day one of their cycles, to arrange for the donor and recipient's cycles to be co-ordinated and synchronised. This ensures the embryo transfer will take place at the appropriate time.

Down regulation

The first part of the IVF cycle is known as Down Regulation where the ovaries are 'kept quiet' by taking the oral contraceptive pill (OCP) and Synarel (a nasal spray) which inhibit ovulation.

Down regulation scan

After approximately 4 weeks a down regulation scan is performed to ensure the ovaries are quiet (no follicles or cysts present) and the lining of the uterus is thin.

Stimulation

After this scan you will enter into the second phase of the cycle known as Stimulation. Follicle Stimulating Hormone (FSH) injections are administered daily. It is recommended that donors have protected intercourse once they have commenced follicle stimulating hormone injections until resuming their regular method of contraception.

The injections are synthetic hormones which stimulate the development of ovarian follicles. The number of follicles that develop depends on the individual's response to the medication.

Stimulation scan

A stimulation scan is performed by your doctor after 5-7 days of injections. At this scan the doctor measures the endometrial thickness, size and number of follicles on both ovaries to determine when eggs should be collected. The egg collection procedure is usually 12-14 days after starting injections.

Common side effects of medications

- Headache
- Abdominal distension and discomfort
- Breast tenderness
- Mood changes
- Hot flushes
- Ovarian Hyper Stimulation Syndrome (OHSS)

Egg collection procedure

The egg collection is the final procedure for the donor. This procedure is usually performed in the morning, taking approximately 20 minutes, depending on the number of follicles. A light anaesthetic is usually administered however a general anaesthetic may be required. After egg collection you will remain in recovery for approximately 2 hours or longer if you have had a general anaesthetic, before being discharged.

As you have had an anaesthetic you will not be able to drive, work or be home alone once discharged. After egg collection you may experience mild discomfort (similar to period pain), bloating, tiredness and slight bleeding. This should subside within a couple of days.

That afternoon the recipient's partners prepared sperm or donor sperm is added to the eggs to allow for fertilisation to occur.

Depending on how you feel, you may return to work and normal duties 1–2 days following egg collection. The donor should expect a menstrual period approximately 8–14 days after egg collection.

Their period may be irregular for 1–2 months after an IVF cycle and should return to normal after this.

Two to five days after egg collection 1–2 embryos are transferred into the recipient and hopefully a pregnancy will occur.

Please note that cycles may vary from that stated above. Further detailed information will be provided during the nurse information session.

Becoming a recipient of donor eggs — what is involved?

Becoming a recipient of donor eggs involves attending a series of pre-treatment appointments with an IVF fertility specialist, counsellor, donor nurse and Patient Liaison Administrator (PLA), to understand and discuss the procedures and processes involved. Please contact a member of the Patient Liaison Administration team to schedule the necessary appointments once you have seen your treating doctor.

Medical appointment

An appointment with a fertility specialist is arranged separately for both the donor and the recipient to review their medical history, arrange screening and hormone tests, explain the process, sign consents and discuss implications of treatment. Egg recipients and partners must have blood tests. Further screening bloods or genetic tests may be required.

The fertility specialist will discuss with the recipient whether they wish to use the eggs immediately in a fresh embryo transfer or quarantine (freeze) them all and wait six months for re-testing of the donor for infectious diseases (screening blood tests). There is an approximate 20% loss of embryo potential when freezing is undertaken.



Melbourne IVF's policy is to allow recipients to make this decision for themselves after discussion with their fertility specialist. If they wish to proceed with a fresh embryo transfer then "Consent to Use Fresh Donor Eggs without HIV Quarantine" needs to be signed.

If recipients decide to wait, all embryos will be frozen and the donor will be required to repeat screening blood tests six months after donating. When the results are received and cleared, the embryos are then available for use.

Donor Nurse appointment

The donor and recipient will meet with the Donor Egg Nurse who will provide them with an information pack relating to the program and provide them with a general timeline of how the process will work.

Patient Liaison Administrator appointment

Prior to attending the second counselling appointment, the recipient is required to attend an appointment with a member of the Patient Liaison Administration team to discuss management and treatment fees. The donor management fee (non Medicare rebatable) must be paid prior to attending the counselling session to sign consents. All costs for treatments using donor eggs are paid by the recipient(s).

Counselling appointments

In Victoria, it is a legislative requirement that recipients (and their partners if applicable) meet with a counsellor to discuss the implications using donor eggs. This is an opportunity to consider all the issues and implications associated with their decision to be involved in the donor program and to make an informed decision.

Recipients and their egg donors (and respective partners) will initially have separate counselling appointments with the same counsellor. A combined session may be scheduled as part of this process at the counsellor's discretion as there may be common issues to discuss. There are at least two counselling sessions for both donor and recipient (and partners). Consents are signed with the counsellor.

Recipients and donors may contact or schedule further appointments with the counsellors to discuss questions or concerns at any stage of the treatment process. Counselling appointments are available at East Melbourne, The Women's Hospital or at Melbourne IVF local clinics.

Becoming a recipient — issues you and your partner should consider:

- Your feelings about creating a family where only one partner will be a genetic parent.

- Your feelings about parenting a child without a genetic link (where donor egg and sperm are used).

- Your feelings about being a single parent if undergoing treatment as a single woman.

- Whether you and your partner agree to use donor eggs or one prefers to investigate other options.

- If enough time has been given to understanding and grieving the loss of your fertility.

- How the donation, whether successful or not, is likely to impact on your relationship with the donor.

- How your relationship will be affected if the donation is unsuccessful.

- How will you feel if the child wants to contact the donor?

- What to tell any donor conceived child.

- What should you tell family and friends?

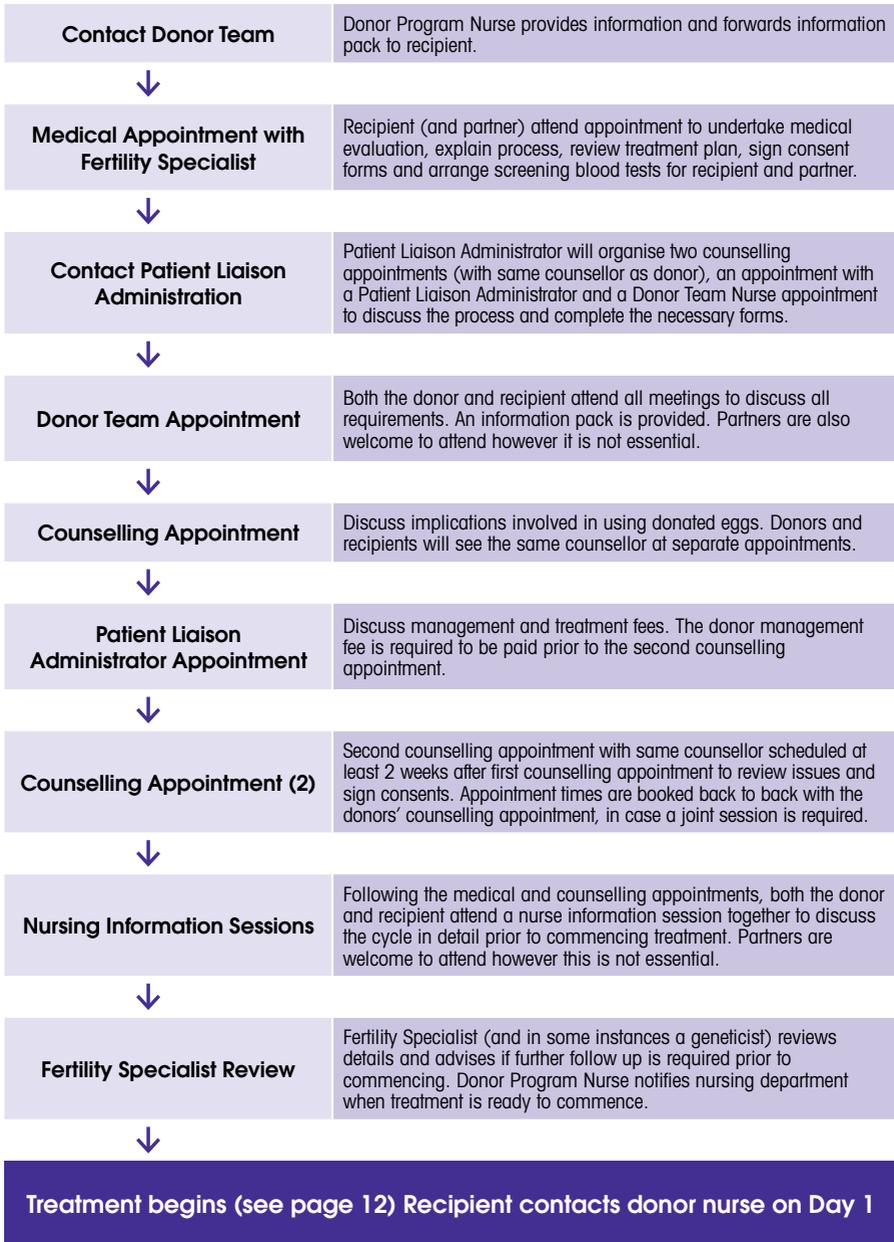
- Who else should you tell?

Donors from overseas

There may be additional financial considerations if an egg donor is from overseas. Unless the donor is entitled to an Australian Medicare card, full costs for the treatment and procedures will be charged. The donor is deemed to be the patient because she has the egg collection procedure and this cannot be transferred to the recipient's Medicare card. The recipient couple pay all the costs.

Further queries regarding fees should be made to the Patient Liaison Administrators at Melbourne IVF on 03 9473 4444.

Preparing for treatment (Recipient)



Treatment information for egg donors and recipients

Medication begins

If the recipient wishes to undertake a fresh embryo transfer, the nurse will co-ordinate the donor and recipient's cycles so that they are synchronised, in order for a fresh embryo transfer. If the recipient ovulates naturally, then synchronisation is achieved by taking the Oral Contraceptive Pill and Synarel to prevent the ovaries from producing follicles. Once the donor begins the Follicle Stimulating Hormone (FSH) injections the recipient will commence taking oestrogen tablets (Progynova) to build up the lining of the uterus in readiness for embryo transfer.

After approximately 7 days of taking the progynova recipients will have a scan to measure the lining of their uterus in readiness for embryo transfer. This usually occurs on the same day as the donor's stimulation scan.

On the day of the egg collection recipients commence taking progesterone pessaries vaginally and continue with the progynova tablets. Progesterone pessaries assist in maintaining the lining of the uterus in conjunction with the oestrogen tablets. Once these medications have been commenced they must be continued until informed to cease (see below).

Also on the morning of the egg collection day, the recipient's partner (if applicable) will be required to provide a semen sample. This will be prepared for the fertilisation procedure that same afternoon. If donor sperm is to be used it will also be prepared.

Common side effects of medications

Throughout the course of treatment some common side effects include:

- Headache
- Nausea
- Weight gain
- Breast tenderness

Embryo transfer

The embryo transfer is usually performed 2–5 days after the egg collection. The procedure is similar to a pap smear and usually takes approximately 10 minutes.

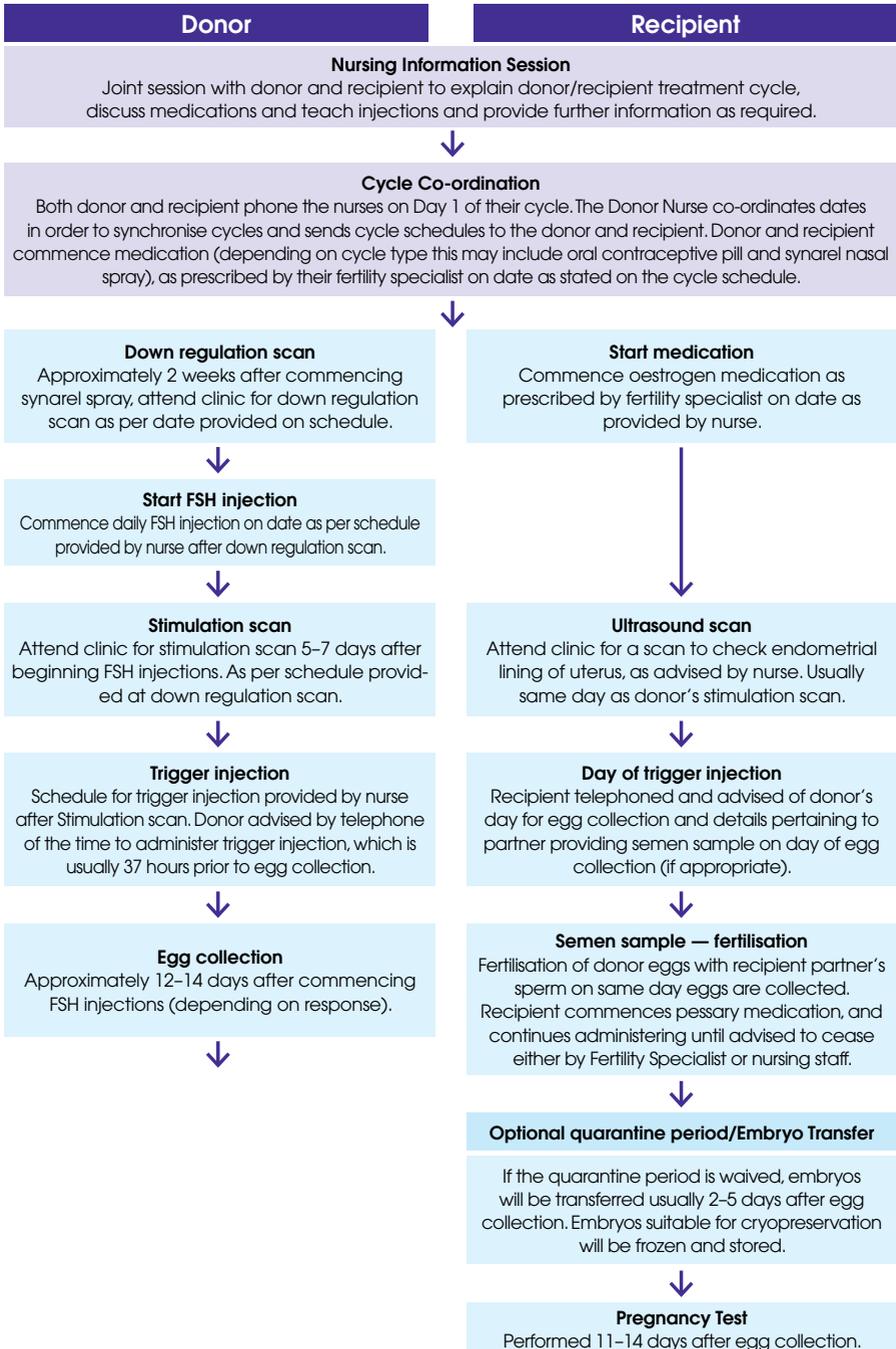
Pregnancy test

A pregnancy test is undertaken 11–14 days after embryo transfer. If pregnancy is achieved recipients remain on progesterone pessaries and progynova tablets until 8–12 weeks of pregnancy whilst the placenta is forming and begins to function.

Please note cycles may vary from that stated above. Further detailed information will be provided during the nurse information session.



Treatment timeline for egg donors and recipients



Legislative requirements: Assisted Reproductive Treatment Act 2008

The Melbourne IVF Donor Program is guided by the legislative requirements under the Assisted Reproductive Treatment Act 2008. Under this legislation the following important information applies:

1. A donor's consent lapses after 10 years, unless a lesser period is specified by the donor.
2. The person who produced the gametes (eggs & sperm) from which the embryo has been formed must consent to embryo storage period beyond 5 years and also must consent to the removal of the embryo(s) from storage.
3. The import or export of donor gametes or embryos formed from donor gametes in or out of Victoria must have written approval from the Victorian Assisted Reproductive Treatment Authority (VARTA). Melbourne IVF is required to give the donor written notice of the name of the clinic to which embryo(s) created from their eggs has been exported.
4. It is an offence under the ART Act 2008 to knowingly or recklessly provide false or misleading information or omit to give material information.
5. Posthumous use of donor gametes is not possible.

Status of children

- Where a donor egg was used by a married woman or a woman in a bona fide domestic relationship, the woman and her husband/partner shall be presumed for all purposes to be the mother and father of any child born as a result of the pregnancy.
- A woman's female partner is presumed to be the legal parent of any child born as a result of a treatment procedure if she:
 - was her partner at the time of treatment and resulting pregnancy, and
 - consented to the treatment procedure.
- Where a donor egg was used by a woman with a female partner or a woman with no partner, the donor who produced the egg is presumed not to be the mother of any child born as a result the pregnancy.

Birth registration

- Melbourne IVF must provide Information regarding births of donor conceived offspring to Births, Deaths and Marriages (BDM), who will maintain the Central and Voluntary donor registers.
- If the birth registrations statement indicates that the child was conceived by a donor treatment, the Registrar must mark the words "donor conceived" against the entry about the child's birth in the register.
- If the donor conceived offspring applies for a birth certificate after 18 years of age the Registrar must attach an addendum to the certificate stating further information is available about this entry.
- The Registrar is only able to issue the addendum to the donor conceived person named in the entry on the register.



The Registry of Births, Deaths & Marriages contact donors in writing to verify the information Melbourne IVF provides Births, Deaths & Marriages when donors details are first entered on the Births, Deaths & Marriages central register (i.e. when the first donor conceived child is born). It is the donors responsibility to notify Births, Deaths & Marriages of any change to their contact details.

Melbourne IVF encourages all individuals/couples to seek independent legal advice before donating gametes/embryos or using a gamete or embryo donor.

Telling children about their donor origins

Research indicates that there are many benefits for the donor conceived child and family as a whole if disclosure to the child regarding their donor origins occurs at an early age (Schieb, Riordan & Rubin.,2005). A sense of openness and honesty is promoted and the child is able to incorporate this information into their developing sense of identity (Rumball & Adair.,1999), reducing the risk of the child experiencing any sense of shame or secrecy. A child then has the opportunity for gradual understanding of their donor conception.

In comparison, research investigating offspring who were told at an older age found that children were more likely to feel confused, deceived or betrayed (Turner & Coyle, 2000).

In addition to the emotional, psychological and family functioning benefits of disclosure at an early age, there are also practical benefits such as the child having access to their medical and genetic history.

The issue of disclosure may create anxiety for many parents. Your Melbourne IVF counsellor is available to discuss disclosing and assist you in making decisions that are in the best interest of your family.

There is also an abundance of resources including children's books which may assist in explaining donor conception to children. The Victorian Assisted Reproductive Treatment Authority website also provides information and a list of resources, to support parents with disclosing to their children at any age. Please refer to contacts and reference list at the end of this booklet.

Please contact the counselling department if you have any further questions.

Contacts and resources

Journal articles

MacCallum F, Golombok S. Embryo donation families: mothers' decisions regarding disclosure of donor conception. *Human Reproduction* 2007;22:2888-2895

McGee G, Brakman S, Burmankin AD. Disclosure to children conceived with donor gametes should not be optional. *Human Reproduction* 2001;6:2033-2036

Mahlstedt P, Greenfeld D. Assisted reproductive technology with donor gametes: the need for patient preparation. *Fertility & Sterility* 1989;52:908-914

Rumball A, Adair V. Telling the story: parents' scripts for donor offspring. *Human Reproduction* 1999;14:1392-1399

Scheib JE, Riordan M, Rubin S. Adolescents with open identity sperm donors: reports from 12-17 year olds. *Human Reproduction* 2005;20:239-252

Shenfield F, Steele SJ. What are the effects of anonymity and secrecy on the welfare of the child in gamete donation? *Human Reproduction* 1997;12:392-395

Turner A, Coyle A. What does it mean to be a donor offspring? The identity experiences of adults conceived by donor insemination and the implications for counselling and therapy. *Human Reproduction* 2000;15:2041-2051

Books

Ehrensaft D. *Mommies, Daddies, Donors, Surrogates; Answering Tough Questions and Building Strong Families*. New York (NY): Guilford Press; 2005

Rawlings D, Looi K. *Swimming Upstream: The Struggle to Conceive*.

South Australia: Landmark Media; 2006

Johnson PI. *Taking Charge of your infertility*. Indianapolis (IN): Perspectives Press; 1994

Books for children

Bourne K. *Sometimes it takes three to make a baby; Explaining egg donor conception to young children*. East Melbourne: Melbourne IVF; 2002

Donor Conception Network UK. *Our Story*. Nottingham: Donor Conception Network UK; 2002

Grimes J. *Before You Were Born: Our wish for a baby*. Iowa: X,Y. and Me, LLC; 2004

Paul J, editor. *How I began: The story of donor insemination*. Melbourne: Fertility Society of Australia; 1988

DVD

Evans L. *Telling and Talking* (DVD). Nottingham: Donor Conception Network; 2006

Support Groups

The egg donor support group is a group for new or expectant mums with a baby from a donor egg, or for those who are thinking about becoming a family via egg donation.

Visit www.mivf.com.au "support groups" for further information.

Resource	Telephone	Web-email contacts
Melbourne IVF	03 9473 4444	www.mivf.com.au
Donor Program Nurse	03 9473 4401	donoreggembryo@mivf.com.au
Counsellors	03 9473 4444	
Donor Team Nurses Melbourne IVF	03 9473 4444	Email respective team donor nurse at: donornurses@mivf.com.au
Patient Liaison Team Administration	03 9473 4444	
VARTA — Victorian Assisted Reproductive Treatment Authority	03 8601 5250	www.varta@varta.org.au
BDM — Births, Deaths and Marriage	1300 369 367	www.bdm.vic.gov.au
Donor conception Support Group	02 9793 9335	www.dcsq.org.au
Donor Conception Network UK		enquiries@dcnetwork.org www.dcnetwork.org

 mivf.com.au

New General Enquiries 1800 111 IVF (483)
Reception (03) 9473 4444