

MelbourneIVF
A MEMBER OF VIRTUS HEALTH



Becoming an

Egg Donor



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Life. Pass It On.

This booklet provides the information necessary to assist donors in making informed decisions in regards to offering donor eggs, including legal rights and responsibilities, medical treatment and social issues.

Melbourne IVF's donor program nurse is your point of contact; they will provide information and guidance on the procedures and processes involved in becoming an egg donor. We encourage you to contact the donor program nurse at any stage by phoning 03 9473 4478 or by emailing donoreggnurses@mivf.com.au

What is egg donation?

Egg donation 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)', in their attempt to become parents. In order to donate eggs, the donor must undertake treatment an egg collection cycle.

The use of donor eggs is an option for women unable to produce their own eggs, or when it has become clear that 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.

Donors are known as either 'recipient recruited' or 'clinic recruited' donors depending on the relationship between the donor and recipient.

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.

What is clinic recruited donation?

Clinic recruited donors donate their eggs to Melbourne IVF for allocation to unknown recipients.

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 disease
- ◆ 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 offers treatment to a woman up to her 51st birthday when donor eggs are used.

Who can be an egg donor?

Donors can be recruited by Melbourne IVF (clinic recruited) or the couple/woman may recruit their own donor (recipient recruited). Clinic recruited donors should be healthy women aged between 25 and 34 years. Recipient recruited donors may be 25- 40 years of age 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 clinical psychiatrist review is required and presentation of the case to the Clinical Review Committee for approval prior to proceeding. These include where the potential egg donor:

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- ◆ Outside the age guidelines
 - ◆ Has offspring under 12 months of age or whose partner is pregnant; and
 - ◆ Intergenerational donation is proposed e.g. niece to aunt.
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The donor process may only commence once these requirements are satisfied and approval granted by the Clinical Review Committee.

Can I be paid to be an egg donor?

No, donating eggs is a purely altruistic gift. In Australia it is illegal to 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 with proof of receipt, such as travel and parking, however they cannot be compensated for loss of work time.

Quarantine period

Melbourne IVF requires that clinic recruited donor eggs are quarantined for a minimum of three months. All donors will need to complete infectious diseases screening blood test prior to their donation and will need to repeat this test three months after the date of the egg retrieval.

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.

All donors will require an appointment with a Melbourne IVF fertility specialist. A GP referral will be required for this appointment. At this appointment the donor's medical and gynaecological history will be obtained and the specialist will 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.

Preparing for treatment: Donor

Recipient recruited donor	Clinic recruited donor
<p>Contact the Donor Nurse: Donor program nurse explains process and provides the potential donor with an information pack.</p>	<p>Contact the Donor Nurse: Donor program nurse explains process and provides the potential donor with an information pack. If donor is interested in proceeding, the first step is to attend a counselling appointment, which both the donor and partner (if applicable) must attend. The donor is also asked to attend the pre-quarantine blood test.</p>
<p>Medical Appointment with Specialist: Donor attends appointment to undertake medical review, explain process, review treatment plan, sign consent forms and arrange any pre-donation screening tests.</p>	<p>Counselling Appointment: Discuss implications of being an egg donor and initial paperwork</p>
<p>Contact the Patient Liaison Administrator: The patient liaison administration team will register the donor and schedule the required appointments 1 x donor team, 1 x nursing, 2 x counselling appointments (with same counsellor as recipient).</p>	<p>Medical Appointment with Specialist: Donor attends appointment to undertake medical review, explain process, review treatment plan and sign consent forms. The donor is required to provide a referral from their GP.</p>
<p>Counselling Appointment: Discuss implications of being an egg donor and initial paperwork</p>	<p>Counselling Appointment (2): Second counselling appointment with same counsellor organised for at least 2 weeks after first counselling appointment to review issues and sign consents.</p>
<p>Counselling Appointment (2): Second counselling appointment with same counsellor organised for at least 2 weeks after first counselling appointment to review issues and sign consents. Appointment times are booked back to back with the recipients' counselling appointment for a joint session.</p>	<p>Profile offered to potential recipients</p>
	<p>Fertility Specialist Review: Once selected the donor will have a review appointment with the recipients fertility specialist to discuss the treatment plan.</p>
<p>Nurse Information Session: Both the donor and recipient attend a nurse information session together to discuss the cycle in detail prior to commencing treatment. Partners are welcome to attend however it is not essential. Screening blood test request slips provided, including genetic carrier screening for donors. Partner to also have screening blood test.</p>	<p>Nurse Information Session: When the donor has been selected the donor attends a nurse information session to discuss the cycle in detail prior to commencing treatment.</p>
<p>Treatment can begin. Donor calls donor nurse with the day 1 of her cycle.</p>	<p>Treatment can begin. Donor calls donor nurse of day 1. The three month quarantine will commence from the day of the egg collection.</p>

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, and discuss implications of treatment. In addition egg donors will also be tested for Cystic Fibrosis, Thalassaemia, SMA, Fragile X, and Karyotype; 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, 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 these forms 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.

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 will also be scheduled as part of this process (for recipient recruited/known arrangements only). 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

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- ◆ 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?
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Donors and recipients — issues for discussion

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- ◆ 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?
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Nurse information session

Once the medical and counselling appointments are completed, the donor and recipient will attend a nurse information session together (together for recipient recruited/known arrangements only) 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 parties.

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 coordinated. This ensures the embryo transfer will take place at the appropriate time of the recipients cycle. A coordinated cycle is only available for recipient recruited arrangements.

Stimulation

Follicle stimulating hormone (FSH) injections are commenced on day 3 or 5 of the cycle, and continue to be 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.

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.

If the donor arrangement has been recipient recruited, the recipient may undergo an embryo transfer procedure two to five days after the egg collection, 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.

Treatment timeline for known egg donors & recipients

Donor	Recipient
<p>Nursing Information Session Joint session with donor and recipient to explain donor/recipient treatment cycle, discuss medications, teach injections, and provide further information as required.</p> <p>Cycle Co-ordination Both donor and recipient phone the nurses on Day 1 of their period. The donor nurse co-ordinates cycle dates, and provides donor and recipient with their schedules. Donor and recipient commence medication as prescribed by their fertility specialist.</p>	
<p>Commence the Oral Contraceptive Pill (OCP) Commence on day 5 of the cycle, take last OCP after minimum of 2 weeks.</p>	<p>Commence the Oral Contraceptive Pill (OCP) Commence on day 5 of the cycle.</p>
<p>Start FSH injection After 5 pill free days, commence the daily FSH injections.</p>	<p>Commence Synarel Commence after minimum of 2 weeks on OCP.</p>
	<p>Cease OCP - Attend Down Regulation scan after 7 days, and commence Progynova.</p>
<p>Stimulation scan: Attend clinic for stimulation scan 5–7 days after beginning FSH injections, as per schedule.</p>	<p>Recipient Scan After 7 days of Progynova.</p>
<p>Trigger injection Prepares eggs for collection.</p>	<p>Fertility Specialist Review: Once selected the donor will have a review appointment with the recipients fertility specialist to discuss the treatment plan.</p>
<p>Egg collection 2 days after Trigger Injection, approximately 12–14 days after commencing FSH injections (depending on response).</p>	<p>Egg Collection Day Last Synarel night before Egg Collection. Sperm sample & fertilisation of eggs. Commence luteal phase support.</p>
	<p>Embryo Transfer Occurs 2-5 days after the egg collection Progesterone blood test on day of transfer. Pregnancy blood test 10-13 days after transfer.</p>
<p>Donor Program Administrator (03) 9473 4611</p>	

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 legislation provides that treatment using a sperm donor may not result in more than 10 women having children who are genetic siblings, including any current or former partner of the donor. This does not prevent women using gametes/embryos produced by the donor to produce a child that will be a genetic sibling to the woman's existing children.
- 3 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.
- 4 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 will only approve the export of clinic recruited donor sperm in exceptional circumstances if there is sufficient sperm available. Melbourne IVF is required to give the donor written notice of the name of the clinic to which their sperm or embryo(s) created from their sperm has been exported.
- 5 It is an offence under the ART Act 2008 to knowingly or recklessly give false or misleading information or omit to give material information.
- 6 Posthumous use of donor gametes and embryos created with donor gametes is not permitted.

Status of children

- ◆ Where donor eggs were used by a married woman or a woman in a bona fide domestic relationship with a male, 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.
 - ◆ Where donor eggs were used by a woman with a female partner or a woman with no partner, the donor who produced the egg/s is presumed not to be the mother of any child born as a result the pregnancy.
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Birth registration

- ◆ Melbourne IVF must provide Information regarding births of donor conceived offspring to the Victorian Assisted Reproductive Treatment Authority (VARTA), who will maintain the Central and Voluntary donor registers.
 - ◆ If the birth registration statement indicates that the child was conceived by a donor treatment, the Registrar must mark the words “donor conceived” against the entry of 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.
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The Victorian Assisted Reproductive Treatment Authority (VARTA) will contact donors in writing to verify the information Melbourne IVF provides them when a donor’s details are first entered onto the central register (i.e. when the first donor conceived child is born). It is the donor’s responsibility to notify VARTA and Melbourne IVF 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 Pl. *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

Resource	Telephone	Details
Melbourne IVF	03 9473 4444	mivf.com.au
Donor Program Nurse	03 9473 4478	donoreggnurses@mivf.com.au
Patient Liaison Team Administration	03 9473 4444	
VARTA – Victorian Assisted Reproductive Treatment Authority	03 8601 5250	varta.org.au
BDM Births, Deaths and Marriages	1300 369 367	bdm.vic.gov.au



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