

MelbourneIVF
A MEMBER OF VIRTUS HEALTH



Using an
Egg Donor



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Life. Pass It On.

Advice is also provided on different pathways available for people seeking an egg donor, such as how to advertise, meet and select a potential egg donor.

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 a recipient.

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 a recipient of donor eggs

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 fertility specialist.

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. Donor egg recipients and their partners must have blood tests, and further screening bloods or genetic tests may be required.

In a recipient recruited arrangement 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 three months for re-testing of the donor for infectious diseases (screening blood tests).

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 three months after donating. When the results are received and cleared, the embryos are then available for use.

A three month quarantine is mandatory in a clinic donor arrangement.

Donor nurse appointment

The recipient/s 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. This appointment is applicable to recipients of clinic recruited eggs only.

Patient liaison administrator appointment

Prior to attending the second counselling appointment, the recipient has the option of attending an appointment with a member of the patient liaison administration team to discuss management and treatment fees. The donor management fee (non Medicare rebatable and non-refundable) 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.

If a clinic recruited donor is to be selected the recipient will pay the donor management fee in two instalments. The first instalment is due at the first counselling session, and the second is due once the donor has been selected.

Counselling appointments

In Victoria, it is a legislative requirement that recipients and their partners (if applicable) meet with a counsellor to discuss the implications of 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 recipient recruited egg donors and partners (if applicable) will initially have separate counselling appointments with the same counsellor. A combined session is scheduled as part of this process. There are at least two counselling sessions for both donor and recipient (and partners). Consents are signed with the counsellor.

Recipient/s 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.

If a clinic recruited egg Donor is to be used, at least two counselling sessions will be required for both the recipient and the donor (and respective partners). These will be conducted separately.

Becoming a recipient — issues you and your partner (if applicable) 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?

Known overseas donors

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 will be required to pay all costs.

Further queries regarding fees should be made to the patient liaison administrators at Melbourne IVF on 03 9473 4444.

Preparing for treatment: **RECIPIENT** recruited egg donor

Medical appointment with Fertility Specialist	Recipient (and partner) attend appointment to undertake medical evaluation, explain process, review treatment plan, sign consent forms and arrange screening blood tests for recipient and partner.
Contact Patient Liaison Administration	Patient Liaison Administrator will organise two counselling appointments (with same counsellor as donor), and an appointment with a Patient Liaison Administrator.
Contact Donor Team	Donor Program Nurse provides information and forwards information pack to recipient and Donor.
Counselling appointment 1	Discuss implications involved in using donated eggs. Donors and recipients will see the same counsellor at separate appointments.
Patient Liaison Administrator appointment	Discuss management and treatment fees. The donor management fee is required to be paid prior to the second counselling appointment.
Counselling appointment 2	Second counselling appointment with same counsellor scheduled at least 2 weeks after first counselling appointment to review issues and sign consents. The known donor's appointment is booked back to back with the donors' counselling appointment.
Nursing information session	Following the medical and counselling appointments, both the donor and recipient attend a nurse information session to discuss the cycle in detail prior to commencing treatment. Partners are welcome to attend however this is not essential.
Fertility Specialist Review	Fertility specialist (and in some instances a geneticist) reviews details and advises if further follow up is required prior to commencing.
<p>Treatment begins. Donor & recipient call Donor Nurse on Day 1</p>	

Preparing for treatment: CLINIC recruited egg donor

Medical appointment with Fertility Specialist	Recipient (and partner) attend appointment to undertake medical evaluation, explain process, review treatment plan, sign consent forms and arrange screening blood tests for recipient and partner.
Contact Patient Liaison Administration	Patient Liaison Administrator will organise two counselling appointments (with same counsellor as donor), and an appointment with a Patient Liaison Administrator.
Donor Team appointment	The recipient will speak 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 appointment 1	Discuss implications involved in using donated eggs.
Patient Liaison Administrator appointment	Discuss management and treatment fees. The first instalment of the donor management fee is required to be paid prior to the access to the donor profiles.
Receive access to the donor profiles	The donor nurse will provide the patient with access to view and to select a donor profile once the first counselling session is complete, and the payment of the first instalment of the donor management fee has been received.
Counselling Appointment 2	once the donor has been selected the second counselling session is arranged. This appointment is with same counsellor and is to review issues and sign consents.
Egg donor commences treatment cycle	The egg donor will undergo a treatment cycle for egg collection once consents are signed. The three month quarantine will commence from the date of egg collection.
Nursing session	Attend a nurse information session to discuss the egg thaw cycle in detail prior to commencing treatment. This appointment should be completed close to the end of quarantine.

Treatment information

If the recipient is using a recipient recruited egg donor and wishes to undertake a fresh embryo transfer, the nurse will co-ordinate the donor and recipient's cycles so that the egg collection and the embryo transfer are timed accordingly.

Your fertility specialist will outline the treatment plan after meeting with you and the donor. At the nursing appointment the cycle will be explained, including timeframes and all relevant medications.

If the recipient is using a clinic recruited egg donor, the eggs will be thawed for use only once a three month quarantine has been completed, and the eggs have been cleared to use by the donor nurse. The eggs will be fertilised with the intended sperm source and made ready for an embryo transfer.

Embryo transfer and pregnancy test

The embryo transfer is usually performed 2–5 days after the egg collection. A pregnancy test is undertaken 10–13 days after the embryo transfer.

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.
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- ◆ 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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