

Egg Recipient

Information for Patients and Partners



What is this leaflet about and who is it for?

This leaflet is produced for women who require donated eggs.

What is 'egg donation'?

Egg donation means that the eggs of a donor or egg sharer are harvested via IVF treatment and given to other patients who need donated eggs in order to achieve a pregnancy.

Why would I need to receive donated eggs?

You may need donated eggs for the following reasons:

- Your ovaries do not produce their own eggs (premature menopause, Turners syndrome, after chemo/radiotherapy)
- You do not have any ovaries
- You have a genetic problem which causes miscarriage or can be passed onto your children
- You have undergone unsuccessful IVF treatment due to poor egg quality

Who can be an egg donor/sharer?

Egg donor/sharers must be:

- Between 18 and 35
- Fit and healthy with BMI between 19 – 30
- Have normal ovarian reserve (AMH level ≥ 12 pmol/l and Antral Follicle Count ≥ 12)
- No previous history of severe endometriosis or of having had one ovary removed
- No history of transmissible disease including significant polycystic ovary syndrome (PCOS)
- No personal or family history of inheritable disorders
- No higher risk of transferring a prion-related disease

What is the difference between egg donors and egg sharers?

Egg donors are women who chose to donate their eggs to enable other women to have a child.

Egg sharers are women undergoing their own IVF treatment who chose to donate half of their eggs to another patient so that they can have their IVF at a reduced fee. If the egg sharer has an odd number of eggs collected the sharer will keep the extra egg. If they produce less than 8 eggs, they will no longer be eligible to donate their eggs and you would be placed back at the top of the queue to receive eggs.

What preparation is needed to receive donated eggs?

You will need to have some blood tests taken to ensure that you are healthy. These will include:

- Screening for infections such as hepatitis B&C, HIV, Syphilis, and cytomegalovirus (CMV).
- CMV positive donors are only to be used for CMV positive recipients.
- Other tests may be required according to ethnicity/ geography/ medical history, such as HTLV, Tay Sachs, Sickle Cell, α or β Thalassaemia, glucose-6-phosphate dehydrogenase deficiency, Malaria, T. Cruzi.
- Screening to ensure you have been vaccinated against German Measles (rubella).
- Full Blood Count
- Chlamydia & gonorrhoea

The above health screening is clinic policy for infection prevention and welfare of the child considerations. This means that patients and partners will be required to undergo screening, even if they are not providing gametes. For self-funding patients, the costs of the tests are outlined on our price list which is also available online.

Your partner will need to provide a semen sample if he has not done so already.

To ensure the best response to treatment and for your safety your BMI (body mass index) must be between 19 and 30. Your BMI is calculated by your body weight in kilograms divided by your height in metres squared. If your BMI is above 30 or below 19 you will be offered help and advice to reach the required weight before starting treatment.

The egg donor will have been screened for transmissible and heritable illnesses however these tests cannot give 100% assurance of a lack of any disease. Tests include HIV, Hepatitis B & C, syphilis, cystic fibrosis, karyotype, chlamydia, gonorrhoea, CMV. Other tests may have been required according to ethnicity/ geography/ medical history, such as HTLV, Tay Sachs, Sickle Cell, α or β Thalassaemia, glucose-6-phosphate dehydrogenase deficiency, Malaria, T. Cruzi.

What happens next?

If your investigations show that you are suitable to undergo treatment with egg donation, then we will arrange two implication counselling appointments with the centre's counsellor. This is to discuss the social aspects and implications of receiving donated eggs for you and your family; and to provide you with additional information and support. Topics such as whether and when to tell a child of its origins, and information available about the donor are routinely covered.

Information about legal parenthood and consent forms will be given to you so that you each agree to your partner becoming the legal parent of any child born as a result of treatment. This is important for registering the birth of your child or children.

What treatment will I undergo?

Depending on the reason you require donated eggs your pituitary gland may be first "down-regulated" using daily injections. You will then get a bleed and need to attend for an ultrasound scan. If you are taking HRT (hormone replacement), you need to continue this until your treatment cycle commences and then stop and attend for the scan.

The scan checks that your endometrium (lining of the womb) is very thin, and you then commence oestrogen hormone tablets as well as continuing to self-administer the daily down-regulation injections if you require them.

Once your donor/sharer is ready to go to theatre to have their eggs retrieved, the injections will be stopped, and you will commence progesterone vaginal pessaries.

Your partner attends on the day of the egg collection to produce a semen sample. The following day you will be contacted by the laboratory staff to let you know if and how many embryos have fertilised. You may be advised to avoid unprotected intercourse during treatment.

How are my embryos put back?

This is a painless procedure and does not usually require any anaesthetic. Very occasionally, local anaesthetic is applied to the cervix. A speculum will be inserted, just like a smear test. The consultant will then clean around the cervix before the embryo(s) are loaded into a catheter (fine tube). This is then passed through the cervix into the womb.

At this point a nurse will start to scan your abdomen to visualise the tip of the catheter. The embryo(s) are replaced with a small amount of media, which can often be seen as a “white flare” on the screen. The catheter is then removed and checked by the embryologist to ensure the embryo(s) have been replaced. You may go to the toilet after the procedure and the embryo(s) will remain in place.

Leicester Fertility Centre is unable to guarantee that your treatment will be carried out by a specific doctor. Please let us know if you would not proceed with treatment unless a specific doctor was available.

What happens with the other embryos?

We have the facility for embryo freezing and this will be offered to you to store suitable 'spare' good quality embryos for your own possible

future use. Embryos created using donated eggs can be stored for up to 55 years.

What happens after the embryos are implanted?

You will continue with the oestrogen tablets and the progesterone pessaries.

Approximately 1-2 weeks post transfer you will do a urine pregnancy test at home and contact the unit with the results. If you have a positive result, you will be asked to carry on any medication and have a blood test the following week. If the test is negative but you are not bleeding, then you will be asked to stay on your medication and have a blood test the same day to confirm the result. If the test is negative are you are bleeding, unfortunately this is the end of this cycle of treatment, all medication should be stopped, and a follow up consultation booked.

What follow up care is available?

We would normally offer you and your partner a follow-up clinic appointment if your treatment has not been successful. We understand that this is a very difficult time for you both emotionally. Should you wish to access any supportive counselling during your fertility treatment you may contact the Leicester Fertility Centre to arrange an appointment with the unit's counsellor.

What will I know about the donor?

You will be told about the physical appearance (e.g., build, complexion, eye and hair colour) of your donors and their cytomegalovirus status. You may read the pen portrait and goodwill message that they have written for any future offspring. You will not receive any identifiable information.

Any children born as a result of this donation can find out:

- Anonymous information about the donor and any donor-conceived genetic siblings, from the age of 16
- Identifying information about the donor, from the age of 18
- Identifying information about donor-conceived genetic siblings, with mutual consent, from the age of 18

- Information about the possibility of being related to the person they intend to marry/ enter into a civil partnership with, at any age
- Information about the possibility of being related to the person they intend to enter into an intimate physical relationship with, from the age of 16

What information are donors entitled to?

The egg donor can find out how many children have been born as a result of their donation and their gender.

Important considerations

With the increasing popularity of direct-to-consumer DNA testing and matching services has made it possible for donors and donor-conceived people to become identifiable to each other outside of the current, managed system of information provision. This can happen if they, or a close family relative, sign up to such a service that allows for genetic matching. Neither the donor nor the donor-conceived person themselves necessarily need to be signed up to such a service for a genetic link, and possibly even their identity, to be inferred. Many people undergo these DNA tests to learn more about their family heritage, however it has introduced the possibility of a donor or donor-conceived person (or a close relative) of being matched with one another. If a donor has joined a DNA testing service themselves and opted into matching, this will increase the likelihood of them being directly identifiable to genetic relatives that they are matched with. This has implications for the families of donors if they have previously been unaware that donation has occurred. Moreover, it can result in a donor-conceived person who has previously been unaware of their origins discovering this for the first time.

The egg donor will not be the legal parent of any resulting child(ren) and will relinquish all legal rights and responsibilities towards the child(ren).

The egg donor may vary or withdraw consent to donation up to the point that the eggs, or embryos created using the eggs, are used in treatment.

If you withdraw consent to the egg share programme, you will not be entitled to a refund.

How many families can a donor help create?

Donors are able to help the creation of up to 10 families. Each family may consist of more than one donor-conceived child because genetic siblings or half siblings sharing at least one legal parent will be considered to belong to the same family.

What are the risks involved?

There is a small risk of bleeding and very small risk of infection as the catheter is inserted into the womb.

There is a 1.5% risk of conceiving identical twins after having a single embryo put back. The risk of conceiving twins from two embryos depends on the quality of the embryos put back into your womb with average risk of 10%.

Some research studies suggested an increase in the risk of pre-eclampsia (high blood pressure during pregnancy) in donor conceptions.

Although donors are screened for infectious and heritable diseases, there is always a small risk as some conditions cannot be tested for currently or may become apparent in the donor at some time in the future. Recipients also need to be aware of the lack of a quarantine period when receiving eggs for use in a fresh transfer.

If the donor under responds to the fertility medication, the cycle may be cancelled if the yield of eggs is estimated to be insufficient. If the donor over responds to the fertility medication, the cycle may also need to be cancelled to safeguard the donor's health.

Our commitment to patients

We are constantly striving to improve our services to patients and we will welcome your comments or suggestions for improvement.

Leicester Fertility Centre Contact Details

Tel: 0116 2585922

E-mail: Uhl-tr.LeicesterFertilityCentre@nhs.net

Website: www.leicesterfertilitycentre.org.uk

Useful addresses

Human Fertilisation and Embryology Authority: www.hfea.gov.uk

www.hfea.gov.uk/donation/donor-conceived-people-and-their-parents

www.hfea.gov.uk/treatments/explore-all-treatments/risks-of-fertility-treatment

NICE guidelines: www.nice.org.uk

NHS - Response line: 111.nhs.uk / 111

NHS - Smoking helpline: 0300 123 1044

Fertility Network UK: www.fertilitynetworkuk.org / 0121 323 5025

Donor Conception Network www.dcnetwork.org

Do you feel that you are at risk of verbal or physical abuse? If so, you may find the following numbers useful:

Domestic Violence Helpline:

United against violence & abuse (UAVA)

Helpline: 0808 802 0028

Email: info@uava.org.uk

Text support: 07715 994 962



This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

Questions

If you have any questions write them down here to remind you what to ask when you speak to your consultant.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Today's research is tomorrow's care

We all benefit from research. Leicester's Hospitals is a research active Trust so you may find that research is happening when you visit the hospital or your clinic.

If you are interested in finding out how you can become involved in a clinical trial or to find out more about taking part in research, please speak to your clinician or GP.

If you need information in a different language or format, please call the number(s) below or email equality@uhl-tr.nhs.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਸਾਥੇ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

0116 258 4382 or 0116 250 2959