

Egg sharing (Donor)

Information for Patients and Partners



What is this leaflet about and who is it for?

This leaflet is produced to inform patients considering 'egg sharing'.

What is 'egg sharing'?

Egg sharing means that you donate 50% of your eggs at the time of your IVF treatment to another patient who needs donated eggs. This means that you can help other infertile women who otherwise face a long wait for treatment due to the shortage of donor eggs. This also allows the egg provider to receive her own treatment at a very much reduced cost. The embryos created from the eggs you donate may be kept in storage for a maximum of 55 years.

Who can be an egg provider?

You must be:

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

What preparation is needed for egg sharing?

You will need to have an Antral follicle count (AFC) scan on day 2-6 of your cycle and an Anti-Mullerian hormone (AMH) blood test to check your ovarian reserve to see if you are suitable to donate your eggs.

What happens next?

With your permission, we will contact your GP to ask if they have any relevant medical information that may affect you becoming a donor with us; we will also request any medical notes about you from the main hospital. Once this information has been obtained your application and relevant tests are shown to a multidisciplinary panel that will make the final decision of if you are suitable for egg donation at Leicester.

If your investigations show that you are suitable to be an egg sharer, then we will arrange further blood tests 8 weeks before you are due to start stimulation; a further screen is repeated at your baseline scan:

HIV	Hepatitis B
Hepatitis C	Karyotype (your genetic make-up)
Syphilis	Cystic Fibrosis (to see if you are a carrier)
Cytomegalovirus	Gonorrhoea
Chlamydia	FBC
Rubella	

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. These blood tests are all taken at the same time and only require one needle to be inserted in the arm. Screening may not 100% effective and you must tell us in future if you become aware of heritable illness. If you practice anal sex, we would also need to perform a rectal swab.

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. The costs of the tests are outlined on our price list which is also available online.

Following this we will arrange for you to have two implication counselling appointments with the centre's counsellor, to discuss the social aspects and implications of sharing (donating) eggs, and to provide you with additional information and support.

At this appointment each of you will also be given a form to take home with you to write a little bit about yourself. This form provides the only, freely accessible, personal information about you to any resulting child and can be very beneficial in order for that child to understand their own personality, likes and dislikes etc.

If you are accepted as an egg sharer and you agree to enter the programme, then you will need to sign legal forms giving your consent to the storage of your eggs and allow their use in treating other people.

Donor consent for egg or embryo storage

You have the right to consent to storage of your donation for up to 55 years. You can specify any period of storage up to 55 years and do not need to renew your consent,

Please note that LFC is not required to, and might not, store donated gametes or embryos for the full period to which the donor has consented.

What treatment will I undergo?

In egg donation cycles we are trying to stimulate your ovaries to produce more eggs than they would normally do in one month. Most women will be on a standard long drug protocol. This involves a daily injection of Suprecur (starting a week before your period is due) to switch off the pituitary gland which controls your ovaries. You will then have a period and contact the unit to arrange a baseline scan and blood test. This is to check that you have responded to the injections. You then commence a second injection daily that stimulates the ovaries to produce multiple follicles. Appointments will be made for you to attend for blood tests and scans to check that your ovaries are responding. The dose of your drugs will be altered dependant on your response. Patients are advised to avoid unprotected intercourse during treatment.

How do the eggs get collected?

Once the scan shows that there are a sufficient number of mature follicles, you will be instructed to give an injection of hCG which matures the eggs before they are collected. 35 – 37 hours after the hCG injection, the eggs will be removed from the ovaries. The eggs are collected by means of a fine needle being passed through the vagina into the ovaries under ultrasound guidance. You will be given sedation anaesthesia and not feel or remember the procedure, which takes about 30 minutes. When you are fully awake you will be allowed home and will need a responsible adult with you for the rest of that day.

Once your eggs have been collected, they will be split between you and your egg recipient. If there are an odd number of eggs, then you will get

the extra egg. Your eggs will be fertilised with the sperm of your partner or the donor you have selected and your egg recipient's with the sperm of her partner or a donor she has selected. You will return for your embryos to be replaced 2-5 days later.

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.

How many eggs do I need to get in order to share?

You must get 8 or more eggs at collection in order to be able to share them with another couple (i.e., a minimum of 4 eggs each). In the event that the minimum number of eggs is not obtained, you will not be eligible to share. You can use the eggs yourself at no additional charge.

In exceptional circumstances, it may not be clinically advisable for you to proceed with a fresh transfer, for instance if you are at risk of ovarian hyperstimulation syndrome (OHSS) which is a risk of over responding to the fertility medication. In this case you could keep your share of the eggs for your own treatment, freezing any that are suitable to be stored and used for a frozen embryo transfer at a later date. Alternatively, you may choose to give them all to the recipient and receive another cycle free of charge when you have recovered where you keep all the eggs.

What will my recipient know about me?

Only non-identifying information can be given. Physical characteristics such as height, hair colour and eye colour are given so as to try and obtain as close a match as possible or one that is acceptable to the recipient. The recipients may also be given other non-identifying information about you, such as hobbies or interests.

Can I find out what has happened to the eggs?

You can request to be informed whether a child has been born as a result of your donation. You can be told the sex of the child and the year of birth.

Will I have any responsibility towards a child born as a result of my donation?

No. You will not be legally or financially responsible for any child born as a result of your donation. You will have no legal claim to them, and they will have no legal claim to you.

Important considerations

As previously mentioned, we require a number of blood tests to be taken. It is worthwhile bearing in mind that your results may not all be negative, for example we may find out that you are a cystic fibrosis carrier. If any irregularities were found in either of your blood tests, we would inform you and invite you for an appointment to discuss this.

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.

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

Personal details such as your name, date of birth and last known address will be held on a register at the Human Fertilisation and Embryology Authority (HFEA).

Due to the ongoing risk posed by the Zika and Ebola virus we ask that those donating their gametes do not leave the country during the process and are available for further testing 6-12 months post donation.

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 happens if I change my mind?

You can remove your consent to donate your eggs at any time prior to the eggs, or the embryos created using the eggs, being used for treatment.

If you withdraw from the egg share programme, you will be liable for the full cost of all treatment including the cost for all services, consultations, screening tests and drugs. This also applies if you decide to retain all eggs when 8 or more eggs have been retrieved.

Is there an alternative treatment?

If you are entitled to NHS funding for your IVF treatment, then you would be able to use all of your own eggs for free. However, if you do

not qualify for NHS funding then your alternative is to pay the full price of IVF in order to use your own eggs. Staff will be able to advise you regarding your NHS funding.

What risks are involved?

The egg collection involves sedation anaesthesia and therefore it is important that you tell us about any other medical conditions that you have or medication that you may be taking.

Anaesthetic side effects include postoperative nausea and vomiting (usually last for 1-2 hours and can be controlled with medications), postoperative shivering, chest infection (very rare with sedation anaesthesia), awareness (becoming conscious during some part of operation; the majority of patients who are aware do not feel any pain, but may have memories of events in the operating theatre), allergic reaction to anaesthetic, very rarely anaphylaxis (risk is 1 in 10,000), risk of death or brain damage during anaesthesia (in general, the risk is 1 in 100,000 but should be even rarer in sedation for minor procedures such as egg collection).

There is a very small risk of pelvic infection after the egg collection. Symptoms include fever, moderate to severe lower abdominal pain or a malodorous vaginal discharge. Severe pelvic infection may lead to infertility and/or chronic pelvic pain.

Injury to bowel, bladder, pelvic blood vessels or nerve injury (rare)

You may experience some vaginal bleeding or laceration which may require stitching (rare)

Ovarian hyperstimulation (OHSS) occurs when there are too many follicles produced in the ovary. In severe cases, which are fortunately rare, fluid can collect in the abdomen and chest causing discomfort and difficulty in breathing. This may lead to a greater tendency for the blood to clot causing thrombosis.

The use of eggs, sperm, or embryos for training

At the end of your treatment cycle there may be unused sperm, unfertilised eggs and embryos that are unsuitable for freezing. On your

HFEA WT & MT consent forms you have the option to allow eggs/ sperm/ embryos to be used for training purposes prior to their discard. You can either tick 'no' in which case the eggs/ sperm/ embryos that were not used in your treatment will be discarded, or you can tick 'yes'. If you are being treated with your partner, then you both must agree on what is to happen to your embryos.

Please note that it is not possible to consent to use in training or research without consenting to storage.

If you tick 'yes' for training, then nothing will be done until the end of your treatment cycle. You can withdraw your consent at any time prior to their use in training. There is no financial benefit from consenting for your eggs/ sperm/ embryos for training. Selecting either 'yes' or 'no' for the use of your sperm/ eggs/ embryos for training will not impact on the care you receive. You can also consent to allow samples to be stored for use in training in the future which enables staff to maximise the benefit. The forms also allow you to specify your wishes about training in the event of death and mental incapacity separately.

Your consent forms will be checked prior to treatment and your wishes will be logged on the laboratory paperwork. If, at the end of your treatment cycle, the eggs/ sperm/ embryos are to be used for training purposes then two members of the embryology team will recheck the HFEA WT and MT consent forms to confirm that valid consent is in place. To ensure no conflict of interest, if the staff member who carried out the assessment of fertilisation or development would also be the one using the samples in training, then the grading would be confirmed by another qualified member of staff by review of the timelapse footage.

Any eggs/ sperm/ embryos to be used in training will be transferred to a new container and kept in a separate incubator space to any eggs/ sperm/ embryos in use. A log is kept of all eggs/ sperm/ embryos used for training, including which staff member has used them and for what technique. The eggs/ sperm/ embryos could be used for the purpose of training staff in embryo biopsy, embryo storage or other embryological techniques as per the HFE Act 2008 (for example moving embryos or eggs from one dish to another or egg injections). We would not attempt

to create any embryos when training with eggs and sperm. The gametes would also not be used to 'test' or 'validate' equipment as per the HFE Act 2008. Patients using donor sperm and/or donor eggs may / may not be able to donate their embryos for training depending on what the donor has consented to. If you wish to find out if your donor has consented to training, please speak to a member of the clinical team.

As not all eggs/ sperm/ embryos available from patients who consented to training are required by staff, it is not guaranteed that samples will always be used in training. If you would like to know, after your treatment cycle is complete, you can ask if your samples were used and for what technique. Once the training has been completed the eggs/ sperm/ embryos would be discarded and not used for any other purpose. By allowing your eggs/ sperm/ embryos to be used for training you are helping the embryologists and patients of tomorrow and we thank you for your help.

I'd like to consider egg sharing – what do I do now?

There are currently very few donors available for recipients so thank you very much for considering egg donation and for reading this document. You may contact the Assisted Conception Unit on 0116 258 5922 where an appointment will be made with the nursing/medical staff to discuss your medical history and arrange the blood tests if appropriate.

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/donors

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 blue or grey 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 ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

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

0116 258 4382 or 0116 250 2959