

Thank you for enquiring about donating eggs to help another woman establish a pregnancy. This information sheet has been written in order to explain why egg donation is needed and to answer some of your questions.

Treatment and research using donated eggs is licensed and regulated by the Human Fertilisation and Embryology Authority (HF&EA) under the terms of the Human Fertilisation and Embryology Act 1990.

Why Is Egg Donation Needed?

Egg donation offers new hope for a large number of couples who previously thought they could never have children. Some women are unable to produce eggs for a variety of reasons. This may occur because their ovaries have never developed properly (e.g. Turner's Syndrome), because of ovarian failure (premature menopause) or because surgery or chemotherapy have caused irreversible damage. For these couples, *in vitro fertilisation* (IVF) - often referred to as the "test-tube baby technique" - using donated eggs offers their only chance of having a baby.

Some women are carriers of genetic diseases such as Duchenne's muscular dystrophy or haemophilia; these diseases are passed on by females but only boys are affected. Rather than risk giving birth to a child who may suffer greatly and die at an early age, the woman may request egg donation. The donated eggs are fertilised by her husband's sperm and the couple is thereby given the chance of having a healthy child.

Other women make eggs of such poor quality that pregnancy is very unlikely without donated eggs. They will already have failed to conceive through IVF and now request donated eggs.

The Oxford Fertility Unit does not offer treatment with donated eggs to women older than forty-five years of age.

Who Are Potential Donors?

1. Volunteer donors.
2. Relatives or friends of women who need donated eggs.

Do I Need To Have Completed My Family Before Donating?

We would prefer it if women have completed their families before donating eggs as there is a very small chance that the process of donating eggs may jeopardise future fertility.

Are There Any Age Limits?

Egg donors should be between 18 and 35 years at the time of egg collection.

Will Donors Remain Anonymous?

There is a requirement for donors' names to be given to the Authority to hold on its information register. Non-identifying information about donors will also be held on the register (e.g. eye colour, hair colour, occupation). Under the Human Fertilisation and Embryology Act, regulation has been made by the Government allowing the Authority to disclose information about donors, including identifying details to offspring who apply when they become adults. Non-identifying information can be made available to the recipient couple.

If your eggs are used to enable another woman to become pregnant, the choice of recipient will be entirely at the discretion of the medical staff. You will not be told her identity and neither will she be told yours. However, you may specify factors or information that you would like the recipient couple to have or not have.

The only exception to the above is when the donor has come forward specifically to donate to a friend or relative. We will then offer counselling relating to the special problems created when the donor and recipient are known to one another.

Will Donors Have A Continuing Responsibility to Any Child Following The Donation?

No, donors have no relationship in law with any child resulting from treatment using eggs that they have donated.

A child born disabled as a result of a donor's failure to disclose inherited diseases in her family about which she knew, or ought reasonably to have known, may be able to sue the donor for damages. However, provided donors are open and honest about their medical and family history this is highly unlikely.

What Tests Will Be Done Before I am Accepted?

All donors are tested for Hepatitis B and C, Chlamydia, Gonorrhoea, Syphilis and HIV. The HIV test will be repeated at 6 months. Blood is also taken to check chromosomes, hormones and blood group. Permission will be sought to test whether you are a carrier of the cystic fibrosis gene. These tests will all be explained to you in greater detail at the time of the first consultation. You should discuss with the Unit Staff what information you wish to be given about the results of these tests.

What Does Egg Donation Involve?

At initial consultation the doctor will discuss the social, medical and legal aspects of egg donation and explain the potential surgical complications of the procedure.

A history will be taken including a screening for inherited medical conditions in your family.

A counselling appointment will then be offered to enable further discussion of issues or to answer any other questions you may still have.

Once you have considered the implications of donating your eggs you will be seen by a member of the nursing team to complete the required consent forms.

Donors are then matched with recipients and a treatment cycle is planned.

In your normal menstrual cycle several follicles (little sacs of fluid each containing one egg) begin to grow but only one grows enough to release an egg. Although it is possible to donate this one ripe egg, like most centres, we would prefer to collect more and therefore we give you drugs to stimulate the ovaries so that more eggs can be obtained.

You will need to have daily injections of hormones to stimulate your ovaries to grow and mature more eggs than usual. This is the same treatment as is given to women having IVF.

Measuring the sizes of the growing follicles using transvaginal ultrasound monitors egg development. This is a simple and painless procedure. Hormone levels in the blood will also be measured to monitor egg development.

The eggs are removed by passing a fine needle through the top of the vagina under ultrasound control. You will be given drugs to sedate you and take away any pain. There is sometimes a little bleeding and abdominal discomfort afterwards, which may require painkillers. The procedure will take place in the morning and you will be able to go home the same afternoon. You can not drive following egg collection and so you will need someone to drive you home.

What Medication Will Be Given?

- 1. Nafarelin or Buserelin** – a nasal spray which is used twice daily. Its function is to suppress your own reproductive hormones so that spontaneous ovulation does not occur during the donation cycle.
- 2. Follicle Stimulating Hormone** – a course of daily subcutaneous injections of FSH which acts to stimulate the ovaries to produce eggs. The average number of injections required is between 10-12 but it can be for longer and varies from woman to woman.
- 3. Pregnyl/Ovitrelle** – an injection given during the evening around 35 hours before your egg collection. This hormone completes the egg growth and maturation.

Is It Possible That I Might Meet The Person Receiving My Eggs Accidentally?

All clinical appointments at the Oxford Fertility Unit are given a specific date and time. You and the recipient will be given different appointment times to try and ensure that there is no accidental meeting.

What Are The Risks And Possible Side-effects?

i. Medication

Nafarelin or Buserelin

This drug acts by temporarily switching off the pituitary gland in your brain usually responsible for producing hormones that stimulate the ovary. The result for some women is that they experience menopausal symptoms such as hot flushes, irritability and headaches. These symptoms disappear once the hormone injections are commenced.

Follicle Stimulating Hormone

The response to Follicle Stimulating Hormone may be excessive in some women, despite careful monitoring, and this can result in the development of a large number of eggs which cause the ovaries to become very large. The symptoms of ovarian hyperstimulation syndrome, if severe, include nausea, vomiting, pain, abdominal swelling and shortness of breath. In the majority of cases, rest, drinking plenty of fluids and taking simple pain relievers are all that is needed but in severe cases admission to hospital may be required. It is estimated that approximately 7% of those receiving drugs like Follicle Stimulating Hormone experience mild symptoms and 1-2% of women experience severe hyperstimulation requiring treatment.

ii. Egg collection

Women undergoing ultrasound-directed egg recovery may notice a small amount of blood from their vagina for a day afterwards. This is quite common and should not cause concern.

In 2% of patients the more serious complications of heavy bleeding, infection or perforation of the bowel are possible but this is very rare.

iii. Pregnancy

The ovarian stimulation treatment increases the possibility that you yourself might get pregnant in that cycle. There is also a significantly higher than normal risk of a multiple pregnancy (twins 20%, triplets 1%). We therefore recommend that you and your partner use a barrier form of contraception during the early part of the treatment cycle. We would advise couples to abstain from intercourse for a week before egg collection until your next period.

iv. Cancer

It is believed by some researchers that IVF treatment **may** increase the chances of a woman developing ovarian or breast cancer. We believe that the evidence supporting this idea is inconclusive.

v. Infection

Very rarely, a woman will develop pelvic infection following egg retrieval, which might mean that she has to be admitted to hospital for treatment, and even surgery. Infection can also cause infertility, which is why we prefer not to use women as donors unless their family is complete.

Will Any Part Of The Procedure Be Painful?

The procedure to remove eggs under ultrasound should not be painful as you are given sedation and painkilling drugs by the anaesthetist, however occasionally some women feel a small degree of discomfort. Many women feel tender and sore the following day but this should quickly resolve over the next day or so. You should not drive for 48 hours following the egg collection and will need a responsible adult to drive you home and remain with you that night.

Will I Be Given Any Counselling?

As well as seeing members of the medical and nursing team, all potential donors are seen by an independent counsellor. You should ensure that you are given and have understood sufficient information to make an informed decision about donating your eggs. If you are in doubt about any of the procedures or ethical aspects involved, **ask!** The counsellor is also available to support you through the process if required.

Do I Need To Change My Daily Routine?

You do not need to change your daily routine or dietary habits whilst on the programme. It is advisable to keep your alcohol intake to a minimum, and we would prefer it if you stopped smoking. We recommend that you take folic acid throughout your treatment cycle. You will however need to take a couple of days off work around the time of your egg collection.

Will I Get Remuneration?

Donors will receive no financial remuneration for this service. We will however reimburse reasonable expenses. If you are travelling to the Unit by car, we will pay agreed mileage and parking expenses. Alternatively, public transport costs can be reimbursed on production of the appropriate receipts. In addition, childcare costs may also be reimbursed. Payment is in the form of a personal cheque, which is issued at the end of treatment. The recipient couple will pay for all costs of drugs, counselling and procedures.

What Will Happen If A Donor Changes Her Mind?

Under the Human Fertilisation and Embryology Act donors must give valid consent to the use and storage of their eggs, and of the embryos produced using the eggs. This consent is given by completing and signing a form supplied by the Authority. For this consent to be valid, the donor must have received adequate information about egg donation and must have been offered counselling before she signs the form. This consent may be withdrawn or varied at any time except in respect of an embryo that has already been placed into the recipient.

Donors will also be asked to consent to the egg retrieval procedure. Donors are free to withdraw consent to the egg retrieval at any time before the procedure takes place.

What Will Happen If A Recipient Changes Her Mind?

If the person due to receive your eggs withdraws from treatment and it is not possible to match you to another recipient then you will not undergo an egg retrieval procedure.

Will I Know If The Person Receiving My Eggs Has Become Pregnant?

From April 2006 changes in the law mean that identifying details about donors will be held by the HFEA on a central database. Any child born as a result of donated gametes will have the right on their 16th birthday to obtain non-identifying information and on their 18th birthday to know the name and details of their genetic parent. The recipient couple will be able to know non-identifying details about the person donating the eggs. We will not automatically inform you if the recipient has become pregnant but you may contact us one year after donating your eggs to find out if the recipient was successful or not. This may affect you emotionally and this issue will be discussed with you during your counselling.

How Many Times May A Donor Donate?

The law states that no more than ten children should be born from any one donor.

What Should I Do Now?

If you would like to make an appointment to discuss being an egg donor, please telephone the Oxford Fertility Unit on:

Oxford (01865) 782800 and ask for the Egg Donation Programme Administrator