Get to know about:
Egg Donation
Egg Donation

Introduction
This booklet has been written to help couples that are considering embarking on egg donation treatment in Yorkshire Fertility. The booklet aims to take you step-by-step through your options to help you make an informed decision as to which route you wish to take to receive donated eggs, the treatment cycle, explain why certain things are done and answer most of the questions that commonly arise during treatment.

The first transfer of a fertilised egg from one human to another resulting in pregnancy was reported in July 1983 and subsequently led to the announcement of the first egg-donation-produced human birth on 3rd February 1984.

In the procedure, a fertilised egg that was just beginning to develop was transferred from one woman in whom it had been conceived by artificial insemination to another woman who gave birth to the baby 38 weeks later. The sperm used in the artificial insemination came from the husband of the woman who gave birth to the baby.

A scientific breakthrough, established standards and changed the outlook for those who were unable to have children due to infertility or were at high risk of passing on genetic disorders. Egg donation has given women the mechanism to become pregnant and give birth to a child that will be a biological child.

Indication
The need for egg donation may arise for a number of reasons. Infertile couples may resort to acquiring eggs through egg donation when the female partner cannot have genetic children because she may not have eggs that can generate a viable pregnancy. This situation occurs often, but not always based on advanced reproductive age. Early onset of menopause, which can occur as early as 20 years of age, can require a woman to use donor eggs. Some women are born without ovaries or other reproductive organs. Sometimes a woman’s reproductive organs have been damaged due to disease or circumstances required her to have them surgically removed. Another indication would be a genetic disorder on part of the woman that can be circumvented by using eggs from another person. Many women have none of these issues but continue to be unsuccessful using their own eggs.

Congenital absence of eggs
• Turners syndrome
• Gonadal dysgenesis

Acquired reduced egg quality/quantity
• Oopherectomy
• Premature menopause
• Chemotherapy
• Radiation therapy
• Autoimmunity
• Advanced maternal age
• Compromised ovarian reserve

Other
• Diseases of X-sex linkage
• Repetitive fertilisation or pregnancy failure
• Ovaries inaccessible for egg retrieval
You will initially be seen in the Yorkshire Fertility Clinic by a doctor and subsequently, the egg donation co-ordinator to assess the necessity and suitability to be included in the egg donation programme. You need to be seen as a couple and a full medical history from both partners will be taken (if not already done so).

It may be necessary to obtain further details from other clinics or your GP. The procedures involved and success rates of this form of treatment will be discussed. Further investigation may be required for either partner and this will be organised by the clinic. This includes some blood tests and the production of a sperm sample for assessment of the male partner and some blood tests for the female partner.

We will also take some information about your physical characteristics in order to suitably match you to a donor. If you know your blood group it would be an idea to bring documentation of this to the unit.

The guidelines issued by the Human Fertilisation and Embryology Authority (HFEA) state that skilled and independent counselling by somebody other than the medical practitioner involved in the procedure, must be available to the couple. Independent counselling by a non-medical professional counsellor is offered by the clinic and available to you at any time during reflection or treatment.

Once you have been accepted for treatment by egg donation, there will be a waiting period for a suitable donor. As there is a shortage of donated eggs, most clinics have fairly long waiting lists for egg recipients.

It is not acceptable to have your name on an egg donation waiting list while you are undergoing treatment using your own eggs.

**There are five ways in which you could receive eggs:**
- You may provide a known donor (a friend or relative) who will donate her eggs directly to you. This will expedite your treatment. You may provide a known donor (a friend or relative) who will donate her eggs to another anonymous couple. That couple in turn will donate their donor’s eggs to you anonymously. This will also expedite your treatment. This is known as crossover donation.
- Through an egg sharing scheme. This is where women who also need IVF donate half their eggs in return for reduced price treatment.
- Treatment abroad. Many clinics in Europe are now offering egg donation with relatively no waiting time at all.
- An altruistic donor.

All these options will be discussed with you in more detail at your appointment.

**Egg Donors**

**In order for women to become egg donors they have to fulfil certain criteria:**
- **Age** – egg donors should be aged under 35 years; women’s fertility begins to decline significantly from age 35 onwards. In exceptional circumstances a clinic may accept donors outside this age bracket.
- **Screening** – all potential egg donors are screened extensively. This includes taking a detailed medical and family history as well as blood tests for genetic conditions and infectious diseases. It is important to understand that no
screening programme can be totally guaranteed and small risks of infection, medical and genetic disease, including cystic fibrosis, do remain and must be accepted by the recipient. Furthermore, virtually all egg donors do have some family or medical history of note.

Confidentiality and the Law
Getting information about your donor can be an emotional process. Think through how this knowledge could affect you and your family. Until April 2005, people who donated sperm, eggs and embryos remained anonymous. Donors provided identifying details for a register, which was kept by the Human Fertilisation and Embryology Authority, but these were confidential.

Under the Human Fertilisation and Embryology Act 1990, people over the age of 18 could apply to find out if they were conceived using donated sperm, eggs or embryos. They could also ask whether they were related to someone they wanted to marry, but they were not allowed to know the identity of their donor.

After consultation, the Government has decided that the benefits of allowing people to find out more about their genetic origins outweigh the disadvantages and the law has changed. People conceived using eggs, sperm or embryos from people who registered (or re-registered) as donors after 1 April 2005 will be able to consult the register for non-identifying information from the age of 16 and identifiable information once they reach 18. The expectation is that by 2023 an agency will be set up to handle information provision and arrange appropriate counselling prior to any potential contact between a donor conceived child and their donor(s).

Therefore any person born as a result of a donation will from the age of 16 have access to the following non-identifying information about the donor:

- Physical description.
- Height and weight.
- Eye, hair and skin colour.
- Year and country of birth.
- Ethnic group.
- Whether the donor had any genetic children when they registered and the number and sex of those children.
- Other details, eg. occupation, religion and interests.
- Ethnic group of the donor’s parents.
- Whether the donor was adopted or donor conceived.
- Marital status at the time of donation.
- Details of any screening tests and medical history.
- Skills.
- Reason for donating.
- A goodwill message and a pen portrait of themselves.

From the age of 18 the following additional identifying information can be provided:

- Full names (and any previous names).
- Date of birth and town or district where born.
- Last known postal address or address at time of registration.

Donors are encouraged to provide updated and current contact details to facilitate this process.

NB: It is important to realise that the law allows a donor to withdraw or vary her consent to proceed at anytime before the eggs, or the embryos arising from her eggs, are replaced within the recipient’s uterus.
How are donors and recipients matched?
Physical characteristics such as eye colour, height, build; complexion, race and blood group are used for matching. Due to concerns about confidentiality breaches, we cannot provide any additional information about the donor (eg. age or medical history) before matching as this could breach the very strict legal requirements set down in Section 33 of the HFEA Act. On a case-by-case basis, the egg donation co-ordinator may be able to provide additional non-identifying information from the donor’s pen portrait as part of the matching process. You will be asked to confirm in writing your acceptance of a particular donor.

For donor-conceived people
• What you can find out about your donor: It’s natural to want to know about your genetic origins. As a donor-conceived person, you’re entitled to know details of your donor and any donor-conceived genetic siblings you may have.
• Get support and advice: Finding out about your donor, and about any donor-conceived genetic siblings you may have, can be an emotional process. We encourage you to undertake this journey with the support of others.
• Apply for information about your donor: Once you have had a chance to think about what it may mean to access information about your donor and/or donor-conceived genetic siblings from the HFEA, you will need to complete a formal application.

For parents of donor-conceived people
• Talk to your child about their origins: If your child is donor conceived, telling them about their origins can be a sensitive topic to discuss. However, if done honestly and if discussed at the right time, the issue need not be a difficult one to broach.
• What you can find out about your child’s donor: As you are in the best position to pass information to your children at an age when they can understand it, you are entitled to details of your child’s donor.
• Apply for information about your child’s donor: Once you have had a chance to think about what it may mean to access information about your child’s donor from the HFEA, you will need to complete a formal application.

If you have any questions about applying for donor information, or would like further advice, contact:
Phone: 020 7291 8200
Email: openingtheregister@hfea.gov.uk

Accessing information about your donor, or donor-conceived genetic siblings can raise unexpected feelings.

If you do decide to seek information about your donor, think through how having this information might affect you.
Treatment Protocol

The egg donation programme is co-ordinated by one of the nurse specialists. She will endeavour to see you for your appointments but it may not be possible for her to see you at every visit. It is necessary to synchronise your cycle with the one of the egg donor. This will require some hormonal manipulation so that your womb is ready to receive embryos shortly after the donor’s eggs have become available. The regimen is different according to whether you (the egg recipient) still have spontaneous periods or not.

a) Egg recipients who have no spontaneous periods and who are on hormone replacement therapy (HRT)

You will need to stop the HRT for a short while prior to a treatment cycle. Once the egg donor commences her treatment you will then start taking some tablets to thicken the womb lining. They are supplied in 2mg tablets of estradiol. The dosage will be determined at the start of your treatment cycle by the medical staff.

b) Egg recipients who are menstruating spontaneously

To allow synchronisation between cycles of egg donor and egg recipient, the spontaneous cycle of the recipient needs to be suppressed first. This is achieved by administration of a subcutaneous injection that we will give to you. You will have a period soon after which is quite normal.

Approximately two weeks after this injection you will need to return to the Yorkshire Fertility in Halifax for a transvaginal scan to ensure that the womb lining is as it should be following your period.

If this is so and the donor is at the appropriate stage of her cycle, estrogen tablets will be commenced. They are supplied in 2mg tablets of estradiol. The dosage will have been determined previously.

These tablets will be taken daily with regular scans taking place to ensure the lining of the womb is thickening optimally.

During this time the egg donor will be taking medication in the form of daily injections to stimulate her ovaries into producing follicles (fluid filled pouches that contain an egg). The following day (the day of the donor’s egg collection) your husband/partner will need to attend the Central Unit, to produce a sperm sample so that the donated eggs can be inseminated with his sperm.

The following day you will receive a telephone call from an embryologist from the Central Unit who will advise you how many of the eggs that were donated to you have fertilised. They will also advise you as to when they feel it would be optimal to perform the embryo transfer. This could be 2 days after egg collection or as long as 5 days. Around this time you will be asked to start using some pessaries. These contain progesterone, the hormone that will support a pregnancy.

How many embryos should be replaced?

After advising you on the number of embryos that have formed, and on their quality, the embryologists and medical staff will recommend the number of embryos they feel should be replaced (HFEA recommendations are for a maximum of two embryos to be transferred). We feel it is essential
that both partners attend for this very important discussion. In the case of blastocyst transfer, a maximum of two blastocysts will be transferred.

In the majority of cases you will be elected to have a single embryo/blastocyst transferred.

Embryo transfer is a simple procedure. It is similar to having a smear test. You do not require any anaesthetic. It is generally useful if you attend the hospital for your embryo transfer with a comfortably full bladder. This usually makes the transfer a little easier as the uterus is pushed into a better position.

A blood test will be performed 15 days after the donor’s egg collection. This will give us an indication of whether you are pregnant. It is important for you to attend even if you are having vaginal bleeding. (Due to the hormonal treatment that you are on, you are unlikely to have experienced a period before that, regardless whether you are pregnant or not). You will be asked to contact the unit about midday for the result.

If the pregnancy test is negative, you should discontinue all your medication. You will menstruate soon after discontinuing the medication. You will be given a clinic appointment to discuss your treatment cycle with one of the medical team.

If the pregnancy test is positive, you will need to continue to take your medication. We will organise an appointment for you to attend Yorkshire Fertility, 2 weeks later for an ultrasound scan. This scan will show if there is a pregnancy in your womb, how many babies there are and if they have a heartbeat. If we do not see a heartbeat at this stage we will re-scan you a week later. All being well you have a final scan in Yorkshire Fertility when you are 9 weeks pregnant. After this scan you will be discharged to your GP/Midwife/Obstetrician for antenatal care.

Please confirm with us the age of the egg donor at this point (We are allowed to release this information once a pregnancy is established).

This is of importance to the medical staff looking after the pregnancy to avoid an incorrect estimation of the risk of Down’s syndrome using serum screening which is based partly on ‘maternal age’ (i.e. the egg donor’s age is the key number, not the recipient’s age).

It is imperative that you continue to take the estradiol tablets, Cyclogest pessaries and any other medication we have prescribed for you until you are 12 weeks pregnant.

**Freezing Spare Embryos**

Any remaining embryos of good quality may be frozen provided the appropriate storage consent forms have been signed by you as a couple and also the donor. They will then potentially be available for transfer in another cycle. It is important to note that not all embryos are suitable for freezing, and not all embryos survive the freezing process.

Following some recent important legal cases, it has now been clarified that if one individual who provided either the sperm or eggs withdraws their consent to the storage of embryos, the Central Unit is required to dispose of the embryos. Reasonable steps will be taken to inform the other
parties involved before this disposal takes place.

Additional fees apply for freezing and storage of embryos (see Central Unit price list for details). If freezing or storage fees are not paid the Central Unit reserves the right to dispose of stored embryos at any time.

Where Problems Occur
It is vital to understand that the treatment cycle is highly complex. Problems can occur at any stage: failure of the treatment to lead to a pregnancy is more likely than a successful result. Whilst we do not want to sound pessimistic, it is important to be realistic about your chances of success.

Described below are some of the more important problems and hurdles. Some are of more relevance to some people than others. Their relative significance will be discussed at your consultation.

Poor Development of the Womb Lining
Regimes to create the appropriate development of the womb lining [endometrium] are well understood. However, on rare occasions development is poor. If this arises it may be appropriate to freeze any embryos rather than replace them and modify the endometrial development regime in a separate cycle. As an alternative, some patients request a “dummy” or trial cycle while on the waiting list. While no guarantees can be given that exactly the same response will be seen in the subsequent treatment cycle, major unexpected problems can usually be identified and a revised protocol designed for the treatment cycle.

The Donors Monitoring Phase
a) Under Response: If 3 or fewer follicles are developing we may advise abandoning the cycle. We then review the stimulation regime to try to improve the situation in future cycles (though some women consistently produce a low number of follicles)

b) Over Response: If a very large number of follicles are developing and there is a risk of ovarian hyper stimulation syndrome occurring, again, it may be advised that the cycle is cancelled.

Egg Recovery
Not all follicles necessarily contain eggs, and not all eggs obtained are necessarily mature (usable). In normal circumstances approximately 75-80% of eggs recovered are mature. Rarely, no eggs are recovered (empty follicle syndrome) or all eggs are abnormal.

Fertilisation Check (day after egg recovery) This is a major hurdle – the test of whether sperm and egg can join together.

(a) No fertilisation: this can occur in any IVF treatment cycle, and arises in about 15% of couples with no identifiable problem, although it is more common where there is an established sperm problem. It can occur even if donor sperm is being used.

b) Abnormal fertilisation: because of the artificial environment created during the IVF process, it is possible for more than one sperm to enter an egg or for fertilisation to proceed abnormally. These embryos do not develop normally and are not transferred.
c) **Failure to cleave/divide:** Some embryos, in spite of apparently normal fertilisation, fail to go on developing. They are not suitable for transfer. Hence, in a small percentage of couples, fertilisation may have occurred but embryos will not be transferred. Where there are no (or few) embryos to transfer, the medical and embryology staff will be available to discuss their assessment of the possible reasons and to discuss further options.

### Change of Details

It is essential that you notify the Yorkshire Fertility staff of any change of address, telephone number or G.P. prior to or during your treatment. This will ensure that any communication to you or your G.P. will be directed to the most appropriate place. You also need to inform the central unit where you had your treatment of this change.

Those couples whose treatment is funded by the NHS Clinical Commissioning Group (CCG) must appreciate that their treatment can only be funded by the said CCG as long as they are resident within the CCG geographical boundaries.

### Support Services

Some couples find the thought of egg donation quite scary and feel that they would like help to cope with this very stressful time in their lives. We have several ways that we try to help with this:

- An independent fertility counsellor (see details)
- Our fertility nurses in Yorkshire Fertility

### Advice and support during treatment

Advice and support during treatment should be directed to the Yorkshire Fertility on 01422-224478.

In an emergency and out of hours and on weekends you are able to contact The Calderdale Royal Hospital on: 01422-357171 and ask for the on-call person for IVF.

### Useful Contacts

- **National Gamete Donation Trust**
  www.ngdt.co.uk

- **Human Fertilisation & Embryology Authority**
  www.hfea.gov.uk/egg-donation-and-eggsharing

- **Care Fertility**
  www.carefertility.com

- **Donor Conception Network**
  www.dcnetwork.co.org

- **Fertility Friends**
  www.fertilityfriends.co.uk

- **Seacroft Hospital**
  www.leedsth.nhs.uk/a-z-of-services/leedscentre-for-reproductive-medicine/or email: leedsrmuenquiries@leedsth.nhs.uk

### Success Rates

These are slightly higher than with conventional IVF using the patient’s own eggs. You will be given up-to-date success rates before your treatment commences.

### Current Treatment Costs

Yorkshire Fertility is located within Calderdale Royal Hospital and has outreach clinics in Bradford City Health, Dewsbury and Pinderfield hospitals within the National Health Service. A number of CCGs, pay for assisted conception treatment through an NHS contract with the Trust.

Before starting your treatment we will be able to advise you whether or not your CCG is prepared to fund treatment. Most
CCG have a fixed number of treatment cycles that they can offer per year and as a consequence this may result in a wait before treatment can be offered.

We can offer treatment on a fixed-cost fee-pay basis. The charge covers your treatment and the HFEA licence fee. Embryo freezing is not included and there will be an additional charge. The charge excludes the cost of the drugs you will require for the super ovulation therapy for the donor and the HRT medication for yourself.

**Complaints**

If you have any complaints, you can approach any member of staff who will be happy to discuss things with you. You may also write to Mr M A DeBono or Clinical Lead Nurse Helen Marvell who will respond to your complaint within 14 days of your letter arriving.

We are always happy to receive any comments or suggestions that could help improve our clinic. Please speak to any member of staff with your suggestions or write your suggestions and place them in the suggestions box provided in the waiting area.

If you feel you need help with raising your concerns or complaints and wish to speak to someone please contact:

**Patient Advice and Complaints Service**
Monday-Friday 9am-5pm

Outside of these hours you can leave a telephone or email message for the team to respond to the next working day.

**Our contact details are:**
Telephone: 0800 013 0018
Email: patientadvice@cht.nhs.uk
Letter:

Patient Advice and Complaints Service, Calderdale & Huddersfield NHS Foundation Trust, Acre Street, Lindley, Huddersfield, HD3 3EA.
Text: 07766 905817
(Please note this is a text number only)
Fax: 01484 342110

**Independent Support In Making A Complaint**

The Independent Complaints Advocacy Service (ICAS) is an organisation independent of Calderdale and Huddersfield NHS Foundation Trust who can provide support and advice for anyone wishing to complain about their NHS treatment. ICAS is free, independent and confidential.

**Their contact details are:**
Telephone: 0808 802 300
Website: www.carersfederation.co.uk
Letter:
Yorkshire and Humberside ICAS, Unit B1, Patrick Tobin Business Park, Bolton Road, Manvers, S63 7JY

A full copy of our complaints process is available here and is also obtainable from the Patient Advice & Complaints Service Team.

We will keep you informed of any changes as a result of your suggestions. You can also visit our website on: www.yorkshirefertility.co.uk

The Trust has an official complaints procedure. Information regarding this may be obtained from the Yorkshire Fertility or from the Administration Department at the Calderdale Royal Hospital.
The HFEA
The Human Fertilisation & Embryology Authority exists to regulate any clinic, which carries out assisted conception procedures involving the removal of eggs and sperm from the body and the transfer of any resulting embryos. It is there to make sure that patients’ best interests are looked after and that the clinic maintains a high standard of practice at all times. Every IVF clinic is registered with the HFEA.

The HFEA produce a range of leaflets about treatments involving eggs and sperm as well as a detailed patient guide, which contains important information about all clinics in the United Kingdom. If you wish to contact the HFEA, you can telephone them on 020 7377 5077- or you can access their website: www.hfea.gov.uk

Welfare of the child: We have a legal requirement to consider the welfare of any child born as a result of infertility treatment. In making this assessment we consider both of your medical histories, your age and an independent assessment from your G.P. Any concerns will be discussed with you before treatment is offered. We will ask you to sign a declaration regarding the future welfare of the child.

Research
Both Yorkshire Fertility and the Central Units actively strive to improve clinical success rates. One of the ways of achieving this is to research various aspects of IVF treatment. Prior to your treatment commencing, you will be approached by the clinical staff about the research programmes currently being undertaken. You are under no obligation to participate in any research, and non-participation will not jeopardise any of your treatments.

These are some examples of how you can help us:
1. The donor’s unfertilised eggs may be used for biologists at the Central Units to practice sperm injection techniques.
2. Your excess poor-quality embryos may be used to learn techniques such as pre-implantation diagnosis, or to research on various embryo environments.

Further information will be given to you at your appointments.
If you would like to speak to somebody about egg donation you can call 01422 224478 and ask for the egg donation co-ordinator.
If you would like this information in another format or language contact us below.

Czech
Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení.

Hungarian
Amennyiben ezt az információt más formátumban vagy nyelven szeretné megkapni, vegye fel a kapcsolatot fenti részlegünkkel.

Polish
Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych.

Punjabi
ਤੁਹਾਂ ਦੁਆਰਾ ਇਤਿਹਾਦ ਨਹੀਂਦਾ ਜਿਸੇ ਰੇਤ ਪ੍ਰਤੱਖ ਨੂੰ ਹੋਣ ਹਵਾਲੇ ਵਿਚ ਚਾਹੁੰਦੇ ਹਨ, ਉਹ ਵਿਚਕਾਰ ਵਿਚ ਵਰਤਦੇ ਹਵਾਲੇ ਵਿਚ ਦੱਖਣ ਸੀਕਰਟ ਵੇਲਾਂ ਵਹੇਂ।

Urdu
اگر آپ کوئی معلومات کسی اور فارمیکٹی پاکستانی میں درکار بون، تو برائے مہربانی مندرجہ بالا شعبے میں پھر رابطے کریں۔

If you have any comments about this leaflet or the service you have received you can contact:

Clinical Lead Nurse
Yorkshire Fertility
Calderdale Royal Hospital
Salterhebble
HALIFAX
HX3 0PW

Telephone (01422) 224478
www.yorkshirefertility.co.uk

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