access australia

Fact Sheet 08

Donor Oocyte

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Who needs donor egg treatment?

Egg donation is one option of treatment for those who wish to have a child but are unable to use their own oocytes (eggs).

These include women:

- without ovaries or with poorly developed ones
- who suffer from premature ovarian failure (premature menopause)
- who have had IVF with poor results due to poor egg quality
- who have fertility problems as a result of chemotherapy, surgery or illness
- where there is a risk of passing on an inherited disease

Who are the potential donors?

There are two major sources of egg donors — clinic recruited egg donors and recipient recruited egg donors.

Clinic recruited egg donors

- Arranged by the clinic
- Waiting time is usually several years
- There may be an age limit for recipients to go on the waiting list
- Historically have been anonymous to the recipients but this is not necessarily so
- This option is less common as there are few donors available

Recipient recruited egg donors

- Arranged by the recipients themselves
- May be well known to the recipients e.g. a relative or close friend
- May be only acquaintances of the recipient as in the situation of egg donors who have been found through advertising or through a 'friend of a friend'

What are the requirements for a donor?

Selection of women for a donor egg program should be carefully made after thorough psychological counselling and assessment. This is equally important for both donors and recipients. The ideal donor is a woman aged between 25 and 38 years, who has had previous successful pregnancies and ideally has completed her own family. It is important she has thought through her motivation to donate and is in a stable situation. If she has a partner, it is important that they be supportive of the donation process.

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What is the legal situation?

The current federal legal position regarding the status of children born through the use of donor oocytes is that the birth mother is the legal mother and donors have no rights or responsibilities to that child.

There are significant legal issues for all parties involved in oocyte donation. Legislation governing this procedure differs between states. While some states provide non-identifying information about donors, some states keep a central register of all births resulting from the use of donor gametes. This includes identifying information about donors, recipients and children born. It is important therefore, that couples considering oocyte donation are aware that legislation allowing access to identifying information may be enacted in the future in their state. It is also important to think through the implications of this and to consider how you might feel if your child wanted to trace their biological origins. This might happen whether or not s/he is able to access information. You need to consider how you might feel about contact with the donor.

If a known donor is used, then the donation is known by both couples, and thus is relatively open information.

What does egg donation involve?

At initial consultation the doctor will discuss the medical aspects of egg donation and explain the potential complications of the procedure. Detailed medical, social and family histories are obtained and a physical examination performed. All donors are screened for venereal disease, Hepatitis B & C, HIV antibodies (the AIDS virus) and when appropriate, Sickle Cell trait and Thalassemia Minor.

Blood group is also checked. It is necessary for all donors and their partners to sign a lifestyle questionnaire related to the HIV virus (AIDS). Other screening tests may be required depending on the donor's medical history.

The treatment regime will be outlined. In the normal menstrual cycle several follicles (little sacs of fluid each containing an oocyte) begin to grow but only one grows enough to release an egg. To increase the chance of pregnancy, it is usually preferable to collect more than one egg and therefore medication is given to stimulate the ovaries to ensure that more eggs can be obtained. Donors will need to have daily injections of hormones to stimulate their ovaries to mature and release more oocytes than usual. These injections continue for 8 to 14 days. This is the same treatment given to women having IVF. Growth and development of the follicles are monitored by transvaginal (internal) ultrasound scans and blood hormone tests. When ready, the eggs will be retrieved under sedation or light general anesthetic. A needle will be used to collect the oocytes through the top of the vagina under ultrasound control. There is sometimes a little bleeding or abdominal discomfort after the operation. The operation is usually a day only procedure.

What are the risks and possible complications of treatment?

For donors

- Occasionally there can be side effects which last while taking the medication. They are not uncommon and are usually mild. They consist of hot flushes, weight gain and water retention similar to period discomfort, restlessness at night, or feeling nauseated.
- Cysts can develop on the ovaries despite monitoring of the medication. These may be painful but usually resolve with bed rest. If they do not resolve, admission to hospital may be necessary.
- There is a risk of hyperstimulation as a result of the drugs used. This is potentially a very serious condition that can require hospitalisation. However it usually resolves when, as is the case for an oocyte donor, there is no pregnancy.
- Oocyte retrieval carries the usual risks and side effects of any procedure requiring an anaesthetic.
- Despite sterile conditions for the retrieval, infection can be introduced into the pelvis which could leave damage or scarring to the ovaries and/or fallopian tubes. The incidence of this occurring is extremely rare but must be considered.

For recipients

- Occasionally there can be side effects that last while taking the medication. They are uncommon and are usually mild. If there are no side effects with the normal hormone replacement therapy or hormonal contraception, it is very unlikely any problems with the medication required will be experienced.
- Although all donors are screened for infectious disease, these tests do not and cannot guarantee 100 per cent freedom from infection. There are, however, no known cases of transmission of infection through oocyte donation.
- There is the risk of multiple pregnancy. Most units would suggest one, and a maximum of two, embryo/s be transferred. A multiple pregnancy greatly increases the risk of complications of the pregnancy.
- Despite donors being assessed for genetic disease, there is no guarantee the child/children born will be normal.

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Some diseases are rare and may not be present or recognised in preceding generations. The incidence of this occurring is similar to those undertaken by any couple embarking on a pregnancy with no known medical history or genetic disorders.

Counselling

The donor and recipient will be referred to a counsellor to discuss the social, emotional and legal implications of donating or receiving oocytes. It is useful to think through these issues prior to the counselling sessions.

A potential donor will be asked to consider:

- How she might feel towards a child born from her donation
- What information or contact she might want in the future with the recipients and the offspring born
- Who should know about the donation e.g. her children, friends or family
- How this might alter her relationship with the recipients if they are known to her
- Whether she feels any pressure is being put on her to donate
- How she will feel if the treatment isn't successful or if the baby is diagnosed with an abnormality, or any other potential negative consequence e.g. the mother develops post-natal depression, the recipient couple separate
- If she discussed the issue of any excess embryos with the recipients

Potential recipients will be asked to consider:

- If they have given themselves time to come to terms with one partner not being genetically connected with the child
- If they both feel ready and comfortable to proceed with egg donation and if not how these issues will be resolved
- How they feel towards the egg donor now and how they might feel in the future; do they have a similar view to the donor as to what contact there will be and the possible role the donor might play in the child's life
- If the donor is not known, how might the recipient feel if the child is interested to seek her/his identity in the future
- What you will tell the child about their conception
- Who else should know about the donation

Further contacts/ resources

You may wish to return to the counsellor if you become pregnant or after a child has been born, as issues often become more relevant then. You may also benefit from speaking to other people in a similar situation to yourself. The counsellor can provide a list of support groups in your area. There are also various educational resources and workshops available to assist parents in talking to their children about their conception. e.g. *Sometimes it Takes Three to Make a Baby – Explaining Egg Donor Conception to Young Children* by Kate Bourne.

How much does it cost?

Billing and costs vary greatly between the different IVF clinics. It is advisable to contact the clinic you will be attending for exact costs. AccessAustralia has a list of accredited IVF clinics around Australia and New Zealand. If you would like further information or wish to make contact with a clinic see the AccessAustralia website, www.access.org.au

All egg donation treatment currently performed in Australia is altruistic and payment to the donor is not permitted.

Kate Bourne