

Donor Embryo

Fact Sheet

06

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Donor embryos are used in similar circumstances as donor oocytes, but particularly when there is a need for donor sperm as well. Hence there may be unique embryos created for an individual couple (donor oocyte/donor sperm). There may also be donor embryos created for another couple, which the couple has agreed to donate, usually because the couple has completed their family. This latter group may have 'brother' and 'sister' embryos who are now IVF children.

Couples may choose to make their spare embryos available for donation, research or for disposal. As a donor embryo has no biological relationship to the couple, many consider it to be like adoption, except that the mother gives birth to the baby. The Guidelines of the NHMRC Australian Health Ethics Committee 2007 allow, as ethical, couples to direct that their embryos be donated to recipients of a certain type. This might refer to their background, religion, geographic location, marital or same sex status, etc. Each ART unit, acting under the advice of their local ethics committee may develop a policy on this.

Medical Facts

Embryos can be stored in a cryopreserved state indefinitely, and using the latest techniques, an embryo that has survived a freeze/thaw process must be regarded as potentially viable as a fresh embryo.

The monitoring required for a donor embryo transfer cycle is extremely simple. If the embryo is being transferred to a woman in a natural cycle, the embryo transfer is made by simple calculation from the start of the LH surge. However, frequently in the case of donor embryo transfers

where the woman is menopausal, the transfer is made on a day calculated to be appropriate for implantation according to her hormone replacement therapy regimen. The menopausal patient will need to have continuing supportive hormone therapy until at least ten weeks of pregnancy, at which time the placenta is sufficiently developed to take over this role.

If the supply of donor oocytes cannot be maintained, then donor embryos may in part fulfil the need, if the couple can accept that the male partner is not the biological father.

Professor Douglas Saunders

Social and Ethical Implications of Embryo Donation

IVF and the ability to freeze embryos has meant that embryo donation is a possible choice for family formation for those who are unable to use their own gametes.

Embryos are generally donated by those who have completed their family and still have embryos frozen and in storage at their clinic. There are many social, legal, ethical

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and emotional implications involved in making this decision, all of which have to be carefully thought through.

Donors

Thinking about what to do with frozen embryos can be a very difficult decision. People have many different reasons why donation of their embryo/s seems the best decision for them. These include understanding what others are going through in their wish to have children, not wanting to waste embryos that were difficult to make, and feeling that it is the best decision ethically.

Donors need to think about how they will feel about any children who are born from this donation, especially if there may be contact when the child turns 18 years. This is possible under legislation in some states. The donors also need to think about what they will tell their own children, who will usually be full siblings of the donor child. Some donors wish to meet the recipients beforehand and this is something that clinics can usually arrange after discussion with the counsellor.

Some people wish to donate their embryos, as known donation, to acquaintances who are also having difficulty having children. There will be specific issues to discuss, especially about sharing information, feelings about seeing the child with the recipients and future relationships. Donors will be required to have some blood tests and to complete information about their known genetic background.

Donors are likely to be very disappointed if there is no child resulting from their donation and they need to be aware that this is a possibility.

Recipients

People who are considering using donated embryos should have a careful discussion with a counsellor. They need to be comfortable with the idea that neither of them will be the genetic parents of their child.

Recipients should think about their own preferences about their donors, which may include physical characteristics or ethnic background. Some recipients may prefer to meet their donors before proceeding and the possibility and the implications of doing this should be discussed with the clinic. Donors will have some blood tests and will complete genetic information forms but it is not possible to test for most conditions in the donors, nor can embryos be tested.

Recipients need to think about what they will tell the child about their origins and about any children that the donors have. There is now much information available about the decision to tell children about their donor origins, which can be helpful to read before proceeding.

People need to think about what information is going to be told to supportive friends and relatives now or in future years. Both partners need to agree on who to tell.

It is also necessary to understand that this donation may not result in a child and to have an idea about future options that may be suitable.

All centres which offer embryo donation have waiting lists and people should be aware of the approximate waiting times and any specific requirements that are needed to go on the lists. Many have upper age limits or are restricted only to patients from that clinic.

Legislation

Legislation about gamete donation varies amongst states, and many places have registers of donor births which can be accessed in later years. This should be discussed with clinic staff.

Support

All clinics have counsellors and decisions about donating or receiving embryos should be made only after careful discussion with a counsellor. There are donor support groups available in most areas and it is often helpful to talk with others who have had to decide whether or not to use donor gametes. There are an increasing number of books and videos which are available to parents of donor children. People often express fears about how and when to tell their children about their background. It is a realistic concern and it is often helpful to find out how others have dealt with this.

Embryo donation has been used for many years now so there are people and resources available to make informed choices.

Kay Oke

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