



GYNAECOLOGY AND FERTILITY CENTRE

PATIENT INFORMATION

Information for egg sharers

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Information for egg sharers

For a variety of reasons, some women are unable to produce eggs that can be fertilised successfully. And, since the removal of donor anonymity in 2005, it has become increasingly difficult for these women to find others willing to donate their eggs in the UK. In fact, couples on waiting lists to receive donated eggs can wait for more than three years before a suitable donor becomes available.

If you are considering sharing your eggs to give another person or couple the chance to have a child, it is essential that you fully understand what will be involved and also that you have the opportunity to consider any implications for the future.

The information in this leaflet is designed to help you decide whether the egg sharing programme at the Agora Clinic is right for you.

What does egg sharing involve?

At the Agora Clinic, women who produce surplus eggs can donate them to women who are unable to produce any eggs of their own, so that they both have a chance of becoming pregnant. Women who agree to donate half of their eggs (therefore reducing the number of embryos available for their own use) will receive their own treatment at a subsidised rate.

It is a legal requirement for anyone donating eggs to give written consent for the use of their eggs in treatment. You can change or withdraw your consent at any time up until when the eggs are actually used for treatment.

Who can share their eggs?

To share your eggs, the female partner needs to be able to meet the following conditions:

- Be aged 35 or younger
- Have had a recent (within the last six months) ovarian reserve hormone profile (screening for FSH, LH, E2 and AMH) on day two to four of their natural menstrual cycle. This is to confirm suitable levels for treatment, including an FSH level that is less than 8 IU/l
- Have completed a full health questionnaire
- Have had negative results for HIV, hepatitis B and C, syphilis, chlamydia and gonorrhoea within the last six months
- Have a body mass index (BMI) of less than 30
- Consent to the Agora Clinic contacting her GP
- Have both ovaries present
- Consent to blood samples being taken for HIV, hepatitis B and C, syphilis, cystic fibrosis, chromosome analysis, cytomegalovirus, haemoglobin and blood grouping. (These blood tests are the routine screening tests required for donors in the UK)
- Have no previous FSH result of 10 IU/l or more
- Have not previously had problems responding to IVF treatment or had a disappointing outcome (failure to reach embryo transfer)
- Not have previously have had three or more failed IVF treatments
- Not have moderate/severe endometriosis
- No personal or family history of any congenital, familial or hereditary disease
- Be a non-smoker
- Polycystic ovarian syndrome (PCO): women who have mild PCO may be eligible for the programme, but having moderate or severe PCO means you will not be able to egg share at the Agora Clinic

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PLEASE NOTE: The maximum number of egg sharing treatments allowed from an egg share provider (if she continues to be eligible for the programme) is three.

- The egg sharer and recipient have their own separate agreements with the Agora Clinic and both will be offered counselling to discuss the implications of giving and receiving eggs
- You will be given no details about the recipient or her treatment, and you will not be attending the clinic on the same day as your recipient

Are there any circumstances in which I might be excluded from egg sharing?

- Couples applying for egg sharing at the Agora who have previously had IVF treatment or an egg share treatment elsewhere should provide appropriate documentation about the treatment cycle and be assessed by us before being accepted
- If the female partner has no knowledge of her family's medical history, as may be the case if you were adopted, she will not be eligible to participate in the egg share programme
- Both partners must attend their medical consultation and counselling sessions; not attending these appointments means they will be excluded from the programme

Pre-treatment ovarian reserve testing

Women who would like to be part of the egg sharing programme at the Agora Clinic will be offered hormone profile screening. This involves having blood tests to check the levels of:

- Follicle stimulating hormone (FSH)
- Luteinising hormone (LH)
- Oestradiol (E2)
- Anti mullerian hormone (AMH)

These tests must be done between day two and four of a natural menstrual cycle. If you have had these tests carried out in the last six months, please forward the results to the Agora. If not, please ask your GP if he/she can arrange for these tests to be done and the results sent to the Agora. The results of these tests are needed before we can arrange your consultation.

Other tests

As well as the blood tests above, you will also need to have:

- A transvaginal pelvic scan
- A detailed discussion about your own IVF treatment
- A detailed discussion about your participation in the egg share programme
- Semen analysis for the male partner (if applicable)

What happens next?

Before your next appointment you will be advised to see our counsellor to discuss the implications of egg sharing and, about a month after your eligibility assessment, we will invite you to the clinic to meet one of our nurses and discuss the next steps. The weeks between your assessment and your nurse consultation give you a 'cooling off' period, so that you have time to fully consider the implications of egg sharing.

Counselling

It is a condition of egg sharing treatment at the Agora Clinic that egg providers receive independent counselling from a specialist infertility counsellor to discuss all aspects of their treatment. There will be an opportunity to discuss the implications of being an egg provider, including the possibility of:

- An egg recipient becoming pregnant while the donor does not
- Half-siblings of a similar age being conceived
- Being contacted by a donor-conceived child in the future

All couples who are egg sharers at the Agora Clinic will have access to a counsellor throughout their treatment and afterwards.

Our independent counsellor, Deborah Sloan, is based at:

Brighton Consulting Rooms
18A Clermont Road
Brighton
BN1 6SG

Please contact Deborah directly on

Tel: 07736 705904 or email: deborah@deborahsloancounselling.com to arrange an appointment.

Nurse consultation

Before you begin your treatment, you will be invited to a nurse consultation which normally takes approximately 90 minutes. During this time, you will have an opportunity to discuss your individual IVF programme and complete all the consent forms required for treatment. You will also be able to discuss the completion of the Donor Information Form (a lengthy green Human Fertilisation and Embryology Authority (HFEA) form) that is required to be completed by all donors.

The female partner having treatment will then need to give blood samples for the full egg donation screen. If either partner already has in date screening (according to Agora criteria) for any of these tests, they will not need to be repeated. The male partner (if applicable) will have HIV, hepatitis B and C and syphilis screening.

Treatment

Your treatment will only be able to go ahead if a matching recipient who requires egg donation is ready to start her treatment at the same time. This means you may need to wait for some time to begin treatment.

All the medication required for your treatment will be ordered by one of the nurses via a pharmaceutical company called Healthcare at Home. This will be delivered to your home address at a time and date pre-arranged between you and Healthcare at Home. There will be no cost to you for your medication.

- Step 1: egg providers are prescribed a combination of drugs to stimulate the ovaries to produce eggs. You will be prescribed a drug to 'down regulate' or 'switch off' your hormones. You will be shown how to inject this medication yourself
- Step 2: once down regulation has been achieved, you will be prescribed medication to stimulate your ovaries. Again, you will be shown how to inject this medication yourself
- Near the end of the treatment cycle, you will be asked to self-administer a one-off injection of HCG. This is used to induce the final maturation of the eggs in the follicles. You will be prescribed a progesterone supplement (Cyclogest) to help support the embryos after transfer to your womb; this is administered in the form of vaginal pessaries
- If you need to have any other medication, this will always be explained in detail

Monitoring during your treatment

Your treatment cycle will be monitored using vaginal ultrasound scanning and blood tests. Everyone responds to treatment differently, so you might not need these every time you visit the clinic.

- Each day there is a clinical meeting to discuss your progress, and we will contact you by phone if we need to make any changes to your treatment
- The eggs are collected while you are sedated using ultrasound guided vaginal egg collection in our main treatment room. Embryo transfer is a simpler procedure which can be carried out without any sedation

After treatment

If your treatment is unsuccessful, we will arrange for you to have a follow-up consultation. This is free of charge if the appointment is made within six weeks of the failed treatment (after that, consultations are charged at the current rate). You may be eligible to have a further egg share treatment* or alternatively you may wish to have treatment with any frozen embryos created from your treatment cycle, which will be chargeable at the current rate.

*Egg share providers who wish to be considered for egg sharing for a second or third time are assessed by Dr Gilling-Smith during the follow-up consultation. The assessment will include your previous response and the number of eggs collected and fertilised. Egg share providers, if eligible, are allowed a maximum of three egg share/IVF treatments.

If your treatment is successful, you will remain on Cyclogest pessaries until 12 weeks of pregnancy. You will be offered an early pregnancy scan between six and seven weeks.

Frequently asked questions

How are the eggs divided?

The eggs are shared between the egg provider and the recipient immediately after egg collection. If there are eight or more eggs, they will be divided equally between the provider and recipient. If there are an uneven number of eggs, the egg provider will receive the extra one. For example, if nine eggs are collected, the egg provider will receive five and the recipient four.

What happens if there are not enough eggs to share?

Occasionally, an egg provider might not produce enough eggs to share, despite the earlier indications that there would be enough (ie, before the egg collection). If this happens, and depending on numbers, the provider has the opportunity to complete treatment either ensuring the recipient receives four of the collected eggs, or keeping all collected eggs for herself, in which case the provider will be charged for the full cost of treatment. In either case, the provider would not be eligible to continue on the egg share programme.

Who will receive the donated eggs?

Couples are accepted onto the Agora Clinic waiting list to receive donated eggs only after consultation and counselling. There are a number of reasons why people consider using donated eggs. Some women are unable to produce eggs. This might be because their ovaries have not developed properly, or it can be the result of premature menopause, surgery or certain types of drug treatment. Other women carry a genetic abnormality that might be passed on to the child if their own eggs are used.

What happens if I change my mind?

- Egg providers retain the right to withdraw consent to the use of the eggs or resultant embryos, or to alter the terms at any time up to the point that embryos created with their eggs are used in treatment (ie, when they are transferred into the recipient's womb). If you withdraw consent, you will be required to pay the full cost of all services, screening and treatment provided to date
- If you decide, before or during the treatment cycle, that you wish to withdraw from the programme, there will be no refund of any egg share payments you have already made
- If you decide, before or during the treatment cycle, that you wish to retain all the eggs produced in that cycle for your own use, you can do so but you will be required to pay the full cost for all services, screening and treatment provided to date

What happens if treatment has to be cancelled?

- If the opinion of our clinical staff is that your treatment is unlikely to result in eight or more eggs being collected, the treatment cycle will be abandoned. In this case, all fees paid will be refunded in full to you, but you will be unable to participate in the egg share programme again. You may, however, be able to continue with the same cycle of treatment for yourself on a self-funded basis. This means that you will need to pay the full cost of treatment, all drugs used, and any pre-treatment investigations
- Occasionally, recipients withdraw from treatment. If you have started your down regulation, but not started your ovarian stimulation drugs, your treatment will be cancelled and may be rescheduled when another recipient is available. If this happens, we will try to find another recipient as soon as possible. If, however, you have started your ovarian stimulation drugs, your treatment will continue at no additional cost and all the eggs collected will be used for your own treatment

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- If there is an excessive response to stimulation drugs (called ovarian hyperstimulation) you may be advised to freeze any embryos created from your share of the collected eggs. You would then be able to have a frozen embryo transfer at a later date at no further cost
- If your treatment does not proceed to embryo transfer for any reason, for example there is a failure to fertilise, or failure of embryos to cleave (divide and grow), there will be no refund and you will be unable to participate in the egg share programme again

What is the HFEA Register?

The HFEA is required to maintain a register of highly confidential information about people who have licensed treatment, the donors, and the children who are born. Each clinic is legally required to collect certain information about donors. This includes your name, physical characteristics, ethnic origin and family medical history. You are also asked to provide as much information as possible about your interests, hobbies and skills, to describe why you decided to be an egg donor and to write a pen-picture (a short essay about yourself). This gives the child and family a sense of the kind of person you are – for many children this information will be important in order to have a complete sense of their own identity.

Any child born as a result of egg donation will be genetically related to your own children (they will be half-brothers or sisters). The law allows for the eggs from one donor to be used to create up to 10 families. However, because you may have children of your own, the law gives anyone who is planning to marry or have children the right to contact the HFEA Register and ask whether they are genetically related to their intended marriage partner (they do not have to be 16 to do this). Once they become 18, they are able to ask whether they were conceived by donation and they can be given non-identifying information about you if the parents have not already provided it.

Who can know your name?

The recipient/s of your donated eggs is/are not able to find out your identity and you are not able to know theirs.

However, the law changed in April 2005 so that you cannot remain anonymous once the child or children who are conceived from donation reach the age of 18. From that age, people conceived by donation are allowed to ask whether they were conceived by donation and for:

- Non-identifying information about you
- Your name and address at time of registration
- The code number used at the centre where the donation was made

If a donor-conceived person does ask for your name and contact details, they will first be offered counselling and the HFEA will try to contact you to advise you that the information has been requested. This means that it is vital that you keep either the Agora Clinic or the HFEA up-to-date with your contact details.

Finally, if a child was born with a disability and it was shown that the disability was a result of a donor failing to inform the clinic of congenital or genetic defects about which he or she knew, or ought reasonably to have known, that child may be able to seek compensation for damages under the Congenital Disabilities (Civil Liabilities) Act 1973. In these circumstances, information potentially identifying you might be disclosed.

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You may ask about:

- The number of children (if any) conceived by your donation
- Whether they are boys or girls
- The year that they were born

What information can parents have?

People seeking treatment are able to ask the clinic for your non-identifying information before deciding to proceed. If they have a child as a result of treatment they can then ask the HFEA Register for:

- The non-identifying information that you will have provided
- The number of other children (if any) conceived by your donation
- Your code number used at the centre where the donation was made

Who are the legal parents?

Any woman who gives birth to a baby is the legal mother. In the case of egg donation, her partner is the legal parent provided there is written consent to treatment and they are being treated together as a couple. Therefore, the child's birth certificate would state that the recipients were the legal parents.

What should I tell my children?

This is an important issue for everyone involved in donation. We encourage people seeking treatment to weigh up all the implications of their choices and discuss their concerns with our independent counsellor.

The medical information in this leaflet is provided as an educational resource only. It is not intended to replace the advice of your GP or medical team and should not be used or relied upon for any diagnostic or treatment purposes. The information has been prepared by Dr Carole Gilling-Smith, Consultant Gynaecologist and Medical Director of the Agora Gynaecology and Fertility Centre. It was last updated in August 2014.