

OOCYTE DONATION



CANBERRA
FERTILITY CENTRE

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WHAT IS OOCYTE DONATION?

Oocyte Donation is the procedure whereby a woman has a routine IVF cycle and the oocytes (eggs) from this woman (donor) are given to a recipient couple. The sperm from the recipient male is used to fertilize the oocytes, and all subsequent embryos that form are frozen and stored (cryopreserved). In a future cycle embryo/s are thawed and inserted into the recipient woman's uterus with the intention of her becoming pregnant. The treatment has been used for many years and has a high success rate.

WHO CONSIDERS OOCYTE DONATION?

Approximately one in 35 women of reproductive age are unable to produce their own eggs. Indications for this include those women:

- i). entering menopause (prematurely);
- ii). having no ovaries;
- iii). having hereditary disorders;
- iv). having inaccessible ovaries (unable to collect her oocytes);

Once it has been diagnosed that the female partner is unlikely to be able to produce her own oocytes, the couple has three choices. One is not to have children. Secondly, the couple can aim to adopt a child. Unfortunately this may be difficult as there are few children for adoption and waiting lists are very long. The third choice is using donated oocytes.

Oocyte Donation has the advantage that a pregnancy can be shared by the couple and half the genetic make-up comes from the male partner. The shared experience starts with the excitement of the missed period, the diagnosis of pregnancy and continues throughout the pregnancy, climaxing with the delivery of the child.

Unfortunately, Oocyte Donation cannot protect the expectant mother from the complications of pregnancy and childbirth. Women who have children by Oocyte Donation have exactly

the same risk of an abnormality in their children as those who conceive naturally. There is no decrease or increase in the risk of congenital abnormality.

ASSESSMENT OF OOCYTE DONORS

The selection of women who apply to become oocyte donors is complex. In order to be considered as a possible donor, a woman must be aged between 18 and 35 years.

The donor will be seen by her specialist doctor who will discuss medical issues and the Oocyte Donation IVF procedure. Prospective donors must provide a full personal and family medical history and answer questions specifically about activities associated with risk of (HIV) AIDS infection. The specialist doctor will examine the donor, review the family medical history, and ensure that the donor is in good health. Blood tests for hormone levels, Hepatitis B, C, and HIV antibodies, Syphilis and Blood Group and any other indicated investigations will be required.

When the donor has been initially approved by the specialist doctor, they are then required to attend a counselling session to ensure complete understanding about what is involved and the legal and moral issues associated with becoming an oocyte donor. The counselling session reports are sent to the specialist doctor for review and are part of the approval process.

A four month "cooling off" period from the initial consultation with the specialist is required before oocyte collection or donation can take place.

WHO ARE THE DONORS?

Many people are interested to know what kind of women become donors. Studies indicate the most common characteristic donors possess is a desire to help others. Oocyte donors are often blood donors and many report having friends or family who have had a fertility problem.



The donors of oocytes are few in number; approximately one or two anonymous oocyte donors come through the clinic per year. It is suggested, therefore, that a couple who are seeking donated oocytes ask their family and/or friends if they would be an egg donor for them.

OOCYTE COLLECTION

The donor undergoes a stimulation program using hormone medications (including a period of daily injections) to produce a number of Oocytes. These are collected in a Day Surgery operation called “Oocyte collection” (refer IVF literature). All out-of-pocket costs are to be met by the recipient couple. Please see the explanation of fees sheet for this information.

All oocytes collected are fertilised using the recipient male partners sperm and all resulting embryos are frozen and stored for use by the recipient couple.

THE SIX MONTH QUARANTINE PERIOD FOR EMBRYO STORAGE

It is recommended by RTAC (Reproductive Technology Accreditation Council) that donated gametes (sperm and eggs) be frozen and stored for a period of six months (quarantined). The donor is then to be retested for Hepatitis B, C and HIV, and embryos released if all test results are negative. The policy of the Canberra Fertility Centre is to follow this RTAC recommendation.

AFTER THE EMBRYOS ARE FROZEN

Transfer of embryos to the recipient woman can occur after the recommended six month quarantine period.

Ovulation is monitored by blood tests and ultrasounds to predict the exact timing of ovulation. Medications may be used to enhance the cycle. The embryo transfer is a

simple procedure rather like having a Pap Smear Test. It is done in the clinic and does not take long. There is further information available in the IVF information booklet on Frozen Embryo Transfer.

If a pregnancy does not occur the treatment may be repeated during subsequent menstrual cycles if further embryos are available.

DONOR SELECTION FOR COUPLES

Couples are given the non-identifying information about the donor. This information includes race, ethnic origin, height, build, hair and eye colour and blood group.

Couples are provided with oocytes from a donor whose physical characteristics most closely resemble those of the female partner, although other factors such as ethnic origin and blood group may influence the decision. The availability of oocytes often makes close matching very difficult.

Consent and documentation must be read and clearly understood before accepting this type of treatment.

DECISION MAKING

In our society today there are many different ways to form a family. Oocyte Donation is one way many couples have chosen to produce their families. However, the decision may not always be straightforward, nor may each partner be certain that this method of family formation is for them.

The decision to start on an Oocyte Donation program is one made by the couple in consultation with their doctor. It is, however, a decision which we consider to be a serious one and it may not be the right choice for all couples. Even for those couples who proceed to Oocyte Donation, there can be social and emotional hurdles to be overcome. All couples approaching the Oocyte Donation service should discuss their concerns with the centre counsellor.



The counsellor is required by the John James Hospital Ethics Committee to write a report and the cost for this is incurred by the recipient couple. The cost is \$250 for the donor and another \$250 for the interview of the recipient couple.

The clinic counselling service offers the opportunity to discuss the issues that might arise if a couple proceeds with oocyte donation. The counsellor may also be in a position to discuss the issues which have arisen for other couples who have children from the program. The legal aspects and issues such as telling the family, friends and the children about oocyte donation will be discussed with you in the counselling session.

KNOWN DONORS

Some couples decide that the use of a donor known to them is preferable to the notion of an unknown donor. This is perfectly acceptable under ACT law and the same legal position applies to both known and unknown donors. A known donor, her partner and the recipient couple, will discuss their plans with their doctor and then the centre counsellor before donating or receiving oocytes.

KNOWN DONOR QUARANTINE PERIOD WAIVER (“WELL” KNOWN DONORS)

A known donor must have been associated with the recipients for some time (such as a sister or cousin) for waiving of quarantine purposes. With a “well” known egg donor, the recipient couple may elect to waive the six month quarantine period and transfer the embryos after a shorter period or attempt a fresh transfer. A request for quarantine waiving in these circumstances needs to be fully discussed with the specialist doctor. A quarantine waiver document needs to be signed by the recipients acknowledging the unknown risk and the donor will still be required to have a repeat blood screen six months post donation for the file record.

OOCYTE DONATION - IMPLICATIONS AND CONSIDERATIONS FOR THE CHILD, PARENTS AND DONOR

- Does a child have the right to know about his or her origins?
- Are there dangers inherent in attempting to keep Oocyte Donation a secret from the child? Or the family?
- The decision to tell or not to tell friends and family?
- Practical difficulties - travelling to and from the doctor or Canberra Fertility Centre, explaining to employers the need to arrive late, leave early, or even take days off, and possibly feeling uncomfortable giving a reason why.

FURTHER INFORMATION

Please contact the Nurse Coordinator at the Canberra Fertility Centre on 02 6282 5458.