RPAH FERTILITY UNIT
INFORMATION FOR EGG DONORS AND THEIR RECIPIENTS.

There are many reasons why some women may only be able to have children using eggs donated by another woman. The decision to use egg donors or to become a donor is a complex one, with lifelong implications. We respect that all participants presenting for this treatment have their own unique circumstances and needs. This information sheet aims to clarify the process and to take donors and their recipients through the required steps from the initial consult to treatment. If you have any further questions you are welcome to ring the Fertility Unit and speak to the counsellor on 02-95158119 or nursing staff on 02-91558824.

RPAH believes it is important for both psychological and medical reasons that a child knows his or her genetic origins. Legislation in NSW now requires that recipients of donor eggs be prepared to share the information with their child with the requirement that donor and recipient information is placed on a Central Donor Register.

1. **Who can be helped with Egg Donation?**

Women who need donated eggs to have a child either do not produce eggs of their own, or their eggs no longer appear capable of producing a healthy pregnancy.

Reasons that a woman might need eggs from a donor include:

- Her own eggs are failing to fertilise or create embryos that are able to sustain an ongoing pregnancy
- Ovarian failure due to chemotherapy treatment for cancer
- Premature ovarian failure or menopause

Egg donation is also one option for women who have a high chance of passing on a serious genetic condition to their children.

However, you will need to be aware that there are limitations on the circumstances where RPAH will provide treatment to a recipient couple using an egg donor. This is because as a public hospital facility we will only proceed where there is a minimal risk of harm for all parties. These limitations are:

- The recipient (woman who wishes to achieve a pregnancy) must be under 50 years of age
- The recipient must have a BMI (body mass index) under 35
- If there are any significant medical risks for the recipient in pregnancy, an obstetrician must have agreed to provide ante-natal care
- Daughter to mother donation is not accepted

2. **Who can donate eggs?**

We recommend that donors ideally be women who are under 35 years of age and have already completed their families. That is so that in the rare event of a complication occurring it does not jeopardise the donor’s own chances of having a
family; and secondly, to ensure that her desire to become a mother has already been met.

RPAH requires that recipients find and are happy with their egg donor. We do not act as an agency for donor eggs.

Your donor will require a consult with a specialist who will try to ensure the donor is healthy and does not appear to have an increased risk of passing on a serious medical condition, but normally it is not possible to be certain of this.

In every other situation, it is up to the treating doctor to determine, in consultation with you, if the donor participants are suitable for your treatment.

Egg donation is an extremely generous act from one person (the donor) to another (the recipient). In Australia, egg donors are not paid. They voluntarily give their own eggs for the well being and happiness of another person.

3. How are eggs donated?

In order to donate eggs, the donor must go through most of the components of an IVF cycle. The eggs that are collected will be fertilised with the recipient’s partner’s sperm to create embryos which will be transferred to the recipient after fertilisation. It is the RPAH Fertility Unit’s policy to transfer only one embryo at a time regardless of age.

An IVF cycle typically takes up to 3 weeks from the time of the first injections to egg collection. Although generally very safe, as with all medical procedures, IVF has risks of which you need to be aware. Your doctor will review IVF treatment with you and be able to answer any questions you may have.

Steps in an IVF cycle are:

- Stimulating the ovaries with injections of FSH
- Preventing premature ovulation by shutting down communication between the brain and the ovaries so that the eggs are not released before they can be collected
- ‘Triggering’ ovulation by replacing the LH surge at mid cycle with an injection of hCG
- Collecting the sperm and eggs
- Culturing embryos in the laboratory
- Transferring an embryo after 3 months quarantine*

*At RPAH, all embryos are quarantined for a 3 month period. The donor is tested for infectious diseases before the cycle and then again at the end of the 3 months. Tests include HIV, hepatitis B & C, cytomegalovirus and human lymphotropic virus. This again is to eliminate any risk of infection.
4. **What is the legal situation?**

The recipient and her partner will be the legal parents of a donor conceived child. They will be required to sign consent to treatment agreeing to sign a birth registration and accept full legal responsibility for a child.

The Assisted Reproductive Technology (ART) Act commenced in NSW in January 2010. This legislation gives legal rights to donor conceived adults to access information about their donor when they turn 18 years of age. The Act established a central ART donor register which, following the birth of a child born as a result of ART treatment using donated gametes, will hold information on the mother, the child and the donor. Clinics are required to provide information about a mother and the child born using donated eggs as well as particulars about the donor.

If you would like more information on the ART Act, information sheets are available from the Dept. of Health [www.health.nsw.gov.au/art](http://www.health.nsw.gov.au/art) or at the Fertility Unit.

The ART Act also

- Places time limits on the use of donor gametes to no more than 15 years after the gamete was obtained
- Places time limits on the use and storage of embryos created from donor gametes to no more than 15 years
- Allows a donor to donate to a maximum of 5 families. The Assisted Reproductive Technology Amendment Act 2016 made an exemption to this where the woman or her partner (including same sex or de facto) are the parent to a child created using the same donor’s gametes
- Prevents use of gametes or embryos after the death of the donor unless a specific consent is in place
- Prevents export of gametes or embryos created using donor gametes without the consent of the donor.
- Allows a donor to withdraw or modify consent until an embryo is created using the gamete.

5. **Counselling**

The National Health and Medical Research Council (NHMRC) guidelines stipulate that: “In using gamete donations, clinicians must carefully consider the physical, psychological and social well being of the person to be born, and the participants, and are enforced by the Reproductive Technologies Accreditation Committee (RTAC) of the Fertility Society of Australia.”

Counselling before treatment using donated gametes is required in all IVF clinics in Australia, as outlined by RTAC.

Counselling helps all parties involved in the process to understand the implications of the proposed treatment and how it will affect the donor, the recipients, her partner, their families and any children born as a result of the treatment. Educational
and psychological counselling specifically covers the feelings of the non-genetic parent and the donor, and the perceptions of the needs of the offspring throughout childhood and adolescence.

Whilst counselling follows a standard format, it will be focused and adapted according to individual situations and needs. In general the following are discussed:

- Family background and significant history
- Current relationships and future relationships between the donor and recipient
- Existing children
- Issues in donation for donor, donor’s partner, recipients, offspring and other children, and extended family.
- Medical and psychological history, previous counselling
- Consideration of some “what if” scenarios (such as relationship breakups)
- Legal considerations
- Managing the treatment process
- Attitudes around disclosure to offspring and others

Supportive counselling services are available to all participants before, during and after treatment.

6. Getting Started

IVF using donor gametes requires a number of appointments with different people in a complex process. The following flowchart sets out the steps in that process:

Following GP referral, arrange **clinic appointments** for recipient and partner and donor by ringing 95157101

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**Consultation** with fertility specialist in Fertility Clinic for recipient couple and donor

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Referral for **screening tests**

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Referral to counsellor for implications **counselling** (minimum of 2 sessions for each party). Please ring 95158119 to arrange an appointment.
With completion of counselling and test, **nursing interview** for recipient and partner and then for donor and partner

Treatment begins

Please note

- Donors and recipients require their own referrals to a doctor at the Fertility Clinic
- Your doctor will determine what tests and screenings need to be done in order to determine the suitability of this treatment. In some cases your doctor may not recommend treatment.
- Your doctor will refer you to the counsellor after determining suitability of this treatment.
- The completion of counselling does not guarantee that treatment will occur. It is your doctor’s decision whether or not to treat in any specific situation.
- Nurse interviews take place after the completion of counselling