



# *Egg Donation*

a guide to the donation process



The world's first successful pregnancy using donated eggs (oocytes) occurred over twenty years ago in Australia and it is now a common procedure.

## Introduction

IVFAustralia's egg donation program helps women who, for a multitude of reasons, are unable to use their own eggs and require eggs donated from another woman to achieve a pregnancy.

**Finding an egg donor can be a tough and challenging experience IVFAustralia can provide you with support and guidance through this process.**

Despite the relatively simple medical procedure, egg donation can be an emotional and a physically demanding process that has serious implications including long term psychosocial, legal and health issues. It is for this reason that we, at IVFAustralia, follow a meticulous process of preparation for egg donation. This process involves thorough medical assessment, detailed testing and extended counselling of all parties involved in the egg donation, including the recipient (and recipient's partner), the donor and the donor's family.

IVFAustralia respects the unique needs of all participants in this program and is committed to giving everyone concerned a high level of personalised care. The gift of donated eggs can thus be one of the greatest gifts of all, giving the recipients a chance that they would otherwise be very unlikely to have, of becoming parents.

In the past, some egg donation treatment was based on the principle of anonymity, when a family member or friend was not acting as the donor. In contrast, a much more open approach is, nowadays, favoured.

All egg donors are now required to make their identity available to the children conceived from egg donation when they reach 18 years. The donor must give explicit written consent to providing identifying information to any offspring from her donation once they reach 18 years of age. She must also give written informed consent to her name being included on the NSW State Donor Registry and provide health information required for the register.

## Informed consent

The most important aspect of preparation for egg donation, and the purpose of this information document, is to ensure that everyone involved makes the right decisions for themselves and their family; decisions that they will be comfortable over time. So, before beginning treatment, we will spend a lot of time going through the social, emotional and legal issues with you. We will also assist you in considering the potential implications for you, your family and any children involved. We do hope that this information will help you in making the right decision for you.

## General Information

### What is egg donation?

Egg donation refers to the use of eggs donated by another woman who acts as a 'donor' to assist an individual or couple who are the 'recipient(s)', in their attempt to become parents. In order to donate eggs, the donor must undertake treatment on an IVF cycle.

During this process, multiple eggs are collected, after which they are fertilised with the recipient partner's sperm to create embryos. The resulting embryos are placed into the recipient's uterus. Thus, any children created will be genetically related to the male partner but not to the female recipient. Usually only one embryo is transferred at a time. Any additional embryos that are likely to survive the freeze and thaw process are frozen and stored for future frozen embryo transfers.

### Quarantine period

The guidelines of the Reproductive Technology Accreditation Committee (RTAC) of The Fertility Society of Australia (FSA), recommend that embryos, created through egg donation, be quarantined for a six month period. The donor is tested for infectious diseases before the cycle and then again at the end of the six months. Tests include HIV, hepatitis B, hepatitis C, cytomegalovirus and human lymphotropic virus (a rare cause of cancer of the lymph nodes).

Although quarantining embryos is not mandatory, we recommend it for medical reasons. We understand, however, that some patients are willing to accept the risk of infection and will waive the quarantine in order to proceed with an immediate "fresh" transfer. Our consent forms require that you give this waiver in writing.

IVFAustralia adheres to the 2007 NSW Assisted Reproductive Technology Act, the practices that have been developed by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA) and the National Health and Medical Research Council (NHMRC). These practices stress the importance of the future welfare of any child born from donor eggs, sperm or embryos. Medical, counselling appointments and the provision of information to egg donors and recipients before a donation or treatment proceeds, will always take into account the best interests of the future child.

### Can I be paid to be an egg donor?

No. It is illegal in Australia to receive or make any type of payment for human tissue, including donated eggs. The recipient should meet all expenses directly incurred in making the donation (e.g. travel, parking) but cannot compensate donors for lost time at work.

# Becoming an egg donor

## Eligibility criteria

We clearly cannot accept known egg donors who are close relatives of the male partner of the recipient to be treated. In addition, at IVFAustralia, we will not provide egg donation using a donor who is from a younger generation (e.g. daughter, niece, daughter-in-law) of the same family of either recipient. This is because, after careful consideration, at IVFAustralia, we have reached the view that such a donor is not in a position to give consent that is truly free from family pressures. In addition, all egg donors at IVFAustralia are required to be over 21 years of age.

### **At IVFAustralia, we would also not encourage women to use egg donors who:**

- ◆ are at risk of having an infective condition that may be transmitted through the donation.
- ◆ are over 38 years of age
- ◆ have any medical conditions or illnesses, either herself or in her family that may be passed on to future children
- ◆ have a past or current history of significant mental health problems
- ◆ have not had children or who have not completed their own family.

However, patients may have strong and very sound reasons for choosing a particular known donor. We will thus discuss the implications of health or other issues that arise in a possible donor on an individual basis with each donor and the potential recipients.

With all donors, it may become apparent during the assessment process that a woman is not suitable to be an egg donor. When this arises, the issues will first be discussed with the donor. Health or other confidential information about the donor will not be passed onto the recipient without the written consent of the donor. However, if the information would have serious implications for the health of either the recipient or any children and the donor is unwilling to give written consent for this information to be given to the recipients, it may not be possible for the donation to proceed.

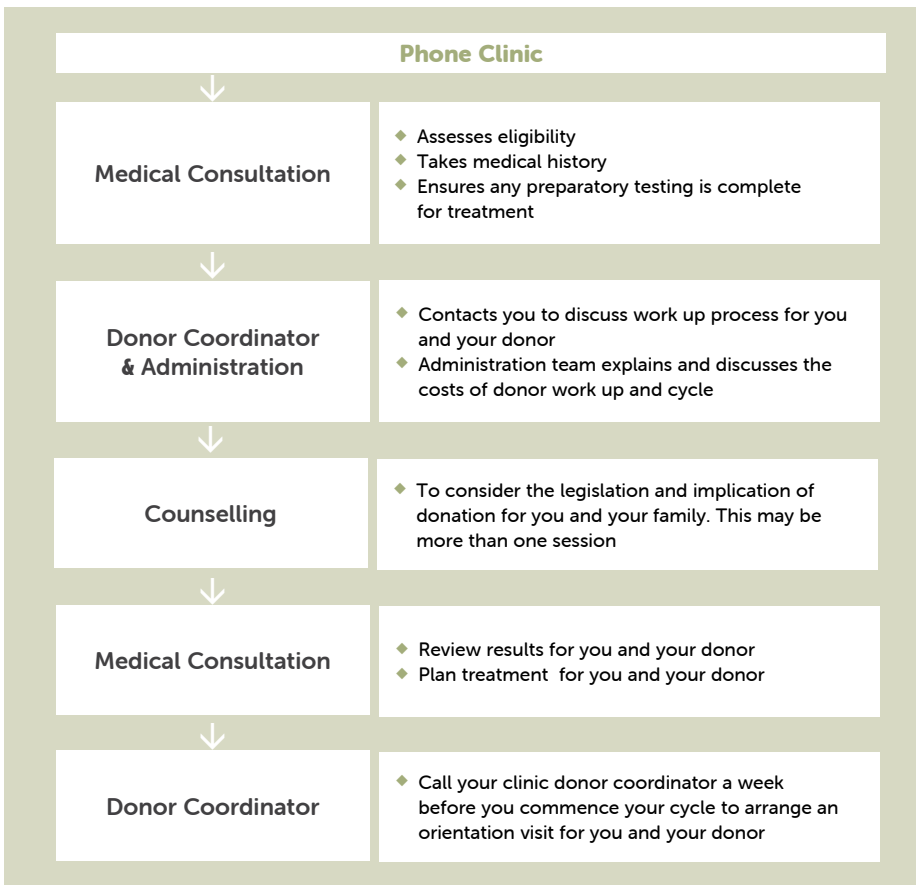
## Preparation for oocyte donation

Becoming an egg donor involves a medical interview, followed by counselling sessions, genetic counselling and blood tests. The full process for this is shown overleaf, and explained here:

## An appointment with an IVFAustralia affiliated fertility specialist

A GP referral is required for this appointment. Our IVFAustralia specialist will take a comprehensive medical history to ensure you are fit enough for the procedure, arrange tests to exclude infectious diseases (including HIV/AIDS), check that the hormones are normal and exclude some major genetic diseases such as the carrier status for cystic fibrosis (all simple blood tests). He or she will also give an overview of the treatment and provide you with our Patient Information Handbook, which is very comprehensive, and all the appropriate consent forms.

## Egg donor preparation



## Implications Counselling with a Fertility Counsellor

Counsellors are available at all of our major clinics. During implications counselling, social, emotional and legal issues are discussed. Usually there will be two individual sessions with you and your spouse (including de facto spouse) and a joint session with the recipient. The background to the donation, and complex emotional and social issues, including future needs of any offspring for information about their origins, are discussed. Also explored are the legal framework, donor registry, consent implications and plans for future exchange of information and contact between parties. Note that all information collected by us in the course of the medical assessment, the testing and the counselling is strictly confidential and nothing will be passed onto the recipient without your written permission.

## Genetic Counselling and testing

Careful thought should be given to the implications for you, the donor, of the genetic counselling and testing process. Sometimes information will arise that can have important consequences for yourself and your own family.

### What is Genetic Counselling?

Genetic counselling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease.

### Why is Genetic Counselling important in a donation process?

Genetic counselling will carefully document the genetic background of the egg donor so that if a child has health problems in the future, they have access to a full account of their genetic background. There is also the opportunity to provide expert advice and support in considering the long-term implications of any genetic information that emerges. There are some instances where we need particularly detailed information to be recorded and considered, such as a family history of genetic problems, any past complications in pregnancy such as miscarriage, families from some ethnic backgrounds and where the donor is older than usual.

### Do I need to prepare for the Genetic Counselling session?

Yes. Prior to the genetic counselling session you will be asked to gather information about your family medical history. Such information is of a very personal and sensitive nature and is often very difficult to gather. However, whatever information you do discover will be valuable to the genetic counselling process and enable the genetic counsellor to make the best use of the genetic counselling session.

To assist and guide your family medical history gathering, please refer to the information sheet titled '*Documenting Your Family Medical History*'.

## What happens during the Genetic Counselling session?

During the session, the genetic counsellor will go through the family medical history gathered. This will help you understand the inheritance patterns of any potential disorders and assess the chances of a child born as a result of your donation being affected with those disorders. The genetic counsellor will distinguish between risks that every pregnancy faces for all couples and risks that are specific to pregnancies that may result from your particular donation. The genetic counsellor will also discuss with you the specific tests that are planned for you, including the karyotype (chromosome analysis) and the Cystic Fibrosis and Thalassaemia genetic testing performed as a part of the donor assessment process.

**Karyotype:** The karyotype is able to identify any chromosomal anomalies that may increase the risks of a pregnancy being affected with a severe chromosomal abnormality.

**Cystic Fibrosis:** Cystic Fibrosis is a genetic condition that affects many organs in the body, especially the lungs, pancreas and sweat glands. About 1 in 25 people of European Caucasian ancestry are genetic carriers of Cystic Fibrosis and are at increased risk of having a child born with Cystic Fibrosis.

**Thalassaemia:** Thalassaemia is a genetic condition that can lead to serious diseases in the red blood cells. A person who carries only a single thalassaemia gene may have mild anaemia, but usually has good health. At least 1 in 20 adults carry a single gene for this condition, however the chances are higher in certain population groups such as those from Asia, Africa and Southern Europe.

**Fragile X:** Fragile X is a genetic condition characterised by varying degrees of behavioural, emotional and learning difficulties. It affects about 1 in 4,000 males and between 1 in 5,000 and 8,000 females. The gene that causes Fragile X is found on the X chromosome and therefore men, who only carry one X chromosome, are at most risk of being affected. As women carry two X chromosomes, if one chromosome is affected they will be a carrier for the condition. The sons of a female carrier have a 50% chance of receiving the faulty X chromosome and being affected with the condition. Daughters also have a 50% chance of inheriting the faulty chromosome and being a genetic carrier for the condition. Female carriers have an increased risk of premature ovarian failure.

**Further genetic tests** may be needed in some ethnic groups (e.g. Ashkenazi Jews) and, if these are necessary, the genetic counsellor will explain this to you.



## Second appointment with an IVFAustralia affiliated specialist for review and treatment plan

Finally, all test results and their findings will be discussed with you. If anything arises during the assessment process that could have serious implications for the health of either yourself, the recipient or any child conceived, the doctor will discuss with you whether you are prepared to consent to release of that information to the recipient. In some circumstances if the information is serious and you decide not to release that information, it may not be possible to proceed with the egg donation.

## What is involved in donating eggs?

Egg donors will need to undergo an IVF cycle. Hormonal medications will be given to induce the ovaries to produce and mature multiple eggs so that a good number of embryos can be created and the recipient has the best chance of a pregnancy.

The medication is given for approximately 12 days by subcutaneous injection, which is an injection into the skin, not a vein. Donors and/or their partner are taught how to give these simple injections so that the time required at the clinic is kept to a minimum.

Blood tests and ultrasound scans will determine when the eggs are mature enough to be collected. On average this is done 12 to 14 days after starting the injections. The egg collection is done in day surgery under light sedation and the donor can choose to be awake or asleep during the procedure.

The procedure takes approximately half an hour and, on waking, there aren't the usual groggy side effects of a general anaesthetic. Nausea and vomiting is unusual and you are usually able to go home around lunchtime. After egg recovery it is not unusual to feel quite tired and slightly bloated for several days, due to the combined effects of the drugs and the anaesthetic. Generally, you are able to return to work or normal activities the day after egg collection.

The eggs are taken to the laboratory and prepared for fertilisation. On the same day, or sometimes earlier (in which case the sample will be a frozen one), the recipient's partner produces a sperm sample, which is prepared by the laboratory for inseminating the eggs to allow fertilisation to occur. Following successful fertilisation, one or two embryos are then transferred several days later to the recipient's uterus where hopefully a pregnancy will result.

Your menstrual period is expected approximately 8-12 days after the egg collection. Periods may be more irregular for 1 to 2 months after the IVF cycle but will return to normal.

Following the IVF cycle we recommend an appointment with your IVFAustralia specialist and we ask that you see the counsellor as well. These appointments are to answer any questions you may have and to check that you feel emotionally and physically well following egg donation. Counselling may also be helpful for either the donor or the recipient, after either a positive or negative pregnancy result.

## Short term side effects of the drugs

The reaction to the drugs varies for each individual but common side effects include tiredness, abdominal distension, tender ovaries and breasts, vagueness and mood swings. In approximately 5% of women, in the second half of the cycle (after the eggs have been collected), the symptoms can become more severe and medical treatment is required. This condition is called "ovarian hyperstimulation syndrome" (OHSS).

## Future Fertility

Provided there are no complications during the egg donation cycle, there should be no effect on the future fertility of the donor. There is, however, a very rare complication where infection can occur following egg collection. This affects less than one in a thousand women but reduced future fertility may be a consequence if an infection occurs.

## Long term side effects of the drugs

The drugs used in an IVF cycle have been used for over 30 years and Australia is leading the way in studies to look at the long-term effects of them. These on-going studies involve over 30,000 women in all states of Australia. Currently the studies don't indicate any longterm increased risk of breast or ovarian cancer. In the past, there had been shown to be an increase in the number of women diagnosed with breast cancer in the 1st year after treatment with fertility drugs, however this was attributed to better surveillance of these women and the possibility of there being an existing underlying risk factor in these women.

## The NSW Donor Registry

Under current NSW law, a child born from a donated egg is deemed to be the child of the recipient couple and, as such, the recipients put their name on the birth certificate. As parents, the recipients have the same rights and obligations as other parents. These rights and responsibilities to the children continue even if the couple separate or divorce. Gamete donation is a specialised area of the law. If you have any concerns in this regard, you should seek your own legal advice. IVFAustralia is not qualified to provide legal advice.

## The NSW Assisted Reproductive Technology Act

The NSW Government has implemented the NSW Assisted Reproductive Technology Act, effective from the 1st January 2010. The NSW legislation has a number of important implications for patients who are considering whether to donate or receive donated eggs/sperm or embryos.

## The main points of the Act are:

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- ◆ donated eggs from a single egg donor is only allowed to create a maximum of five families (including the family of the donor).
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- ◆ when a child is born following treatment with donated eggs, identifying information about the donor of the eggs will be placed on a State registry.
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- ◆ once the child is 18 years of age, he or she will have access to this information.

All IVFAustralia donors will be asked to give their consent to this. If the donor is unable or unwilling to give this consent, it will not be possible for their eggs to be used in the medical treatment of another couple.

The Donor Registry is held at NSW Health in Miller St, North Sydney in strictest confidentiality. In the future, where a person aged 18 or above approaches NSW Health and can prove that he/she is a person who has been conceived from donated egg, they will be able to obtain access to identifying information about the donor from whose egg or sperm they have been created. No other person will be granted access to this information.

It is important to note that the legislation is not retrospective and does not apply to treatment provided before the 1st January 2010. In addition, there are two continuing exemptions from the Act.

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- ◆ there is an exemption from the Act for three years for couples who already have a child conceived before 1st January from the same donor.
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- ◆ embryos that have been created from donated eggs or sperm prior to 1st January 2010 can be used for up to five years to achieve a child.

## Arrangements for exchange of information

### What information are egg donors entitled to have about either the recipients or any family born from their donation?

Egg donors are only entitled to non-identifying information about the recipient families and any offspring born. However, there is little doubt that the voluntary information exchange of a known donor relationship helps the children in the future. In a known donor relationship, the recipient family may often give the donor information about the child although the recipients are not obliged to do this. On request to the clinic, an egg donor is entitled to be told about the number, gender, and the year of birth of children born to each family using her donation but will not be given any further information without the consent of the recipients of the donation.

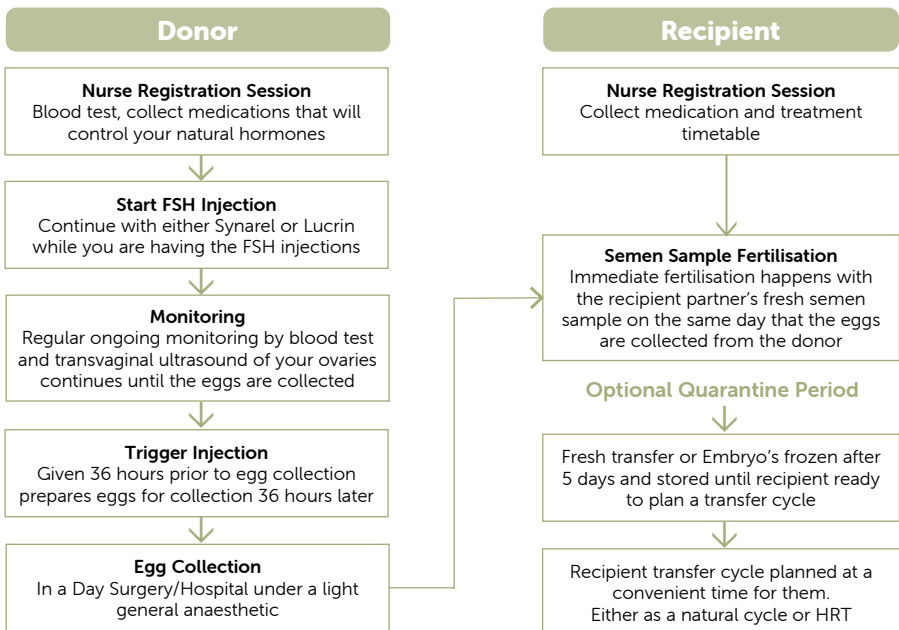
## What Information about the egg donor is given to offspring or recipient(s)?

The amount of information about the donor given to the offspring and recipients is dependent on the consent of the donor. Most of the time, in a known donor relationship, there is exchange of information between donor and recipient. Often the amount of information exchanged will depend of the level of mutual trust, level of comfort and shared plans regarding the donation and the length of the relationship.

The **minimum** information about the donor that we are obliged to provide to the recipient includes:

- ◆ relevant medical history summary
- ◆ a questionnaire completed by the donor (e.g. eye colour, personality traits, education, ethnicity etc)
- ◆ date of egg collection and age of egg donor at egg collection
- ◆ last date of contact with the donor.

Once the conceived children turn 18 years of age, they will be entitled to identifying information about their donor. This information will be the donor's full name, date of birth and the last known address. This information will also be provided to and stored with the NSW Donor Registry at the NSW Department of Health.



## Having treatment with donated eggs

### Who can be helped from egg donation?

All women are born with a finite supply of around 2 million eggs. Her eggs are, normally, released by the body each month, until a woman reaches menopause, which occurs, on average, around the age of 51.7 years. It has been established that the egg quality diminishes with age with the best quality eggs released between the ages of 22 to 35. Women over forty experience a slightly faster decline in egg quality. By age 45, a woman will have approximately a 1% chance of conceiving naturally and around a 10% chance of having a pregnancy that carries a genetic problem.

There are many reasons why some woman may need to use donated eggs. For example:

- ◆ in some women, their supply of eggs has ceased or the number and quality of these eggs is reduced. This can occur because they are near menopause.
- ◆ some women have premature ovarian failure (early menopause) due to chemotherapy treatment for cancer, a genetic history of early menopause or other reasons.
- ◆ other women, often for reasons unknown, just do not produce eggs that are capable of sustaining a pregnancy.
- ◆ in some cases, a woman may be a carrier of a genetic condition that she does not want to pass on to a child.  
In these situations, egg donation may be the only option for these women to have a chance of having a healthy baby.

Most recently, the largest group of women requesting egg donation is women in their late 30's or early to mid 40's. They have often undergone several attempts of IVF without any success and the scientific evidence suggests they are not producing eggs that are capable of developing healthy embryos.

We have no restrictions on overseas or interstate patients coming to IVFAustralia to receive treatment with donated eggs. However we do insist, for your own wellbeing, that you have a consultation with an IVFAustralia specialist and have the appropriate level of counselling to ensure that your health and emotional needs are being properly met. In particular, that you and your partner accept egg donation as a suitable path and that you both feel ready to undertake egg donation treatment. The consultation with an IVFAustralia specialist can be an initial telephone consultation to plan treatment followed up by a face-to-face visit at the time of the treatment.

IVFAustralia places no social or cultural limitations on women who wish to undertake egg donor treatment. However, IVFAustralia will not provide treatment to a woman who is beyond the natural age of menopause (her 52nd birthday) or to someone whose health could be compromised by a pregnancy.

We also have no restrictions for male couples who wish to access our egg donation program to start their family through a surrogacy arrangement. The process of preparation for the egg donor remains the same.

The donor's eggs are collected in the day surgery theatre and taken to the laboratory to be fertilised with your partner's sperm.

## Egg recipient preparation

For many years we have always aimed to synchronise the donors and recipients cycle together so that a resulting embryo can be transferred to the uterus done either 2-3 days after egg collection or in the case of blastocyst transfer, 5-6 days after egg collection. Some recipients may still wish to complete their cycle in this way.

This process requires the recipient to take hormone replacement therapy to synchronise the donor and recipient cycles so that the embryo can be implanted at the correct time. This can be a tricky process.

However, with the advance in freezing technology of embryos, we are now finding the success rates to be just as good if not better, if we freeze the resulting embryos and transfer your embryo to your uterus in natural cycle or HRT cycle following the donors cycle.

This way we can ensure that the embryo is implanted at the correct time and there is less risk of a cancelled cycle if synchronicity between the donor and recipient could not be obtained. The embryo transfer is done in the unit and is normally a simple painless procedure taking 5-10 minutes. The embryos are drawn up into a fine plastic catheter, which is passed through the cervix and into the upper uterus where the embryos are slowly expelled.

## The detailed process for the recipient (see flowchart on page 14)

**1. An appointment with an IVFAustralia specialist** (GP referral required) who will take a comprehensive medical history. The ART information booklet and all appropriate consent forms are provided along with a preliminary discussion regarding the implications. If the potential recipient does not have a known donor, suggestions will be provided on methods of finding and selecting a donor. This may be further explored in additional counselling sessions, if requested by the recipient. (Information on places to find an egg donor is provided at the end of this document.)

**2. Implications counselling** usually two individual appointments for the recipient and their spouse (including de-facto) are held with our Fertility Counsellor (available at all of our clinics). The background to the donation, complex emotional and social issues are discussed as well as the legal framework, donor registry, consent implications and plans for future exchange of information and contact. These individual sessions are usually followed by a joint session with the donor

and her spouse (including de-facto). The Fertility Counsellor signs and collects the consent form, which will be later discussed and signed with the treating specialist.

**3. Standard blood tests for recipients** are conducted to screen for heritable genetic conditions. There is also a waiting period of 3-6 weeks to wait for the results to be returned for the donor.

**4. Follow up medical appointment** with your IVFAustralia specialist to discuss any further issues, clarify any medical procedures, have a baseline ultrasound (all discussed in the Patient Information Handbook) and review and sign the appropriate consent forms. Both partners are again required to attend. At this time the specialist will plan the treatment cycle. In many cases, they will plan for hormone preparation of the uterus to make it more receptive to the embryo – this procedure is also outlined in the Patient Information Handbook.

**5. Nursing orientation** will provide very detailed information on the steps, medications, dates and medical procedures involved in the treatment process. A timeline of approximate dates will be calculated and provided during the orientation process.

Once all of the medical and counselling appointments have been completed and your donor has decided when she will have the IVF cycle. You will discuss with your specialist whether you will have a synchronised cycle or a frozen embryo transfer.

If you are planning a synchronized cycle. Your cycle is synchronised by using oral medications (oestradiol valerate tablets and vaginal progesterone pessaries) to create an artificial cycle. You may need a trial cycle prior to the egg donation cycle to ensure the lining of the uterus and hormone levels respond to these medications.

If you freeze your embryos from your donor's cycle. Your IVFAustralia Specialist will discuss and plan for you a thaw cycle to transfer your embryo. This can either be a natural cycle, where we monitor your menstrual cycle and plan the transfer at the appropriate time after ovulation. Or we plan a medicated cycle using the oral medications (oestradiol valerate tablets and vaginal progesterone pessaries) to create an artificial cycle then transfer the embryos at the appropriate time.

## What does egg donation treatment cost?

The recipient is required to pay for all the costs of the donor's assessment and treatment. There are several separate components to the costs of treatment with donor eggs.

### Donor preparation expenses

This includes the expenses involved in counselling and medical testing of the donor. This is covered by a single charge that is payable at the time of the initial medical consultation of the donor. There is a specific consent form, for these charges, that outlines the individual expenses involved.

The charge for these expenses is non-refundable even if the donor does not continue with the donation.

This charge does NOT include the costs of medical assessment of the donor (i.e. doctor consultation) or of the necessary pelvic ultrasound for oocyte donors as these charges are highly variable. The donor will normally be invoiced for these services at the point of provision and the recipient may be required to reimburse the donor.

Once the donation is complete, you will also be liable for ongoing storage fees for any remaining donated gametes or embryos in storage.

## Costs for the cycle

The costs for the actual donor egg treatment cycle are complex. The Unit Administration Manager will normally go through these in detail with you and include:

- ◆ The costs for the treatment cycle of the recipient at IVFAustralia, including ICSI. In some circumstances, it may be possible for the recipient to reclaim some of this under the recipient's safety net. Discuss this with the administration manager.
- ◆ The costs of the medication for the donor
- ◆ The cost of the recipient monitoring cycle
- ◆ Hospital costs for the donor. We will normally bill the donor in advance for these and we will then pay the anaesthetist and the hospital. In some circumstances, the donor may be willing to use their own health insurance for this and this should be discussed with the administration manager.
- ◆ Hospital costs for the recipient.

Details of all of these costs are available from our administration staff, who will go through all of this before a cycle is started.

## Thinking it over

### Implications to consider for potential donors & recipients

When deciding to become an egg donor or recipient there are many psychological, legal and ethical factors to consider. Your IVFAustralia counsellor will help take you through many of these implications to assist you in coming to a fully informed decision. Many people will have already researched and discussed the implications of egg donation before beginning the formal process with IVFAustralia.

It can be helpful to discuss these issues with your partner and with the donor before the initial medical consultations. Your counsellor is required by the State



Legislation (2007 ART Legislation and its Regulations, RTAC guidelines, Human Tissue Act and NHMRC Guidelines) to demonstrate that potential donors and recipients have discussed and understood a range of topics relevant to the welfare of any potential child created from donation, the donor, the recipients and any children currently in the families involved.

**Issues raised in this session include:**

- ◆ Exploring the reason/s why the donor wishes to donate and any overt or covert coercion or pressure there might be to proceed with the donation
- ◆ How the donation will affect the donor's current life situation
- ◆ Whether both partners agree with the idea of the donation and whether there are any serious reservations or concerns for any party
- ◆ The donor's and the recipient's personal background and family history. This includes: mental health issues, alcohol/drug use, hobbies and interests and occupation
- ◆ How all the parties will feel about children born with the assistance of the donation
- ◆ The potential for feelings of grief and loss should the donation not succeed
- ◆ Values, beliefs and wishes regarding termination of an abnormal pregnancy and around the use of embryos that are surplus to the needs of the recipient
- ◆ All parties understanding of the process and risks of treatment
- ◆ Readiness of all parties to undertake egg donation, particularly the recipient's level of acceptance and understanding of the significance of the decision
- ◆ Recipients feelings about the fact that one parent will be genetically related to the child, but the other won't and anticipated long term consequences of this fact.

The effect of the donation on the donor's and the recipient's families including existing children, partners and immediate family

- ◆ 'What if' scenarios and their consequences are explored for a range of areas of family life related to egg donation and family dynamics
- ◆ Expectations are shared regarding contact between the donor and recipients and any potential child born from this process
- ◆ Telling the children and other family members about the donation: who, what, how, why and when
- ◆ Legal framework - IVFAustralia Counsellors are not qualified to give legal advice and recommend that qualified legal counsel is suggested for donors who have any legal concerns.

It is important to note that, while the IVFAustralia counsellors are all registered psychologists or social workers, no formal psychometric assessment of the mental health of the donors, nor their ability to cope with donating, is made. If the counsellors note anything of concern in the session they will make a recommendation to the treating infertility specialist.

Information shared in every counselling session at IVFAustralia is confidential. However, because IVFAustralia is a medical clinic, information affecting a patient's medical treatment may be recorded on the medical file.

### **Telling children about their conception**

The welfare of the child is important and this includes any current children of the recipients or donors. Current research and the experiences of offspring conceived through donation suggest that children should be told of their biological origins from an early age and that secrecy can have adverse effects on family relationships. Parents may feel anxious about how and when to do this, and how their children will react. There is no one right way to go about this. Advice on how and when to tell children about their genetic origins is available from your counsellor, who will be able to provide you with extensive resources on this topic.

### **Exchange of information and plans for contact between donors and recipients**

Information can be exchanged either through the IVFAustralia clinic or directly between donors and recipients, provided all parties agree. It is recommended that both donors and recipients provide documentation of their preferences for the future exchange of information and contact during the counselling process. Donors can nominate their preferences on the Donor Questionnaire and ask to have this documented in the counselling notes. Recipients can describe their preferences in a letter or email and ask to have their preferences documented in the file notes. It is important that all parties continue to update their contact details with IVFAustralia so that IVFAustralia can facilitate requests for future exchange of information.

Preferences for exchange of information that are nominated during preparation for donation will not be binding in the future. Rather, they will be used to guide IVFAustralia clinic staff as to whether an approach for exchange of information or contact will be welcome. All future approaches for exchange of information and contact can be considered and either declined or consented at that future point in time. Letters, photographs or other information may be placed on file for future exchange, providing there is mutual consent to that exchange of information. If one party only gives consent, the information will be held on that party's file and a file note made in the other party's file indicating that information has been received by the clinic.

## Relationship between egg donors and recipients

It is expected that recipients will find their own egg donors, either through advertising or using word of mouth to let relatives, friends, neighbours or work colleagues know that they need the help of a donor. We expect that patients will attend their first medical appointment, having recruited their own donor, who is known to them.

When donors are found through advertising, the recipients may sometimes know them only superficially. In these cases, both parties discuss their plans and assumptions about future contact and roles. A known relationship can allow for important information for all children involved and provide a basis for the future needs of all parties, bring reassurance to either or both parties and allow a sense of control. However, sharing personal information before trust has been built may seem risky. It may also require careful consideration of the emotional needs of all parties and require appropriate boundary setting. Either or both parties may also have a desire for privacy and / or the desire to have very little contact in order to 'make the baby seem more like the recipient's baby'. The donor may wish this in order to feel less attached to the baby and the recipient may wish for this in order to reinforce their feeling of being the legitimate parent. Where the donor is a relative or close friend, there may be similar issues to consider as well as other equally important, but different considerations. In particular, potential pressures that could surround the decision to donate, potential emotional reactions that may emerge and exist in the relationships between all parties and ways people may manage the feelings and reactions of other friends and family. Some of these feelings may include: gratitude, a need for space, jealousy, joy, anxiety and uncertainty. Professional counselling is available to support all parties before, during and after the egg donation process.

It is critical to any donation decision that the donor is fully informed of the risk processes and consequences of donation. The relationship between donor and recipient should be free of coercion and the donor must have every opportunity to change her mind before starting treatment, should she so wish. The donor's partner must also be involved as it will potentially impact on his lifestyle during (and possibly after) treatment and may also have an impact on his life in the future and also may impact his/their other children.

## Medical considerations

The donor is entitled to all results of her blood tests and investigations. If new medical information about the donor arises, during the course of the assessment, medical and counselling support will be provided. If IVFAustralia becomes aware of any hereditary medical or genetic condition arising in either a donor or any child, other families created through that donor's egg donation at IVFAustralia will also be notified.

## Finding an egg donor

### Asking a person to be an egg donor

Some recipients may prefer to try and have a child using a known egg donor, who could be an acquaintance, friend or family member. The following points may be useful in deciding whether a person could be a suitable donor for you, including how to approach the topic of them possibly donating eggs.

- ◆ Consider what criteria you might be looking for in a donor, for example what level of involvement do you wish to have with the donor after a potential child is born? How important are aspects such as the donor's appearance, religion, personal characteristics, morals and beliefs, level of education etc.
- ◆ What motivations of the person donating are important to you?
- ◆ What is in the best interests of the potential child in terms of their relationship with the donor? Is it possible for these conditions to be met by the donor you are contemplating?
- ◆ Would the donor feel like they were under some type of obligation to donate to you, whether you intend it or not?
- ◆ What factors would exclude someone potentially becoming a donor for you?
- ◆ If you feel you cannot approach the person directly initially, see if you can gauge what their thoughts are on assisted reproduction, particularly the need for donated gametes. You may be able to gain insight by talking to people who know them well, but be mindful of the donor's feelings.
- ◆ One low-pressure way of raising the subject is simply stating your own position and need of an egg donor, rather than actually asking someone to become a donor. This can give a person time to think about whether or not they wish to approach you. It can also sometimes lead to offers from their friends and family.
- ◆ Keep in mind if you find it difficult to approach a person, how would it be to tell a potential child?
- ◆ Consider the time and the place that you wish to initially broach the topic of donation so you both feel comfortable.
- ◆ Try and include their partner in conversations too, it is important to be open and honest and their consent is also required if your potential donor is to proceed. Some partners can feel that they have been forced into a decision if their partner agrees to donate before discussing it with him first. This could pose serious problems for donation down the track.
- ◆ Allow your potential donor and their partner plenty of time and space to make their decision. Let them know you are open to discussing your expectations and theirs in relation to the future. Let them know it is O.K. if they do not want to go ahead.
- ◆ Advertising for an egg donor

Couples who need the help of an egg donor commonly advertise in the press and in online communities. It can be helpful to read some of the advertisements that others place in order to consider your own advertisement. Some places that egg donors have been recruited from include:

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|---------------------------------|--|
| ◆ <b>Aussie Egg Donors</b>      | <a href="http://aussieeggdonors.com">aussieeggdonors.com</a>                 |
| ◆ <b>Egg Donation Australia</b> | <a href="http://eggdonationaustralia.com.au">eggdonationaustralia.com.au</a> |
| ◆ <b>Egg Donor Angels</b>       | <a href="http://eggdonorangels.com.au">eggdonorangels.com.au</a>             |
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### Considerations for writing an advertisement for an egg donor

When designing an advertisement, it may be helpful to consider some of the following points:

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- ◆ important facts that need to be included to assist in attracting suitable donors
  - ◆ how memorable or attention grabbing is your advertisement?
  - ◆ the emotional impact on the reader or potential donor
  - ◆ what information you are prepared to share - and what you would like to keep private
  - ◆ qualities about you and your partner / family that may be important to a potential donor
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### We can treat donors who do not live near an IVFAustralia clinic

Some egg donors have undertaken egg donor cycles while they live in cities where there is no IVFAustralia clinic. In this case, some appointments would need to be in Sydney and other monitoring can be done through local clinics. Your treating IVFAustralia specialist will advise and coordinate a cycle outside of the area of an IVFAustralia clinic.

### Going overseas

Under Australian law commercial egg donation is illegal and cannot be offered here. However, we do understand that for a variety of reasons it is an option considered by some of our patients. There is a great deal of information available about clinics all around the world on the internet but there are numerous things to consider when going overseas. Our counsellors are happy to meet with you and

discuss the issues, questions to ask and provide you with resources that can help you identify the best option for you.

One of the main things to be aware of is that many countries only offer anonymous donation. This means that a child will never have the opportunity to get any more information about their donor, unlike in Australia.

Some clinics can negotiate on this point but many are unable to as it is in their legislation that anonymity be preserved. It is important to think about how this lack of information could impact on a child in the future.

## Further information

### Weblinks

**IVFAustralia** [ivf.com.au](http://ivf.com.au)

**ACCESS Infertility Support** [access.org.au](http://access.org.au)

**NSW Health** [health.nsw.gov.au/aboutus/legal/art.asp](http://health.nsw.gov.au/aboutus/legal/art.asp)

for information about the NSW Donor Registry

**Donor Conception Network (United Kingdom)** [dcnetwork.org](http://dcnetwork.org)

There are a series of booklets titled 'Talking and Telling' available for free download which consider many aspects of telling children and others about donor conception.

Victorian Artificial Reproductive Technology Authority [varta.org.au](http://varta.org.au) is the statutory body established by the Victorian Parliament to administer the regulation of infertility treatment within the State of Victoria, Australia. It has been established under the provisions of the Infertility Treatment Act 1995. It has very useful information to assist people with decisions about telling about donor conception, finding an egg donor and travelling overseas for treatment. These resources are available free of charge and are in pdf format.

### Other resources

**Telling & Talking** free downloadable booklets from [dcnetwork.org](http://dcnetwork.org)

**Let the Offspring Speak** from the Donor Conception Support Group

**My Story** [dcnetwork.org](http://dcnetwork.org)

**X, Y and Me Books** [xyandme.com.au](http://xyandme.com.au)

Bourne, Kate. (2002). **Sometimes it takes three to make a Baby: Explaining Egg Donor Conception to Young Children**. Melbourne: Melbourne IVF. ISBN: 0958190305. (Children's Book)





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