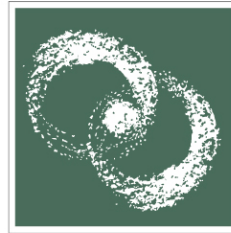


Egg Donation and IVF

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The desire to reproduce and have one's own children is primarily instinctive – though also of course influenced by our social environment, personal histories and hope to create a family unit.

There is a steady decline in fertility with advancing age. A female baby is born with around 4 million eggs. By the time of puberty, when a girl starts ovulating, the number of eggs has already reduced to about 300,000. Although only one egg is released every month, hundreds of eggs are lost at the initiation of the ovulatory process. Not only is there a decline in the number of eggs with advancing age, but also a deterioration in egg quality. With advancing female age, there is an increased incidence of chromosomal abnormalities which not only results in a higher risk for babies born with conditions such as Downs Syndrome, but also results in many embryos less likely to implant in the endometrium after fertilization.

As such, it is more likely that the older woman will have a lower chance of successful pregnancy following in vitro fertilization. This is due to both egg quantity and quality.

For such women, the recommendation to consider donor eggs will still often come as a shock.

Undoubtedly the most important variable that predicts success with in vitro fertilization is the age of the egg provider. This is reflected in our in vitro fertilization experience. The chances of a successful birth with eggs over the age of 40 may be less than 20% per aggressive IVF attempt, whereas success rates with eggs under the age of 30 will be close to 60%. Patients confronted with a recommendation to consider egg donations may have already been traumatized by having to deal with the anxiety and the stress that goes along with pursuing fertility treatments in the first place. The additional shock of not contributing the genetic material that makes the embryo adds yet another loss which reinforces the stages of mourning, shock, denial, anger, bargaining, depression and finally acceptance.

The decision to use an egg donor to enhance the chances of a successful pregnancy with in vitro fertilization becomes a classic battle between the head and the heart. However, the most basic instinct to reproduce drives the heart to prefer using one's own genetic material. The concept of egg donation does force one to look at the big picture.

The miracle that allows a woman's immune system to accept an implanting embryo does not require that the mother be genetically related to the embryo, and this has paved the way for young women to donate their eggs to older women and allow successful pregnancy. In vitro fertilization with egg donation allows a woman to still be the biological mother by carrying and delivering her baby, although she would not be the provider of the genetic package. Compared with adoption, egg donation is a wonderful alternative which still gives her the opportunity of participating prenatally, experiencing pregnancy, birth and followed by breast feeding – while still allowing her husband to contribute genetically. Our experience is that by the time recipients of donor egg embryos deliver, most of the concerns over bonding and relatedness dissipate as they become new mothers.

FREQUENTLY ASKED QUESTIONS ABOUT DONOR EGG IVF

1. What exactly is involved with donor egg IVF?

The egg donor would need to go through a cycle of superovulation (for the in vitro fertilization.) During this process, her ovaries are stimulated with fertility drugs (ovulation induction). The eggs grow in capsules of fluid called follicles. These are monitored by ultrasound. On average, 12-14 days of fertility drugs are required to stimulate eggs to a level of maturity.

During the stimulation the ovaries are monitored by ultrasound. When the eggs are ready, they are retrieved from the ovaries by transvaginal ultrasound. At this stage, the role of the egg provider is over. These eggs are then fertilized in the laboratory using the desired sperm.

At the same time that the donor is going through her in vitro fertilization cycle to retrieve eggs, the prospective recipient (Intended mother) will receive hormonal medications to prepare her uterus to receive the embryos. While the egg donor is having her fertility injections, the recipient will be taking medications(estrogen and then progesterone) to prepare the endometrium.

Once the eggs have been fertilized in the laboratory, they are cultured for three to five days and then the best embryo/s are transferred into the uterus of the mother-to-be.

2. How do I find an egg donor ?

Younger sisters, first degree relatives or friends may be good choices. Most of our patients are completely overwhelmed at the thought of finding an egg donor, and secondly of asking someone to do something so personal - always fearing the risk of rejection. There are sensitive ways in which to do this, however it always takes courage. Sharing your fertility history with someone who may be a suitable egg donor is a way of getting the message across that you need help - without actually asking the question and causing some personal discomfort.

The internet is also an amazing resource, and I have had many patients find altruistic egg donors through this medium.

It is very important that we comply with Canadian Legislation which does not allow the payment of money for gametes (Eggs and Sperm) However, being an egg donor can

be a costly business for the egg donor - time off work, medication costs, travel, etc. - so it is perfectly legal to compensate the donor for her expenses.

3. What are the legal requirements surrounding egg donation?

If necessary, we can direct you for legal counsel. Although we strongly recommend that a legal agreement is drawn up in the cases of surrogacy (gestational carriers), that is not always the case with donor egg IVF. In British Columbia the birth mother is the recognized legal mother.

4. What is the role of the mental health professional (reproductive psychologist) in this process?

It is essential that all parties involved have a consultation with our reproductive psychologist. He will evaluate the donor and intended parents regarding the suitability for donor egg in vitro fertilization.

Our reproductive psychologist at VFC is Dr. Eric Ochs, who can be contacted directly at 250 516 5414. It is required by Health Canada for both the egg donor and the Intended Parents to have a consultation with a reproductive psychologist before proceeding.

5. What is the law in British Columbia regarding egg donation?

The federal law is that the only exchange of monies between the intended parents and egg donor can be for the expenses incurred during the process. The legislation prohibits the buying and selling of gametes (meaning eggs and sperm) The egg donor may of course be compensated for her expenses – which includes drugs costs, travel, accommodation, time off work etc.

Although there is no specific B.C. statute regarding ovum donation, the understanding is that the intended parents of the child will be recognized as the child's legal parents rather than the egg donor. The same applies for sperm donation.

6. What are some of the main factors that intended parents should consider when selecting an ovum donor?

Intended parents should consider the genetic history, physical characteristics, ethnicity, general interests, education and employment background, pregnancy history, lifestyle and personality.

7. What are the arguments in favour of disclosing the fact of the egg donation to resulting off-spring?

Proponents of disclosure assert that the child has a right to know about their genetic heritage. There is nothing shameful or degrading about ovum donation. Holding a secret of this enormity, regardless of the content, can set up a harmful dynamic within the family. Open communication and sharing of information in a positive framework will affirm that it is not merely genetics that create family bonds.

We at VFC will respect parents' opinions - however support openness and disclosure. We believe that it is in the best interest of the child to be open and honest. There are wonderful books available to help parents explain to children.

8. What are the arguments in favour of not disclosing the fact of the ovum donation to resulting off-spring?

Proponents of nondisclosure assert that information will be confusing and burdensome to the child. The child may reject the intended mother and feel frustrated that they will never be able to make contact with their genetic link. Although the donor's contribution was crucial, the intended mother is the biological mother. Ovum donation is distinguishable from adoption in that there never was a legal relationship between the donor and the child. The mother is the one who cares for and nurtures the child.

We at VFC encourage parents to be open and honest with the child - and as mentioned already, there are excellent books available which explain all forms of ART (assisted reproductive technologies) very sensitively to the young child.

9. What are the choices of the intended parents in regard to the disposition of remaining unused embryos?

Remained unused embryos may be cryopreserved for the exclusive use of the intended parents, discarded, donated for medical research or donated to other infertility patients. The parties should reach a mutual understanding regarding the disposition of cryopreserved embryos.

10. What are the costs involved ?

(these are the costs to VFC only and do not include the Egg donors expenses such as travel, accommodation etc)

The cost of a consultation is \$200 per person

(If you have a referral from your family physician for "Infertility" then this consultation fee will be covered by the Medical Services Plan if you are Canadian)

The cost of a consultation with our reproductive psychologist is \$150.00

The cost of an IVF egg donor cycle is \$6750.00

The drug costs are extra and can vary between \$2500 and \$5000 depending on the age, weight and ovarian reserve of the ED

(If ICSI is required because of poor sperm quality the IVF ED cycle cost is an extra \$1000 - so the cost would rather be \$7750.00 for the cycle.)

If there are surplus embryos to freeze - this is an extra cost of \$600.00 (this includes the storage fee for a year)

11. How long does the process take ?

Once you and your donor have had your initial consultations, it normally takes a few weeks to get the necessary blood tests, ultrasounds and psychological consult done. Both the egg donor (ED) and Intended Mum (IM) then need to have their cycles synchronized by taking the Birth control Pill for a few weeks – before the ED starts her fertility drugs (to recruit and grow eggs) and the IM starts her estrogen (to prepare her uterine lining)

So in summary – after the consultations have been done – it takes at least 4 – 8 weeks before starting the cycle itself. Once the cycle starts (i.e. the starting of the fertility drugs etc) it is usually another 18 – 20 days before the egg retrieval, and then another 3 – 5 days before the embryo transfer.