

Patient Information: Overview of Egg Donation Altruistic Donation and Egg-sharing

Background

There is a large and growing demand for donated eggs to enable many women to have the children they desire. There are many reasons why women cannot have children using their own eggs, but the methods are now in place to enable such women to conceive using the eggs provided by others. This can be done by either altruistic donation or by egg sharing, whereby a woman going through her own fertility treatment can donate some of her eggs for the treatment of others.

There are implications for those considering donating eggs, and it is very important that these are addressed early in the stages of considering the process. We have an experienced counsellor at GCRM who can help in these matters, and we strongly recommend a meeting with her.

The regulations

There are extensive regulations covering the donation of both eggs and sperm, and the Human Fertilization and Embryology Authority (HFEA) has set down a number of good practice guidelines and rules with which all centres must comply.

GCRM will be required to assess suitability by judgement against the standards laid down by the HFEA, and these will include a personal or family history of heritable disorders and transmissible infections.

If the donor has children, the implications of the donation for themselves, their existing families and any offspring born, both in the short and longer term. If the donor does not have children, the implications for themselves and any future family must be addressed

The normal sequence of consultations is:

Initial consultation (with a doctor) when many of the issues will be covered, and a blood sample may be taken to assess ovarian reserve, and contact details for the counsellor will also be provided. This will be followed by a "screening" appointment (with a senior nurse or doctor) when the remaining tests will be completed.

Your first consultation:

At your first appointment we will take a detailed history from you and ask you to complete a questionnaire to provide details required to become registered as a donor. You will be provided with a broad overview of how the treatment process is likely to proceed. We will answer your questions and address any concerns you may have.

If you have not had the blood tests required by the HFEA (Hepatitis B & C, HIV) already, you could have them taken at this first visit or, if you prefer, arrange to have them done when you see the nurse. We will discuss the other possible tests specific to donation, for example the test to see if you are a carrier of cystic fibrosis. If you have had some of these tests performed previously, please could you ask your GP to complete the test results (with dates) and bring this with you.

We will give you an information leaflet about your proposed treatment

Subsequent consultations:

The screening visit.

Once you have decided to proceed with egg donation, we will make an appointment for you to speak to one of our nursing staff who will go over the proposed treatment plan in detail, and answer any further questions and review and complete the

necessary paperwork and consent forms, including the [HFEA consent forms](#) for you to complete or take home for consideration.

At this stage, you will have had the opportunity to take up counselling regarding the many issues and implications of the proposed treatment. GCRM will have identified and advised a recipient who will also need to be prepared for treatment.

The treatment cycle and the drugs

The treatment process is almost identical to a standard IVF treatment cycle. In a normal menstrual cycle only one or two eggs are produced each month, therefore it is necessary to stimulate your ovaries to produce more eggs in the one cycle. This can be achieved by stimulating your ovaries with daily injections of FSH (follicle stimulating hormone), at the same time as taking control of when you release the eggs (ovulate). The treatment involves a few visits to the clinics to have blood taken and perform trans-vaginal ultrasound scans to record your response. When there is adequate response to the injections you take the final injection of HCG (human chorionic gonadotrophin) which enables us to retrieve the eggs when you come to theatre.

The egg retrieval is done with 'conscious sedation' and under the guidance of the ultra-sound scan. The egg-retrieval process takes only 15 – 30 minutes but you would be in the GCRM for 2-3 hours for the procedure and recovery. You would need to be collected and it is advised that you stay with someone for the rest of the day until the effects of the sedation wear off.

In the case of altruistic egg donation this would be the end stage of your treatment. In the case of an egg-sharing arrangement the eggs would be shared between you and the Recipient and your eggs would be fertilized with the appropriate sperm.

Frequently Asked Questions

The HFEA provides considerable information for people considering becoming donors or recipients through arrangements of egg donation or sharing. These FAQs have been selected from the HFEA website.

I am considering egg sharing. Does that mean that I'm a 'donor'?

Yes. Egg sharing involves donating some of your eggs to someone else for treatment. This means that the rules regarding donation apply to you. For more information see [For Donors](#) and [The HFEA Guide to Infertility](#). All these sources can be found on the HFEA web-site.

Can I find out if my donation has been used?

You can contact the clinic where you donated, and they will be able to let you know if any children were born from your donation, how many, their genders and the year of their birth(s). They will not be able to give you any information that may lead to the identification of anyone involved.

Can I still donate my eggs, sperm or embryos anonymously?

No, on 1 April 2005, the law changed so that anyone who registers to donate their eggs or sperm after this date must give identifying information. This information will be made available to a child born from the donation if he or she requests it after they turn 18. To find out more about how the recent changes in the law can affect you and your family, see [The HFEA Guide to Infertility](#), [The HFEA Register – for donors](#) and the [For Donors](#) section of this website.

How much do I get paid for my donation?

Donors cannot be paid for donating sperm or eggs, but you may claim for all “reasonable expenses” you incur when donating. You can now also claim compensation for earnings lost while donating: up to a daily maximum of £55.19 or a maximum of £250 per cycle of egg donation or course of sperm donation.

If you are donating eggs to others for treatment and also having treatment yourself (“egg-sharing”), you may receive a discount in the cost of your own treatment.

What if I change my mind about donating?

When you donate, the law requires you to give your written consent to your sperm, eggs or embryos being used in treatment. You can change, or withdraw, your consent at any time up to the point at which your sperm, eggs or embryos (or any embryos created from your sperm or eggs) are transferred to the person being treated.

Do I have any rights or responsibilities towards a child created from my donation?

Not if you donate through an HFEA-licensed clinic, which must conform to strict medical, legal and ethical standards. This ensures that everyone involved in the donation process is clear about their legal position and is protected by the law. You will have no legal obligation to any child created from your donation - you will not be their legal parent and you will not be named on the birth certificate. Neither do you have any rights over how the child will be brought up, and you will not be asked to support the child financially. You will be asked to provide information about yourself which a child born from your donation can access when they are 18 years old (see [The HFEA Register – for donors](#)).

If you plan to donate outside a licensed clinic, for example if you are considering donating fresh sperm, you may wish to consult a solicitor first. Where fresh donated sperm is used outside an HFEA licensed clinic, the donor is considered by law to be the child’s legal father, with all the responsibilities and rights that involves.

Where can I go for more advice about donation?

Your decision to donate sperm, eggs or embryos is an important one, with life-long implications. There are many issues to consider, and some of them are complicated. There are a number of organisations which can provide further information about the issues involved. You may also wish to discuss donating with the counsellor at the clinic where you are donating, as they will have experience in helping you explore the implications of decision, now and in the future.

Other helpful organisations include:

[The National Gamete Donation Trust](#)

[Donor Conception Network](#)

Further information and contact

This information sheet is intended as a guide and full details will be provided as you progress, and please feel free to ask for more information.

Please feel free to contact us on **0141 891 8749**.