



## **Egg Donor IVF (Recipient)**

Egg Donation is a variation of IVF treatment for women who have difficulty achieving a healthy pregnancy with their own eggs. Following ovarian stimulation, eggs are obtained from a healthy young donor and fertilized with sperm from the recipient's partner. One or two good quality embryos are then transferred to the recipient's uterus.

### **Candidates**

- Women whose ovaries are absent
- Women who have gone through an early menopause
- Women with reduced ovarian reserve (low antral follicle count, abnormal clomiphene challenge test or day-3 FSH > 12 IU/L)
- Women whose ovaries have not responded well to ovarian stimulation during IVF
- Women who have had poor egg/embryo quality during their IVF cycles
- Women with a chromosomal or genetic disorder that can be transmitted through the eggs
- Women less than 51 years old

### **Advantages of donor eggs, as compared to adoption:**

- You can have control over the prenatal environment
- You can experience pregnancy and delivery
- Your partner can be the biological father of the child
- You can have a genetic link with the child if the donor is a family member
- Your risk of miscarriage or chromosomal abnormalities will be related to the donor's age and medical history, not to your age or reproductive history

### **Donor Selection**

At this time, we do not have access to anonymous donors. In fact, Canadian law (Bill C-6) prohibits payment of donors, aside from reimbursement for expenses. Therefore, we can only accept **altruistic donors** who are friends or family members, who are not being paid for their participation, who are well known to you and with whom you are comfortable sharing this experience. This is not an easy decision – and not one to make alone. In addition to our medical and nursing staff, our clinical psychologist can help recipients and potential donors to examine the issues surrounding this option.

**An ideal donor** is a healthy woman under the age of 35. Previous documented fertility is not essential, although it is often re-assuring. The donor must speak and understand English, and be able to give free and informed consent to participate in this process. She must also be free of medical and genetic illnesses, and not at risk of acquiring AIDS, hepatitis or other sexually transmitted diseases. She must be willing to undergo extensive screening (medical history, physical exam, vaginal ultrasound, cervical cultures, a pap test and screening blood tests) before being accepted as an egg donor. If the donor has a partner, he must also have screening blood tests for infectious diseases and must attend the counseling sessions.

### **Counseling**

Canadian law mandates that the recipient couple and the donor (and her partner, if applicable) meet individually with one of our counseling psychologists to discuss the emotional, psychological, and social issues that may arise with this form of family building. The psychologist must provide a report of this meeting in order for us to proceed.

### **Legalities and Confidentiality**

As health care providers, we have a medical responsibility for both the donor and the recipient. Issues may arise during the screening to indicate the donor is not suitable. For reasons of confidentiality, we may not be able to disclose the issue(s) to you. All parties are required to sign the clinic's consent forms for IVF treatment and for the donor egg



process. Once the eggs are retrieved and fertilized, they are the property of the recipient couple, and cannot be reclaimed by the donor. If you have particular concerns about these issues, we recommend that you seek legal counsel prior to starting treatment.

### **Screening**

Screening of all parties is done in an attempt to minimize the risk of infectious or hereditary disease transmission and to maximize the chances of a pregnancy. Recipient couples will have routine blood screening and semen analysis as is done with all IVF couples. The recipient will also have an HSG or hysteroscopy to assess the uterine cavity, a vaginal ultrasound to assess pelvic anatomy and a mock embryo transfer to ensure the embryos can be replaced easily. The donor will undergo routine blood screening, testing for certain hereditary conditions (according to her ethnic background) as well as a vaginal ultrasound, vaginal/cervical swabs and a Pap smear.

There is, however, still a very small possibility of transmitting diseases such as HIV or hepatitis from the egg donor to the recipient. To eliminate this risk, the recipient couple may choose to cryopreserve (freeze) the embryos and quarantine them for a period of at least six months. After this time, the donor may be screened again for HIV and hepatitis, and if tested negative, the embryo(s) would be thawed and transferred to the recipient. The pregnancy rate with frozen/thawed embryos is slightly lower than with a “fresh” embryo transfer.

### **Scheduling Treatment**

A treatment cycle may be scheduled when screening and counseling of all parties has been completed and final approval is obtained from the staff in our Donor Egg Program. Medications should not be purchased until this time.

### **Recipient Preparation**

Once approval is attained to go ahead with a treatment cycle, a “target” month will be identified for the donor and recipient. Several weeks before, the recipient’s menstrual cycle will be suppressed with a medication called Lupron. This medication helps to synchronize the recipient’s menstrual cycle to the donor’s cycle. At a later time, the recipient will start taking a tablet called Estrace (a form of estrogen). Estrace helps to build up the lining (endometrium) of the uterus. On the day of the donor’s egg retrieval, the recipient will begin another medication called Endometrin (a natural form of progesterone) prepares the uterine lining for implantation of an embryo and early pregnancy. The recipient’s husband or partner must be available on the morning of the donor’s egg retrieval to provide a semen sample for insemination of the eggs, unless donor sperm is being used. One or two perfect embryos will be transferred to the recipient’s uterus three to five days after the egg retrieval. A pregnancy test will be done 16 days after embryo transfer if the recipient has not started her menstrual period. Please refer to the Centre’s “IVF Patient Information” package and the “Donor Egg Recipient – Instructions” for more detail.

### **Donor Preparation**

Once the “target” month is identified, the donor will be given detailed information about her medications and how to take them. The donor’s own menstrual cycle is suppressed in order to coordinate her cycle with the recipient’s and to prevent ovulation before egg retrieval. The medications used to stimulate the growth of several eggs (FSH and LH) are given by daily injections. The donor will be instructed on how to give the injections to herself. Several blood tests and vaginal ultrasounds will be performed to monitor the ovarian stimulation, as described in the centre’s IVF Patient Information booklet. It is important for the donor to use reliable contraception and to avoid intercourse from the start of the treatment cycle until after the egg retrieval so there is no chance of an unplanned pregnancy occurring during the month she donates eggs.

**Summary of Fees** The services surrounding Egg Donation and IVF and IVF with ICSI are not covered by British Columbia MSP. Please see The Kelowna Regional Fertility Centre’s fee schedule for current pricing.



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Services include the following:

Egg donor screening fee  
Egg donor's medical consultation  
Counseling (donor & recipient)  
Orientation fee (donor & recipient)  
Donor egg IVF cycle  
ICSI premium (if required)  
Medications for donor  
Medications for recipient

Additional Services:

Blastocyst (day 5) culture  
Freezing of surplus embryos  
Replacement of frozen/thawed embryos