

Disclaimer

Medical and scientific information provided by Dr Boothroyd on this website may not be relevant to your own circumstances and should always be discussed with your general practitioner or Dr Boothroyd before you act on it. This communication is confidential and may contain copyright or otherwise protected information of Dr Clare Boothroyd. If you are not the intended recipient of this communication please immediately destroy all copies. Reproduction of this information sheet is not permissible. Not for resale.

Oocyte Donation

[What is oocyte donation?](#)

Oocyte donation is the act of retrieving eggs from a woman who is happy for them to be used in the creation of an embryo which will be implanted into another woman. The first woman, the woman from whom the oocytes are collected, is called the donor. The woman in whom the embryos are implanted is called the recipient.

[What kinds of women are likely to be oocyte recipients?](#)

The commonest cause of a woman requiring to use another woman's eggs to have a pregnancy is because she does not have eggs in her own ovaries. This may have been present since birth and the commonest cause of this is Turner's Syndrome, which affects 1 in 40,000 births.

Another cause is premature ovarian failure where the eggs, for unexplained reasons, possibly genetic, run out before the age of natural menopause. Premature ovarian failure (loss of eggs before the age of 40) affects 1% of women.

Another group of women who may be oocyte recipients are women who have lost their ovaries because of surgery or chemotherapy related to cancer. They have subsequently survived from their cancer and wish to become parents. Rarely donor oocytes are used when a woman carries or has a genetic disease that the couple does not wish to hand on to their children.

Another uncommon situation where donor oocytes are used is where women have failed to conceive after repeated attempts on routine IVF.

[Who are the donors?](#)

Known donation is where the donor is a friend or relative of the recipient. This is common. Anonymous donors are women who wish for altruistic reasons to donate oocytes and have been recruited through community advertisements. Some of them are undergoing tubal ligation at the time of their IVF cycle. Numbers of anonymous donors are increasing.

[What are the requirements for a donor?](#)

A donor is generally required to be free of a family history of genetic disease. The ideal person is aged less than 35 years and has completed her own family. All donors are screened for sexually transmitted diseases including syphilis, hepatitis B, hepatitis C, human immuno-deficiency virus (AIDS virus) and where appropriate, according to race,

sickle cell trait and thalassaemia minor. The blood group is also checked, but not necessarily matched to the recipient. It is necessary for donors and their partners to sign a lifestyle questionnaire related to the HIV virus.

[What are the risks of myself or an embryo contracting infectious diseases?](#)

Because of the above precautions the risk is very small, but is not zero. One of the ways of reducing it further is to only utilize frozen embryos which are stored for 6 months. The donor is then checked to see that they have not acquired disease, in particular hepatitis B and C and HIV. This reduces the risk of transmission of the disease even further though never absolutely to zero.

[Are there other risks to the recipient or embryo?](#)

Multiple pregnancy is a risk as generally 2-3 embryos are transferred and multiple pregnancy is associated with increased risks to both mother and pregnancy. Congenital or genetic abnormalities may occur as with any pregnancy. The age of the donor (e.g. >35 years) may increase the risk of chromosomal abnormalities. Genetic diseases, previously unrecognised or manifest because of the genetic make-up of the sperm used in fertilization, may occur.

[What is the legal situation?](#)

Legally the recipient couple are the parents of the child and are responsible for deciding how much information is given to the offspring about their origins. Non identifying information about altruistic donors is available to recipient couples, but it is possible that, in the future, identifying information could be accessed if changes to the current legislation are introduced. This follows the model which has occurred with adoption of babies to other families in the past. If a known donor is used then the donation is known by the donor couple and the recipient couple and is thus relatively open information. Federal legislation states that the legal mother is the birth mother.

[What happens to a donor during the treatment cycle?](#)

The donor undergoes a standard IVF procedure. She takes a drug to temporarily switch off her pituitary gland (a pea-shaped gland located behind the eyes which sends hormonal signals to the ovary) and daily injections of hormones (FSH or follicle stimulating hormone). The intention is to produce 10-15 eggs. The donor has scans and blood tests to evaluate progress. When the eggs are ripe, an injection called HCG (human chorionic gonadotrophin) is given intramuscularly and the eggs are removed during an operation requiring general anaesthesia. The operation is performed using ultrasound through the vagina. There is a small risk of infection in the ovary which rarely may require treatment in hospital, a further operation and very rarely may require removal of an ovary. Antibiotics are often given during the procedure to reduce this risk. There is often abdominal discomfort before and after the egg pickup. It is important the donor uses some form of barrier contraception during the treatment cycle as sometimes oocytes may be left behind and be potentially fertilizable. The donor is advised to read information on ovarian hyperstimulation which is a risk with any IVF cycle. Adverse long term sequelae from oocyte donation appears to be non-existent.