

Oocyte Donation



Concept
Fertility
Centre

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WHAT IS OOCYTE DONATION?

Oocyte Donation is the procedure whereby an oocyte from a donor is fertilized by sperm from a recipient man (if recipient couple) or sperm donor (if single woman recipient) and the subsequent embryo is inserted into the woman's uterus with the intention of her becoming pregnant. The treatment has been used for many years.

WHO CONSIDERS OOCYTE DONATION?

Approximately one in 35 women are unable to produce their own oocytes. Indications for this include those women with:

- Low ovarian reserve or early menopause
- Absence of the ovaries
- Hereditary disorders
- Inaccessible ovaries (unable to collect her oocytes)
- Oocyte donation can also be used by women with advancing age and who have tried many IVF cycles without success.

For someone who fits the criteria above there are three choices. One is not to have children and to concentrate on developing their own lives and interests.

Secondly for some there is the option to adopt a child. Unfortunately this is difficult as

there are few children for adoption and waiting lists are very long. If a couple does adopt, they have a ready-made child, without the risk of complications of pregnancy and childbirth. However, they do not have the shared experience of pregnancy and labor, nor do they make any contribution to the genetic make-up of the child. The third choice is using donated oocytes.

Oocyte donation has the advantage that a pregnancy can be shared by the couple and half the genetic make-up comes from the father. The shared experience starts with the excitement of the missed period, the diagnosis of pregnancy and continues throughout the pregnancy, climaxing with the delivery of the child.

ED cannot protect the expectant mother from the complications of pregnancy and childbirth. Women who have children by ED have exactly the same risk of an abnormality in their children as those who conceive naturally. There is no decrease or increase in the risk of congenital abnormality.

WHO ARE THE DONORS?

The selection of women who apply to become oocyte donors is complex. In order to be considered as a possible donor, a woman must be aged between 18 and 35 years. Prospective donors must provide a full personal and family medical history and answer questions specifically about activities associated with risk of HIV infection.

The donor will be seen by a Concept clinician who will discuss medical issues, and she and her partner (if any) will be required to attend a counselling session to ensure complete understanding about what is involved and the legal issues associated with becoming a donor. If a donor knowingly withholds any information on any genetic condition that she has, she will be held legally liable for any legal action that may be brought about as a result of any child being born with that genetic disease.

Studies indicate the most common characteristic donors possess is a desire to help others. Oocyte Donors are often blood donors and many report having friends or family who have had a fertility problem.

WHO ARE THE CHILDS LEGAL PARENTS?

Legislation (*Artificial Conception Act 1985*) in Western Australia declares that the child conceived by a treatment involving the use of donated reproductive material is the legal child of the woman who gave birth and her consenting partner (if any) who signs the consent form. The donor has no legal rights or responsibilities. If it is established that a partner has not consented they will not be a legal parent of the child.

Amendments to the *Human Reproductive Technology Act 1991* allow the child to have

access to the donor's identifying information when they turn 16 years of age.

OOCYTE COLLECTION

If the donor meets the clinic requirements screening tests are undertaken for HIV, HTLV (Human T-cell lymphotropic virus), Hepatitis B and C, Syphilis, Blood Group and Cystic Fibrosis. If all these tests are clear the donor is examined by a Concept doctor who can review the family medical history and ensure that the donor is in good health.



The donor then undergoes an IVF stimulation program to produce a number of oocytes (refer to the IVF information sheet).

DONOR SELECTION

The non-identifying information about the donor is provided to recipients. This information includes race, ethnic origin, height, build, hair and eye colour and blood group and medical history. Consent documentation must be read and clearly understood before accepting this type of treatment.

GETTING STARTED

- ✓ An appointment with a Concept Fertility Specialists. A referral is needed for this appointment.
- ✓ An appointment with the Concept Counselor to discuss donor issues. Repeat sessions may be required.
- ✓ An appointment with the Concept Nurse Coordinator
- ✓ Screening tests
- ✓ Start the program

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WHAT IS INVOLVED IN OOCYTE DONATION?

The donor oocytes must be fertilized at the time of collection, which occurs in the middle of the donor's menstrual cycle after IVF stimulation. The resulting embryos may then be implanted into the female recipient or frozen for storage. The procedure used depends on whether the recipient's hormone and monthly cycle coincides with the donor or not. Ovulation is monitored by blood tests which must be undertaken daily to predict the exact timing of the oocyte donation.

The embryo transfer is a simple procedure rather like having a Pap Smear Test. It is done in the Concept theatre and does not take long. Afterwards the recipient is required to lie quietly for 30 minutes before being free to resume her normal activities and await the pregnancy test.

If a pregnancy does not occur the treatment may be repeated during subsequent menstrual cycles if further oocytes are available. If any embryos were stored, they could be thawed and a frozen embryo transfer cycle undertaken.

DECISION MAKING

In our society today there are many different ways to form a family. Oocyte donation is one way many people have chosen to produce their families. However, the decision may not always be straightforward, nor will each partner be certain that this method of family formation is for them.

All people considering the ED service must attend sessions with the Concept counsellor. The

decision to start on an oocyte donation program is one made in consultation with the person's doctor. It is, however, a decision which we consider to be a serious one and it may not be the right choice for all people. Due to the complexities involved in oocyte donation multiple counselling sessions might be necessary.

Even for those who proceed to oocyte donation, there can be social and emotional hurdles to be overcome. The clinic counselling service offers the opportunity to discuss the issues that might arise with oocyte donation. The counsellor may also be in a position to discuss the issues which have arisen for other couples who have children from the program. The legal aspects and issues such as telling the family, friends and the children about Oocyte Donation will be discussed with you in the counselling session which is required for all donors, recipients and their partners.

Consent documentation must be read and clearly understood before commencing an oocyte donation program.

COMMON PROBLEMS

- To tell or not to tell friends and family?
- Practical difficulties - travelling to and from the doctor or Concept Fertility Centre, explaining to employers the need to arrive late, leave early, or even take days off ... all without giving a reason why!!
- Anxiety can often delay the ovulation cycle and further complicate treatment
- Couples under stress may develop some problems with their sexual relationship

- Couples may also experience problems when one partner wants to undergo ED and the other partner is not comfortable with this form of treatment.

KNOWN DONORS

Some couples decide that the use of a donor known to them is preferable to the notion of an unknown donor. This is acceptable under the Western Australian Human *Reproductive technology Act 1991*. A known donor, her partner and the recipient couple, must discuss their plans with their Concept doctor and then attend the required counselling sessions before donating or receiving oocytes.

The counsellor will see the known donor and their partner (if any), separately from the recipient & their partner, then all parties will be seen together.

After the completion of counselling a three (3) month "cooling off" period is required before oocyte collection or donation can occur.

At the end of the 3 month cooling off period a further appointment with the counsellor is required to ensure all parties are still willing to proceed.

An exit interview will be provided for participants who are not proceeding with the program.

Donated oocytes cannot be used or fertilized to create an embryo where the recipient is known to the donor until the "3 month cooling off" period has lapsed. Therefore in the case of a known donor where a fresh transfer is requested, the fertilization process will not take place before

3 months from the time of completion of counselling.

In the case of donated oocytes (including known donation) it is recommended that the oocytes be fertilized and the embryos frozen and stored for 6 months. At the end of the quarantine period (6 months), the donor is required to be re-tested for HIV, Hepatitis B & C & if clear, FET (Frozen Embryos Transfer) cycles can be organized for the recipient of the donated oocytes.

When a fresh transfer is requested by the recipient of the oocytes or embryos the fallibility of the HIV test & the risks of using fresh transfer will be again discussed with the recipient.

SOME IMPLICATIONS FOR THE CHILD, PARENTS AND DONOR

- Does a child have the right to know about his or her origins?
- Are there dangers inherent in telling a child about its ED status?
- Are there dangers inherent in attempting to keep ED a secret from the child?
- Should there be legislative changes nationwide, in order to safeguard a child's legal status and rights?
- What is the effect of denying ED on the marital relationship of the childless couple?
- Does secrecy have harmful effects on relationships within the wider ED network?
- The immediate transfer of an embryo (rather than storage for 6 months) will allow an increased success rate but does not allow for further health testing of the donor.

- What impact will access to the identification of the donor have on the child?

DONOR REGISTER

A Donor Register, established in April 1993, is kept at the W.A. Department of Health and is required under the *Human Reproductive Technology Act 1991*. Non-identifying data can be accessed from this Register or the Concept, by participants or the mature offspring.

The *Human Reproductive Technology Act* allows release of the donors identifying information to the children of donors when they reach the age of 16 following appropriate counselling.

DONOR AND OFFSPRING REGISTER

A contact register and support for WA donor related people has been established at Jigsaw DNA Connect. Registrations are accepted for individuals who have been involved in donor conception in WA, at any time. This register is open for donor conceived people over the age of 18 years, donors of sperm, oocytes or embryos and parents of donor conceived people who are over the age of 18 years. More information is available at www.jigsawdna.org.au or phone (08) 92282647.

WHO ARE THE CHILD'S LEGAL PARENTS?

Legislation in Western Australia and other States of Australia (*Artificial Conception Act 1985*) declares that the child conceived by a treatment involving the use of donated reproductive material (such as DI) is the legal child of the woman who gave birth and her consenting partner (if any).

The donor has no legal rights or responsibilities.

It is Concept's policy to obtain a signature from the partner (if any) of the woman undertaking donor insemination.

It is presumed that the partner has consented to the treatment although this is rebuttable. If it is established that a partner has not consented they.

SUPPORT NETWORK

The Australian Donor Conception Network is a group of people who offer each other mutual moral support through the donor conception journey. More information is available at www.australiandonorconceptionnetwork.org or email donorconceptionnetwork@gmail.com.

COUNSELLING

Concept's specialized counselling service offers the opportunity to discuss the pros and cons of proceeding with treatment as well as the issues typically associated with donor conception. The counsellor can discuss the general emotional experiences felt by individual/couples going through treatment as well as provide information on the legal implications of undergoing ED as outlined in the *Human Reproductive Technology Act*. Issues relating to disclosure about ED to your family, friends and the donor conceived children about.