

January 1, 2008



Who considers becoming a parent through egg donation?

One of the most exciting and significant advances in reproductive medicine has been the introduction of egg donation. Egg donation is a type of in vitro fertilization that allows a woman to bear children, even if she is experiencing infertility due to a low number or low quality of eggs. Egg donation was originally developed for women who had experienced menopause (complete depletion of eggs) or for women who were born without functioning ovaries. Today, egg donation is most commonly used by women who are experiencing age-related infertility. In the best interest of the health and safety of the mother and baby, it is strongly recommended that the recipient be no older than 50 years of age at the time of embryo transfer. There should also be no medical or other contraindications to pregnancy.

To better understand why egg donation is a successful treatment for age-related infertility, it is helpful to review the natural process of reproductive aging. As you may know, a woman is born with all the eggs she will ever have. Each month, nearly 1000 eggs will die off for every one which will ovulate; ultimately the egg supply reaches zero and menopause occurs. As women get older, they will often continue to ovulate regularly, but the quality of the egg that is released will, on average, not be as good as the quality of the egg that is released by a younger woman. An egg which is released by an older woman will be more likely to contain the wrong number of chromosomes. If such an egg is fertilized, it will often become an embryo which does not develop or which miscarries. This is why women may experience significantly reduced fertility even 10-15 years before their menopause, despite regular ovulation. Since this is not a well-known fact, many couples have planned their lives and careers based on the mistaken belief that their fertility will remain high well into their forties.

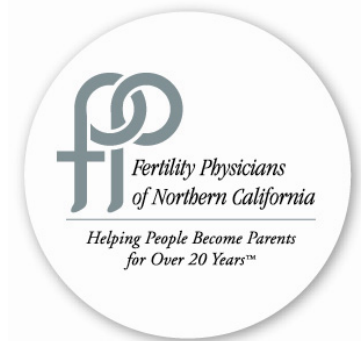
Although age-related infertility or menopause are the most common reasons for considering egg donation, the treatment may be considered in other circumstances. For example, some women carry a genetic disease which they want to avoid passing on to their offspring. Other people consider using egg donation because of lack of success with other forms of infertility treatment. The success rates for egg donation is much higher than those of traditional IVF. Over the past three years at FPNC, more than 65% of our egg donor recipients were able welcome a healthy baby into the world after one egg donation cycle.

What are the basic medical procedures involved with egg donation?

The chance of success with egg donation is much greater if multiple eggs are retrieved. Therefore, the egg donor undergoes treatment with fertility drug injections (gonadotropins). During this time, the development of the follicles is monitored by ultrasound and blood tests for estradiol. If the donor lives outside of this geographic area, it is often possible to have some of this monitoring done by an experienced physician close to the donor's home. When the follicles are mature, the donor receives an injection of human chorionic gonadotropin (hCG) and the eggs are retrieved 35 hours later. Most commonly, the eggs are fertilized using the sperm of the recipient's partner. Donor sperm may be used if the recipient does not have a male partner or if her partner does not produce sperm.

It is extremely important to coordinate the development of the eggs and embryos with the development of the recipient's uterine lining. The embryos will only implant if transferred during a window of time after appropriate exposure to estrogen and then progesterone. Therefore, the hormones estrogen and progesterone are prescribed in a timeframe that is synchronized with the development of the eggs. While the donor is taking fertility medications, the recipient will take estrogen tablets to prepare her uterine lining for receiving the embryos. Shortly before the embryo transfer, the recipient will begin taking progesterone along with the estrogen in a way that mimics what happens in a natural menstrual cycle.

It is usually recommended that one or two embryos be transferred. This number is carefully discussed with your physician because the biggest risk of assisted reproductive technologies is the risk of multiple pregnancy. You may choose to transfer one embryo to reduce the risk of having a multiple pregnancy. If additional viable embryos are created during the cycle, these can be frozen for possible transfer at a later time. If a pregnancy develops, it is necessary to take hormone supplementation during the first trimester of the pregnancy. After this time, the pregnancy itself makes sufficient hormones, and no additional hormone supplementation is needed.



Although a child conceived through egg donation will not be genetically related to the mother who delivers the child, most women who have become mothers through donation feel that they have developed a strong maternal bond to the child during the pregnancy. They also appreciate the fact that they have control over pregnancy. Unlike adoption, egg donation allows the birth mother and her partner to be recognized as the legal parents from the beginning.

How are egg donors and prospective parents matched?

At FPNC, you have the option of selecting a donor from our own registry, finding a donor through an outside agency or asking a friend or a family member to donate. Recommendations made by the American Society for Reproductive Medicine (ASRM) are carefully followed to ensure the privacy, safety and well-being of everyone involved. Egg donors must be at least 21 years of age on the date of oocyte retrieval and must meet the screening requirements for egg donation, which includes a psychological evaluation by a licensed counselor who specializes in third party reproduction. FPNC will work with donors from any agency that has been placed on our list of preferred agencies; this list is available upon request. The agency must adhere to the American Society for Reproductive Medicine Guidelines for Oocyte Donation (available on the web at www.asrm.org). We will not work with donors from agencies which are not on our list of preferred agencies or from agencies who are found not to be in compliance with the ASRM guidelines.

Most commonly, couples find an anonymous egg donor with the help of an agency or clinic program that matches prospective parents with donors. Some couples may also decide to ask a family member (such as a younger sister), niece, cousin, friend or acquaintance to donate eggs as a known donor. For your convenience, Fertility Physicians of Northern California has developed an in-house agency of anonymous egg donors who are local to the Bay Area and have already completed preliminary screening evaluations. We also have donors who live outside of the area and unscreened donors who are in the process of completing screening. Our list of donors is publicly available on our website and provides basic physical information about our donors: <http://www.fpnc.com/eggdonor>. To view complete electronic profiles, you will need to obtain a password by emailing donor@fpnc.com. Photographs of our donors are available for review by appointment with a program coordinator.

Egg donors are frequently students, young women without children or young mothers who have finished childbearing. Women typically consider donating their eggs for two major reasons: they want to do something that will help another woman or couple and they appreciate the financial compensation that they will receive for their time and effort. After you have selected a potential donor, the donor will come to Fertility Physicians of Northern California (FPNC) to undergo medical screening, which is paid for by the recipient. The same screening is done regardless of whether the donor has been recruited by an agency or is a donor known to the recipient. This screening will include a psychological evaluation, review of medical history, physical exam, ultrasound, follicle stimulating hormone (FSH) and estradiol (E2), tests for infectious diseases (HIV, Chlamydia, Gonorrhea, Syphilis, West Nile Virus, Hepatitis B and C), a toxicology screen (to test for drug use), screening for some genetic diseases, and basic blood tests including a blood count and chemistry panel. If the results from this medical evaluation are acceptable, the plan for the cycle is finalized and the fertility treatment can begin. If the donor does not pass screening, the recipient will have the opportunity to choose another donor to be screened, at which time the cycle will be re-planned.

What factors do I consider in selecting an egg donor?

One of the most important factors to consider in choosing an egg donor is her age. Success rates will be much higher if a donor is young because the eggs will be of better quality. In general, it is recommended that the donor be age 34 or younger. Most clinics and agencies recruit donors who are between 21 and 30 years of age. It is reassuring if a donor has had a prior pregnancy, however many potential good donors will have never tried to become pregnant, so “proven fertility” should not be a requirement. A good outcome from a prior donor cycle can also be reassuring, but it is important to consider that the donor’s prior cycle involved different sperm, a different uterus and often times a different fertility practice, gamete laboratory and/or stimulation protocol. The donor should have no history of infertility herself and must have a favorable ovarian reserve. This will be evaluated with an ultrasound performed by a physician at the donor’s screening appointment. Most couples attempt to match some basic physical characteristics (e.g. race) of the donor with the physical appearance of the woman who will be the mother of the child. Even though an oocyte donor may have certain favorable physical characteristics, it is important to understand that her oocytes will contain genetic material from all of her ancestors. That means the baby may not necessarily inherit the donor’s traits, but instead resemble someone in her family history, father, sperm donor, his ancestors or a combination of everyone in the unique pedigree.

It is not recommended that a woman donate her eggs if she has current marital instability, chaotic lifestyle, a desperate financial situation, current high stress, high risk sexual practices, or if she has a history of substance abuse or legal difficulties. It is also important to review the family history of the donor because this information may be very valuable to the future health of your child. Many recipients decide that they wish to have a mutually anonymous relationship with their donor. Medical and social history obtained by the agency or FPNC will be made available to potential recipient parents about the donor. The donor will not know any identifying information about the couple. Other recipients decide that they wish to have some greater degree of contact with their donor and they can identify an agency which will accommodate this desire and find a donor through that agency who is comfortable with the desired contact.

Questions to ask each agency that may make your search for a donor more effective:

1. How long has the agency been in business? How many donors has the agency matched with recipients in the last year? How many donors are available at any one time? How many pregnancies and live births have resulted in these cycles?
2. What is the agency’s fee for their services? What do you have to pay up front and what do you pay once you have selected a donor? Is the fee refundable if you change your mind about a donor or decide not to proceed with any donors in that agency? What exactly do the fees cover?
3. What is the compensation given to the donor herself? Can she set her own level of compensation?
4. Does the donor undergo psychological screening before being placed on the prospective donor list? Who performs the screening (the agency or another third party)?
5. Does the agency facilitate a meeting between you and the donor if you desire to meet her? Does the agency provide anonymous donors, identified donors, or both?
6. How long are records kept on anonymous donors? Where are these records maintained?
7. Does the agency adhere to the American Society for Reproductive Medicine Guidelines for Oocyte Donation?
8. What is included in the legal contract that the donor signs? What is included in the legal contract that the recipient couple signs?
9. What kind of medical insurance coverage for the donor does the agency provide, and what are the terms?

What steps are necessary to get treatment started?

Egg Donation Consultation: During the consultation, you and your physician decide if egg donation is the right treatment for you. This is typically the first step in the process. Multiple issues relevant to your cycle of egg donation are also reviewed, such as success rates, number of embryos to transfer, legal protection, psychological counseling and other issues which are unique to your particular medical history.

Financial Consultation: Before you start your search for a donor, you will be required to meet with a Patient Financial Advisor, at no charge to you or to your insurance, to discuss the costs associated with an egg donor cycle. The Patient Financial Advisor will review pricing and payment options with you and make sure all of your financial concerns are addressed. This important meeting will be extremely beneficial to you as you consider your options in finding your donor. Upon completing your Financial Consultation and Egg Donation Consultation, you will be able to reserve an FPNC donor for an upcoming cycle or move forward with selecting a donor from an outside agency.

Psychologist Consultation: A consultation with a licensed counselor who specializes in egg donation is critically important before beginning your egg donation cycle. You will have an opportunity to address the psychological and emotional issues related to the egg donation process. Your egg donor will also be required to complete a psychological evaluation prior to starting the cycle. FPNC has worked with several counselors in the Bay Area who have extensive experience working with couples who are considering egg donation. You will be provided with a referral at your Egg Donation Consultation or Cycle Review.

Choosing a Donor: You will choose a donor as outlined above, or select a donor from FPNC's registry. You can generally expect the egg retrieval to happen about 4 to 6 months from the time you select your donor. The process can sometimes take longer if it is necessary to work around recipient or donor personal schedules, or if there are any unanticipated issues such as recipient or donor illness, abnormal screening tests, ovarian cysts, uterine polyps, legal disagreements or if the recipient or donor have not completed the required tests and evaluations in a timely manner.

Financial Arrangements: Before your donor can be scheduled for screening in our office, a down payment for the cycle, as discussed at your financial consultation, must be received by our accounting department. If you will be working with ARC, your donor will be scheduled for her screening appointments after FPNC has received confirmation from ARC that your arrangements have been finalized. If the cycle is cancelled for any reason, you will receive refund of the monies left over after the charges for any services that were rendered, such as screening tests, have been processed.

Cycle Review: Once you have selected a donor, you will need to have a Cycle Review meeting with an FPNC Egg Donor Program Coordinator, who will discuss the tests that are needed, provide orders for testing, and review the logistics of your cycle including potential treatment dates. All testing and evaluations for the recipient and intended father must be current and up to date at the start of the egg donation cycle. The recipient testing requirements for egg donation IVF cycles are different than what is done prior to standard IVF treatment, so it may be necessary to repeat and/or update some testing.

History and Physical Examination: You will undergo a complete physical exam to identify any important health concerns within six months of initiating the egg donation cycle and becoming pregnant.

Blood Tests and Cultures: All blood tests and cultures must be current within one year of the anticipated embryo transfer for your egg donation cycle. Necessary updates to these evaluations will be ordered by your Egg Donor Coordinator at your Cycle Review.

Uterine Evaluation: If no uterine screening has been done within six months of donor selection, your doctor may order a sonohysterography (SHG). An SHG is an ultrasound procedure performed by an FPNC physician in our office to determine if the shape of the uterine cavity is normal. It takes less than half an hour to perform, and the results are interpreted upon completion of the examination.

Semen Analysis: Semen is always assessed by the Fertility and Reproductive Health Institute (FRHI) laboratory prior to starting a treatment cycle and within 6 months of the initiation of any new treatment cycle. A semen sample can be collected at FRHI or at home if it can be delivered within thirty minutes of collection. The FRHI laboratory assesses sperm count, sperm motility, and sperm morphology to determine the best way to fertilize the eggs.

Injection Training: During an instruction class, we discuss medications and possible side effects with you and your partner. You learn how to mix and administer the various medications. The class is taught by appointment.

Legal Agreement: A legal agreement will need to be signed by you and your donor. It is recommended that you and your donor have separate attorneys to advise you during this process. Egg donor agencies may either provide you with a legal agreement, or refer you to an attorney who can develop one for you. If you are using a donor from FPNC, a legal contract will be provided for you and your donor. It will be recommended, but not required, that you each seek the advice of an attorney.

How much does egg donation cost and how can I pay for it?

Embryology laboratory and medical costs for an egg donation cycle will vary depending on what specifically is needed in your particular case and are usually in the range of \$10,000 - \$15,000, depending on the fertility program at which the cycle is completed and any insurance benefits you may have. Additional costs that also vary by program, insurance benefits and the source of your egg donor may include but are not limited to: cycle medications (\$3000 - \$6000), hospital/surgery facility fees (\$5000 - \$10,000), anesthesia (\$500 - \$1500), compensation to the donor (\$5000 - \$10,000), agency fees (\$3000 - \$10,000), screening tests/evaluations (\$2000 - \$5000), legal fees and donor travel costs if the donor does not live in San Jose.

All recipients meet with a financial counselor at FPNC before beginning treatment. A detailed description of all FPNC and embryology laboratory charges relevant to your particular case is reviewed. Estimates are provided for medical expenses incurred outside of FPNC (such as medications). The counselor will help you to determine which parts of your care might be covered by insurance. Your donor agency will help you to estimate other costs of the cycle (such as legal fees, agency charges and compensation to the donor).

Some people wonder if they will be able to afford egg donation. Certainly, the costs are not inconsequential. FPNC is pleased to be part of a new solution for making effective infertility treatment more accessible to more people who want to have a baby. FPNC is a member of Advanced Reproductive Care (ARC), a national network of reproductive medical specialists. FPNC is pleased to offer our patients a unique and convenient program for infertility care, the ARC Fertility Program™. This program includes individualized package pricing, financing and refund guarantee programs to help our patients more easily manage the financial aspects of fertility treatment.

Through The ARC Fertility Program, you can secure very competitive financing for medical services covering any or all aspects of your fertility treatment, from the initial consultation and diagnosis to the assisted reproductive technologies, such as egg donation. For selected treatment plans, you may purchase The ARC Refund Guarantee Plan™, a money back guarantee program on all their treatment options if fertility treatment does not result in a live birth. Learning more about The ARC Fertility Program is easy. Simply contact the ARC toll free at 888-990-2727 or via email at info@ARCFertility.com. You can also visit or call our office for more information about your treatment options and The ARC Fertility Program.

The physicians and staff at FPNC are dedicated to bringing you the most advanced and effective fertility treatment available. We are committed to giving personalized attention to your medical care, working with you to fulfill your dream of parenthood.

To contact an FPNC Donor Program coordinator, call (408) 356-5000 or send an email to donor@fpnc.com