

## Information for Egg Sharers

Thank you for considering egg sharing. In egg sharing a patient undergoing IVF treatment donates half of the eggs collected during the treatment to another patient. In return, the sharer receives their own treatment at a greatly reduced cost and enables another patient to have a chance of pregnancy they might not otherwise have had.

Enabling someone to have a child through the gift of egg sharing (donation) is one of the most wonderful things you can do. Our donors feel a huge sense of pride and achievement, knowing the joy they have brought to people who could not otherwise become parents. However, the decision to share eggs should not be taken lightly and you shouldn't share your eggs if the financial compensation is your main motivation. You will need to consider the time commitment you will be making now, as well as your long-term welfare and that of your family.

This leaflet will

- Help prepare you for sharing your eggs
- Provide information about the law of donation and how it affects you
- Answer your questions about egg sharing
- Encourage you to think about the issues you might face

### What is the agreement between a sharer and a recipient?

Egg sharers agree to donate half their eggs collected in their treatment to one anonymous recipient. The minimum number of eggs required for the share to go ahead is eight. If an uneven number of eggs are retrieved you will keep the extra one for your treatment.

If fewer than eight eggs are retrieved (or eight mature eggs for ICSI), then the share will not go ahead. This is because the small number of eggs would compromise both yours and your recipient's chance of pregnancy. If this is the case, then you can keep all the eggs for your own treatment at no extra cost. However, it is unlikely you would be able to egg share again.

### Who can be an egg sharer?

In order to become an egg sharer at Complete Fertility Centre, you will need to meet our strict criteria, this includes:

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- Be between the ages of 18 and 35 years
- Be a non-smoker for a least three months
- Be fit and healthy with a BMI between 20 and 30
- Have measurements of ovarian reserve (an indication of egg supply) obtained through an AMH blood test with a required result between 15-35.
- Have no previous history of low ovarian response to ovarian stimulation for IVF
- Have both ovaries in place
- Have no personal history of transmissible diseases
- Have no personal or family history of inheritable diseases
- Have no polycystic ovarian disease
- Have no history of Endometriosis
- Have no fallopian tube disease

We need to check your eligibility very carefully to prevent the risk of spreading disease and inheritable illnesses. We want to give both you and your recipient (the person you will be donating to) the best chance of having a healthy baby. You will be asked to complete a questionnaire and one of our doctors will ask you questions about your medical history and about your family's medical history. We will also, with your consent, write to your GP in case they have any information that may be relevant.

## Who needs donated eggs?

There are a number of reasons why women need donated eggs, for example:

- They may have undergone treatment for cancer, such as surgery, chemotherapy or radiotherapy, which will often damage the eggs and ovaries so that no eggs are produced.
- Some patients have undergone repeated IVF treatment cycles where they have not responded to stimulation or they have produced poor quality eggs, which have failed to fertilise or they have just not been able to fall pregnant.
- They may have been born with a congenital condition, which means that they have either absent or underdeveloped ovaries.
- Sadly some patients under the age of 40 go through a premature menopause.
- Some patients are fertile and can produce eggs but are at risk of passing on a genetic condition to their child. Using donated eggs may be the only way these patients can have a healthy baby.

- Some patients have tried and failed for many years to start a family, sometimes without a known cause of their infertility.

## What tests will I need to have?

We need to carry out screening tests to ensure that you are free from infection and have a normal genetic makeup. We will also scan your ovaries to ensure that they are healthy. You will need to have blood tests for the following:

- To check your own fertility and whether your ovaries are likely to respond to hormonal stimulation
- To see if you are a carrier of the Cystic Fibrosis gene
- To check that you have normal chromosomes
- To see if you have any infectious diseases: HIV, Hepatitis B, Hepatitis C, HTLV, CMV
- To check whether you have any sexually transmitted infections: Syphilis

You will need to give a urine sample to test for the following:

- To check whether you have any sexually transmitted infections: Chlamydia and Gonorrhoea

Sometimes we will do additional screening tests if there is something in your history or ethnic background to indicate that you may be at a higher risk of certain other diseases.

## When can I have my treatment?

When you share your eggs you are screened in exactly the same way as an egg donor. As you can imagine we have to screen all donors very carefully to make sure that they are fit and well and have no infections or medical conditions that could be passed on. If you decide to egg share you will not be able to have your treatment straight away as this screening process takes between 3 to 6 months. It is possible that as you go along the process we find out that you are not eligible to egg share. If this is the case you may have to self-fund your treatment and you will not be eligible for compensation.

## What is the process of egg sharing?

You will need to come for the following appointments over a period of approximately 3-6 months

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1. Initial blood test for Ovarian Reserve (AMH) and meet a member of the donor team
2. Counselling appointment and screening blood tests (partner to attend, if applicable)
3. Internal ultrasound scan of your ovaries and womb
4. Medical appointment with a doctor to review your results and determine your suitability to donate. Overview of the treatment. (partner to attend, if applicable)
5. Nurse appointment to explain the details of your treatment plan (partner to attend, if applicable)
6. Initial scan of your ovaries at start of treatment to ensure you are ok to proceed. You will also have repeat screening tests at this time
7. Scan of your ovaries to check response to the stimulation drugs
8. One to two further scans of your ovaries to check response
9. Egg collection (partner to attend, if applicable)

You will need someone to be with you when you come for your egg collection and to take you home afterwards. If your partner is to produce a sperm sample on the day of egg collection he will need to attend with you.

## What does the treatment actually involve?

### 1. Stimulating your ovaries

An egg sharing treatment cycle is very similar to a normal IVF cycle. We will use your natural cycle dates to synchronise your cycle with the recipient's cycle. Following an internal scan to check that you can start the treatment, the next step is to start stimulating your ovaries with Follicle Stimulating Hormone (FSH). FSH naturally occurs in your body and the dose you will be prescribed should ensure your ovaries are sufficiently stimulated to mature all the eggs that are available that cycle.

FSH is given by injection with a very small needle into either your tummy or your thigh. You will be given training on how to give yourself these injections within the comfort of your own home.

Occasionally the internal scan may show a cyst on a sharer's ovaries. This is nothing to worry about. A blood test will be performed to check whether the cyst is producing hormones, as this can affect the success of treatment. If you have a cyst that is producing hormones it is advisable to postpone treatment until the cyst has gone, as this will give you the best chance of having a successful treatment cycle.

## 2. Monitoring your treatment cycle

When you have been taking the injections for about a week, we ask you to come in for another internal scan so that we can monitor how well your ovaries are responding to the FSH. We do this by measuring the size and number of your egg follicles. At this stage we may alter the dose of FSH depending on how you are responding. Scans then continue every 2-3 days until there are a sufficient number of mature eggs to collect. Occasionally, egg sharers don't respond to FSH and the treatment cycle may need to be cancelled at this stage.

## 3. Triggering ovulation

When the scan shows that you have a number of egg follicles of about the right size we'll ask you to take a final trigger injection at night to release the eggs from the follicles. This usually takes between 10 and 12 days from the first day you started the FSH injections. This trigger injection has to be taken at the correct time, as your eggs will be ready for collection approximately 36 hours later.

## 4. Egg collection

You'll be asked to come to the clinic about 36 hours after taking your final injection. You will see an anaesthetist who will give you conscious sedation medication to ensure that you don't feel any pain during the egg collection procedure. We will collect your eggs by passing a fine needle through the vaginal wall into each of your ovaries. The fluid contained in each follicle is sucked into the needle and transferred into a tube and passed to one of our embryologists. They will then check the number of eggs that have been retrieved and put them in an incubator in our laboratory. If your partner is to produce a sperm sample on the day of egg collection he will be asked to do this around the time of your procedure. We have a private room at the clinic for this.

You will rest in the clinic for a short while following the procedure, after which you may go home. You will be a little drowsy from the sedative and must be taken home by a friend or family member. You will need to take the day off work and you must not drive for 24 hours.

Around lunchtime on the day of egg collection your eggs will be divided evenly between yourself and your recipient. Later in the afternoon your eggs will be mixed with your partner's sperm or donor sperm as required. The eggs you donated to your recipient will be mixed with the recipient's partner's sperm or donor sperm as required.

An embryologist will call you the day after your egg collection to check you are well, let you know your fertilisation results and make a plan for the rest of your treatment. Your pregnancy test will be approximately two weeks after your egg collection.

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**Can I have sex during the treatment?**

You should avoid having unprotected sex during your treatment. Sex can be a little uncomfortable in the later stages of ovarian stimulation because the ovaries are swollen. You are advised to avoid sex for a few days after you have had your eggs collected as you are likely to be a bit sore and there could be a risk of infection. If your partner is to produce a fresh sperm sample on the day of egg collection we recommend that he ejaculates every few days in the run up to the procedure. An abstinence time of 3 to 5 days before the egg collection is ideal.

**Will sharing affect my chance of success?**

Due to our strict selection criteria and the minimum number of eggs required for sharing, egg sharing should not affect your chances of pregnancy. In any IVF cycle, sharing or not, there is no guarantee of having any embryos suitable for freezing. However, it is possible that if you share your chance of having spare embryos to freeze is lower than if you had not shared.

**What do I have to consider before donating my eggs?**

Egg donation is an incredible gift, but it may have short and long term implications for you, your partner, your children, the person that receives your eggs and any children born as a result of your donation. We invite you to consider these implications before you commit to egg sharing.

All our egg sharers and their partners have a session with our counsellor. This is a confidential session to give you the opportunity to explore the short and long term implications of egg donation and allow you to consider how egg donation might affect you, your partner (if you have one), your children (if you have any) and any child who may be conceived by way of your donation.

Counselling gives you a chance to ask questions in complete confidentiality. Our counsellor aims to enable you to come to a confident and comfortable decision about whether to share your eggs. There is no obligation to continue the process following your counselling session. As well as addressing any questions you may have, the counselling session also provides you with an opportunity to consider what information you would like to give about yourself, and to learn who might have access to this information and when. Counselling is available throughout your time at the clinic and you may return at any time in the future to see our counsellor if you have any issues concerning your donation.

**What details will I have to give about myself and why?**

We ask you to complete a Donor Information Form and provide the following:

- Your name
- The name you were born with if this is different to your current name
- Your date and place of birth
- Your NHS or passport number
- Your address at the time of donation
- Whether you have children of your own and if so, how many and whether they are girls or boys
- Your appearance: height and weight and colour of eyes, hair and skin
- Your ethnic group and your biological mother and father's ethnic group
- Your medical history, any physical or mental health problems or disabilities you have
- Whether there are any medical conditions that you know of in your own biological family that could potentially be passed on
- Your job
- Your religion
- Your skills and interests
- Your reasons for donating

Finally you will be asked to write a personal message for a potential donor-conceived child and provide non-identifying information about yourself that you feel sums you up as a person. This could include information about your education, achievements, views, values and life experiences. We know that this information can be very important for donor-conceived people as they are growing up.

**How do you match me to a recipient?**

It is our policy to offer you as an egg donor to a recipient and to share all the non-identifying information that you provide on your donor information form with the recipient if they wish to see it, before they are confirmed as a match with you. This will include details of your physical characteristics such as hair colour, skin colour and eye colour. It is the recipient who chooses whether you are the right person for them.

**What will the child be told about me?**

We inform all recipients during their counselling session that it is in the best interests of donor-conceived children to learn about the fact of their donor conception from an early age.

Most parents intend to be open and will share any non-identifying information that they have about you with their child(ren). People conceived as a result of egg

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donation are often curious about their genetic origins. They may want to know whether they look like you or have a similar personality. They may also wonder why you decided to donate and whether you have children of your own. This important information that you provide enables the parents to talk about the child's origins and helps the child to build a mental picture of you.

## Egg Donation and the law

### Is egg donation anonymous?

It is in the sense that your recipient will not be given identifying information about you and you will not know who your recipient is. However, a new law came into effect in 2005, giving donor conceived people the right to apply for the following identifying information about their donor once they are 18 years old:

- Full name (and any previous names)
- Date of birth
- Town or district of birth
- Last known postal address (or address at the time of registration)

This means that any person born as a result of your donation has the potential to contact you in the future, although it's not known how many donor-conceived people will want to do this.

### Do I have any say about how my eggs are used?

Not really. Although you can by law place conditions on who can receive your eggs, for example you may only wish for your eggs to be used by a named person. In practice, if you are an anonymous donor, you may not be accepted if you impose conditions. Complete Fertility Centre has a duty to provide equality of opportunity to our donation programme and we need to ensure that any conditions imposed do not unfairly discriminate against a person or group of people.

### How many children could be born from my donation?

Each donor can by law donate eggs to create a maximum of 10 families, although only one person will receive your eggs per sharing cycle. Each treatment cycle with donated eggs could result in one baby, twins, or possibly even triplets. Also if you consent to this, embryos created from your donated eggs, not used in the current treatment cycle, could be frozen and stored for your recipient(s) to try for a second child. Consent allowing, it is also possible that once your recipient has completed her family, frozen embryos still in storage could be donated to another recipient for embryo donation treatment. However, it is unlikely that there will be more than two or three deliveries from one donation and of course sometimes the treatment will be unsuccessful.

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**What if I change my mind?**

When you egg share you consent in writing to your eggs being donated and used for the treatment of others. You can change or withdraw your consent up to the point that embryos created from your eggs are placed into the recipient's womb. Given that fertility treatment is costly, time-consuming and emotionally and physically stressful, it is important to be sure that you really want to donate before proceeding.

**Could I be sued for any reason?**

Any donor-conceived person born with an inherited condition could sue for damages if it can be proven that you had deliberately withheld information about your medical history at the time of your donation. It is imperative that you tell the consultant about any inheritable disabilities or illnesses that affect you or your family.

**Do I have any responsibilities towards a child created from my eggs?**

You have no legal rights or responsibilities for any person created from your donation, financial or otherwise. The recipient (and their partner if they have one) will be the child's legal parent(s) and she/they will be named on the birth certificate as the legal parent(s).

The responsibility you do have is to provide good, accurate non-identifying information about yourself, which will be made available for the recipient to pass onto their child when they feel that the child is ready.

**Where is the information about me held?**

We send the information you provide on your Donor Information Form to the Human Fertilisation and Embryology Authority (HFEA) for them to record on the Register of Donors. The only people entitled to access identifiable information about you are any people created from your donated eggs.

The HFEA will try to contact you in the event of a donor-conceived person making an application for identifying information about you. This is to let you know that an application has been made, but they will not be able to tell you the name of the person or give you any identifying information about them.

You can provide updated information to Complete Fertility Centre or direct to the HFEA at any time after your donation cycle. This could include new medical information or your change of address for example.

**Can I get any information about a child created from my eggs?**

Legally, you can make an application to Complete Fertility Centre or to the HFEA to find out the number, gender and year of birth of any child created from your eggs.

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In practice, if you wish, we can let you know if the recipient has a confirmed pregnancy.

### **Storage**

The storage law changed in July 2022, the law now permits the storage of eggs or embryos for use in someone else's treatment for any period up to 55 years from the date(s) that the eggs or embryos are first placed in storage.

### **Ancestry Websites**

It is important to be aware that due to the emergence of ancestry websites it is possible that donors, donor conceived people and their close genetic relatives could become identifiable to each other. This will be discussed further at your implications counselling session.

### **Will I be paid for donating my eggs?**

No. The law prohibits payment for donating eggs. However the law does permit benefits-in-kind. This allows us to heavily discount the cost of a patient's own IVF treatment when they donate half of their eggs to someone else. More details regarding the price of IVF treatment with and without sharing eggs can be found on our price lists.

### **Are there any risks to my health?**

#### **Short-term risks and side effects**

Whilst you are in the screening process the main risk is that you could find out something about your own fertility or health that you weren't otherwise aware of, for example that you are a carrier of a genetic disease. If this happens we will of course refer you to an appropriate medical specialist.

During stimulation, FSH injections can result in temporary weight gain due to salt and water retention. You may experience headaches, bloating, a sensation of extreme fullness or discomfort very similar to pre-menstrual tension. These effects should only last for the duration of your treatment and should return to normal following your egg collection. You may also experience soreness and bruising at the site of the injections, which should subside when you stop the injections.

Occasionally, some patients are very sensitive to the hormone injections and produce a large number of follicles. These patients are at greater risk of complications, including Ovarian Hyperstimulation Syndrome (OHSS). OHSS is the most serious side effect of treatment and occurs in about 1 in 100 patients. The symptoms of OHSS include abdominal pain, abdominal swelling, shortness of breath, nausea and possibly vomiting, and a reduction in urine output. In the presence of

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severe symptoms, hospitalisation may be necessary. The hormones produced during pregnancy make OHSS worse, so if you experience symptoms of OHSS during your treatment we may recommend that you freeze your embryos and transfer them in another treatment cycle once you have recovered. Due to the seriousness of OHSS, prevention is better than cure. If we think that you are at a high risk of developing OHSS (we will know this from your initial blood test to check your ovarian reserve) you may not be eligible to egg share.

There is a very small risk (about 1 in 2000) of bleeding or infection as a result of the egg collection. However, a small amount of vaginal bleeding is quite normal and will settle down after a day or two.

### Long term risks

There are no reported long-term risks to your health following egg donation. Also, there should be no effect on your future fertility as a result of donating eggs. Most women have thousands of eggs and the small number collected will make no difference to your ability to get pregnant in the future.

### Where can I find out more information?

#### Human Fertilisation & Embryology Authority (HFEA)

Useful information for donors, including FAQ's regarding contact with donor conceived people: [ConnecteDNA | Donor FAQ's \(manchester.ac.uk\)](#)

Tel: 0207 291 8200

Website: <https://www.hfea.gov.uk/>

#### Donor Conception Network

A national support group for people who have conceived through donation and for those considering being donors.

Tel: 020 7278 2608

Website: <http://www.dcnetwork.org/>

#### British Infertility Counselling Association (BICA)

The professional association for infertility counsellors and counselling in the UK. The website includes a list of counsellors providing specialist infertility counselling and counselling services for donors.

Website: <http://www.bica.net/>

#### Fertility Network UK

The largest network in the UK offering information and advice on infertility by phone and face to face. It has groups throughout the country and also produces a range of publications on infertility.

Tel: 01424 732361

Website: <https://fertilitynetworkuk.org/>