

DONATING EGGS IN THE IN VITRO FERTILISATION (IVF) PROGRAMME

A guide for women donating their eggs, August 2009

THANK YOU!

Thank you for your interest in being an egg donor.

HOW TO USE THIS BOOKLET

This booklet aims to provide information about donating eggs as part of the in vitro fertilisation (IVF) programme and about the details of the process. We have put the general information first, and detail about the process later. ***Really important points are written in bold italics, like this.***

There is a glossary at the end where you can check out unfamiliar words or jargon.

When it does not answer particular questions you may have, the members of the Fertility Associates team will be very willing to help you. There will be many opportunities to discuss issues should you proceed with egg donation. No question is too dumb!

If you need information of advice in a hurry, please ring the clinic. If the clinic is unattended, the telephone message will tell you whom to contact and how.

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IS DONATING EGGS AN OPTION FOR ME?

Who makes use of donated eggs?

'Donor eggs' offer women whose ovaries have stopped working (sometimes called 'ovarian failure') or who do not have ovaries the only means of having a pregnancy. Donor eggs can also be used for women who have genetic disorders that can affect a baby or reduce the chance of a pregnancy. Donor eggs may also be an option for people who have not become pregnant after in vitro fertilisation (IVF) perhaps due to poor quality of their own eggs.

Who can become a donor?

Donors can be either:

- 1 Friends or close relatives of the potential recipient. These donors are called **'personal donors'**.
2. Women who wish to donate eggs to someone they do not know. These donors are recruited either directly through the clinic, or in response to an advertisement placed by a potential recipient. When the recipient places the advertisement, the clinic processes the responses. These donors are called **'clinic recruited donors'**.

Donors should be aged between 21 and 35 years and have no history of serious inheritable disease. The upper age limit is because a woman's fertility declines in her late thirties, while the chance of congenital abnormalities such as Down's Syndrome increases especially after the age of 37. Fertility Associates strongly prefers all donors to have completed their own family before donating.

It is possible for personal donors to be a little older than 35 years, as long as the donor and recipient accept the issues involved.

What does being a donor involve?

Egg donation involves all the steps of in vitro fertilisation (IVF) up to and including the stage of egg collection.

Books

Fertility Associates and the infertility societies have extensive libraries from which you can borrow.

What next?

Being an egg donor can give a woman a deep sense of satisfaction, and is a very loving gift. However, there are important legal, ethical and psychological issues to think over before donating eggs.

The first step is to talk with staff at the clinic. We look forward to hearing from you.

PREPARING FOR DONATING YOUR EGGS

There are many important issues to consider before agreeing to donate eggs. To help make this decision, appointments are arranged with the nurse who coordinates the donor egg programme, a doctor, and a fertility counsellor. During these meetings potential donors have the opportunity to gather the information needed and talk over the implications of being an egg donor.

Our nurses and counsellors are always happy to answer any questions.

Seeing a doctor

Before starting a cycle, you will need to see a Fertility Associates doctor. The doctor will explain what the process entails, will discuss ethical issues, and will screen your general health. The screening performed is mentioned shortly.

Seeing a nurse

One of our nurses will explain the practical aspects of the process. Often this is done following the doctor's appointment, but sometimes it is better to book a separate time, especially if the details of the process may depend on the results of tests that the doctor has arranged.

Seeing a counsellor

Being prepared for the issues raised in donating eggs is very important. Being an egg donor has far-reaching implications. A session with a counsellor helps you (and your partner) to examine the implications for you and your family. It is an essential part of preparing to be an egg donor for you and for your partner if you are in a relationship.

An appointment with a counsellor must be completed before you can commit to becoming a donor.

Although counsellors are part of the Fertility Associates team, their conversations with you and any notes they take are kept confidential from the rest of the staff, unless they have concerns about you becoming an egg donor or there are safety issues.

In some situations an application for ethical approval by the National Ethics Committee for Assisted Human Reproduction (NECAHR) will be required before treatment can proceed. The counsellors and your doctor will prepare the required documentation. No identifiable information is included.

What is the legal position?

There are a number of legal issues concerning donor egg treatment. It is essential that participants consent in writing to the procedure.

The Status of Children Act 2004 recognises the woman carrying the child as the legal mother of the child. Neither the child nor the donor has any rights or liabilities in relationship to each other.

You need to disclose any information you know about your health or family medical history that could affect a child conceived using your eggs. It is possible a child could sue you for damages if you failed to do this.

The practice of egg donation is governed by the Human Assisted Reproductive Technology (HART) Act 2004. An important principle of the Act is that offspring conceived through the use of donor eggs (or donor sperm) should be made aware by their parents of their genetic origins, and be able to secure information about the donor and her identity.

For pregnancies arising from eggs donated after 20 August 2005, Fertility Associates is obliged to give the Registrar-General of Births Deaths and Marriages identifying information about the child and the donor. After the age of 18 a child may ask the clinic or the Registrar-General for the identity of the donor, and this information will normally be given. The child may ask for the identity of other children conceived using the same

donor, and the donor may ask for the identity of all persons born as a result of her donation. In these cases, both or all the parties need to agree before the information can be given. There are provisions for children getting information from the age of 16, and for parents to get information about the donor too.

For eggs donated before this date, the Act has made provision for donors and offspring to voluntarily join a register to be maintained by the Registrar-General that offers similar opportunities for linking.

Fertility Associates is voluntarily accredited by the Australian Reproductive Technology Accreditation Committee (RTAC) and abides by their guidelines. RTAC inspects clinics every three years, and their inspection includes looking at patient records. The members of the RTAC team sign a confidentiality agreement.

What about confidentiality?

All our files are confidential, and no identifying information will be released about you without your consent. Similarly, unless you and your potential recipient agree to exchange information, you will not have access to any identifying information about people receiving your eggs.

Most people using donor eggs plan to tell their child of his or her origins, so we ask each donor to complete a questionnaire containing non-identifying information, such as interests, how you would describe yourself, etc. Most people want to look at this information before choosing a donor. This information is also available to the child if he or she requests it.

Sometimes a potential recipient and a donor ask to meet before or during the process – you can decide whether you want to do this and how much information to give about yourself.

What about the future?

All donors are asked to be identifiable. This means that donors are willing to be contacted in the future by the clinic either to disclose further information or to consider disclosing their identity. The request for contact will come from the clinic on behalf of either the child or his or her parents.

We feel that it is very important that partners know all about the issues involved with egg donation and so he or she is asked to sign the consent form too. Your partner is encouraged to access the same information and services as you.

What say do I have in the use of my eggs?

You can describe what sort of people you are happy (or unhappy) about receiving your eggs. You will obtain a profile of the prospective recipient, just as she obtains a profile about you. Your eggs will only be donated to one recipient in a particular cycle of treatment.

You can change your mind about being a donor. If you have doubts you should make up your mind as early as possible. Once embryos are created from your donated eggs, any further decisions about the use or disposal of the embryos will be made by the recipient woman and her partner.

What information can I have?

You may know the outcome of your donation, and the sex of any child. To preserve anonymity we cannot give you details of when a birth occurs. Your recipient may choose to provide information.

What about my children marrying a donor child?

It is unlikely that more than one or two children will be born from each egg donation. The chance of one of these children meeting one of your own children is very low. Any risk is reduced by your willingness as a donor to be identifiable. (With sperm donation, the number of families in which a donor can have children is limited to four.)

Whom should I tell?

Whoever you like, but especially your partner and your children! This issue will be discussed fully with you at your counselling appointment.

Can I get paid?

We offer travelling expenses (currently \$30) to clinic recruited donors for each time they need to attend the clinic. Reimbursement for travel and accommodation for out-of-town donors can also be made, but details need to be arranged in advance.

The HART Act has substantial penalties (fines and imprisonment) for paying for, or providing financial inducement for, donor eggs.

Support during donation

Although you are not the one with infertility, many donors find they are drawn to some degree into the hopes and aspirations of the person they are donating for, even if they do not know her. Many are surprised how disappointed they feel if the recipient of their donation does not become pregnant. Also, taking drugs to stimulate the ovaries, and travelling to and from the clinic can add stress and strain.

Our nurses and counsellors can offer practical support and information.

Consent forms

A donor and her partner (if she has one) must sign a consent form before starting any aspect of the programme, including starting the drugs. You can withdraw consent at any time, or change your mind after treatment begins. However, to do so at a late stage causes considerable stress to recipients, so we ask you to give a lot of thought to all the issues before committing yourself. If you do want to change any aspect of your consent, you will need to change the original consent or fill out a new form. We will give you a copy of each consent form you sign.

Risk questionnaire and Lifestyle declaration

Every woman fills out a risk questionnaire before donating eggs to help us identify any potential health problems. She must also fill out a lifestyle declaration form very similar to that used by blood donors, which is designed to identify anyone with an increased risk of having been exposed to HIV.

Medications

Some medications may interfere with treatment. Please tell us if you are using tranquillisers such as Stelazine or Haloperidol, drugs for migraine, nausea or vomiting, such as Maxolon, or cortisone-type steroid drugs for asthma, rheumatoid arthritis, allergies or skin conditions.

Tests

Before starting, the doctor or nurse will organise some routine investigations for you.

Blood count and blood group These are important baseline tests, which help can identify potential problems later on.

Hepatitis B and C We test donors and their partners for these viruses so we can minimise the risk of hepatitis being transmitted to a child. We also want to prevent contamination of laboratory equipment.

HIV We test donors and their partners for HIV. The test detects antibodies to the HIV virus, so a negative test does not absolutely eliminate the possibility of infection. Before having an HIV test, you may wish to see a counsellor to consider the implications of the test results.

Blood tests for HIV and Hepatitis B and C are repeated three months after the first set of tests – the results of these tests must be negative before donation can take place.

FSH and LH hormones We test Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH) to help estimate the dose of drugs used to stimulate the ovaries.

Thyroid Function Test Abnormal levels of thyroid hormones can interfere with ovarian function. Thyroid disease can also result in illness during pregnancy or cause birth abnormalities.

Cervical smear and vaginal swab All women should have a copy of the results of their most recent cervical smear forwarded to the Fertility Associates. If a smear has not been taken in the last twelve months, would you please contact your GP to arrange one and request that a copy of the results be forwarded to Fertility Associates. Cervical screening can detect early pre-cancerous changes that should be treated before IVF.

We also ask for a vaginal swab before or during each IVF cycle to detect bacteria that may increase the chance of pelvic infection from the procedure. We also want to exclude the possibility of current Chlamydia infection.

OPTIMISING SUCCESS

There are some lifestyle changes that you can make to improve the chance of pregnancy for the woman who will receive your eggs. These include not smoking, taking the vitamin folic acid, and being careful with caffeine and alcohol consumption. We will also give you advice about how not to become pregnant yourself during the process!

Being over-weight can mean you need more drugs to stimulate the ovaries, or it may reduce your response to even high doses of the drugs and the cycle may have to be discontinued. Fortunately, even a relatively small loss in weight (often just 5-6 kg) with some exercise can be very beneficial. Your doctor will give you advice if necessary.

Folic Acid

We encourage all women wanting to donate to take folic acid. Folic acid can prevent up to 70% of cases of neural tube defects in babies. Neural tube defects occur when the spine does not develop properly. Sometimes the skin does not close over the spinal cord as well, such as in spina bifida. Tablets of 0.8 mg folic acid per day are sufficient, and should be taken from the beginning of the cycle until the day of egg collection. Folic acid is available from pharmacies without a prescription. Women on anticonvulsant drugs should take folic acid only under supervision from their doctor. There is no good evidence that other vitamin supplements or multivitamins are beneficial when woman have a normal diet. Large doses of some vitamins, particularly Vitamin A, can lead to birth defects. However if you want to use other vitamins, we recommend Elevit, which contains folic acid and which is available from pharmacies without a prescription.

Aspirin

There has been considerable interest in whether low-dose aspirin may improve blood flow to the ovary and uterus, and therefore improve the chance of pregnancy during IVF treatment. Despite an early study in favour of this theory, extensive studies have shown that there is no benefit in taking aspirin during IVF treatment, so we do not advocate the use of aspirin during IVF treatment.

Water and Milk

Some doctors believe that increasing fluid intake (water or milk) to about 3 litres per day may reduce the chance of ovarian hyperstimulation syndrome (OHSS). Whether you want to do this is up to you.

Alternative therapies

Some people use alternative therapies such as Chinese herbs, aromatherapy, naturopathy, acupuncture or reflexology. We suggest you stop alternative therapy for the duration of treatment. We do not support alternative practitioners who plan therapies during treatment. Of particular concern is the use of herbs, which are essentially drugs in their natural state. Most herbs have not been tested scientifically for their effect on hormone production, sperm, eggs or embryos. There are a few studies showing particular herbs inhibit sperm and egg function.

Sexual activity

We do not think that sexual intercourse during your egg donation cycle will harm your recipient's chance of pregnancy. However, to avoid a pregnancy yourself, we recommend that you avoid unprotected intercourse between the day of your trigger injection and the day after your egg collection in case further eggs are released from the ovaries.

WHAT HAPPENS DURING IVF AND EGG DONATION?

There are three steps in donating eggs in an IVF cycle

Using drugs to stimulate the ovaries to produce several mature eggs.

Monitoring the stimulation of the ovaries and the timing of egg collection.

Collecting the eggs from the ovaries.

Using drugs to stimulate the ovaries

There are several ways to stimulate the ovaries. The 'long course' or 'down regulation' approach works best for most women.

'Long course' Treatment starts with the use of a drug called a GnRH agonist - the most common versions are injections that have the trade names 'Buserelin', 'Lupron', 'Leuprolide', 'Lucrin' or 'Zoladex', or a nasal spray that has the trade name 'Synarel'. For simplicity we just refer to Buserelin in this booklet.

This injection of Buserelin is usually started on Day 21 of a menstrual cycle. During the first few days of Buserelin treatment, the pituitary gland releases large amounts of two hormones called follicle stimulating hormone (FSH) and luteinising hormone (LH). The pituitary gland becomes over-stimulated and stops producing FSH and LH. The pituitary is now said to be 'down regulated' (switched off). We check this has happened with a blood test 14-18 days after starting Buserelin.

When the pituitary gland is down regulated, injections of FSH are started. The trade names for FSH are 'Gonal F' and 'Puregon'. FSH stimulates the growth of follicles in the ovaries. Follicles are fluid-filled sacs in the ovary, each containing an egg. The aim of the FSH injections is to stimulate about 6-12 follicles to grow to maturity.

During the 9 to 15 days or so of FSH treatment, the follicles grow from about 5 mm in diameter to around 20 mm in diameter. Each follicle contains an egg, but the egg is tiny, less than 1/10 mm in diameter. Follicle growth is monitored by ultrasound scans of the ovaries and by blood tests for estradiol, which is the main hormone made by the cells of the follicle.

When the follicles are large enough, an injection of the hormone hCG, which has trade names 'Profasi', 'Ovidrel', or 'Pregnyl', is given. This triggers the final stage of egg maturation, and prepares the follicle for ovulation.

Why do we use Buserelin to stop the body's own secretion of FSH only to give injections of the same hormone? There are two reasons. One is that the body normally tries to limit the number of follicles ovulated per month to one, and it does this by reducing FSH secretion during the menstrual cycle. If the body's own FSH level is falling, it tends to limit the effectiveness of the FSH injections. The other reason is that Buserelin also turns off secretion of LH as well as FSH, so that the body can no longer trigger ovulation by itself. This prevents ovulation, and therefore egg collection, at inconvenient times such as the middle of the night.

'Long course after the pill' A variation of the 'long course' protocol has the woman use the oral contraceptive pill from around day 1 until Buserelin is started. This has several potential advantages over not using the pill. These include quicker down-regulation on Buserelin, less chance of a cyst developing, and more ability to adjust the week of egg collection. Fertility Associates clinics plan to make the use of the pill routine with time.

'Short course' The 'short course' approach is used when women do not respond well to the 'long course' approach, or need larger amounts of drugs. Buserelin starts on day 2 or 3 of the menstrual cycle. The body's own FSH released during the first few days on Buserelin starts follicle growth, which is continued by daily injections of Gonal F or Puregon. It is sometimes called the 'flare' approach, because it uses the initial flare of FSH stimulated by Buserelin.

‘Microdose flare with pill’ A variation of the ‘short course’ uses a much lower dose of Buserelin, and prior use of the pill for two weeks to reduce the chance of cysts or a single ‘dominant’ follicle. This protocol is called the ‘microdose flare with pill’ protocol.

‘Cetrotide short course’ A different approach uses one of a new family of drugs, called GnRH antagonists. The most common GnRH antagonist is called ‘Cetrotide’. Daily injections of FSH start on the second day of the cycle, while daily injections of Cetrotide start around day 6. FSH stimulates follicle growth in the ovaries as before, while Cetrotide prevents ovulation. Compared to the ‘long course’, the use of Cetrotide halves the number of days of injections. However, Cetrotide is more expensive than Buserelin, and the pregnancy rate may be slightly lower.

Collection of eggs from the ovaries

Once the trigger injection of hCG has been given, the eggs need to be removed from the follicles around 36 hours later. Any earlier, the recovery rate of eggs is low because the eggs are still embedded in the wall of the follicle. Any later, the follicles will have burst, releasing the eggs into the Fallopian tubes or the peritoneal cavity.

At egg collection, a needle is guided along the side of the ultrasound probe in the vagina. The ovaries are usually only 2-5 cm from the top of the vagina, so they are easily reached with the tip of the needle. Once the doctor places the needle into a follicle, he or she gently draws off the fluid in the follicle into a test-tube. The test tube is passed to the embryologist to look for the egg under a microscope. If the egg is not found, the follicle can be gently flushed with culture fluid medium to try to displace the egg. Eggs are recovered from about 80% of follicles.

During egg collection, women have pain relief in the form of a short-acting intravenous narcotic drug. The most painful part is usually the first time the needle passes through the vaginal wall. Most women say it is similar to a sharp period pain, and only lasts a couple of seconds.

Figure 1. Timetable for egg donation (Individual cycles may vary from this standard timetable)

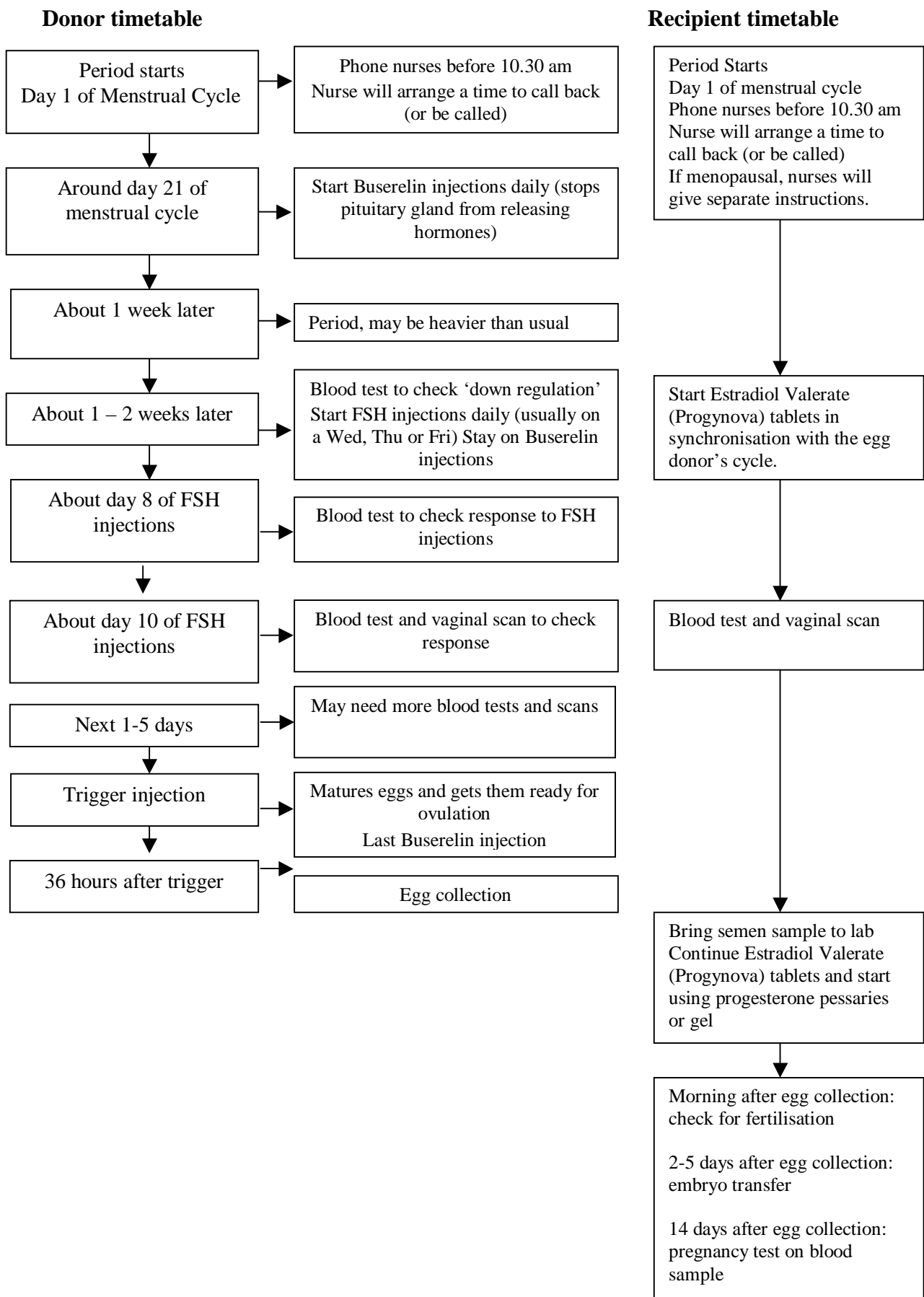


Figure 2. Timetable for egg donation based on the long course after the pill
(Individual cycles may vary from this standard timetable)

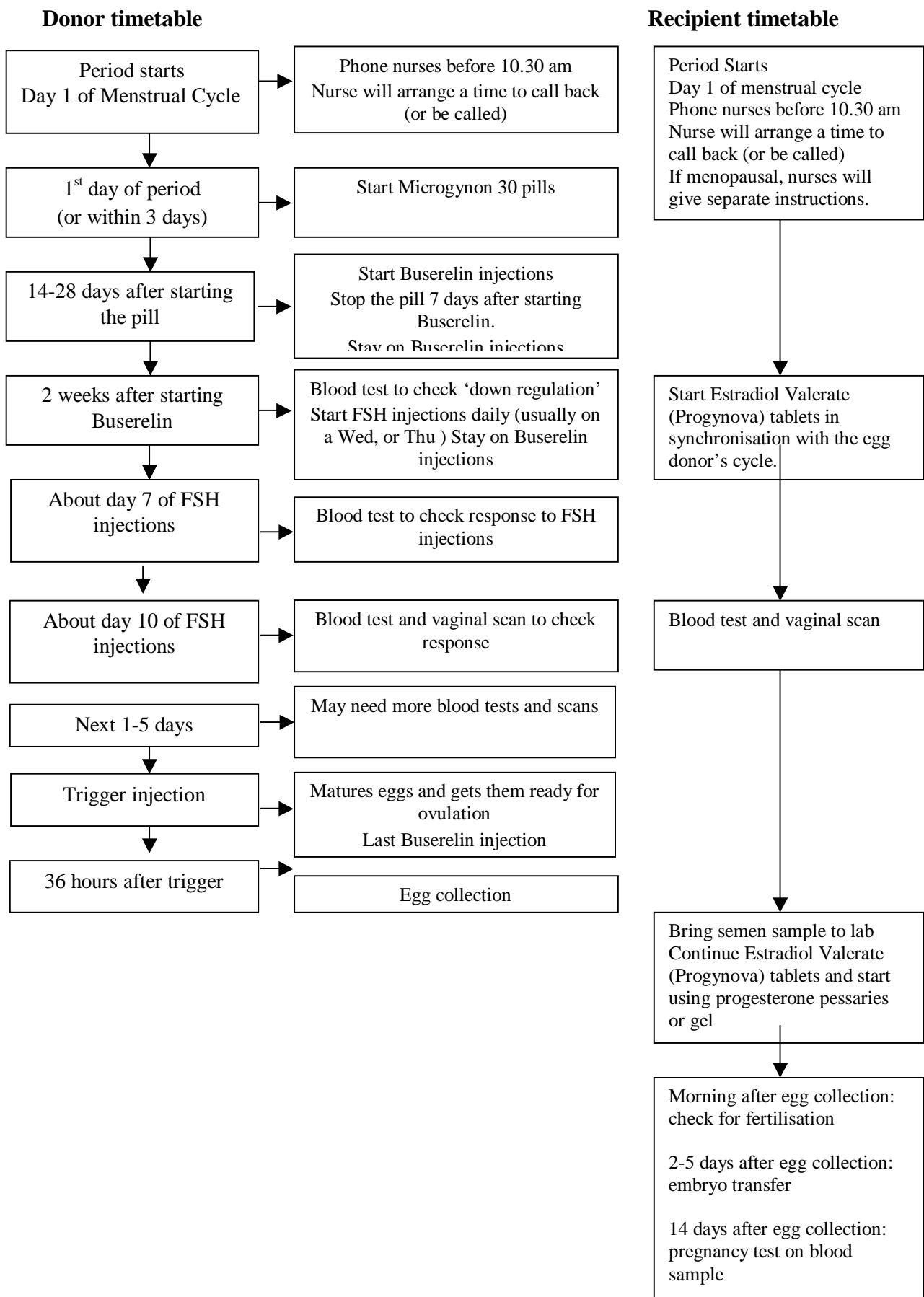
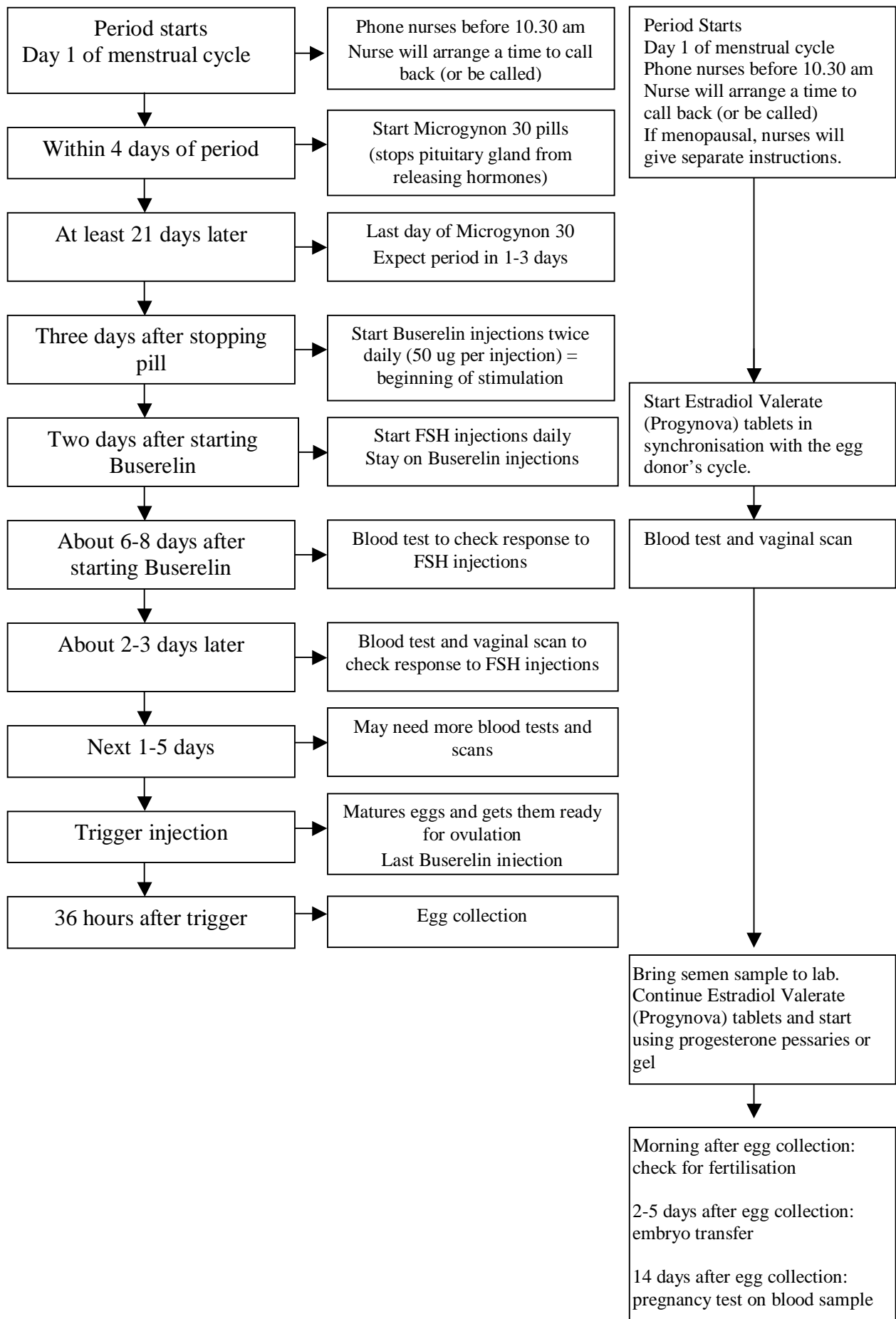


Figure 3. Timetable for egg donation based on 'microdose flare' stimulation
(Individual cycles may vary from this standard timetable)



RISKS AND SIDE EFFECTS

Donating eggs is a medical and surgical procedure that carries its share of side effects and risks to the donor. Side effects are common events that seldom pose a threat to health or life, although they may be unpleasant and painful. Risks are uncommon events that can potentially have serious and permanent consequences.

Common Side Effects

Mild post-menopausal-like symptoms, such as hot flushes, headaches, sore breasts, tiredness and occasionally nausea. These are caused by the rapid changes in hormone levels from taking the drugs to stimulate the ovaries.

Mood swings, usually following the start of the FSH injections. Many women report being more tearful than usual.

A sharp but fleeting pain when the egg collection needle punctures the ovaries at egg collection, and sometimes at other times during egg collection. This pain is due to movement of the ovaries.

A small amount of bleeding from the vagina after egg collection, from where the needle went through the vaginal wall. A small amount of brown blood loss for one or two days is common.

Sore ovaries for one or two days after egg collection.

Nausea and loss of memory of the procedure are the common side effects of the sedative and narcotic drugs used during egg collection.

Mild abdominal discomfort or bloating from the drugs used to stimulate the ovaries, sometimes before but mainly after egg collection.

Risks

Respiratory depression

The drugs used during your egg collection can reduce the amount of air you breathe and thus the oxygen in your blood. Continuous oxygen is therefore administered via a nasal catheter during the procedure. Very rarely you may require emergency drugs. Brain damage and death are theoretically possible, but so rare that no figures are available for IVF.

Infection after egg collection

Pelvic infection may occur when the egg collection needle carries bacteria from the vagina into the abdomen. Infection occurs in about 0.5% of cycles. The chance of infection can be reduced by giving antibiotics after egg collection if the needle punctures a damaged Fallopian tube or an endometriotic cyst. ***The symptoms are fever and abdominal pain – contact the clinic, your doctor or GP the same day.***

Remember that pain is your body's way of signalling that something may be wrong. Do not be stoical. Please seek medical advice. We need to know any symptoms that might be concerning you - it is our job to interpret your symptoms.

Vaginal bleeding

Vaginal bleeding of more than 100 ml (half a cup) occurs in about 1% of egg collections, but usually settles quickly. *If you have more than a small amount of vaginal bleeding – contact the clinic, your doctor or GP immediately.*

Internal bleeding

Puncture of a large blood vessel in the abdomen during egg collection occurs in about 0.06% of egg collection (less than 1 in 1000). This would cause severe pain, and would usually occur before you went home. Another symptom of internal bleeding can be shoulder-tip pain caused by blood irritating the diaphragm. *If you feel pain after egg collection or shoulder-tip pain the day of egg collection – contact the clinic, your doctor, or GP immediately.*

Ovarian Hyperstimulation Syndrome (OHSS)

OHSS is a potentially life-threatening condition in which fluid moves from the blood into the abdomen or even lungs. Why it occurs in some people and not in others is unknown, but it only occurs after the ovaries have been stimulated and then exposed to hCG. It is more common in women who produce more follicles after IVF stimulation, and in women who have Polycystic Ovarian syndrome (PCO). It seldom occurs until four days or more after the hCG trigger injection.

A mild form occurs in about 20% of women undergoing IVF. The severe form occurs in about 1% of women having IVF. Untreated, severe OHSS can cause blood clots, stroke, and even death. The chance of a blood clot forming after severe OHSS is about 5 per 100,000 egg collections, and the chance of death is about 1 to 2 per 100,000 egg collections. (In comparison, the chance of dying from medical or obstetric complications of pregnancy is about 25 per 100,000 pregnancies, and the chance of dying in a car accident is about 15 per 100,000 people per year.)

Mild and moderate cases are usually treated with observation and pain relief, but severe cases always require admission to hospital. In hospital you may be given intravenous fluids, or even have fluid drained from the abdomen.

We take several active steps to reduce the chance of OHSS. These include:

- Carefully monitoring hormone levels during treatment
- Stopping drugs, not giving the hCG trigger injection, and therefore not proceeding to egg collection, for women with too many follicles.

We also take steps to help you detect the beginning of OHSS. We measure your weight at egg collection, and ask you to measure it every two days. *If your weight increases by 2 kg or more it may be an early sign of OHSS – contact the clinic the same day.*

The following are possible symptoms of OHSS - you must contact the clinic the same day if you have any of the following symptoms:

- Abdominal (tummy) pain*
- Abdominal bloating or swelling*
- Nausea or vomiting*
- Decreased urine*
- Shortness of breath or difficulty breathing*
- Severe headache*

The symptoms of OHSS could be misinterpreted as appendicitis. If you see another doctor, please tell him or her that you have just had ovarian stimulation for IVF, and ask the doctor to contact the clinic. You may take paracetamol (Panadol) to relieve the pain.

Cancer

Following an initial report that ovarian stimulation for fertility drugs might increase the risk of ovarian cancer, subsequent large scale studies have not shown any association between fertility drugs and ovarian or breast cancer. The clinic has leaflets on the subject.

COMMON PROBLEMS DURING EGG DONATION

An IVF cycle is complex – even with the best knowledge, unexpected things can happen. We will always discuss options with you and your recipient before any decision is made.

Slow down regulation

Sometimes the Buserelin injections cause follicles to grow, so that the ovary is still making estrogen at the down regulation blood test. Usually another 4-7 days of Buserelin is all that is needed. If a follicle persists, an injection of hCG will nearly always cause it to ovulate. An alternative to waiting for down regulation is to stop the cycle and try again in 1-2 months time.

Stopping treatment for under-stimulation

If only one or two follicles develop, or if the blood test results are low, it may be best to stop, and try again later using more drugs. We advise stopping because of poor response to drugs in about 10-20% of cycles. If you have a poor response during a publicly funded cycle, we will make the decision whether to stop, and whether we can offer you another attempt at egg donation.

Over-stimulation - stopping or 'coasting'

Occasionally the cycle is stopped because too many follicles develop, meaning there would be an increased risk of Ovarian Hyperstimulation Syndrome (OHSS) if you went ahead with egg collection. Not having the hCG trigger injection prevents any chance of OHSS. If the risk is small, we may offer the option of going ahead with egg collection.

Coasting is an alternative to stopping the cycle. It involves stopping the FSH injections once the largest follicles reach a certain size; the largest follicles keep developing, while the smaller follicles stop. A blood test for estradiol is done daily until the estradiol level falls below the 'safe' threshold, when the hCG trigger injection is given.

Ovulation before egg collection

Although follicles are not supposed to ovulate within 36 hours of the hCG trigger injection, some or most follicles do ovulate in about 0.5% of cycles.

Emotions

Although you have chosen to donate eggs to someone else, the procedures themselves can give rise to stress for you. In addition, you may have high hopes that your gift will result in a pregnancy. If this is not the outcome, the depth of their disappointment surprises most donors. The nurses and counsellors provide support to you throughout your contact with the clinic.

STEP-BY-STEP THROUGH AN EGG DONATION IVF CYCLE

Planning ahead

Donors usually want to plan when to donate so as to arrange the cycle around work or other commitments. The recipient of your donation also needs to plan ahead. Please discuss timing with the donor coordinator.

Consent

One of the Fertility Associates staff will go through the consent form(s) with you to ensure you understand the treatment and its options, and will act as a witness. We will give you a copy of each consent form you sign.

You must have your consent form and risk questionnaire completed before you start any drugs.

Starting a cycle

Once you have all the information and have confirmed with the staff the start date for donation, please telephone the clinic before 10 am on day 1 of your cycle. Day 1 is the first day of your cycle that you wake up with your period. For instance, if your period starts in the afternoon, the next day is 'day 1'. If your period starts at the weekend, please wait until Monday before ringing, unless you are on the 'short course' protocol.

We will plan when you should start your drugs, the dose of the drugs, and other details. The nurse who takes your call will arrange a time for you to call back or for us to call you.

Issuing and storing drugs

Many of the drugs we now use have a limited lifespan once they reach room temperature - the nurses will tell you how each drug you use should be stored. Because the drugs are expensive, we try to minimise wastage by limiting the drugs we issue to the amount needed until the next blood test or scan. We will arrange extra supplies if you need to increase your dose.

Timetable for drugs and blood tests

The nurse will tell you when to start drugs, when to have your first blood test, and when your first scan is likely to be. We will provide a planning sheet for the cycle. Be sure to write everything down! The nurse will also arrange a time for you pick up the drugs or will arrange to send the drugs by courier.

The nurses will tell you when to start each type of drug, and the dose to take. There is a separate instruction sheet on how to give yourself injections. Our nurses will show you how to do this, or you can arrange a local nurse to provide instructions.

You must continue using Buserelin until your hCG trigger injection just before your egg collection!

Do not worry if you have some 'break-through' bleeding if you are on a stimulation regimen using the Microgynon pill. This will not affect your response to the hormones later used to stimulate the ovaries.

Blood tests

We will tell you when you need to have blood tests, and where you can go for them. Many people come to the clinic early in the morning (the time varies from clinic to clinic, but is

usually around 8 am to 9 am), but tests can be organised at many other laboratory collection rooms.

Each clinic has a list of the places where you can have blood tests taken; these include most cities in the North Island. If you want to have your blood taken somewhere other than the clinic, please ask the nurse to make sure that this is feasible. The nurses can give you times and places for tests so that the results will be available on time.

Ultrasound scans

Ultrasound scans are usually done between 8 am and 9 am, but later times in the morning can sometimes be arranged on weekdays. Each clinic has its own way of recording when you arrive so that the doctor doing the scanning knows who is waiting. The nursing or reception staff can help you.

Ultrasound scanning uses an ultrasound probe placed in the vagina, and you need to have an empty bladder.

Telephone calls to keep track of progress

The team meets around 12:30 pm each day to analyse the results and to decide the next step in the management of your cycle. You need to ring the clinic every day that you have a blood test or an ultrasound scan for the day's instructions, or the clinic will need to ring you. The nurses will tell you when your instructions will be available – it is usually from about 1:30 pm onwards, but may be different in the weekend or if you have had your blood test done outside the clinic. Both you and the clinic need to know how and when you are going to contact each other.

Please ask as many questions of staff as you want during the process.

Stopping

If only one or two follicles develop, or if the hormone levels from the blood tests are low, it may be better to stop and try again later using more drugs. Occasionally a cycle may be stopped for over response to the drugs. If you have a poor response during a publicly funded cycle, we will make the decision whether to stop, and whether we can offer you another attempt at egg donation.

We will always discuss options with you before any decision is made.

Triggering for egg collection

The final maturation of the eggs is induced by an injection of hCG. This is given 36 hours before egg collection is planned, so it is usually between 8 pm and midnight. Once again, there is a separate instruction sheet on how to give yourself this injection, or you can arrange someone else to give it.

Egg collection ('Day 0')

When we arrange the hCG trigger injection, we will also arrange the time for your egg collection. You will probably be at the clinic for a total of 2-3 hours. We encourage you to bring a support person – such as your partner or a friend. If you would like some familiar relaxing music, bring a tape or CD.

Do not have anything to eat or drink for six hours before egg collection is scheduled.

The analgesic drugs used during egg collection affect your ability to drive safely, so you need to arrange transport. You cannot drive or use machinery during the next 24 hours. Someone must take you home and be with you for 24 hours after the procedure.

Some bleeding from the vagina is common after egg collection. If bleeding is heavy, or lasts longer than a day, contact the clinic. Some abdominal pain is also common in the first 24 hours – you can take paracetamol ('Panadol'). If Panadol is not sufficient for your pain, please contact the clinic to discuss alternatives.

The doctors work as a team and are scheduled for particular days to do egg collections.

Review

We will provide a written summary of your egg donation cycle. Some doctors prefer to do this as a letter to your GP with a copy to you; others prefer to provide you with a written summary after the egg collection. We strongly encourage you to make an appointment with your doctor at the clinic to review how things went. You can decide when you wish to have it. We can help you make this appointment at the time of egg collection if this is helpful.

You are also offered a consultation with the counsellor to discuss any issues that may have arisen during or since your donation cycle.

GLOSSARY OF TERMS

Abdominal. The area of the tummy.

Amniocentesis. Procedure where cells are taken from the fluid around the fetus to detect abnormalities, usually between the 15th and 17th weeks of pregnancy.

Analgesic. Pain killer.

Azoospermia. No sperm in the semen.

Blastocyst. An embryo 5-6 days after fertilisation, consisting of an outer layer of cells that will become the placenta, and an inner mass of cells that will become the fetus.

Catheter. A fine plastic tube used to put sperm or embryos into the uterus through the cervix.

Cervix. The lower narrow end of the uterus that connects the uterine cavity to the vagina.

Chromosomes. Structures in the nucleus of the cell which carry genetic information.

Clearplan. Ovulation detection kit using plastic dip sticks that show changes in the levels of luteinising hormone (LH) in the urine.

Cryoprotectant. Special antifreeze solution to enable sperm or embryos to survive freezing.

Culture medium. An artificial solution that provides nutrients to sperm, eggs and embryos.

Chorionic Villus Sampling (CVS). A procedure where cells are taken from the placenta around 11 weeks of pregnancy to test for abnormalities in the fetus.

Day 1. First day of the period. Start of the menstrual cycle.

Ectopic. Pregnancy in a place other than the uterus, usually the Fallopian tube.

Ejaculate. The semen produced during sex or masturbation.

Embryologist. Laboratory staff who look after sperm, eggs and embryos in an IVF programme.

Endometriosis. A disease where cells from the lining of the uterus grow outside the uterus, usually in the abdomen.

Epididymis. The twisted tube on the side of the testis through which sperm travel after leaving the testis.

Estradiol. The most common type of estrogen hormone produced by the cells of the ovarian follicles.

Estrogen. A type of hormone made by the ovaries.

Fallopian tubes. A pair of tubes attached to each side of the uterus through which the egg travels from the ovary to the uterus. Fertilisation usually occurs in the Fallopian tube. The Fallopian tube is the most common site of ectopic pregnancy.

Follicle. Fluid-filled structure in which the egg matures in the ovary.

Follicle stimulating hormone (FSH). A hormone released by the pituitary gland that stimulates the growth of follicles in the ovary.

Follicular fluid. The fluid inside a follicle.

Fragmentation. The cellular debris left in an embryo when the cells do not divide evenly.

Gamete Intra-Fallopian Transfer (GIFT). Technique where sperm and eggs are placed into the Fallopian tube.

Hepatitis B and C. Viruses that may be sexually transmitted, or transmitted by contact with blood and other bodily fluids, that can cause infection of the liver leading to jaundice and liver failure.

Human Chorionic Gonadotrophin (hCG). A hormone made by the placenta that is similar to the hormone LH.

Human Immunodeficiency virus (HIV). A retrovirus that causes immune deficiency syndrome (AIDS), a disease that destroys the body's ability to protect itself from infection and disease. It is transmitted by the exchange of bodily fluids or blood transfusions.

Insemination. Placing sperm into the cervix or uterus, or in IVF placing sperm with the eggs in the laboratory.

Intracytoplasmic sperm injection (ICSI). A technique that involves injecting a single sperm directly into each mature egg during the IVF procedure to maximise the chance of fertilisation. It involves using fine manipulators and a powerful microscope to see and handle the sperm and eggs.

In vitro fertilisation (IVF). A technique that involves combining an egg with sperm in a laboratory dish or tube. If the egg fertilises and begins cell division, the resulting embryo is transferred into the woman's uterus where it will hopefully implant and give rise to pregnancy. IVF is usually combined with drugs that stimulate the ovaries to produce several eggs in order to increase the chance of having at least two good quality embryos to transfer.

Karyotype. A test looking at the number and appearance of chromosomes from cells.

Luteinising hormone (LH). Hormone released by the pituitary gland that triggers ovulation. Once the LH surge has started, ovulation usually takes place within 12 to 36 hours.

Neo-natal. The first few weeks of a baby's life.

Ovarian Hyperstimulation Syndrome (OHSS). A disease that can follow from too many follicles being stimulated to grow at once in the ovaries. Fluid moves from the blood into the abdomen and into tissue. Untreated, it can have serious consequences, including stroke and even death.

Ovarian stimulation. Stimulating the ovary to produce more than one mature egg in a menstrual cycle by giving fertility drugs.

Ovulation. The release of a mature egg from its developing follicle in the ovary. This usually occurs about 14 days before the next menstrual period (ie. around the 14th day of a 28-day cycle).

Pelvic. The lower part of the abdomen, or tummy.

Pessaries. Drugs given in the vagina.

Pituitary gland. A gland in the brain releasing FSH and LH.

Polycystic Ovarian Disease/Syndrome (PCO). A condition where follicles do not grow past a certain size in the ovary, so ovulation often does not occur.

Progesterone. A type of hormone made by the ovary, in the second half of the menstrual cycle.

Semen. Fluid that constitutes the ejaculate.

Seminiferous tubules. Fine tubes packed in the testis, in which sperm are made.

Seminal fluid. The liquid part of the semen, in which the sperm swim around.

Semen analysis. The microscopic examination of semen to determine the number of sperm (sperm count), their shapes (morphology), and their ability to move (motility).

Speculum. A plastic or metal device, shaped rather like a 'duck's bill', that allows the cervix to be seen.

Sperm. The cells (spermatozoa) in the semen.

Sperm washing. A procedure to remove seminal fluid from sperm cells before intrauterine insemination or other assisted reproductive technologies.

TER. Thawed Embryo Replacement cycle.

Trigger. Induction of ovulation with hCG.

Uterus. Another name for the womb.

Vagina. The canal in the female that leads to the cervix, which leads to the uterus.

Zona, zona pellucida. The clear, soft shell surrounding the egg.

GLOSSARY OF MEDICATIONS

MEDICATION	ADVERSE EFFECTS
BUSERELIN – <i>see GnRH-agonist</i>	Hot flushes, mood swings, dry vagina after prolonged use.
CETROTIDE – <i>see GnRH-antagonist</i>	Nausea, headaches. Local irritation at the injection site.
CRINONE A gel containing progesterone that is inserted into the vagina. Crinone helps to maintain the lining of the uterus in readiness for a potential pregnancy.	Abdominal cramps, headaches, breast enlargement, constipation, nausea.
ELEVIT A multivitamin tablet that contains 0.8mg of folic acid and is safe to use during pregnancy.	Skin rash, constipation, diarrhoea, heartburn.
FOLIC ACID A vitamin taken prior to and during the first 12 weeks of pregnancy that may help prevent Spina Bifida.	Nausea, flatulence, diarrhoea
FSH – <i>see Gonadotrophin</i>	
GESTONE An intramuscular injection containing progesterone. Gestone helps to maintain the lining of the uterus in readiness for a potential pregnancy.	Breakthrough bleeding, change in menstrual flow, amenorrhoea, changes in cervical erosion and secretions, breast changes, oedema, weight gain, acne, mental depression, pyrexia, insomnia, nausea. Local irritation at the injection site.
GONADOTROPHIN An injectable drug used in ART to stimulate the development of ovarian follicles.	Mood swings, abdominal distension. Local irritation at the injection site. Stinging sensation at the time of injection.
GONAL F – <i>see Gonadotrophin</i>	
GnRH-agonist A drug used to suppress the body's production of hormones FSH and LH during ART treatment. May also be used in the treatment of uterine fibroids and endometriosis.	Reversible menopausal-like symptoms including tiredness, headaches and hot flushes.
GnRH-antagonist A drug used to suppress spontaneous ovulation during ART treatment.	Local irritation at the injection site.

MEDICATION	ADVERSE EFFECTS
hCG (HUMAN CHORIONIC GONADOTROPHIN) An injection used to trigger the final maturation of eggs prior to ovulation or egg collection.	Possibility of increased abdominal distension. Local irritation at the injection site. Stinging sensation at the time of injection.
LEUPROLIDE – <i>see GnRH-agonist</i>	
LUCRIN – <i>see GnRH-agonist</i>	
LUPRON – <i>see GnRH-agonist</i>	
MICROGYNON – <i>see Oral contraceptive pill</i>	
NORETHISTERONE (PRIMOLUT) – <i>see Progesterone tablet</i>	
ORAL CONTRACEPTIVE PILL (OCP) A drug that is usually used to prevent pregnancy but can also be used in ART to help time the start of a treatment cycle. May also reduce the development of small ovarian cysts, which can delay the start of ovarian stimulation.	Irregular bleeding, nausea, headache, blurring of vision, breast discomfort, leakage of breast milk, depression, leg pain, glucose intolerance, fluid retention, oedema, intolerance to contact lenses, changes in appetite.
OVIDREL – <i>see hCG</i>	
PREGNYL – <i>see hCG</i>	
PROFASI – <i>see hCG</i>	
PROGESTERONE TABLET Used in ART to induce a withdrawal bleed in women who do not menstruate.	Nervousness, insomnia, fatigue, depression, dizziness and headache. pruritus, irregular uterine bleeding, spotting, and amenorrhoea, nausea, breast tenderness, change in weight,
PROGYNOVA (ESTRADIOL VALERATE) An estrogen tablet that thickens the lining of the uterus, usually in preparation for embryo transfer.	Headaches, irregular bleeding, nausea, breast tenderness and discomfort, leg pain, visual disturbance.
PROVERA – <i>see Progesterone tablet</i>	
PUREGON – <i>see Gonadotrophin</i>	
SUPREFACT – <i>see GnRH-agonist</i>	
SYNAREL – <i>see GnRH-agonist</i>	
UTROGESTAN Pessaries containing progesterone that are inserted into the vagina. Utrogestan helps to maintain the lining of the uterus in readiness for a potential pregnancy.	Possible local irritation or an allergic reaction (rarely).
ZOLADEX – <i>see GnRH-agonist</i>	