

Egg Donation:

Is it Right for You?







Deciding to become an egg donor

When you donate eggs, you provide amazing hope to a woman or a couple. The decision to accept eggs from a donor is often a patient's last chance to conceive and experience the joy of becoming a parent, as they have usually exhausted all other options. Interestingly, as hard as it is to give up hoping for a regular pregnancy, becoming an oocyte recipient is usually a choice that changes the patient's chances of success from the lowest to the highest in a fertility center. This truly is a gift of life.

Who needs donor eggs?

Eggs donated by young fertile women are needed to overcome a range of fertility issues. Eggs are the rate-limiting step in reproduction, and any situation that reduces either egg numbers or egg quality limits the ability of a fertility clinic to enhance a woman's fertility. The most common issues associated with a decrease in egg number or quality include:

- natural aging
- premature ovarian failure
- · chemotherapy, or
- surgical removal of an ovary.

Less commonly, a woman decides to avoid using her own oocytes to prevent passing a genetic disorder on to a child. Occasionally, same-sex male partners achieve parenthood through the combined use of egg donation and a gestational carrier.

The quality of a woman's eggs declines before her supply is exhausted, which significantly reduces her chances of conceiving as time passes.



What are the requirements to become an egg donor?



Age

To be an egg donor you must be between the ages of 21 and 32. The quality of a woman's eggs naturally declines over time, so age is an important factor in fertility.

 Excellent ovarian reserve (determined by antral follicle count and/or AMH level)

Donors must have a good supply of eggs available for harvesting each month.

The ovarian reserve varies considerably from woman to woman and is not necessary linked to a patient's fertility. We conduct a test of your ovarian reserve during the screening process to determine whether you meet the requirements. Removing extra eggs will not cause you reach menopause sooner, because all the eggs available each month either ovulate or die naturally. In essence, the fertility center is rescuing eggs that are otherwise destined to die.

To become an egg donor, you must be be prepared to visit the clinic frequently for testing and monitoring.

Flexible schedule

Donors must be able to come to the clinic for frequent blood draws and ultrasounds at critical times for both testing and monitoring.

Willingness to receive subcutaneous injections

Medications used in the process of oocyte donation are often administered by injection using a very small needle just under the skin similar to the shot that diabetics take.

Number of lifetime donations

Donors are limited to donating 5 times.



Will I be compensated for going through the process of donating eggs?



Donors who complete an egg donor cycle are compensated \$4,500 for being available to provide blood samples, take subcutaneous injections, come in for multiple pelvic ultrasounds and to complete the egg harvesting procedure. If the clinic decides to cancel your cycle for any reason, you will be paid a pro-rated amount for your time and effort. You will not have to pay for any of your testing, hormone injections, or egg retrieval procedures. If you take time off from work, however, you will not be reimbursed for your lost wages.

How do I apply to become an egg donor?

If you are interested in becoming a donor, send an email to donor@ atlanticreproductive.com. Our staff will give you a user name and password so you can log in to ARMS patient portal and complete our questionnaire. This includes questions regarding your medical history, menstrual cycle, lifestyle and any family history of genetic disorders.

When you become an egg donor you get compensation for your time and effort, and all testing and procedures are free of charge.

How are donors screened and selected?

If your initial application indicates you meet the FDA's criteria to donate eggs, you will be invited to complete the screening process. This includes a review of:

- the answers you provided on the screening questionnaire
- a physical examination
- a pelvic ultrasound
- · blood testing for infectious diseases, and
- a urine drug screen.

If you pass these screening tests, you become an eligible donor and are added to the queue for matching. Matching you to a recipient takes a



variety of factors into consideration, such as:

- height
- weight
- hair color
- eye color
- skin complexion
- ethnicity
- lifestyle

and any specific attributes that the recipients may have expressed an interest in.

Getting started

Once you have been matched, we will confirm your availability and ask you to meet with one of our nurses. During the appointment, the nurse will teach you how to take all the medications involved in the process, ask you to sign a consent form and review the monitoring procedures. You will be synchronized with the recipient by taking birth control pills for a short interval. After that, you will take medication to stimulate your ovaries while the recipient takes medication to prepare her uterus for implantation.

Ovarian stimulation

The process of stimulating the ovaries and harvesting eggs takes about 11-16 days. We begin by boosting ovarian performance with natural pituitary hormones given by daily subcutaneous injection, which results in the availability of multiple eggs at the same time. A second medication (GnRH antagonist) is started when the follicles reach 13-14 mm, to prevent the premature release of the eggs. The follicles grow about 2 mm per day, and the progress of the follicular growth is monitored by ultrasound and blood estrogen levels. When the lead follicles reach 15-20 mm in size you receive one last shot of a medication called Lupron



Freezing your eggs before your fertility declines improves your chances of becoming a parent using your own eggs.





(GnRH agonist) 36 hours before the scheduled egg retrieval. The Lupron causes the pituitary gland to release LH, which prepares the eggs for fertilization and loosens their attachments to the follicle. The night before the egg retrieval procedure you should not eat or drink anything after midnight. The morning after taking the Lupron you will come to the clinic and have your blood drawn to measure your LH and progesterone levels, which will determine whether the trigger shot worked.

Harvesting the eggs

You will come to the clinic about 30-60 minutes before the scheduled egg retrieval. One of our staff members will place an intravenous line (IV) in your arm, which is used to give you medications to prevent you from feeling discomfort during the procedure. The person retrieving your eggs uses a vaginal ultrasound probe to advance a needle through the vaginal wall and into the follicle. Gentle suction is used to pull the fluid from each of your follicles into a test tube. The retrieval takes about 10 minutes. The embryologist examines the follicular fluid and finds the eggs that were extracted.

It is important for you to know that we may not be successful in extracting every egg, so if you don't take precautions you could get pregnant and possibly with multiples. We advise you to abstain from having intercourse while your ovaries are being superovulated and for several days after the oocyte retrieval. If you do have intercourse, you should use a barrier form of contraception.

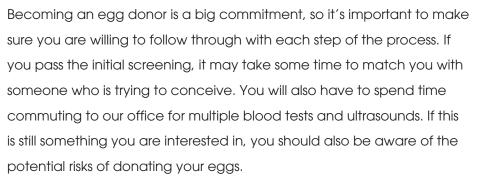
After the procedure, it is not unusual for an egg donor to have some cramping and light bleeding. We monitor you for an hour after egg retrieval to make sure you don't experience any adverse effects from the sedation or the procedure itself. You won't be able to drive after having sedation, so bring someone with to drive you home. We recommend you spend the rest of the day relaxing and recovering from the procedure at home.

If you are facing issues with age-related decline in your fertility, a reproductive endocrinologist has several tools to help you increase your chances of conceiving.



Considerations







Egg donation is generally a safe procedure. While you are taking the hormone injections, you may experience some of the same symptoms you have during your menstrual cycle such as:

- Breast tenderness
- Nausea
- Cramping
- Mood changes

These are just some of the potential side effects. In rare cases, women who were predisposed to forming blood clots could develop serious complications such as a pulmonary embolism as a reaction to the rising estrogen levels. If you experience side effects while under our care, please let us know so that we can evaluate you. One of our physicians is always on call.



Dr. David Walmer & Dr. Susannah Copland

