
Information oocyte bank for acceptor

Medisch Centrum Kinderwens

Introduction

You have contacted the MCK Fertility Center because you are considering a treatment in which you will receive egg cells, also known as oocytes, from a woman you do not know.

In addition to verbal information, we have provided this information brochure, which contains information about what 'receiving oocytes' entails, exactly. We have provided this in order to be as clear as possible and prevent misunderstandings, now and in the future.

Who is eligible for receiving oocytes?

You are eligible for receiving oocytes if you have a medical indication for oocyte donation. This is the case if:

- You don't have (functional) ovaries (anymore).
- Previous IVF treatments have shown that the chances of conceiving using your own oocytes are close to nothing. The only way you can conceive is by using another woman's oocytes.
- You are a carrier of a genetic affliction and have a high risk of passing it along to your child.

Other conditions:

You can register until your 40th birthday. We observe this rule due to the shortage of donated oocytes. Also due to this shortage, we only admit childless women into this treatment. On your 43rd birthday all insured treatments stop, barring the embryo transfer of previously fertilized embryos (under the condition that you have not been pregnant between the moment of fertilization and the moment of transfer).

Also, your health needs to be such that it is possible for you to receive and successfully complete a treatment.

Number of treatments and children

You will have six oocytes at your disposal. We'll try to fertilize them using an ICSI (intracytoplasmic sperm injection) procedure. If this results in more than one embryo, and the other embryos meet several requirements, we can put them into cryopreservation. These embryos are yours, too, and if you fail to conceive using the first embryo we can defrost them to give you another shot at conceiving. If you do conceive during the first treatment, you can use them to have a second child if you wish to do so.

Steps of the procedure

Your admission appointment

You will schedule an admission appointment with one of our physicians to discuss the procedure and determine whether you have a medical indication for oocyte donation.

Interview fertility counselor

After the appointment with your treating physician an interview with one of our fertility counselors will be planned. They will elaborate on the psychosocial and societal factors which play a role in receiving donated oocytes and having a baby born from oocyte donation. You will have the opportunity to ask questions, the laws surrounding this subject will be explained to you and we offer counseling during your time with us.

The treatment

The timing of the thawing of the egg cells and the embryo transfer can be determined in different ways;

Natural cycle

We prefer to transfer the embryo in the natural cycle. The hormones produced by the ovary during the natural cycle prepare the endometrium for the embryo transfer.

By using ultrasounds starting on day 10 of the cycle the growth of the follicle will be monitored.

When the follicle is large enough you will inject Ovitrelle. After using Ovitrelle the ovulation will occur. On the day of the ovulation the oocytes of the oocytes bank will be thawed. When you have a male partner he will produce sperm that morning and deliver it to the laboratory. Five days later the embryo transfer will take place.

Ovulation induction

In case of an irregular cycle or no cycle at all, it's possible to induce the ovulation using medication. The hormones that are produced in the ovary during this process prepare the endometrium for the embryo transfer.

You will receive a schedule for using Letrozol or FSH in combination with Ovitrelle.

You can start with this medication after the start ultrasound has taken place. This start ultrasound is scheduled on day 1,2 or 3 of your cycle (or after using medication to cause a bleeding).

You will use the medication according to the schedule you were given. Around day 10 of your cycle another ultrasound is scheduled. When the follicle is large enough you will inject Ovitrelle. After using Ovitrelle the ovulation will occur. On the day of the ovulation the oocytes of the oocytes bank will be thawed. When you have a male partner he will produce sperm that day and deliver it to the laboratory. Five days later the embryo transfer will take place.

Artificial cycle

When it is not (or no longer) possible to induce an ovulation, an artificial cycle is used for the treatment.

You will receive a schedule for using Progynova and Utrogestan/Duphaston. With this medication the endometrium is prepared for the embryo transfer. Progynova is estrogen, the hormone normally produced by a growing follicle. Utrogestan en Duphaston are forms of progesterone, the hormone normally produced by a ovulated follicle. These hormones will cause the endometrium to thicken.

After using the Progynova for 10 to 12 days an ultrasound is performed to monitor the endometrium.

This appointment is scheduled for you by one of our secretaries. When the endometrium is thick enough you will discuss the start of using Utrogestan and Duphaston with the doctor (you will keep using the Progynova). Then on the 6th day of using the Utrogestan and Duphaston the embryo transfer will take place.

The embryo transfer

No more than one embryo will be placed into your uterus per transfer. This will happen using a small tube, which will be inserted into the uterus through the cervix. It is a painless treatment. The reason only one embryo will be transferred is that the odds of conceiving are fairly high this way due to the young age of

our donors. When multiple embryos are transferred, the odds of developing a multiple pregnancy are much higher. Multiple pregnancies often result in more complications than an ordinary pregnancy, such as pre-eclampsia, premature labor, physically underdeveloped children et cetera.

Cryopreservation (the freezing of embryos)

If more than one viable embryo develops, it is possible to put them into cryopreservation. During a later cycle, these embryos can be transferred into your uterus. You own these frozen embryos (the MCK Fertility Center is the custodian) and you decide what happens to them.

The pregnancy

The chances of getting pregnant

It is important for you to realize that the transfer of an embryo into the uterus yields a limited possibility of getting pregnant, and not all patients do get pregnant, even after several embryo transfers. You must never blame yourself, nor the donor, for a failed treatment; for each embryo treatment, the chances of the treatment resulting in a pregnancy are 15 to 20%.

The pregnancy itself

A pregnancy that is the result of oocyte donation is a higher-risk pregnancy than a 'natural' pregnancy. The chances of a miscarriage, higher blood pressure or pre-eclampsia are slightly higher. In addition to this, your child may weigh a little less than average at any point during your pregnancy. These risks are even higher in a multiple pregnancy, which is why we only transfer one embryo at a time.

Following up on the pregnancy and your (and your child's) health

The MCK Fertility Center is one of very few fertility centers in the Netherlands which has its own oocyte bank. Because of this it is very important for us that we know what the course of your pregnancy was like, and how healthy both you and your child are. To this effect we will ask you to fill in a questionnaire on the course of your pregnancy, giving birth, and the development of your child.

Information about the non-anonymous oocyte donor

Few women want to be an oocyte donor, because they'll have to receive an IVF treatment in order to be able to donate oocytes. This, combined with the fact that they will not know who receives her oocytes, stops women from becoming donors. The physician and a fertility worker will discuss the impact of donating with her (and a possible partner) at length. It is tantamount that she understands what donating means, right now as well as in the future.

When screening a potential oocyte donor, we take the following subjects into account:

The donor's age

The chances of getting pregnant through IVF decrease as the woman's age rises. From the age of 36, fertility decreases due to the decreasing quality and number of oocytes in the ovaries. There is a higher risk of the child developing chromosomal afflictions such as Down syndrome in women aged 36 or over. Due to this, our Fertility Center only accepts women between the ages of 23 and 35 as donors.

The donor's health

Naturally, only healthy women can be donors. We try to evaluate and monitor the donor's health as best we can by having her fill in questionnaires about herself and her family. In addition to this, we perform blood tests and if necessary we consult her general practitioner. We expect the donor to report any

significant changes to her health during or after donating to us. If necessary, we will then inform you and explain the consequences of these changes for you and your child/children.

The donor's hereditary traits

After fertilization (the joining of a sperm cell and an egg cell) the resulting embryos (and therefore, the child this embryo may grow into) will contain hereditary material which is half the father's, and half the donor's. Hereditary traits can be passed to the embryo during fertilization. However, the woman carrying the child has great influence on the child's development too. Therefore a child is always a mixture of traits provided to them through both nature and nurture.

To prevent any hereditary conditions, a donor will only be accepted if neither she nor her family has any hereditary condition. To achieve this, we will question the potential donor extensively on any hereditary conditions occurring in her family. If, after donating, the donor herself or any of her family members develops symptoms of a condition which might be hereditary, she'll report this to us. If necessary, we will then inform you and explain the consequences of these changes for you and your child/children.

Whether the donor has any infections

One of the dangers of oocyte donation is that any viral infections the donor has may be passed to the acceptor and/or the child. Therefore, we take great care to find such contagious afflictions if the donor has any. Previous to donating, every donor will be tested for STDs (sexually transmitted diseases) such as HIV (AIDS-virus), syphilis, hepatitis B and hepatitis C. This is done twice: once previous to the treatment and once when retrieving the oocytes. We will only use the oocytes if all tests conclude that the donor doesn't suffer any of these diseases. In this way, we try to minimize the chances of you or your child contracting one of these diseases.

Legal aspects

De Wet Donorgegevens Kunstmatige Bevruchting

According to the 'Wet Donorgegevens Kunstmatige Bevruchting' (law on Donors' Personal Details for Artificial Insemination), children born from donated oocytes have the right to know the donor. According to this law, the treating fertility center has to communicate the personal details of mother, child and donor to the Stichting Donorgegevens Kunstmatige Bevruchting, an organization which was created to make the child's right to know the donor possible. When starting the donation procedure, the donor provided several personal identifying details such as name, birthdate and address. In addition to this she gave several physical, social, medical and personal traits, which paint a decent picture of who she is without compromising her privacy. This data is kept in the MCK fertility Center until a child is born from an oocyte she donated; then it will be sent to the Stichting.

The 'Wet Donorgegevens Kunstmatige Bevruchting' contains details on how and when the donor's data can be given to a child. In short, children older than twelve can request personal non-identifying details to get a first impression of 'their' donor. Their parents will be informed that these details were provided. Children older than sixteen can request personal identifying details. The donor will then be asked for permission to provide these. If she gives permission, contact between the donor and the child can be established. More information on this law can be found on this website: www.donorgegevens.nl.

The relationship oocyte donor – child

The only bond between an oocyte donor and the child is genetic, there is no legal or family relationship. The oocyte donor and the child do not have any rights or duties concerning each other. The donor can't 'claim' the child and the child can't acknowledge the donor as their 'mother'.

The legal relationship birth parents - child

The woman who gave birth to the child is always the juridical (legal) mother. The law lists rights and duties only to the juridical mother, such as exercising authority, providing a means of subsistence, visiting rights et cetera.

If the woman who received the treatment with donated oocytes has a male partner who provided the sperm for this treatment, he is the juridical father of the child born from this treatment.

If the mother of the child has a female partner, they will have joint custody of the child if she has either married the mother or entered into a civil union with her.

Further information

Cost of the treatment

A donor is not allowed to donate for the purpose of gaining money. In the Netherlands, trade in organs/oocytes is forbidden. Reimbursement of expenses (for travel, inability to attend work, risks et cetera), however, is allowed. Obtaining oocytes is costly (recruiting donors, reimbursements, costs of IVF, et cetera). The price of six oocytes can be found on our pricelist. You'll pay this when you have your first ultrasound.

The oocytes are frozen in duos; if there are two viable oocytes, we'll defrost the next duo so that you'll reach six oocytes. If, after defrosting, less than 6 oocytes are viable, you will be reimbursed. We will not bill you for the oocytes if fertilization does not result in any viable embryos.

In case a certain donor does not have six oocytes available, 2 donors will be selected for you for 4 and 2 oocytes or 3 oocytes per donor.

You will NOT be reimbursed by your insurance company for the expenses you make to obtain oocytes. You WILL be reimbursed for the medical appointments (intakes et cetera) if you have a referral letter from your GP or a medical specialist. The defrosting, fertilizing and transferring of embryos (phase 3-4 of ICSI) is insured too, UNLESS you have already declared three IVF- or ICSI treatments, which, by law, is the maximum number of treatments that will be compensated by insurance companies.

If embryos are frozen for a next attempt, you should take the costs of storing embryos into consideration too.

Questions

If you have any questions after having read this information brochure, you can contact the MCK Fertility Center administration office. Our phone number is (071) 5812300. As with all treatments, we think it is important that receiving oocytes goes smoothly and that you feel at ease. If, despite our efforts, you are not satisfied with your care, please schedule an appointment with your treating physician to discuss this.

This information is meant for woman who have been offered the treatment with oocytes from the oocyte bank at MCK Fertility Center. This information, together with any other information provided to you by a physician or nurse, is meant to help you make an educated choice on whether you want to take the treatment. This information is subject to change.

For any feedback regarding this information brochure, please let us know at info@mckinderwens.nl.