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# Information recipient egg cell donation

Known / own donor

**Medisch Centrum Kinderwens**

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## Introduction

You have contacted Medisch Centrum Kinderwens, because you want to be considered for a treatment in which you receive egg cells from a woman you know.

In addition to the verbal information, we provide you with this folder in which you can read information about all kinds of aspects of receiving eggs.

## Who is eligible for treatment with donated eggs?

There must be an indication for egg donation. That is the case if:

- you have no (functioning) ovaries (anymore).
- IVF has shown that a pregnancy from your own eggs is considered virtually impossible. There is only a good chance of pregnancy if you receive eggs from another woman.
- you are a carrier of a hereditary condition with a high risk of passing it on to your child.

### Other conditions:

You can register until your 50<sup>th</sup> birthday and your health must be good. This is important so that you can safely undergo a treatment. In addition, good health is important to safely carry a pregnancy to term, both for you and your future child. All insured treatments stop on your 43<sup>rd</sup> birthday, with the exception of the placement (embryo transfer) of previously created embryo(s), on the condition that you have not been pregnant in the meantime.

## Number of treatments and children

The eggs obtained from your donor after an egg retrieval are yours from that moment on. That is to say, from that moment on you have the right to decide on these eggs. We will then fertilize these eggs by means of an IVF (In Vitro Fertilization) or ICSI (intracytoplasmic sperm injection) procedure. The choice of procedure depends on the semen quality of the intended father or sperm donor. 1 embryo will be placed in the uterus per attempt. If more than one embryo is created and the other embryos meet certain requirements, we can freeze them. We can thaw these embryos later to give you another chance at pregnancy. You can also store these frozen embryo(s) for a second child if you have become pregnant after the placement of an earlier embryo.

If no pregnancy has occurred and there are no (more) frozen embryos, the donor may undergo another donation procedure.

## The successive steps of the procedure

### Medical intake

During this interview, it will be determined whether you are eligible for treatment with donated eggs. Your health will also be examined in detail and you will be informed about the procedures and possible risks that a pregnancy with a donated egg can entail. A pregnancy that has come about through egg donation entails more risks than a pregnancy that has come about with its own egg cell. That is why it must be estimated in advance as well as possible whether a pregnancy itself is not a pregnancy will pose an unacceptable risk to your health.

### Consultation social work

After the meeting with your physician, a meeting is planned with one of our social workers. Your physician will discuss in detail with you the psychosocial and societal factors that participate in receiving donated eggs and having a child from egg donation. The importance of openness to the child about his/her development history will be discussed in detail. It will also be discussed whether your own infertility has been processed properly. You will get the opportunity to ask questions, the donor law is explained to you and we offer guidance during the journey.

### Preliminary examinations

Additional testing will be done if indicated. You can think of a vaginal ultrasound, blood tests and a semen analysis.

### Donor appointments

Just like the prospective parents, the donor receives a medical intake, an interview physician, social worker and preliminary examinations such as a vaginal ultrasound and blood tests. The physician and social worker discuss extensively with the donor (and her possible partner) about, the impact of donating. It is particularly important for her that she realizes what donating eggs means now and in the future.

When screening an egg donor, the following topics receive attention:

- The age of the donor  
The chance of pregnancy decreases with a woman's age. From the age of 36, the fertility decreases due to the decline in the quality and number of eggs. With rising of the age of the donor the risk of chromosome abnormalities, such as Down syndrome, increases. Therefore, the donor will always be examined for her egg supply. We then discuss with the recipient and the donor whether optimal treatment is possible.
- The health of the donor  
Obviously, only healthy women can be donors. We try to assess the health of the donor as best as we can by completing a questionnaire with her about herself and her family. We also do blood tests. If necessary, we will consult her family doctor. We expect that the donor will discuss essential changes in her health with you, to inform you of any consequences for you or your child(ren).
- The hereditary characteristics of the donor  
After fertilization (the fusion of a sperm cell and an egg cell), the resulting embryo (and therefore the child in the future) contains hereditary material, half of which comes from the father and half from the donor. Hereditary characteristics can be transmitted at fertilization, but the woman carrying the child

also has influence on the child's development. The living environment and diet, for example, also play a role in this. As a result, a child is always a mix of inherited and acquired characteristics. In order to prevent the transmission of hereditary diseases, a donor must not have any serious hereditary defects or in her family. The donor is therefore questioned in advance about any hereditary diseases of her or her family. If the egg donor or one of her family members reveals a disease that may be hereditary, she is expected to report this to you.

- **Infections of donor**

One of the risks of egg donation is that viral infections can be transmitted from the donor to the recipient and/or child through the egg cells. The screening of infectious diseases at the donor is therefore very important. Every donor is tested for STDs (sexual transmitted diseases) such as HIV (AIDS-virus) syphilis, hepatitis B and hepatitis C. This will be done twice: before the treatment and at the time of collecting the oocytes. Only if all the results are good, the oocytes can be used. Because of these precautions, we try to minimize the risk of these diseases.

#### Approval

Based on the result of the above mentioned conversations, our team will decide if the egg donor is suitable to donate her eggs and whether the intended parent(s) are eligible for an egg donation treatment. If everything is good, then a mutual consultation will be scheduled. During this consultation, the treatment for both the donor and the intended parent(s) will be explained.

## The treatment

The timing of the treatment at the donor and then the fertilization of the oocytes and the embryo transfer at the intended mother, can take place in different ways:

- **Egg donation and transfer of a (non-frozen) embryo**

It is possible to schedule an egg donation treatment so that 5 days after the egg retrieval and fertilization of the oocytes, the embryo can directly be transferred into the womb of the intended mother. The cycle of the donor and the intended mother will then have to be equally to make this possible. The transfer of an embryo will then take place in an artificial cycle.

- **Egg donation and the transfer of frozen embryo**

In agreement with your physician, you may choose to start the treatment for the donor first. After the egg retrieval, the oocytes are fertilized with the sperm cells of the intended father. The embryo's are grown in the laboratory and frozen after 5-6 days, when they meet certain quality criteria.

We refer you to the leaflet 'Transfer of frozen embryos' for this information.

## The embryo transfer

At the embryo transfer, no more than one embryo is transferred in your uterus. A thin tube will be inserted into the uterus through the cervix, and the embryo will be inserted into the uterus through this tube. It is a painless procedure performed on an outpatient basis. One embryo will be inserted, because this gives a good chance of pregnancy and minimizes risks. With a transfer of more embryos, the chance of a multiple pregnancy is much higher, while multiple pregnancies are often complicated (preeclampsia, premature delivery, little children, incubator admission, etc.).

## The pregnancy

### The chance of a pregnancy

It is good for you to realize that for each transfer of an embryo in the uterus, there is only a limited chance of a pregnancy and that not everyone, even with repeated embryo transfers, become pregnant. You can never blame yourself or the donor. Every embryo transfer, there is a chance of pregnancy between 15 and 25%.

### The course of the pregnancy

A pregnancy established through egg donation has more risks than a pregnancy created from own oocytes. The risk of miscarriage, hypertension or preeclampsia is slightly increased in the pregnancy. Also, your child may have a slightly lower weight than is normal of the term of the pregnancy. These risks are even more increased in a twin pregnancy, that is why we will always place one embryo. In the Netherlands there has been agreed that the monitoring of the pregnancy after egg donation are done by the gynecologist, not the midwife.

### Following up on the pregnancy and the health of you and your child

It is important to know how the course of the pregnancy has been and how the health is of you and your child. We will ask you to fill in a questionnaire about the course of the pregnancy and birth.

## Screening of the donor

## Legal aspects

### The law 'Wet donorgegevens kunstmatige bevruchting'

According to the law 'Wet donorgegevens kunstmatige bevruchting', children conceived from donated oocytes have the right to know the donor. According to this law, the practitioner needs to provide data of the mother, child and donor to Stichting Donorgegevens Kunstmatige Bevruchting.

At the beginning of donating, the donor needs to provide person-identifying information, such as her name, date of birth and address. In addition to this, she provides some external, social, medical and personal characteristics, which gives a picture of her without identifying her as a person. These data will be kept at Medisch Centrum Kinderwens. Once a child is born, the data of the donor, the mother and the date of birth of the child will be sent to Stichting Donorgegevens Kunstmatige Bevruchting.

Extensive information about the law 'Donorgegevens Kunstmatige Bevruchting' can be found on the website: [www.donorgegevens.nl](http://www.donorgegevens.nl).

### Relation between donor and child

Between the donor and the child there is only a genetic relationship, not a legal or family relationship. The donor and the child therefore have no right or obligations towards each other. The donor cannot 'claim' the child, the child cannot see or acknowledge the donor as the 'mother'.

### The legal relationship between intended woman and 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.

## The costs

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.

Basic insurance provides that the care is reimbursed if a person needs it. However the donor does need this care and therefore it cannot be claimed from her insurance. The donor is undergoing an examination and treatment on behalf of another person (the recipient).

The fertility examination (OFO) on behalf of the recipient (and the male partner) can be claimed by the insurance company (if <43 years). This claim includes the intake consultation, the examinations and the follow-up consultations. The OFO on behalf of the donor is uninsured.

### The donor undergoes:

1. Preliminary examination, blood tests and consultations (= infertility work-up 'OFO woman')
2. Stimulation for ICSI treatment (phase 1)
3. Egg retrieval (phase 2)

These costs will be charged to the recipient, this is uninsured care.

### The recipient undergoes:

1. Consultations, preliminary examinations and eventual blood tests (= infertility work-up 'OFO woman')
2. IVF/ICSI laboratory phase (phase 3)
3. Transfer of embryo(s) (phase 4)
4. Freezing embryo(s)

When the recipient has not yet achieved the maximum number of reimbursed treatments, phase 3 and 4 fall under insured care. If it concerns a 4<sup>th</sup> or 5<sup>th</sup> treatment and you have no supplementary insurance for this, phase 3 and 4 will be charged to you.

The 'OFO woman' will be charged to your Dutch health insurance (if <43 years).

### Male partner of recipient undergoes:

1. Consultations, preliminary examinations, blood tests (= infertility work-up man 'OFO man')
2. Preparation of semen for IVF/ICSI lab phase
3. The 'OFO man' is declared to the Dutch health insurance

See our recent price list for the prices.

## Contact information

You can reach us by phone from Monday till Friday from 8:00 AM - 12:00 PM and from 1:00 PM – 3:30 PM and on Saturdays from 10:00 AM – 1:00 PM on 071-5812300.

On Sundays and holidays we are only available by phone for medical emergency between 10:00 AM – 1:00 PM.