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Behind Closed Doors

Just what happens between the moment a woman decides to become an egg donor and the moment she receives her "thank you" and payment?

by Editorial Staff

There are so many misconceptions about being an egg donor. Many assume, for example, that women are giving just one egg at a time (they give an average of 12), the entire process only takes a couple of weeks (it takes approximately three months), and there's not much to it other than the egg retrieval (there is quite a bit more, as you'll see). Since this issue of **614** is about Jewish egg donors, we thought it would be helpful to walk you through the typical process of a woman who signs up with a fertility clinic. Not all clinics are the same, nor are all policies. But the information below—reviewed by the American Society of Reproductive Medicine (ASRM)—will give you a good overview of the process.

Step 1: The pre-screening

The ideal egg donor is between the ages of 21 and 32 (some clinics will accept donors as young as 19 and up

to 34). She is in good health with a good personal and family health history, a non-smoker, non-drug user, and is height/weight proportionate. She must have a schedule flexible enough to accommodate 8 to 12 local appointments plus travel, if the donation is to take place in a different city. There will be one to two days for initial meeting/testing at the recipient's clinic and approximately one week when the retrieval is set to take place.

There is a pre-screening that typically involves an interview, questionnaire, and several evaluations (medical, psychological, and genetic). The clinic is responsible for ensuring the donor has a full understanding of what's to come, has no major emotional conflicts, and has the maturity to such a big decision in the first place. The head of the clinic also needs to verify there are no major psychiatric diseases that could be inherited by a child, such as depression, manic-depressive disorder, or schizophrenia. A medical evaluation includes a pelvic exam and blood tests that indicate general health, hormone levels, and evidence of drug use or sexually transmitted diseases.

Assuming the screening results are favorable and the donor wants to continue, she moves on to step two.

Step 2: The match

Each donor completes a personal profile and submits photographs, which can be shown to a potential recipient for review. Usually the recipient looks for a donor who resembles her; However, the recipient may base the choice of donor on anything from a desire for brown eyes, to an Ivy League education, to musical propensity. Once the donor has been matched, the fertility clinic is in charge of coordinating and scheduling the arrangement between the donor and recipient.

Step 3: The contract

The clinic creates a contract between the egg donor and recipient, outlining the expectations and responsibilities of both parties. Most clinics will arrange for an attorney to represent the donor. Typically, the donor fills out her portion of the contract, the recipient fills out hers, and the clinic combines the two to make one contract to keep on record. The donor will also complete informed consent documents stating that she has been advised of what the procedure will require of her, and its possible risks.

Step 4: The injections

Prior to beginning hormone injections, the donor will take birth control pills to align her cycle with the recipient's. Then the donor is stimulated with hormone injections for 10 to 15 days in order to mature more eggs than usual. After receiving instruction from a nurse at the hospital or clinic, the donor generally injects herself, or enlists the assistance of a friend or relative. During this time, the donor is also given ultrasound

exams and blood tests to monitor the process.

Step 5: The retrieval

Typically, a donor will produce around 12, and sometimes up to 30, eggs. It should be noted that donating this many eggs does not affect one's ability to conceive in the future. Every month, the ovaries develop several follicles, but only one egg tends to mature and be released. The fertility drugs that the donor is given simply cause all of the eggs in the developing follicles to mature, giving the doctor a larger number of eggs to use for in vitro fertilization. Not all of the eggs retrieved will fertilize, and out of the ones that do fertilize, only a couple of the best embryos will be transferred to the intended mother. Any additional embryos of good quality are often frozen for the recipient's future attempts at pregnancy.

For example: Out of 20 eggs retrieved, only 14 may fertilize. Out of the ones that fertilize, only seven might be good enough to use. Typically, two embryos are implanted and the remaining embryos may be frozen for future use (i.e. creation of a sibling).

The entire egg retrieval takes less than an hour. After the donor is sedated, a vaginal probe with a needle on the end is inserted into the vagina, through the vaginal wall and directly into the ovaries, where the eggs are aspirated through the vacuum-like tube. Following the procedure, the donor will be held for approximately one hour for observation and then released to return to her hotel, or home if she is local, preferably driven by a friend or relative.

Step 6: Recuperating

The donor may experience discomfort similar to menstrual cramps following the procedure. She will be advised to rest for the remainder of the day, and possibly two to three days after, but should be able to return to a light schedule the following day.

Step 7: The payment

The ASRM feels compensation up to \$5,000 is acceptable and that any compensation over that amount requires justification (such as a proven/experienced donor); Any amount over \$10,000 is considered inappropriate.

It should be mentioned that all medical expenses, including medications required for the egg donation cycle, are covered by the intended parents. If there is travel required for the cycle, the intended parents cover all expenses for the donor while she is traveling on their behalf. This includes airfare, hotel, ground transportation, as well as all meals. The donor should also make sure that the contract contains provisions for her follow-up or any care she might require in the future that is related to the egg donation procedure.

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