



OOCYTE DONATION

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FREEDOM
FERTILITY
PHARMACY





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A Word From the Authors

Cara Birrittieri

Author, What Every Woman Should Know About Fertility and Her Biological Clock

Egg donation has blessed me with an amazing little girl who is the light of my life, and is the sparkle in her big brother and daddy's eyes. Against all odds, and following years of disappointing agony with failed attempts at conceiving on our own or with treatment, we were able to have the child we dreamed of and made our family complete. There is no parallel in medicine; no procedure that can even compare to bringing a life into the world that would otherwise never be possible. When I look into her 2-year old twinkling eyes, hear her bubbly laugh, and drink up her never ending smile, I can't help but feel thankful for all the people past and present, who made this precious gift possible. I only hope that my joy will help others realize their dreams as well.

Mary M. Fusillo, RN, BSN, MS

Many times after an especially challenging week at work or home with my family, I will notice a woman I think I know. Maybe in the grocery store aisle, perhaps at a bookstore or a children's party and I will think to myself "Hum, where do I know her from?" and before I can even figure it out, she will walk up to me,

smile broadly, give me a big hug, and whisper in my ear, "Thank you so much for helping me become a mother. It is the very best thing that ever happened to me!" It is only then I realize that helping people achieve their own wonders of the universe, their very own children, is one of the best gifts I have ever received.

Georgia Witkin, PhD

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Day after day, I help couples understand the difference between a 'genetic' and 'biological' contribution. Day after day, I explain that a donor egg simply delivers some genetic material to help them conceive a child of their own. Day after day, I help couples learn that a new person, not someone else's egg, is growing into their child. Day after day, I reassure prospective ovum donation parents that they can have two or more feelings about ovum donation at the same time (for example: both a sense of loss and a sense of excitement). Day after day, I reassure them that bonding with the child and loving the child are as natural as childbirth itself. Day after day, I watch tears of sadness turn into tears of joy.

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Introduction

You have in your hands a booklet that will help answer many of the questions you are likely pondering about oocyte donation, or ovum donation, better known as simply egg donation. This publication is long overdue according to many who work in this field since there are thousands of children born to families every year via IVF with donated eggs, and many of these new parents searched for information in various places and from various sources to help them through the challenges this option entails. Now you won't have to. Many experts have seen a need to provide current, concise, and factually correct information to their patients, but few have taken the leap to publish a booklet. Here three experts have come together to provide a unique guide to help you understand this option.

What makes this book different is the perspective and recommendations are based solely on egg donation clinical research and experience—not extrapolations from counseling for parents of foster children, adopted children or children of surrogacy. The advice appropriate for adoptive parents is not the same as advice appropriate for parents who use egg donation. The

issues are different. The concerns are different. The emotions are different. Even the information and misinformation are different.

In fact, most published material available for prospective egg donation patients still uses the “adoption model.” However, now there is a solid body of evidence and tremendous clinical experience with egg donation, which can be used to counsel patients. It is our goal to help prospective recipient parents understand that egg donation is not a form of adoption. It is a unique experience. It is a natural experience. It is an exciting process, which affords a mother a “biological child” of her own. Within the pages of this guide, you will uncover many important facts and clarify several issues pertaining to becoming the parent of a child created through IVF and egg donation. Some of them are: dispelling the myths about the donation; how to choose a donor; whether, what, how, and when to tell your child; how to talk with your doctor so they can hear you; and why this is such a wonderful medical advance for those dealing with certain types of infertility. 🌟

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The Basics

The Egg Donation Process

Did you know that through egg donation you become the biological mother of your child? This is perhaps the most important “basic” fact of having a child through egg donation. This process enables you to become pregnant and bear a child even if you cannot produce or use your own eggs. The egg may come from an anonymous donor or from someone you know such as a family member or friend. However, you do not receive her “egg” during the transfer, you receive an embryo.

Here’s how it works:

- The donor undergoes a medical and psychological screening
- If cleared for egg donation, she goes through a cycle of IVF (in vitro fertilization) medication so several of her eggs will mature
- Meanwhile you (the recipient) take medication to grow your uterine lining so it can sustain a pregnancy
- After about 3–6 weeks the eggs are retrieved from the donor. Eggs, like sperm, carry genetic material (chromosomes and DNA)
- The eggs are combined with sperm from either your husband or partner or a sperm donor in

the laboratory

- The combined genetic material (which is now 23 pairs of chromosomes with their own set of instructions for a new human being) duplicates itself and two new cells are formed. They double and there are four new cells. This process continues and the ball of new cells become an embryo (more about this later)
- An embryologist monitors the growth of the embryos for 2–5 days
- One or more of the resulting embryos are then transferred into your uterus
- One of the embryos must attach and implant in your uterus for you to become pregnant
- You find out if you are pregnant 10–14 days after the transfer

The implanted embryo builds its body from its mother’s body, so she is the baby’s biological mother and the child her biological child. Her pregnancy is the same as every woman’s pregnancy and the couple experiences the joy of both the pregnancy and the birth of the mother’s biological child, and in many cases the father’s genetic son or daughter, and perhaps even a sibling’s brother or sister. No doubt about it,

an egg donation pregnancy and birth is as natural as any other in the world.

Many Women and Couples Choose Egg Donation

The latest statistics from the Centers for Disease Control (CDC) show nearly 16,000 IVF cycles using donated eggs took place in the U.S. during 2007. Given that the success rate in 2007 was 55% for transfers with fresh embryos created with donated eggs, and 32% with frozen embryos, thousands of couples became parents through this method of family building—and the numbers continue to climb each year. Clearly, egg donation has become an appealing option to have a child. You might consider egg donation for a variety of reasons:

- You have gone through several IVF cycles without success, especially if doctors determine a problem with egg quality
- Your body has not responded well to fertility medication
- You are over 40 and fertility tests indicate success with IVF using your own eggs is unlikely
- You have had premature menopause or premature ovarian failure (defined as menopause before the age of 40)
- You no longer have ovaries due to surgery or have lost the ability to produce eggs from chemotherapy

In some cases, a woman who can produce healthy eggs chooses egg donation—for example, if she carries a genetic trait that she does not want to

pass on to a child.

How much does egg donation cost?

Typically the fees involved in egg donation include the price for the IVF procedure and related medical procedures such as screening tests for the donor, and the cost of medications for both the donor and the recipient. Many clinics lump all of these costs into a single fee, which may range anywhere from \$15,000–\$25,000 or higher. Other clinics separate costs of the IVF procedure, the donor screening costs, and the medication costs.

If you choose an anonymous donor from an agency or clinic, she will receive compensation. These fees vary, but are generally in the \$3,000 to \$10,000 dollar range. The American Society for Reproductive Medicine's (ASRM) Ethics Committee advises that, "sums over \$5,000 require justification and compensation of more than \$10,000 goes beyond what is appropriate." This fee is in addition to the agency fee if you use an agency. Agency fees can run from \$2,000 to \$6,000 or more.

There may also be separate attorney fees. If you use an agency or find a donor on your own, it is recommended that a contract be written, negotiated and finalized. These fees can be arranged as a lump sum, or can be paid by the hour. You will also be responsible for your donor's attorney fees. Plan to spend about \$1,000 to \$2,000 if all goes smoothly.

Will my medical insurance pay?

Some health insurance plans in a few states may pay for egg donation, however, there are usually restrictions. Some pay for the procedure only, not testing, or medications. It is extremely unlikely that a health insurance company will reimburse an egg donor agency, the donor, or any attorney fees. Also, the older a woman is, the less likely insurance will pay, even where infertility coverage is mandated. In most states and in most cases patients pay on their own. To find out what insurance might cover in your state go to: www.resolve.org

Why would someone donate eggs?

Research shows two primary incentives for donors. One is a desire to help a couple become a family. Often donors have a family member or friend who has suffered from infertility, and this motivates them to help make another woman's dream come true. The other chief motivation is monetary compensation. Payment to anonymous donors may be anywhere from \$2,000–\$10,000 per cycle.

Myths and Reality of the "Donation"

You probably learned the following in your high school biology class, but most of us need a review to dispel many of the myths around baby making and making a baby with a donated egg.

To create an embryo that will grow into a healthy child, you need

genetic material from two different gene pools. The combined genetic material instructs the developing fetus to become a boy or a girl, tall or short, have curly hair or straight, blue eyes or brown.

Myth number 1

Fifty percent of the genetic material is delivered by a sperm cell. Most men think their sperm is carrying their own characteristics. This is the first myth. Actually their sperm is carrying genetic material from their entire gene pool (parents, grandparents, aunts, uncles, etc.). If the particular sperm that delivered the genetic material for your baby is carrying DNA for characteristics expressed in the father or sperm donor, the baby may resemble him. If, however, that particular sperm is carrying certain characteristics from great uncle Harry for a little girl with curly blonde hair and blue eyes, his daughter may look nothing like him with his straight dark hair and brown eyes. It's the luck of the draw. Each sperm cell carries an entirely different combination of genes from the man's ancestors.

The same of course is true for eggs or ova. Any given egg can contain genes from any group of ancestors—those that resemble the woman donating the eggs or those ancestors who look nothing like her. That means the genetic material in a donor's egg may give instructions for a child to develop with very different features than the egg donor herself. (This has important implications when choosing an egg donor,

which is discussed later). Once the two sets of genes combine, another step determines which traits will actually arise in the developing fetus and child. When the genes come together they all interact, some turn on and some turn off, so in reality, there is no telling which gene will do the instructing, and who your child will act like, look like, or sound like.

Think of a family that you know. If each genetic contribution in a child were an exact duplicate of their parent's genes, all the girls and all the boys in the family would be clones of one another. The fact is that each egg and sperm contains a different combination of genes, and each time they unite a unique individual is created. That is why within the same family there might be some tall children, or short, some brown hair, or blond, some looking like one parent, or some who look like neither. Indeed, the only exception to this rule is identical twins. Their genes are identical because a single embryo splits in two, duplicates and develops as two people with the same genetic makeup. Everyone else has his or her own genetic combination or code. This is also why genetic testing is so accurate.

Myth number 2

Now here's the part that may surprise you. Although this medical procedure is called "ovum donation," the recipient does not receive someone's egg in her uterus. This belief is another myth. Once the genetic material from the sperm and the egg has melded, the



work of the sperm and the egg is done. The combined material duplicates itself and two new cells are created. The material duplicates again, and now you have four new cells. They double and there are eight. Soon there will be a ball of new cells—the beginning of a new human being (an embryo). When a woman gets pregnant on her own, this duplication process begins in the fallopian tube. When a donor egg is used, it happens in the IVF laboratory and the embryo(s) are transferred to the recipient's uterus when it is about the same size it would be coming from the fallopian tube. It is that ball of cells (embryo), not someone else's egg, that hopefully implants into the recipient's uterine wall and begins to grow into a fetus.

Myth number 3

Perhaps the greatest myth surrounds pregnancy. Many believe the uterus is simply an incubator. Nothing could be further from the truth. The most important aspect of all pregnancies—including egg donation pregnancies—is that as the fetus grows, every cell in the developing body is built out of the pregnant mother's body. Tissue from her uterine lining will contribute to the formation of the placenta, which will link her and her new child. The fetus will use her body's protein, then she will replace it. The fetus uses her sugars, calcium, nitrates, and fluids, and she will replace them. So, if you think of your dream child as your dream house, the genes provide merely a basic blueprint, the biological mother takes care of all

the materials and construction, from the foundation right on up to the light fixtures. So, although her husband's aunt Sara or the donor's grandfather may have genetically programmed the shape of a new baby's earlobe, the earlobe itself is the pregnant woman's "flesh and blood." That means the earlobe, along with the baby herself, grew from the recipient's body. That is why she is the child's biological mother. That is why this child is her biological child.

Many recipients ask, "Is the baby actually my flesh and blood?" Not literally. No baby is really its mother's flesh and blood because the truth is that every fetus builds its own flesh and its own blood. Still you might wonder, "If it was my own egg, wouldn't the baby then have my blood?" No. The baby might inherit your blood type, but would still be making its own blood, just as it makes its own skin and hair texture, and nails and teeth. Besides, with or without egg donation, the baby might have inherited his or her blood type from the father's gene pool.

Think of it this way: every baby is a complete, self-contained, unique human being. You will meet this person when he or she is born. To try to sort out the genetic contributions at that point is like trying to break a cake down into flour, sugar, water, and yeast after it has been baked. It is now a cake, no longer separate ingredients. 🍪

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Decisions, Decisions!

Choosing a Clinic

There can be a host of factors to consider when looking for a clinic. They include location, success rates, and cost.

Which clinic is right for me?

Many patients, who have tried IVF without success with their own eggs, continue on to egg donation at the same clinic. Others “shop around,” looking for the best match for their needs. They may want to compare costs or evaluate the clinics’ donor pools. Other factors to consider in selecting a clinic include:

- The clinic’s success rates for egg donor procedures
- The experience of the physicians with egg donation
- The options for screening and selecting a donor through the clinic
- Age restrictions that may exclude you
- Your overall comfort with the staff

Most centers now employ full-time egg donor coordinators for this type of specialized care. Some centers also host seminars for prospective egg donor recipients. It’s a good idea to attend such a

seminar if you have that opportunity.

Pregnancy rates vs. live birth rates

Every couple is interested in success rates at their clinic, but what do these statistics mean? Each clinic interprets its data a little bit differently, but in general the “pregnancy rate” is the percentage of egg donor recipients who conceive and have a fetal heart-beat at the first ultrasound, which usually takes place at 6–7 weeks. The “live birth” or “take-home baby” rate is the percentage of egg donor cycles that end with the woman taking a baby home from the hospital. Pregnancy rates are always the higher of the two figures because some pregnancies end in miscarriage.

Choosing a Donor

Searching for an egg donor can prove one of the greatest challenges for recipient couples. Over the last decade, many options have become available, making the question of where to begin as perplexing as whom to choose. The following is intended to help you decide which route is best for you and your circumstances, and then using a few fundamentals, guide you along the way to select the right donor for you and your family.

Four paths to consider

Before beginning your donor search you must decide on a path to take. Currently in the U.S. your options are:

- Your clinic may supply a donor or offer a pool of donors to choose from
- Use an agency specializing in matching donors to recipients
- Advertise in newspapers and on the internet and search for your donor on your own
- Choose among willing friends or family members

Clinic or agency?

If you prefer an anonymous donor, the two most popular choices are to choose a donor from an agency or from the donor pool at your clinic, if this is a service it offers. Those clinics, which offer donors, typically recruit from the local area. These donors will likely already be tested for infectious diseases and have undergone ultrasound exams and hormone tests to determine their fertility potential. Agencies may be able to offer a larger selection of donors from a broader geographical area or even nationwide. Some agencies also specialize in specific “niche” matches based on ethnicity or other recipient preferences.

The cost will vary as well. Clinics generally include the cost of donor recruitment, health and psychological screening, as well as testing and donor insurance into their fees. Agencies charge an agency fee in addition to attorney fees, donor insurance and

travel costs for out-of-town donors. The donors will then be screened at your clinic for infectious disease and fertility potential and you will pay the clinic for these services.

Searching on my own?

Few choose this route due to the time involvement, and touchy nature of the interview process. Those who find this option desirable tend to have specific needs in a donor, for example, a certain ethnicity or race background. In these cases, recipients will target and advertise in specific publications, Internet websites, or community newspapers that may offer a better chance at finding the ethnicity they are looking for.

What about someone I know?

If someone offers to donate eggs for you, you must decide if you are interested. If so, several things must happen. First, the woman has to pass the physical screening and fertility testing much as any other donor at a clinic or agency would, but the psychological screening is even more important with known donors. In fact it is highly recommended that you and your potential donor meet with a mental health professional to define your future relationship and roles. Each of you would retain separate attorneys to draw up contracts and discuss compensation and insurance needs for the donor’s time lost from work or family. Many times the kind offer of donation is made in the spirit of friendship and generosity without the potential donor understanding either

medically or emotionally what is at stake. However, many family members and friends have donated with very successful outcomes if the counseling is sought and the proper legal documents are put in place.

Deciding on Your Donor

When you have decided on which route to take, you are ready to move forward with the process. Here are the three most important things to think about when choosing your donor—gene pool, gene pool, gene pool!

Consider the donor's gene pool, not her genes

Even if a donor is a fabulous dancer, a terrific tennis player or loves horseback riding, that doesn't mean she would pass on those attributes to your child; she may in fact pass on her grandfather's talent for math puzzles instead. If she passes on some of her talents, they won't be in the finished form you know about, but rather in the form of potential only—athleticism, or musical ability. In other words, don't confuse nature and nurture. Furthermore, remember that no matter what traits or abilities she may have the potential to pass on from her gene pool, your husband's genetics might be dominant in that area so her contribution might not make any difference at all.

Of course you will look for a donor with similar traits to yours, but you should always try to find out all you can about the donor's whole family. Ask about the donor's parents, grandparents, brothers, and sisters. Avoid worrying about

little details—like the size of her wrist, whether she prefers reading mysteries or histories, or her favorite colors. Look at the big picture, the gene pool picture, and then just like any other parent-to-be wait to see who your child becomes.

However, there are some important points to consider. You want to try to match your family's gene pool to her family's gene pool. If the recipients come from fair-eyed gene pools, the donor should also. If the recipients come from very tall, thin gene pools, and want a tall, thin child, the donor should come from a tall, thin gene pool, too. That way, if genetics are passed on that were not expressed in the donor (and therefore not similar to the recipient either) the child will still look like "family." Think about whether the donor and members of her family might blend into a photo of your extended family.

How are potential donors screened?

Most agencies and clinics begin by requiring potential donors to fill out a form to gauge their interest and demographic fit for becoming a donor. Those who meet the initial criteria complete an in-depth medical and psychological profile, undergo an ultrasound of their ovaries to evaluate their potential to produce eggs, and provide blood so their hormone levels can be checked for any fertility problems. Potential donors who pass these tests may be evaluated by a mental health professional. The evaluation

ensures that the donor fully understands the emotional risks and benefits of egg donation.

If the donor is chosen, she undergoes additional testing that is required by the Food and Drug Administration, including screening for HIV and hepatitis infection.

How much information will the clinic or agency give me?

Clinics and agencies provide varying amounts of information about their donors. At a minimum, you should have complete medical information going back at least three generations. Additionally, you should have enough personal information—such as hair and eye color, ethnic background, height, weight, body type, education, and more—to have a sense of what she is like. Your donor will be your genetic “stand-in,” so it is important that you feel comfortable with her personal characteristics.

On the other hand, the donor’s personal characteristics are just that—personal to her. Choosing a donor with a master’s degree in chemistry will not guarantee that your child will be interested in science, nor does selecting a donor who is tall promise a future basketball player in your family. The same holds true for eyes and hair. You will not know what kinds of genes will be expressed until you are holding your child in your arms.

What about medical history?

Make sure that any health problems in a potential donor’s gene pool will

not duplicate health problems in your partner’s gene pool. For example, if your husband’s family tends toward asthma, a donor with a gene pool susceptible to asthma may double the risk of a child developing asthma. Look for a donor gene pool that doesn’t duplicate those very health risks. Think of this as a wonderful opportunity for you as a future parent to help ensure maximum health for your child.

Also, be aware that some problems that are considered “psychological” may have a genetic predisposition. Ask about depression, anxiety disorders, psychoses, alcoholism and any learning disorders if there is a history of them in your partner’s family or extended family. What you’re trying to avoid is duplication of vulnerabilities. Keep in mind however, that no family gene pool is perfect.

And remember...

Once your child is born, get to know your child and provide an inheritance from you. Children are all born with the capacity to learn from and see their parents’ world as their own. So give them your sense of humor, your patience, and common sense. Your child is an individual, not a simple sum of two gene pools, or a clone of your donor and partner. Your child is a new person. Unique... and yours. 🌈

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The Professionals

Your Doctor

Did you know that medical statistics show an average doctor's visit in this country is less than 20 minutes long? That often means no extra time for topics that aren't life or death, are embarrassing or difficult to approach. So how do you find the courage and time to ask questions about egg donation?

How to talk so doctors will hear you

The only way to get answers about egg donation and medical options is to ask the questions. Doing so may be easier said than done. Suppose you are shy, or the doctor is busy, or you are not sure that the two of you are really communicating. The doctor may be unapproachable, very technical, not a good listener or emotionally detached. Still you have to ask the questions.

Here are the 7 best ways to capture a doctor's attention when you want to discuss egg donation:

1. Plan more time—if you know that you are going to take longer than the usual appointment length—less than 20 minutes—tell the receptionist that you would like a longer appointment. That way you will have more than the

typical eight minutes of discussion allotted by the doctor after an exam.

2. Bring a list of topics, symptoms, or questions. This is highly recommended by both patients' and physicians' groups. That way you won't forget anything you want to discuss. One study found doctors, on average, interrupt patients 18 seconds after they begin describing symptoms? If you have your list handy, you can quickly bring the doctor back on track with your concerns. Also, put your main concerns at the top of your list just in case you can't get to ALL of them.

3. Take notes. Follow up by taking some notes during the conversation. Focus on your main concerns here too. In fact, if the doctor doesn't object, you may want to record pertinent information. By the end of the meeting, you'll probably have more information than you can possibly retain without notes!

4. Practice makes perfect. If you have difficulty describing your problem or asking a question about your fertility concerns, practice out loud at home. Some patients give one-word answers to questions or are embarrassed to talk openly about their problems. Practicing what you want to say will

make you feel more comfortable when you meet with the doctor.

5. Bring someone with you. Taking your partner with you means four ears instead of two. Someone else might ask questions that you won't think of and may react more rationally to information. Also, some people ask a lot of questions, and then forget the answers. Some of us want to know every detail now. Others want news delivered a bit at a time. Some don't want to know much at all. Having a companion with you will ensure that whatever your listening style is, someone else will be there to write it down or commit it to memory.

6. Honesty is the best policy—even if it's difficult for the doctor to deal with, be honest about your feelings with your doctor. If the topic is too overwhelming, let the doctor know you are tuning out and need time to absorb everything. If you need another appointment to talk, schedule it. If you don't feel comfortable with the information or options you've been given, always get a second (or third) opinion.

7. Make doctors avoid "Doctorspeak." Insist the doctor speak in your language, not medical jargon. If you don't understand, keep asking, "What is that? What does that mean? What are the consequences of that?" "Can you explain that in simpler terms?"

Other Professionals Who Can Help

Many people are working to help you and your partner make this baby.

In addition to your egg donor, your physician, and the donor coordinator, you may also find yourself consulting a lawyer, an agency coordinator, or a psychological counselor.

The donor coordinator

The donor coordinator, typically a Registered Nurse (R.N.), is your new best friend during your egg donation cycle. The coordinator will schedule your donor for her testing, communicate between the physician and your donor during her work-up and coordinate the testing of you and your partner in preparation for your cycle. Many times the donor coordinator is a very experienced infertility nurse who also helps recruit and select donors for in-house pools.

Her job during your cycle will be to manage the donors schedule, make sure she has her daily results from her cycle monitoring and coordinate your schedule and medications too. She is also someone to ask questions of and her goal is to partner with you to make the cycle a success. Her knowledge about the ins and outs of egg donation will make your cycle smoother and less stressful.

Do I need a lawyer?

You may find it helpful to have legal assistance to understand state-specific laws regarding donor parenting. Some states, such as Texas and Arkansas, have laws that address the legal status of a baby born from the eggs of a donor or through a surrogate. California requires the prospective parents and the egg donor to each have an

attorney, to protect the rights of both parties.

Some experts in the field of egg donation recommend that both parties be legally represented even if the donor is “known,” such as a family member or friend. Some clinics may have referrals to attorneys that are familiar with third party parenting, and contracts between donors and recipients. Local support groups such as RESOLVE and American Fertility Association may have a list of professionals that they may be able to recommend. A family lawyer would also be helpful in finding the right attorney to represent you. It is important to find an attorney who is familiar with third party reproduction, especially egg donation.

Mental health professionals

Often your clinic will require you to meet with a mental health professional. However, one of the biggest misconceptions about seeking the guidance of a psychological professional before an egg donation procedure is that the counselor can keep you from becoming a parent. This myth keeps many couples from benefiting from the guidance and information that a counselor can bring to this lifelong decision.

For most mental health professionals, the appointment is a way to open up a discussion about important psychological matters that you should address before you embark on the egg donation process. A mental health professional can help you explore such issues as what to tell family and friends and


when to disclose to the child his or her genetic origins.

Mental health professionals who practice in infertility are also familiar with the feelings of loss, anxiety, and grief that are part of the egg donation experience. Their job is to assist you in learning ways to make the journey less fearful and easier to navigate. A good mental health professional will help you learn to deal with these anxieties or other feelings you may have so you can proceed with creating your family.

Selecting a mental health professional

This is a personal decision, just like your choice of a clinic, a physician, and an egg donor. In this case it would be extremely helpful to select a professional who has experience working with infertile couples.

Mental health professionals who work in infertility may be Ph.D.’s, M.A.’s, or licensed social workers. The degree is less important than the experience and commitment to helping infertile couples as a large part of their professional practice.

Many large clinics have an in-house mental health professional that you may choose to consult. Other clinics have referral lists to professionals that they have worked with in the past and who have experience with infertility and third party parenting issues. Other resources for finding a mental health professional include the patient support groups, RESOLVE, and American Fertility Association. 

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Emotions and Concerns

Mixed Emotions

It is completely normal for women and their partners to have mixed emotions over starting the egg donation process. Many couples have gone through years of unsuccessful fertility treatment before making the decision to try egg donation. Others who have had children previously, either with or without treatment, also feel mixed about the idea of using someone else's eggs to have a child. However, once the decision is made, many people feel a sense of excitement because at last they are about to embark on a fertility treatment that has the highest success rates in the field. For the first time couples will feel they have a real chance of having their longed-for baby. Still, these feelings will likely ebb and flow with a sense of loss since you likely had planned to use your own eggs.

These emotions are normal, and you may go back and forth between them for an extended period of time. But, experts in the field say the sense of loss will subside as time passes, particularly if you make an effort to grieve the loss of the child you expected to have. Professionals and infertility support groups can help with this. Making

the decision to pursue parenthood via donor eggs is not a one-step process. It is a journey toward the family you have always dreamed of. Along the way, you may encounter a variety of feelings—grief, anxiety, and the thrill of actually being pregnant with your child! Knowing that these feelings are normal and developing ways to cope with them will do a lot to ease the sense of loss and let you fully enjoy the excitement of becoming a parent.

Fear of Failure

After everything you've been through, it makes sense to fear it may not work. This may cause intense anxiety. Unfortunately, no one can predict who will succeed, and often there is no clear reason why some donor cycles don't result in a healthy pregnancy. One way to help alleviate some of your anxiety over this "what if" is to decide what your next step will be if it doesn't work. For example, you might have back-up plans for another cycle, a frozen embryo transfer, adoption, or child free living. Being able to discuss the process with a professional infertility counselor, a friend or family member who understands the process, and your partner can help you deal with stress or disappointment.

Anxiety Over Multiples

A high percentage of egg donation pregnancies result in more than one baby. In 2005, about one-third of all donor egg pregnancies resulted in multiple births, usually twins.

While many women are thrilled to have an “instant family,” the complications for both the women and their babies can be serious. The risks of pre-term labor and premature birth are real, and you need to discuss these with your doctor before you even undergo the embryo transfer. In the past, women typically received multiple embryos in a single transfer, because the odds were that only a fraction of them would successfully develop into a baby. Now, after many advances in IVF and tremendous rise in successful births from donor eggs, many clinics routinely transfer only one or two embryos to reduce the chances of a multiple pregnancy.

It is best to be prepared in advance for your instant family. If you become pregnant with more than one baby, you should seek out support during the pregnancy through a group such as the National Organization of Mothers of Twins Clubs (NOMOTC). You should also research the sorts of physical help you’ll need during the later stages of pregnancy and when you bring the babies home. Many women give birth to their multiples early, and the babies



spend time in intensive care. If this happens, you will need both emotional and physical support during this time.

Feeling Alone and Needing Support

An egg donation cycle is a highly emotional and stressful time in your life. This is probably not the time to “go it alone.” Since few women tend to talk about their egg donation process, you may not know whom to talk with about this stressful and exciting time in your life. So, joining a support group of other women engaged in egg donation, consulting a counselor on a regular basis, or taking part in an

“... any child that is born to you through this process is a unique individual and truly yours.”

Internet group devoted to egg donation issues are all effective ways to gain the support you need. If you have family and friends who understand the difficulties related to infertility, you might also consider asking for their support along the journey. Of course, you can share your feelings with your spouse or significant other, but remember your partner is in this adventure too, and may also need support.

Common Fears and Anxieties About Your Future Child

Many who explore the donor egg process fear the child will not look like the mother, and people will notice and comment on it. The best way to address this fear is to realize that even a genetic child might not look like the mother either. Often children exhibit the father’s physical characteristics, or even a distant maternal ancestor who the mother may not know, or look anything like. If this becomes an overwhelming issue, go back and read the “Basics” section again, and try to remember that any child that is born to you through this process is a unique individual and truly yours.

People also worry that their child will reject the mother when he or she is told about the egg donor. However, with egg donation, the child has always had only two parents, the biological mother, and the genetic father. Hence, the bond between mother and child is so strong that these fears usually fade as the child begins expressing his love in the toddler years, and then moves into preschool, elementary school and beyond. ☺

6

Telling and Talking About Egg Donation

Should We Tell Our Child?

Perhaps more than any other aspect of ovum donation, recipients say they are concerned about telling the child. Many ask if the child really needs to be told at all. Others plan to tell the child but are unsure about when and whether they should tell others before the child. Still, many wait to decide, but want to know how to provide the most information with the least confusion and least emotional upset to the child.

The decision to tell or not to tell the child about the egg donation is completely personal. However, more often than not parents are telling their children, and now most mental health professionals say it may be better to tell than risk the child finding out at a later, sometimes difficult time.

The reasons parents decide to tell vary. Many say it's because the egg donation is part of their child's inheritance, part of his or her life story, and because children have the right to know their genetic origins; many tell because it is part of their own "journey" to parenthood; others say they would never want the child to find out from any source other than themselves.

These parents point out that with the widening use of genetic screening, the chances of keeping egg donation a secret for a lifetime are slim, and they would rather tell a child than to risk him or her finding out at a vulnerable time.

This can happen due to medical reasons. It is possible that during a health crisis the information will be important. One couple found they had to tell their teenager about their egg donation because the teen was trying to donate tissue to his mother and a DNA test revealed that he was not a match. Another couple shared the information with their daughter because she was so concerned that she would inherit her mother's family's breast cancer vulnerability.

Indeed, if these children are never told about the egg donation, they will be unaware that their mother's family's medical history is irrelevant to their own. That means when they are older and a physician asks, "Is there cancer, heart disease, diabetes, depression, or blood pressure problems in your genetic pool?" Your grown child may be answering "Yes," when the happy truth is that the real answer is "No." It is for this reason, that many parents tell

their child about egg donation when the child is old enough and ready to understand eggs and sperm and their genetic implications.

However, perhaps the most compelling evidence to support telling comes from the adoption model, which has shown over the past four decades that children who know about their origin—and know from an early age—tend to be much more accepting than children who find out accidentally. These findings are now supported by more recent data from the children of sperm donors. This research has shown that early disclosure to children conceived via a sperm donor seemed to reduce concerns, since it was “always” a part of their identity.

“... donor egg procedures have been commonly used only since the late 1980’s...”

Parents may also have a variety of reasons for not disclosing. These include concern that family members might reject the child if they found out; that the child might reject the mother; or that others would not approve of a non-genetic child. Some studies of children conceived with donor sperm have found that the resulting offspring are often conflicted over the role of the donor in their lives, this is particularly true when offspring find out later, and

have little information about the sperm donor.

Because donor egg procedures have been commonly used only since the late 1980’s, there’s little information so far on the responses of these children as they grow up. It appears those who know about their conception and understand it, have not shown undue anxiety or fear, much less rejected their mother or parents. The pendulum has swung to favor disclosure in almost all cases of donor eggs or sperm.

When to Tell

There is no one right time. Many mothers talk to their infants about egg donation as “practice,” so that the explanation becomes easy for them. Most children will understand the concept of a “helper” at around 5 years old, and the concrete idea of donated eggs as early as 8 or 9 years old. It is probably best to avoid delaying the information until adolescence, since this is a time of great emotional upheaval and uncertainty, and not a good time to add egg donation to the mix.

That said, it is still important to make sure your child or children can understand the concept that you are trying to get across. Anything that is unknown or confusing to a child is stressful. Also, this doesn’t have to be one lengthy, in-depth conversation. It can be a series of age appropriate talks beginning in infancy for practice, then following through the pre-school, elementary, and middle school years.

For a full explanation, it's best to wait until your child has studied "eggs," "sperm" and "human reproduction" in school, or until you have discussed these concepts at home. Until then, simple statements such as, "Doctors and other people can help Mommies and Daddies have babies," are easily absorbed by children of any age.

How Do We Tell?

When you decide to tell your child, here are some suggestions that have helped parents that we have worked with in the past. Each suggestion is aimed at giving the child a view of egg donation that is accurate, understandable, and psychologically easy-to-digest. The goal is to give them new information—not a new identity!

Here are three golden rules when talking with your child:

- Keep it positive
- Keep it medical
- Keep it about you, not them

Keep it positive and age appropriate

It's important to remember what a wonderful way this is to create a child. So, when talking with the child, present egg donation as "good news." To most kids, good news is a "surprise." So for a child of about 9 or 10, begin by asking them if they've heard of egg donation (try to be sure the answer is yes), then tell him or her that you have "good news." Continue with such a

positive approach as "We were so thrilled that you had blonde curly hair, since Daddy has black hair and I have brown. I always wanted a curly headed baby. The donor gave you that great head of hair."

By keeping the donor as a positive the child will begin to see this as "good news" first and foremost.

Keep it medical

You would like to think the first question would be, "Mommy, why did you need a donated egg?" But it rarely is. Instead, be prepared for "Who donated?" If your donor was an anonymous donor, the simplest answer might be, "There were many donors to choose from and I picked one that was the most like me—you lucky kid! That's why you're so smart and cute. Blame your glasses (or your braces) on your father's side of the family." This reminds children you are their mother, and there is no other. Conjuring a fantasy figure donor will not only confuse your child, but will probably also make him or her more curious about the donor as a person. As more questions come later on, there will be time to provide more information.

Keep it about you

In the case of anonymous donation, presenting the child with the above information will underscore that you had egg donation, not them. That is, thanks to egg donation and their father, you became pregnant and carried the child and gave birth to the child. It's very important to remind

them that you went through nine months of pregnancy, that you were in labor and you delivered them.

Making it clear that you were the egg recipient, not the child is even more important if the donor is not an anonymous donor. If the donor is a family member, friend, or other known-donor who is comfortable being identified to the child, keep it clear that the donation was to you and not the child. And if the child and donor want to talk directly, make sure the donor is clear on that point, too.

When Do Children Really Understand?

In general, children hear more than we think and understand less than we think when it comes to egg donation. But by the time they study conception,

“It’s very important to remind them that you went through nine months of pregnancy...”

sperm and eggs in school, children get it. Much to their parents’ surprise they have strong opinions about it! Some recipient parents say that by 8 or 9 years of age, their children have heard of egg donation and have learned about human reproduction. Others say their children weren’t ready for a full explanation until they were 11, 12 or 13 years old.

At any age, make the explanation real for children by showing them pictures of you while you were pregnant. This also helps to remind them that every cell in their body comes from your body. This makes their origins clear. This normalizes their story. Pictures show them your pregnancy was just like every other on earth. It will reinforce the reality that you had the procedure, you are their biological mother, through you they have received the genetics from the donor’s gene pool. You, as their mother, are their source of life.

Often professionals receive calls from parents eight or nine years after their egg donation because they are ready to talk to their child about the procedure; their first question generally is, “What did you tell me then?” After the review, and talk with their child, the parents usually call back and say, “Why did I worry about that for so long? It was no big deal.” Or they might say, “We presented it matter-of-factly and in an upbeat way and my child took it matter-of-factly and in an upbeat way.” Bottom line... don’t worry if you can’t remember the words to the song. As long as you hum the right melody, your child will hear the tune.

Where Can I Find Age-appropriate Dialogues?

Search online or at your library for the increasing number of books devoted to this topic. Many of these books are appropriate for children under 5 years old, with dialogue stressing the love

the parents have for each other and their desire to have a baby to share that love. Several other books are available for children ages 5–9. These add the explanation that mom was missing a part and needed the help of an egg donor.

Talking to Siblings Not Conceived This Way

Many couples that have already parented a child or children, either naturally or through IVF and are unsure whether they should tell any older siblings. If you plan to tell the child, the siblings eventually ought to know. However, parents who already had one or more children before using egg donation often advise against telling an older sibling about the egg donation, at least during the younger one's early childhood. Until the egg donation child is old enough to decide with whom he or she wants to share it, there are many reasons why it may not be good for the sibling relationship for the older child or children to know something about the younger child that the younger child still doesn't know.

The fact is, it may be some time before your donor-egg child is old enough to understand the details of his or her genetic origins. If the older sibling knows this information first, it can create problems in the children's relationship. The older sibling may even tell the younger one before he or she is ready to grasp the concept, or may do so in a way that creates anxiety or insecurity.

If the age difference is less than ten years, it's not unusual for older siblings to spill the beans—even accidentally—and their frame of reference is not sufficient to explain it properly. One child was told by a brother, "You come from the egg nation," because he didn't understand what egg donation really meant. Another was told by a cousin, "You come from a chicken," because she had overheard her parents talking about the number of eggs that were transferred.

Another issue is that the older sibling may tell someone else, intentionally or not, before you and the donor-egg child are ready for that information to be passed elsewhere. The sibling may also feel anxiety over letting the information slip out accidentally.

If, however, your ovum donation procedure is open information within your

**"You, as their mother,
are their source of life."**

family, your ovum donation child's siblings will probably know long before your donor-egg child is old enough to understand. And that is how many families want it. On the other hand, if you decide not to tell an older sibling, it is important to realize you are not simply keeping a secret; rather, you are respecting the younger child's privacy. When the donor-egg child is old enough to talk about this very personal information by choice, he or she can decide

whether to share it with any older siblings.

Think of it as protecting your child's privacy as he or she grows up. If you have one child who is 5, for example, when the other is a newborn, they will soon be ten and fifteen years old respectively. Is it really fair for a fifteen-year-old brother to know something about his ten-year-old sister that she doesn't understand yet? Is it worth the risk that he will tell his younger sibling before either of them is ready to grasp the concept? It is quite possible that the younger sibling would prefer to digest the information and decide whom he or she wants to share it with.

Telling Others

The decision to tell or not to tell family and friends about your egg donation is as personal as the decision to tell or not to tell your child. Again, there is no right or wrong rule. There is, however, advice from those couples that came before you: You can always tell later, but you can't "un-tell" later.

Think like parents. What is best for your child? If you want time to think about telling, it's probably better to keep it all private now. However, some couples are so thrilled with the success of the procedure they want to share their excitement; others feel so blessed once the baby is born, that being so cautious about their child's conception is unnecessary. Many experts say that the less mysterious, or secret the whole topic is, the better the child will feel about it. Also, some older donor egg recipients feel it would be unethical in

certain situations not to tell, since they don't want to give the impression that women can have genetic children at any age.

Still, even if you know that you want to tell your child about egg donation, and tell them early, you may want to keep your procedure somewhat private. Most egg donation couples choose to wait before telling their closest family and friends because they don't want to hear any uninformed comments, or be questioned about their progress. Then once the pregnancy is well on its way, they share the news. Other couples never share the information because they want the child to know first, be able to understand the concept, and control when and how they tell.

If you decide to tell others, it's important to be aware that even if you swear someone to secrecy, they often tell others and swear them to secrecy, and so on. Soon many people could know something about your child that your child doesn't know or understand yet. So if you decide to tell someone, you can be certain that others will likely find out. If that matters to you, it's probably not the right time to talk about it. ☺

About the Authors

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Cara Birrittieri is an award-winning television reporter who covered health and medicine in Boston, throughout New England for national & international audiences and has reported extensively on reproduction issues. Her awards include: an Emmy Nomination, the Health & Science Journalist's Award from the American Heart Association, two Sword of Hope Awards from the American Cancer Society, the Award of Excellence from the American Medical writer's Association, and an AAA Science Journalism Award. Recently she has joined the board of directors at the Massachusetts chapter of RESOLVE The National Infertility Association. Since undergoing her own battle with her biological clock, she speaks publicly about her struggle and the topics in *What Every Woman Should Know About Fertility and Her Biological Clock* in order to help others avoid facing a similar ordeal.



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One of the nation's leading experts on third-party reproduction is Mary Fusillo, RN, BSN, MS. Mary, a session chair at the 2006 and 2007 International Conference on Egg Donation,



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Dr. Witkin can be seen on the Fox News Channel as a news analyst and a weekly guest expert on "Fox & Friends". In addition, she has authored 11 books on stress and a variety of men and women's health issues, and is a frequent contributor to magazines such as Newsweek, Time, Parade, and Self.



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