



Alpha Fertility

Alpha Fertility Inc. 8635 Lemont Rd, Downers Grove, IL 60516

Tel (630) 427 0309 Fax (630) 427 0302

www.alphafertility.com email: info@fclab.us

INTRODUCTION

This handout has been written to provide information to couples undergoing egg donation. The handout aims to take you step-by-step through the treatment cycle and will provide you with answers to many questions you may have. We suggest that you read the handout carefully and refer to it often during your treatment. If you ever have any questions that may not be addressed in this handout, our medical and nursing staff is always happy to assist you.

Who Needs Donated Eggs?

Causes that couples may seek donor eggs are:

- Premature ovarian failure
- Poor ovarian response to stimulation medications
- Absence of the ovaries
- Carriers of a genetic disorder
- Ovarian failure due to a chemotherapy and/or radiation treatment

Who Donate Eggs?

Fertile healthy women at reproductive age between 18-35 y/o, preferably who had conceived children naturally. Egg donors have no continuing responsibility to any child born following egg donation.

How is a donor matched to an intended parent?

Donor profile is given a unique identifier and all profiles are posted on the website without revealing the identity of the donor. When a couple picks a donor we contact her and start the screening process for hormonal levels, infectious, hereditary disease and drug use

SYNCHRONIZING OF DONOR AND RECIPIENT CYCLES.

The most important step in the egg donation process is the synchronization of the menstrual cycles of both the donor and the recipient. This ensures that the embryos are transferred to the recipient's womb at the optimal time for implantation. Birth control pills and Lupron makes the ovaries inactive allowing both donor and recipient cycles become synchronized.

When both the donor and recipient's cycles are regulated, the donor begins fertility medications to stimulate her ovaries to produce eggs. The recipient will then start her regimen of estrace. This medication will enhance the lining of the uterus so it will be well prepared to receive embryos. When the donor's follicles are of the correct size, and the hormone levels are appropriate, she will be given an injection of Human Chorionic Gonadotropin (hCG) to ensure final maturation of

the eggs. The eggs are retrieved 36 hours later by transvaginal ultrasound guided needle aspiration at our office in Downers Grove.

How reliable are the egg donors?

Women volunteer to donate their eggs and for the most part are well motivated and committed to completing the process. It is however, completely within their right to withdraw from treatment at any given time up until egg retrieval. There may be times where the donor responds poorly and does not produce enough follicles or stimulates too quickly. In either of these instances, the cycle may be canceled due to poor donor response or the risk of severe ovarian hyperstimulation.

MEDICATION AND SIDE EFFECTS

Medications commonly prescribed by the physicians of Alpha Fertility Inc. for recipients

1-LUPRON

Lupron suppresses the ovaries by slowing down the activity of the pituitary gland. It is given by injection under the skin (subcutaneous).

Possible side effects include headaches, hot flashes, mild skin irritation or bruising.

2-ESTROGEN

Recipients receive a natural estrogen replacement that is used to thicken the endometrium (the lining of the uterus) in order to prepare for implantation of the embryos.

3-PROGESTERONE

Progesterone is used to support the lining of the uterus in preparation for the developing embryo. It is given as an intramuscular injection. Possible side effects include weight gain, gastrointestinal disorders and breast discomfort. Local reaction at the injection site may occur. Vaginal progesterone is now prescribed and had good results

Other drugs may be given during your treatment cycle. Your physician or IVF coordinator will explain any additional medications needed.

MONITORING YOUR TREATMENT

All monitoring is done in the early morning at our office, it consists of blood tests and ultrasounds to determine the development of the endometrial lining as it prepares for implantation of the embryos. Please schedule these appointments with the front desk. You will be called each afternoon with medication instructions and further follow up.

OOCYTE (EGG) RETRIEVAL

Please note that your partner will have to be in our Downers Grove office the day of the recipient's retrieval in order to produce semen. He should not leave until the embryologist has given the okay.

FERTILIZATION

Eggs and sperm are cultured overnight in case of good semen quality or sperm is injected inside the eggs in case of poor sperm quality. Eggs are checked the following morning for fertilization. The embryologist will call you to let you know about the number of eggs fertilized. If fertilization does not occur, you will meet with your physician to discuss future options.

EMBRYO TRANSFER

Three to Five days after fertilization, the embryos are ready to be transferred to the recipient's uterus. You will be advised by the IVF team of the date and time of the transfer. Your procedure will take place at our Downers Grove office and you will not be under anesthesia as this is not a painful procedure. A speculum is placed into the vagina and the cervix is exposed and cleaned. The embryos are then drawn up into the catheter, which is then carefully and gently inserted through the cervix into the uterus. After the transfer, the embryologist will examine the catheter under the microscope to make certain that no embryo(s) were retained in the catheter. After the transfer is complete, you will stay in the office for half an hour and be advised to rest for the following two days.

AFTER THE EMBRYO TRANSFER

All patients will take a progesterone supplementation until their first pregnancy test. Following a positive pregnancy test, you will remain on progesterone and estrogen until approximately the 11th or 12th week of pregnancy. If the test is negative, you may discontinue progesterone. You can expect to get a period within two weeks.

It is not unusual to have slight vaginal bleeding after your transfer. **DO NOT** stop your progesterone, and call the office if this happens. Abdominal discomfort is also common the second half of the cycle.

EMBRYO FREEZING

You will be asked to sign a consent regarding your desire for embryo freezing. Please note: not all embryos are of suitable quality to freeze, and not all survive the freezing and thawing process.

PAYMENT

It is the policy of Alpha Fertility Inc that payment is made prior to the donor starting any medications. Please contact our financial office for details and payment options.

CHECKLIST FOR MALE PATIENT

1. Male ART panel with our embryologist. This includes a semen analysis, antisperm antibodies sperm freezing, and any additional tests that the embryologist may deem necessary. This is usually one specimen that must be produced one hour prior to testing. Please also be aware that there should be at least 2 days but no longer than one week of abstinence before collecting the specimen.
2. Blood test for HIV, Hepatitis A, B, & C, Chlamydia, Gonorrhea and RPR within the last year.
3. All consent forms must be signed and in the chart.

CHECKLIST FOR FEMALE PATIENT (Please ask for a copy of current American Society Reproductive Medicine Screening Guidelines, we follow the ASRM guidelines).

1. Blood test for HIV, Hepatitis A, B, C, Chlamydia, RPR
2. Blood type, Thyroid testing, Prolactin, Rubella, Varicella and recent day 3 labs.
3. Recent HSG or Sonohysterogram.
4. Trial transfer by transferring physician.
5. All consent forms signed and in the chart.

All couples are required to meet with their physician and our psychologist prior to beginning their treatment cycle.

What can go wrong?

Described below are some potential problems you should be aware of before beginning treatment.

The Donors Monitoring Phase

If there are a low number of follicles being produced, the donor's cycle may be canceled. We would then evaluate the cycle and make suggestions for improvement for future cycles. If there are an extreme number of follicles and high hormone levels, the cycle may be canceled due to the risk of ovarian hyperstimulation syndrome. Again the cycle would be evaluated and changes made for future cycles.

Egg Retrieval

Not all follicles will contain eggs, and not all eggs may be mature. Rarely, no eggs are recovered or all eggs are abnormal.

Fertilization (Day after retrieval)

No fertilization can occur but is rare in couples with no identifiable male factor. It is however, more common when there is a proven sperm factor. This may also occur even if donor sperm is being used. The embryos may also fail to cleave or divide normally. They may not be suitable for transfer.

AFTER A SUCCESSFUL TRANSFER

Negative Pregnancy Test: In spite of all the technical advances of the past few years, this is still sadly a possible outcome of a treatment cycle. Invariably, we have no explanation for why a cycle is not successful.

Pregnancy: It is important to realize that even if pregnancy does occur, problems can still arise. Miscarriages and ectopic pregnancies can occur. Congenital abnormalities are no more common than in natural conceptions.

Multiple Pregnancy: The chance of multiples increases with the number of embryos transferred to the uterus. Your doctor will discuss with you the possible complications of multiple pregnancies including pre-term labor, premature birth, and increased financial responsibility.

COUNSELLING AND SUPPORT

Alpha Fertility staff aims to provide the maximum professional expertise, advice, and support to every couple. Following every cycle, our IVF team meets to review all of the cases to discuss any aspects of past or future treatment. We are very aware of the stress involved in a treatment cycle and recommend **Dr. Howard Weissman**, our staff psychologist who specializes in infertility as a support person in addition to our staff. You can contact him directly for an appointment by calling (708) 403-4210.