

Piedmont Reproductive Endocrinology Group (PREG) Egg Donor Program

Help Dreams Come to Life Be An Egg Donor

Egg donation in recent years has become a very successful option for couples that would otherwise be unable to have children. Dr. Nichols/Payne and the staff of PREG want to guide you through a very fulfilling experience of helping someone's dreams of having a family become a reality.

Egg donors are usually anonymous unless the recipient has a family member or friend that chooses to be a donor. Potential donors can come forward on a voluntary basis for many different reasons. All anonymous donors must undergo extensive screening to assure they are suitable candidates. Donors must be healthy women between the ages of 21 and 32, but PREG uses age 26 as our upper age cutoff to begin evaluation of potential donors. They are asked to complete a thorough questionnaire that is reviewed by our staff. If they are potentially good candidates then a very detailed personal medical history as well as past and present family medical history is reviewed. An interview with a Licensed Clinical Psychologist as well as an MMPI (a personality profile) is administered to ensure there are no underlying psychological issues present. They are also counseled on the psychological and physical effects of donating eggs to make sure they are able to adjust well. In addition, all donors are screened for sexually transmitted diseases and any other infectious disease.

The egg donors are anonymous and the potential recipient's information is not given to the donor or the outcome of the donor egg cycle itself. The recipient does have available to them parts of the donor's profile and psychological evaluation but no specific identifying information. This allows the recipient to make the best decision regarding potential donors. Please provide two baby pictures as well as two preschool pictures (age 3-5 years) of yourself which will be viewed by potential recipients. We also need a full length recent picture of yourself which will NOT be made available to potential recipients but will be used by PREG to help us to "match" you with a recipient.

Recipients and donors are matched using a list of specific requirements they want from their donor such as physical attributes, education, or ethnicity. Dr. Nichols/Payne and the PREG staff work very closely with donors and recipients in helping make appropriate matches.

While going through an egg donor cycle, the donor and the recipient's menstrual cycle will be synchronized together usually with medications. When both the donor and recipient are regulated, the donor starts fertility medications (daily injections) to stimulate her ovaries to produce multiple eggs. The recipient during this time will be monitored by using ultrasound and blood tests to make sure the lining (endometrium) of her uterus is optimal for receiving embryos.

When the eggs are matured, they are harvested by way of an ultrasound guided retrieval in which the donor is sedated and will feel no discomfort. After the eggs are retrieved, the egg donor participation is over. The retrieved eggs will then be fertilized in the lab with the recipient's partner's sperm by procedures that offer the best fertilization results. The embryologist in the IVF lab will determine the choice of fertilization method (IVF – in vitro fertilization versus ICSI – intracytoplasmic sperm injection).

Three to five days after retrieval of the eggs the resultant embryo(s) will be transferred to the recipient's uterus. After the embryo transfer the recipient will continue being monitored with blood work and a pregnancy test will be done in about two weeks. If there is an excess of embryos the recipient will be given the choice of freezing (cryopreservation). This will give the recipient additional attempts to conceive.

Split Donor Cycles are also offered to appropriate patients to help share the expenses of a donor cycle with another couple. A primary recipient will be matched for donation and then a secondary recipient candidate will be found. The eggs retrieved from the donor are split so that half of the eggs go to one recipient and half to the other. A potential risk of a split donor cycle is that an insufficient number of eggs are produced not allowing a split between the two recipients. In this case, all the eggs would go to the primary recipient and the secondary recipient would be dropped from the cycle and would be moved to a primary slot in another cycle.