

# Donated Embryos (Recipient)



## Information for Patients and Partners



## What is this leaflet about and who is it for?

This leaflet is produced for patients undergoing transfer of donated embryos.

## What preparation is needed to receive donated embryos?

You (both) will need to have some blood tests taken to ensure that you are healthy. These include:

- Screening for infections such as hepatitis B&C, HIV, Syphilis, and cytomegalovirus (CMV).
- CMV positive donors are only to be used for CMV positive recipients.
- Other tests may be required according to ethnicity/ geography/ medical history, such as HTLV, Tay Sachs, Sickle Cell,  $\alpha$  or  $\beta$  Thalassaemia, glucose-6-phosphate dehydrogenase deficiency, Malaria, T. Cruzi.
- Screening to ensure you have been vaccinated against German Measles (rubella).
- You will also need swabs taking for screening for sexually transmitted diseases chlamydia and gonorrhoea.

The above health screening is clinic policy for infection prevention and welfare of the child considerations. This means that patients and partners will be required to undergo screening, although they are not providing gametes. The costs of the tests are outlined on our price list which is also available online.

The embryo donors will have been screened for transmissible and heritable illnesses however these tests cannot give 100% assurance of a lack of any disease. Tests include HIV, Hepatitis B & C, syphilis, cystic fibrosis, karyotype, chlamydia, gonorrhoea, CMV. Other tests may have been required according to ethnicity/ geography/ medical history, such as HTLV, Tay Sachs, Sickle Cell,  $\alpha$  or  $\beta$  Thalassaemia, glucose-6-phosphate dehydrogenase deficiency, Malaria, T. Cruzi.

## What happens next?

If your investigations show that you are suitable to undergo treatment with embryo donation, then we will arrange a counselling appointment to discuss the implications for you and your family in using donated embryos. Information about legal parenthood will be explained and consent given so that you can agree to your partner becoming the legal parent of any child born as a result of treatment.

## What will I know about the donors?

You will be told about the physical appearance (e.g., build, complexion, eye and hair colour) of your donors and their cytomegalovirus status. You may read the pen portrait and goodwill message that they have written for any future offspring. You will not receive any identifiable information.

Any children born as a result of this donation can find out:

- Anonymous information about the donor and any donor-conceived genetic siblings, from the age of 16
- Identifying information about the donor, from the age of 18
- Identifying information about donor-conceived genetic siblings, with mutual consent, from the age of 18
- Information about the possibility of being related to the person they intend to marry/ enter into a civil partnership with, at any age
- Information about the possibility of being related to the person they intend to enter into an intimate physical relationship with, from the age of 16

## What information are the donors entitled to?

The embryo donors can find out how many children have been born as a result of their donation and their gender.

## Important considerations

The increasing popularity of direct-to-consumer DNA testing has made it possible for donors and donor-conceived people to become identifiable to each other outside of the current, managed system of information provision. This can happen if they, or a close family relative, sign up to such a service that allows for genetic matching. Many people undergo these DNA tests to learn more about their family heritage, however it has introduced the possibility of a donor or donor-conceived person (or a close relative) of being matched with one another. This can result in a donor-conceived person who has previously been aware of their origins discovering this for the first time.

If you are having treatment as a single woman, the legal status of men donating embryos created originally for the treatment of their partner and themselves is uncertain. Please refer to the HFEA's website for further details on this issue. The egg donor will not be the legal parent of any resulting child(ren) and will relinquish all legal rights and responsibilities towards the child(ren).

The embryo donors may vary or withdraw consent to donation up to the point that the embryos are used in treatment.

## How many families can the donors help create?

Donors are able to help the creation of up to 10 families. Each family may consist of more than one donor-conceived child because genetic siblings or half siblings sharing at least one legal parent will be considered to belong to the same family.

## What treatment will I undergo?

If you are taking HRT (hormone replacement) you need to continue this until your treatment cycle commences and then stop. Depending on the reason you require donated embryos, your pituitary gland may be first "down-regulated" using daily injections. You will then get a bleed and need to attend for an ultrasound scan. Other women will stop their HRT

and then attend for the scan. The scan checks that your endometrium (lining of the womb) is very thin, and you then commence the oestrogen hormone tablets as well as continuing to self-administer the daily down-regulation injections if you require them. You may be advised to avoid unprotected intercourse during treatment.

## Natural Cycle FET

Natural cycle FET is appropriate only in exceptional circumstances and if your periods are reasonably regular.

On Day 1 of the period contact the unit to arrange a Day 10 scan. On Day 10 a vaginal ultrasound scan is carried out to measure the womb lining thickness and to measure any developing follicles (further scans may be necessary). If the response is adequate a Clearblue Ovulation Predictor Kit will be provided for you to test for ovulation.

When ovulation surge occurs, you must contact the unit on the same day before 10.00am. You will be asked to commence Cyclogest pessaries which you insert into the vagina, morning and evening. These are used to support the lining of the womb and to encourage implantation of the embryo(s).

## Programmed cycle FET

Programmed cycle FET is appropriate for all cycle lengths.

On day 1 of the period, you will contact the unit to tell us you have commenced a FET cycle. A daily injection of Suprecur will commence around Day 21 of your cycle. You will then have a period and contact the unit to arrange a vaginal ultrasound scan. You will be given a plan to follow at your scan appointment and will be told when to start your oestradiol tablets. These are hormone tablets used to thicken the lining of the womb. You will have a further two scans over the next two weeks to assess the womb lining thickness.

At your final scan you will be told to stop the Suprecur and to commence the Progesterone pessaries. You will be asked to insert a

pessary, into the vagina, morning and evening. These are used to support the lining of the womb and to encourage implantation of the embryo(s).

## What happens next?

The stage at which your embryos were frozen will determine when they are thawed and transferred.

The Embryologist will contact you, the same day, to discuss how the thawing process has gone. If the thaw has been successful, they will arrange a time for you to attend the unit for embryo transfer.

## How are embryos put back?

The number of embryos to be transferred will have been discussed with you at your plan appointment with medical staff.

This is a painless procedure and does not usually require any anaesthetic. Very occasionally, local anaesthetic is applied to the cervix.

A speculum will be inserted, just like a smear test. The consultant will then clean around the cervix before the embryo(s) are loaded into a catheter (fine tube). This is then passed through the cervix into the womb. At this point a nurse will start to scan your abdomen to visualise the tip of the catheter. The embryo(s) are replaced with a small amount of media, which can often be seen as a “white flare” on the screen. The catheter is then removed and checked by the embryologist to ensure the embryo(s) have been replaced. You may go to the toilet after the procedure as the embryo(s) will remain in place.

Leicester Fertility Centre is unable to guarantee that your treatment will be carried out by a specific doctor. Please let us know if you would not proceed with treatment unless a specific doctor was available.

## When can I do a pregnancy test?

You will be informed at the transfer when to perform a urine pregnancy test. You will be asked to call the clinic with your result and the admin team will inform you when to attend the clinic for a blood test. It is important to attend for the blood test even if you have started your period, so we can exclude the possibility of an ectopic pregnancy.

## What follow up care is available?

We would normally offer you and your partner a follow-up clinic appointment with the Consultant if your treatment has not been successful. We understand that this is a very difficult time for you both emotionally. Should you wish to access any supportive counselling during your fertility treatment you may contact the Leicester Fertility Centre to arrange an appointment with the unit's counsellor.

## Our commitment to patients

We are constantly striving to improve our services to patients, and we will welcome your comments or suggestions for improvement.

### Leicester Fertility Centre Contact Details

**Tel:** 0116 2585922

**E-mail:** LFCinfo@uhl-tr.nhs.uk

**Website:** [www.leicesterfertilitycentre.org.uk](http://www.leicesterfertilitycentre.org.uk)

### Useful addresses:

Human Fertilisation and Embryology Authority [www.hfea.gov.uk](http://www.hfea.gov.uk)

[www.hfea.gov.uk/donation/donor-conceived-people-and-their-parents](http://www.hfea.gov.uk/donation/donor-conceived-people-and-their-parents)

[www.hfea.gov.uk/treatments/explore-all-treatments/becoming-the-legal-parents-of-your-child](http://www.hfea.gov.uk/treatments/explore-all-treatments/becoming-the-legal-parents-of-your-child)

[www.hfea.gov.uk/treatments/explore-all-treatments/risks-of-fertility-treatment](http://www.hfea.gov.uk/treatments/explore-all-treatments/risks-of-fertility-treatment)

NICE guidelines: [www.nice.org.uk](http://www.nice.org.uk)

NHS - Response line: [111.nhs.uk](http://111.nhs.uk) / 111

NHS - Smoking Helpline: 0300 123 1044

Fertility Network UK [www.fertilitynetworkuk.org](http://www.fertilitynetworkuk.org) / 0121 323 5025

Donor Conception Network [www.dcnetwork.org](http://www.dcnetwork.org)



Do you feel that you are at risk of verbal or physical abuse? If so, you may find the following numbers useful:

Domestic Violence Helpline:

United against violence & abuse (UAVA)

Helpline: 0808 802 0028

Email: [info@uava.org.uk](mailto:info@uava.org.uk)

Text support: 07715 994 962



*This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.*

## Questions

If you have any questions write them down here to remind you what to ask when you speak to your consultant.

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## Today's research is tomorrow's care

We all benefit from research. Leicester's Hospitals is a research active Trust so you may find that research is happening when you visit the hospital or your clinic.

If you are interested in finding out how you can become involved in a clinical trial or to find out more about taking part in research, please speak to your clinician or GP.

If you need information in a different language or format, please call the number(s) below or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

**0116 258 4382 or 0116 250 2959**