

THIRD PARTY PARENTING

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What is third party parenting?

The use of an egg donor, sperm donor, donated embryo or gestational surrogate to achieve conception.

Who would consider third party parenting?

- Women with poor ovarian function or no ovaries such as older women
- Women with poor egg quality
- Women with abnormal uterus or no uterus
- Men with little or no sperm
- Patients with genetic/chromosomal abnormality
- Same sex couples
- Single women
- Cancer survivors
- Physical limitations that prohibit pregnancy
- Couples with multiple failed IVF cycles



History of Third Party Parenting

- Ability to perform egg donation and gestational surrogacy has existed since the first IVF more than 30 years ago.
- Over the past 30 years, the medical community and society have accepted the options of egg and sperm donation and surrogacy.
- Most of Europe, Japan & Australia forbid surrogacy if payment is involved. Only allowed if it's altruistic.

EGG DONATION

- · First transfer of a fertilized egg from one human to another resulting in pregnancy was reported in July 1983 in California
- The late Dr. Luther Talbert of NCCRM and Director of UNC's Reproductive Endocrinology Fellowship Program was a pioneer in IVF and helped develop the first egg donor protocol that was used nationally.
- 16,000 procedures using donated eggs done in 2007
- 7,472 babies were born from those procedures
- Average success rate ~ 55% and above







Who can become an egg donor?

Potential donors should:

- Be between 19 and 32 years old
 Normal BMI (Body Mass Index)
 Complete detailed application
 Provide family history
 Undergo physical exam
 Undergo FDA required lab tests including HIV, HepB, HepC, RPR, GC, chlamydia
 Attend education class
 Psychological explantion

- Psychological evaluation
 Complete rigorous protocol
 Undergo minor surgery
 Have health insurance

What does an egg donor go through?

In Vitro Fertilization Protocol

- 6 8 ultrasounds and Estrogen level tests
- Inject medicines daily for 10 20 days
- Egg retrieval with conscious sedation which entails outpatient surgical procedure with needle aspiration of eggs

What does a recipient couple go through?

Uterine Preparation Protocol

- Twice a week injections of estrogen are used to thicken the uterine lining from the beginning of cycle to 12 weeks gestation
- Daily progesterone injections from around the time of embryo transfer to 12 weeks gestation
- Embryo transfer minor office procedure

Understanding Egg Donation Anonymity

- Unless a family member or friend is your donor, the egg donation process is strictly anonymous.
- Recipients are not given any information that could be used to identify the donor.
- · Recipients and donors never meet.
- All screening and treatment is confidential.
- Any child born is the legal child of the recipient.

Matching Process

- Couples are matched with a donor using criteria provided by the recipient couple: eye color, hair color, height, weight, education, ethnic background.
- Typically match to the recipient's physical appearance and opposite of the husband's family medical history.

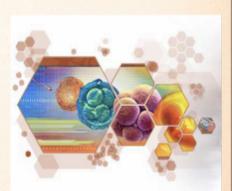
Egg Donor Profile

ID Date of Birth Height Weight Race Hair Eyes Heritage Blood Type Past Pregnancies/Proven Donor Education Occupation/Majo

6/86 \$7" 115 caucasian brown brown Irish A- yes 4 yrs college Medical Coding

EGG DONATION CYCLE

- The egg donation cycle will take 4-6 weeks to complete (excluding matching and screening).
- **Egg Donation Process**
 - Matching
 - Cycle Synchronization
 - Stimulation Treatment
 - Egg Retrieval
 - Embryo Transfer & Luteal Support



IN VITRO FERTILIZATION OVERVIEW

- Egg donation is always combined with IVF (In Vitro Fertilization)
- Donor eggs will be used instead of for the woman's eggs
- The eggs will be harvested from the donor, fertilized in the laboratory with sperm from the recipient's partner (or sperm donor) and grown in the lab for 3-5 days
- The embryos are then placed into the uterus of the female partner (or gestational carrier).











DONOR EGG CONCLUSION

- The recipient couple must then wait two weeks to see if the female partner is pregnant.
- Any left over embryos would be frozen for future use by the recipient couple.



DONOR SPERM



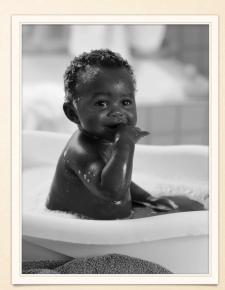
Usually obtained from these sources:

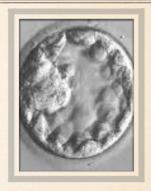
- Large semen banks that ship frozen specimens nationwide
- ♦ Individual practitioners who have a established a pool of donors
- Known donor: husband's brother, cousin, etc.
- Sperm banks screen every potential donor for genetically inheritable diseases and infectious diseases that may be transmitted through sperm.
- Regulated by the FDA, the American Society for Reproductive Medicine, the American Association of Tissue Banks and the CDC.

DONOR SPERM

Using donor sperm results in:

- A CHILD WITH 50% OF THE MOTHER'S BIOLOGICAL GENES
- CAN BE DONE USING ARTIFICIAL INSEMINATION OR IN VITRO FERTILIZATION





- 500,000 FROZEN EMBRYOS IN THE U.S.
- CREATED THROUGH IN VITRO FERTILIZATION PROCEDURES
- THOSE NOT USED ARE FROZEN FOR FUTURE USE
- For couples who cannot use their own eggs and/or sperm
- Success rates for frozen embryo transfer: 30% per cycle
- Cost is 30% of a typical IVF cycle \$4000
- Best for couples where both partners have fertility issues

Difficult Decision for Couples What to do with extra embryos?

- Keep them frozen for future use
- Destroy them
- Donate for stem cell research
- Donate them to another couple

Embryo Adoption vs. Traditional Adoption

Embryo Adoption

- Embryo(s) transferred into female of recipient couple
- Female experiences pregnancy & child birth
- Minimal medical procedures & medicines compared to IVF
- No federal or state laws specifically governing the adoption of embryos
- No home study
- No fees paid to couple donating the embryo(s)
 Cost between \$4000 at NCCRM; other clinics vary

Traditional Adoption

- Involve foster care system, adoption agencies, and/or lawyers
 Home study, applications, profiles
- Costs associated with medical care for birth mother
- Cost between \$5000 \$40,000 plus

The Process

- Application through fertility clinic that offers Embryo Adoption
- Initial Consultation
- Saline Ultrasound
- Patient education class
- Psychological Evaluation
- Blood work, including HIV testing to be done close to embryo transfer
- Matching done by fertility clinic staff
- Monitoring visits
- Transfer of frozen embryos
- Pregnancy test
- No home study is required
 No background checks are required
 3 6 month waiting list

SURROGACY

What is the difference between Traditional Surrogacy and Gestational Surrogacy?

Traditional Surrogacy -surrogate is pregnant with her own biological child, but this child was conceived with the intention of relinquishing the child to be raised by others such as the biological father. Usually involves insemination with the recipient couple's husband's sperm.

Gestational Surrogacy - also known as Gestational Carrier; the gestational surrogate becomes pregnant through embryo transfer with a child of which she is not the biological mother.

GESTATIONAL SURROGACY

Who uses gestational surrogates?

- ~ When a woman can produce viable eggs, but cannot carry a pregnancy.
- ~ Previous hysterectomy
- ~ Congenital absence of the uterus
- ~ Congenital malformations of the uterus
- ~ DES uterus exposure to chemical in utero
- ~ Uterine pathology such as fibroids or scarring of the cavity
- ~ Maternal disease that makes pregnancy dangerous, such as severe diabetes, renal failure, lupus, or rheumatoid arthritis
- ~ Rh Isoimmunization
- ~ Some breast cancers
- ~ Multiple failed IVF procedures with good embryo quality



GESTATIONAL SURROGACY

How do you find a surrogate?

- Agency more expensive
- Web sites where surrogates advertise themselves;
 this is more economical but you must do your homework and get a contract worked out with the surrogate.

