

Guidelines for oocyte donation

The American Society for Reproductive Medicine

Birmingham, Alabama

I. Introduction

Sperm from donors has been used in the treatment of male infertility for more than 100 years. The use of eggs from donors has been made possible more recently as a result of in vitro fertilization (IVF) techniques. Procedures for oocyte donation require superovulation with monitoring and oocyte recovery, which present significant inconvenience as well as discomfort and risks to the donor.

II. Indications for Considering the Use of Donor Oocytes

- A. Women with hypergonadotropic hypogonadism.
- B. Women of advanced reproductive age.
- C. Women who have diminished ovarian reserve.
- D. Women who are known to be affected by or be the carrier of a significant genetic defect or who have a family history of a condition and whose carrier status cannot be determined.
- E. Women with poor oocyte, and/or embryo quality or multiple failures during prior attempts to conceive via one of the assisted reproductive technologies.

III. Evaluation of the Oocyte Recipient

- A. Medical and Reproductive History
Routine medical and reproductive history should be obtained according to the standards that are applied to women anticipating pregnancy. Reproductive abnormalities detected from history or physical examination may require more detailed evaluation and treatment before donor oocytes are used. (See Appendix A with respect to genetic screening and testing.)
- B. Physical Examination
A complete general physical examination should be performed, including a pelvic examination.

C. Standard Preconception Testing and Counseling

The recommended tests include blood type and Rh factor, and rubella and varicella titers. Recipients should be offered immunization if nonimmune.

D. Laboratory Tests

The following laboratory tests should be recommended as part of the evaluation of the female recipients: a serologic test for syphilis along with serum testing for hepatitis B surface antigen, hepatitis C antibody (HCV), cytomegalovirus (CMV) antibody, human immunodeficiency virus 1 (HIV-1).

E. Psychological Evaluation

The decision to proceed with donated oocytes is complex, and patients may benefit from psychological counseling to aid in this decision. The physician should offer psychological counseling to all couples and should require psychological consultation for couples in whom there appear to be factors that warrant further evaluation.

F. Assessment of Uterine Cavity

When clinical evaluation suggests a possible uterine abnormality, hysterosalpingography (HSG) or other suitable procedure should be performed.

IV. Evaluation of the Partner of the Oocyte Recipient

A. Laboratory Tests

1. Semen analysis
2. Blood type and Rh
3. Serologic test for syphilis, hepatitis B surface antigen, hepatitis C antibody (HCV), cytomegalovirus (CMV) antibody, HIV-1
4. Appropriate genetic screening and testing

B. Psychological Evaluation