



Recipient Handbook

*For patient(s) using egg donor and
partner/donor sperm*

Introduction

This handbook was created to help you understand and navigate the process of participating in an Egg donation process at Boston IVF. There are many steps, including physician visits, legal consultations, as well as medical tests, to prepare for Egg Donor cycle. The medical team at Boston IVF is here to help you understand and complete the required steps.

The process of using an egg donor consist of the following steps:

1. Physician Consult
2. Completing a donor egg seminar
3. Egg donor recipient screening
4. Financial clearance
5. Matching with your egg donor:
 - a. Screening egg donor if planning to do fresh egg donation process
 - i. Completion of legal contract (for fresh egg donation)
 - b. Choosing egg donor from frozen egg bank if planning to proceed with frozen egg donation process
6. Cycle coordination
7. Summary

The Egg Donation Process: Step by Step

1. Physician Consult

If you have not yet discussed egg donation with your Boston IVF physician or you have not seen your Boston IVF physician within the year, please set up an appointment.

2. Completing a donor egg seminar

Your physician will refer you to the Third-Party Reproduction Team to schedule a complimentary seminar. We can schedule you for a ZOOM group seminar or individual phone seminar with Third-Party Reproduction nurse. During the seminar, Third-Party reproduction nurse will review the egg donation process including approximate cost, donors' selection and step by step process.

We will connect you with a Third-Party Reproduction financial coordinator to learn about your insurance coverage for egg donation and determine if you meet the criteria for the coverage. Please note egg donation might only be partially covered by your insurance and you will have some out of pocket expense.

3. Egg Donor Recipient Screening

After the seminar, you will receive a screening list of testing, which you and your partner (if applicable) will need to complete.

After the completion of all your testing, you will be scheduled for a follow-up consultation with your physician. You will also be scheduled for a psychological educational consultation with one of our mental health providers.

Your physician will review the results of your recipient evaluation, enter the treatment plan for your cycle, and forward your records to a financial coordinator who will seek approval from your insurance company for egg donation if you meet criteria for coverage.

The psycho-educational consultation is part of donor egg process. You and your partner, if applicable, will need to complete that consultation. It will allow you to explore the psychological issues involved in egg donation.

4. Financial Clearance

Egg Donor IVF is a costly process. It is important that you meet with a Boston IVF financial coordinator before you embark on the process. During your meeting with the financial coordinator, you should learn what costs, if any, will be covered by your insurer. Please do not proceed with either evaluation or treatment unless you understand your coverage and financial responsibilities.

The financial coordinator will discuss the egg donor screening fees with you and initiate the request for insurance company authorization. We recommend that you do not select or screen a potential egg donor until after you have received insurance approval of the intended treatment cycle or have made other financial arrangements.

Once Boston IVF receives approval for an Egg Donation cycle from your insurance, you can select an egg donor from the donor egg agency for fresh donation or select egg donor from a frozen bank for the frozen egg donation option. If you are working with a known egg donor, please provide your known egg donor information to Third-Party reproduction team in the beginning of your process. If you are planning on fresh egg donation option working with non-identified or known egg donor, your egg donor will need to go through medical and psychological screening at Boston IVF. Boston IVF will only allow the screening of one potential egg donor at a time. You are financially responsible for services rendered to the donor, even if she is not accepted as a donor following her medical screening.

Please note insurance can only partially cover egg donation process and you will have some out-of-pocket expenses. This will be discussed with you at the seminar, and you will have an opportunity to discuss financial obligations with Boston IVF financial coordinator.

The insurance coverage usually does not include donor egg agency's fees, legal fees and/or egg donor's screening fee. The insurance coverage usually includes egg donor IVF cycle, your medications and might also cover your egg donor's medications cost. If your insurance covers the cost of a donor egg cycle at Boston IVF, it includes ultrasound and blood tests during the egg donation cycle (monitoring) only at Boston IVF. If your egg donor lives out of state, your insurance company will not cover the costs of her blood tests and ultrasounds outside of Boston IVF. You will be responsible for the costs of monitoring outside of Boston IVF.

If you do not meet insurance criteria for a donor egg cycle or your insurance denies the coverage for egg donation, the Third-Party Reproduction financial coordinator will send you a financial obligation letter with all Boston IVF fees.

5.a. Fresh Egg Donation Process

Boston IVF does not recruit egg donors for the fresh egg donation process but the Third-Party Reproduction team will provide you with a list of recommended agencies, which recruit egg donors. These are considered non-identified egg donors. Once you select an egg donor from the agency and make your payment and sign agreements for the agency, Boston IVF will receive your match with the information regarding the donor. The Third-Party reproduction team will send your egg donor a Boston IVF questionnaire and start the process of reviewing your egg donor. Once your egg donor is approved based on her records, you will be asked to make a payment for the egg donor's screening. If you are planning to work with a known egg donor (friend or relative), please provide your known egg donor's information to the Third-Party Reproduction team.

All egg donors must be healthy, between the ages of 21 and 35, and free of infectious disease. We recommend selecting non-identified egg donor who is no older than 31 years old. However, we will be able to work with a known egg donor up to age 35.

Your egg donor will be scheduled for medical and psychological screening at Boston IVF Waltham, MA. All egg donors (known or non-identified) must go through a medical and psychological screening at Boston IVF Waltham, MA. It may take 2-3 weeks to receive all screening results, which will determine if your egg donor is an appropriate candidate for egg donation. You will be informed when your egg donor is scheduled for screening and when results are completed.

If you are working with a known egg donor (friend or a relative), in addition to your and the egg donor's psychological consultation, you and your partner if applicable, will also be scheduled for a mutual/joint consultation with a social worker. Therefore, you and your partner (if applicable) will meet with a social worker, your egg donor will meet with a social worker, and then you all will meet as a group with a social worker.

Once results are completed and your egg donor passes their screening, the Third-Party reproduction team will ask you to sign a legal contract with your egg donor via your reproductive attorney. You will be provided with a list of recommended reproductive attorneys to assist with the legal contract. At this time, you will also be asked to make a payment for egg donation cycle if you are self-pay and do not have insurance coverage. Once the cycle is financially cleared, your Third-Party nurse will coordinate the egg donor's cycle.

5.b. Frozen Egg Donation Process

Boston IVF works with three frozen donor eggs banks:

- Donor Egg Bank USA
- MyEggBank
- Fairfax Egg Bank

During your donor egg seminar, the nurse will discuss these options with you.

You will also receive a seminar packet with information about how to log into the frozen donor egg banks database and select egg donor.

All egg donors on frozen donor egg banks' databases have already completed the medical and psychological screening, the IVF cycle and eggs have been retrieved and frozen. The eggs are divided up into the egg lots to allow several donor egg recipients to choose the same donor. Each egg lot contains approximately 5-8 frozen donor eggs.

You will be able to choose your egg donor based on her profile, adult and childhood pictures and profile. You will also be able to review egg donors' genetic testing report. Once you select the egg donor, Boston IVF will receive egg donor's genetic testing report and your nurse will compare egg donor's genetic testing to your partner or sperm donor's genetic testing. This will ensure that egg donor and partner/sperm donor are not carriers for the same diseases. Once this review is completed and you are notified that you can proceed with the selected egg donor, you will be able to finalize your match with the frozen bank.

Once the egg donor match is finalized, Boston IVF will receive your selected donor egg lot within 2-3 weeks. Your nurse will coordinate the dates for your cycle once the egg lot is on site. Once you start the medications, your nurse will schedule the donor egg thaw date and embryo transfer, which typically happens approximately 3-5 weeks after starting medications.

The medications and step by step process are similar to the process with fresh egg donation.

There is a possibility of partial insurance coverage with some insurance plans for frozen egg donation process. You will need to discuss your insurance coverage with the financial coordinator. We do not recommend selecting an egg donor from the frozen donor egg bank until you complete your screening tests and receive insurance authorization (if applicable).

You will not need to sign a legal contract with a selected egg donor from frozen egg bank. The frozen egg bank will send you legal and financial agreements to sign once you select the egg donor.

6. Cycle Coordination

Once all the above is completed, a Third-Party Reproduction nurse will contact you and your egg donor for cycle coordination. There are two options for an egg donation cycle. One option is for you and your egg donor to go through IVF process at the same time. In this case, you will have a fresh embryo transfer a few days after the egg donor's egg retrieval. Another option is for the egg donor to complete an IVF cycle, eggs to be retrieved, inseminated with partner's or donor sperm and embryos to be frozen. In this case, you will have frozen embryo transfer cycle later after embryos are frozen.

You and Your Donor

The important aspect of egg donation is preparation of the uterine lining to receive an embryo at the appropriate time. This means that we will need to synchronize your treatment cycle with the egg donors' treatment cycle. There are several ways to do this, and your doctor will select a method that is appropriate for you.

Menstrual Cycle Synchronization

If you still have natural menstrual cycles, we will need to prescribe one or more medications to override and control your cycle. The medications may include oral contraceptives, injectable Leuprolide (Lupron) or both. The use of oral contraceptives will give us a flexibility of coordinating your cycle and synchronizing your cycle with your egg donor's cycle. Lupron injection is used to suppress your natural ovulation, which is needed to ensure the donor egg IVF cycle to function successfully.

The critical point of synchronization occurs on the day of an egg donor's egg retrieval. On that day, the recipient of egg donation adds progesterone to the medication regimen. That permits the recipient's uterine lining to become ready for the embryo to be transferred 3-5 days later.

Medication Supplies

Please make sure to check your box of medications received from the pharmacy before you start your cycle.

Class of Medication	Typical form
Oral Contraceptive Pills	Oral tablet
Lupron	Subcutaneous injection
Estrogen	Oral tablet
Progesterone	intramuscular injection or intramuscular injection with vaginal tablets/inserts

Please note that some forms of estrogen and progesterone routinely used to support pregnancy carry a warning against their use in pregnancy. The estrogen and progesterone that are prescribed during your treatment are natural preparations. Natural estrogen and progesterone have been used safely to support pregnancy for years and are well-accepted forms of therapy.

LEUPROLIDE ACETATE (Lupron®)

Lupron® is a type of medication called gonadotropin releasing hormone (GnRH) agonist. The GnRH agonist medications first stimulate the release of luteinizing hormone (LH) and follicle stimulating hormone (FSH) and then suppress the pituitary gland's secretion of LH and FSH. Normally, LH is secreted in high amounts by the pituitary gland just before ovulation. In fact, it is this rapid release of LH (the "LH surge") which triggers ovulation. Therefore, Lupron® suppresses the LH surge and prevents ovulation. This is especially advantageous when trying to synchronize the menstrual cycles of a donor and recipient.

Lupron® is given by subcutaneous injection, which means just under the skin. The usual dose is between 0.05 and 0.1 cc (*note cc and ml are the same*). The instructions within the Lupron® kit are very good in explaining how to do the injections. If you are using insulin syringes, 10 units is 0.1 ml and 5 units is 0.05 ml. Some women using GnRH agonists get hot flashes, mood changes, nasal stuffiness, and headaches. Other more rare and uncommon side effects have been reported. If you experience any untoward symptoms while using a GnRH agonist, please call your doctor.

Storage

Lupron® 2-week kit: Store in refrigerator- needs to be protected from light and heat. Keep below 77°F (25°C).

PROGESTERONE

The luteal phase is the interval of time from ovulation until a subsequent period or pregnancy is detected. This phase is characterized by the ovarian production of progesterone. Progesterone is an important hormone that helps to prepare the lining of the uterus for implantation of the fertilized egg. In egg donation, your ovaries will not produce progesterone on their own. Progesterone will be given by vaginal gel, tablets, capsules, or suppositories or by intramuscular injection. The dose and route of administration of the progesterone will be determined by your doctor. When progesterone is prescribed, it should be taken until the pregnancy test. If the pregnancy test is positive, you will continue both estrogen and progesterone well into the first trimester of pregnancy. Also, please be aware that the progesterone suppositories must be made up by the pharmacist. Therefore, many pharmacies do not carry this medication. The progesterone medication used in your prescription is like a natural progesterone produced by your ovaries.

Please note that progesterone is related to a variety of synthetic hormones known as progestins, i.e., Provera® or the progestin in the birth control pill. Most progestins are required by law to have a package insert that describes some studies that suggest a slight increase in birth defects associated with their use. Please note that all these studies have involved synthetic progesterone and do not describe the progesterone that we use. We have had many years of experience using this medication and when we feel that it would be beneficial to you, we feel comfortable recommending it as part of your therapy.

Occasionally, women will complain about an itchy discharge with progesterone use. It is possible to develop a yeast infection while using this hormone. This is not a serious complication, and it will not affect fertility. If you are bothered by increased discharge accompanied by an itch or raw feeling, then please let us know. Natural progesterone may also be accompanied by sleepiness.

Progesterone Side Effects

Most patients report no side effects. However, progesterone may delay the onset of menstruation, therefore you must do a blood pregnancy test before stopping progesterone. Progesterone may improve premenstrual symptoms in some women but create premenstrual symptoms, breast sensitivity, feeling bloated and irritability in others. Nodules (small, hard bumps) in the skin can occur with injectable progesterone. Allergic reaction to the progesterone in sesame oil is sometimes reported. Fever, rash, or prolonged painful red nodules are rare.

ADMINISTRATION OF INJECTIONS

Please view an on-line teaching demonstration. Please use this link [Medication Instructional Videos | VFP Pharmacy Group](#) to view injection teaching videos or go to www.bostonivf.com, click on [Patient Portal](#) and then “[fertility medication training videos](#)”.

Egg Retrieval

Most donors will have the egg retrieval 12-14 days after the ovarian stimulation begins. The egg donor recipients will be notified approximately 40 hours prior to the donor’s egg retrieval. A sperm sample is required on the day of the donor’s egg retrieval (frozen or fresh). You will be instructed to begin taking progesterone on the evening of the donor’s egg retrieval. Remember to continue taking the estrogen as well. Typically, the embryo transfer will occur three to five days after egg retrieval.

Collection of the Sperm Specimen

There are no restrictions on sexual relations prior to your being notified that the donor would have her egg retrieval.

The sperm sample can be produced at home or at Boston IVF. If sperm sample is produced at home, it needs to be delivered to Boston IVF within 90 minutes, collected in a sterile cup and kept warm during transport. A patient who is producing sperm sample needs to drop off the sperm sample at Boston IVF and present a photo ID when dropping it off.

A frozen donor or partner’s sperm sample will be thawed on the day of donor egg retrieval and eggs will be inseminated

Embryo Transfer

The procedure will be performed at Boston IVF’s Waltham Center. When you arrive, please check in with the receptionist at the front desk. Please don’t wear any perfumes (it is embryo toxic) and do not bring any valuables with you.

The embryo transfer is performed under abdominal ultrasound guidance. Because of this, we ask that you have a “full” bladder prior to the transfer. While having urine in the bladder is helpful in visualizing the uterus, please use your judgment; we do not want you to be too uncomfortable. The nurses can help you to decide if your bladder is adequately distended.

The doctor performing the transfer will speak with you about the number, quality, and cell count of the embryos. There are no activity restrictions after the embryo transfer. Please continue to take estrogen and progesterone as instructed. When you meet with your doctor to review the cycle, she or he will have information about whether and how many embryos were frozen.

GETTING READY FOR A PREGNANCY

At Boston IVF, our goal is to not only help you achieve a pregnancy, but to have a healthy pregnancy, as well. There are certain things that you can do to achieve this goal.

Smoking - If you smoke, you must stop!

The negative effects of smoking on general health are well known (e.g., heart disease, cancer, and chronic lung disease). Women who smoke during pregnancy are at increased risk of complications. Men and women who smoke have decreased fertility. If you can't stop smoking on your own, then you should contact your primary care physician.

Alcohol

Alcohol intake can impair male and female fertility. Women trying to conceive should completely avoid alcohol or limit use to the first 2 weeks of the menstrual cycle. During pregnancy alcohol is absolutely contraindicated

Caffeine Intake

Caffeine's effect on fertility has been the subject of controversy. Several studies have concluded that caffeine decreases the chance of conceiving. However, a cause and effect relationship between caffeine intake and fertility has not been absolutely confirmed. Nevertheless, it is reasonable to suggest that women discontinue or at least limit their intake to one caffeinated beverage a day.

Drug Use

The use of recreational drugs is contraindicated while attempting to conceive and during pregnancy. Some drugs, such as marijuana, may decrease sperm concentration and testosterone hormone production in men.

Diet

Ingestion of some fish, which contain higher amounts of mercury, can affect the development of the nervous system of a fetus. You should avoid eating these fish- shark, swordfish, king mackerel, tilefish, and canned tuna fish during your cycle treatment and after pregnancy is established. You should limit the intake of all other fish to 12 oz. per week.

Vitamin Supplementation

Folic acid supplementation can significantly reduce the occurrence of neural tube defects in infants. Neural tube defects are abnormal developments of the spine and skull. All women should take at least 0.4 mg of supplemental folic acid per day. This can be accomplished either through dietary supplementation or by taking an over-the counter multivitamin (or prenatal vitamin).

Excessive intake of vitamin A increases the chance of congenital anomalies. Prenatal vitamins and over-the-counter multivitamins usually contain 5,000-8,000 IU of vitamin A, which is a safe dose. However, your daily intake should not exceed 8,000 IU.

Routine medical care

You should have a yearly visit with your primary care physician or gynecologist for a Routine exam. A pap smear must be recent and performed within a recommended guideline. A baseline mammogram to screen for breast cancer should be performed between ages 35-40 and after age 40 the mammogram should be done every other year. If the Pap smear is not up-to-date, or you need to schedule a mammogram, you should contact your gynecologist or primary care physician.

Exercise

The benefits of exercise on general health and mental wellbeing are well established.

Further, moderate exercise during pregnancy is also beneficial. If you were already in an exercise program, we would encourage you to continue. However, we would advise you to avoid exercise activities that result in a lot of vertical movement (i.e., running, step aerobics). Other exercise activities such as swimming, bicycle riding, walking and using the treadmill or elliptical are acceptable.

Medication Use

All non-fertility medications that have been prescribed should be discussed with your physician. It is also important that your physician who originally prescribed these medications be made aware that you are attempting pregnancy. You should avoid taking aspirin and aspirin-like compounds (such as Advil®, Aleve®, Ibuprofen, Motrin®) during your cycle. Tylenol® is suitable alternative.

Pregnancy Test

The blood work for your pregnancy test will be scheduled 10 days after your embryo transfer. You should schedule a follow-up consultation with your doctor 1-2 days after your pregnancy test.

Remaining frozen embryos

If frozen embryos remain after a donor egg cycle, you will receive an email with number of frozen embryos available. You will be able to use your frozen embryos to try again if needed or for a future sibling cycle.

7. Summary

All of us at Boston IVF hope that your egg donor IVF experience is a positive and successful one. This handbook is a guideline for your treatment and its purpose is to provide you with a detailed overview of the entire process. As scientific advances occur at a rapid pace, please make sure that you check with our Egg Donor Program Coordinator for specific instructions regarding your care.

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