Embryo Donation

**What is embryo donation?**
In the current practice of in vitro fertilization (IVF), some patients may create more embryos (fertilized eggs) than they need. The extra embryos may be cryopreserved (frozen) so that they can be transferred later. However, sometimes these embryos may not be used. These patients have the option to have their embryos discarded, donated to research or donated to another woman to achieve pregnancy.

**Who receives donated embryos?**
The use of donated embryos may be considered by women with untreatable infertility that involves both partners, untreatable infertility in a single woman, recurrent pregnancy loss thought to be related to the embryo, and genetic disorders affecting one or both partners.

**How are the embryos screened for disease?**
The Food and Drug Administration (FDA) has strict guidelines for the testing of people who are donating tissue, including eggs, sperm and embryos. However, as most embryos that are donated were originally intended to be used by the people who created them, the FDA-recommended testing may not have been performed within the appropriate period. The embryos may still be donated as long as the recipients are aware of the risks.

At the time of donation, the donors should provide a detailed medical history and be tested for communicable diseases including HIV, hepatitis, syphilis, gonorrhea and chlamydia. If the donors are unavailable or refuse to be tested at the time of their donation, the recipients are warned about the chances of disease transmission.

**How should recipients be evaluated?**
Evaluation of the recipients is similar to that of patients undergoing routine IVF. This should include a comprehensive medical history from both partners, including blood type and Rh factor, and testing for sexually transmitted diseases including HIV, hepatitis, gonorrhea, chlamydia and syphilis. Recipients should be counseled by a mental health professional about the complexity of the decision to use donor embryos. The recipient should have a pelvic exam and an assessment of her uterus (womb). If she is over 45 years old, a more thorough evaluation should be done, including an assessment of heart function and risk of pregnancy-related diseases. She may also be advised to see a doctor who specializes in high-risk pregnancy.

**Is counseling necessary?**
Both the donor and recipient should be counseled by mental health professionals regarding the complexity of the decision to donate and receive embryos. This consultation should include a discussion about the release of donor information and a discussion about future contact between donors and the children resulting from their donated embryos. The recipients are counseled about issues concerning non-biologic parentage including disclosure (or nondisclosure) to the potential children. In cases where the donors are known, the potential relationship between the donors, recipient and subsequent children should be explored.

**What are the legal implications of donor embryo usage?**
Recipients should seek legal counsel from a lawyer specializing in family issues. This lawyer should be familiar with state laws regarding parentage of transferred embryos during pregnancy and after birth. Where there is little legal precedent regarding the use of donor embryos, the American Society for Reproductive Medicine (ASRM) recommends that the recipient accept full responsibility for the transferred embryo(s) and resulting children.

ASRM also recommends that the recipient release the donors and the assisted reproduction program from any and all liability from any potential complications of the pregnancies, congenital abnormalities, heritable diseases, or other complications of the embryo donation.

**How successful is embryo donation at achieving pregnancy?**
Success rates with embryo donation depend on the quality of the embryos at the time that they were frozen, the age of the woman who provided the eggs and the number of embryos transferred.

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