

Welcome to our clinic!

We are delighted you have chosen Genea Newcastle for your fertility treatment. Our highly qualified team of Fertility Specialists, Nurses, Scientists, Counsellor, and Administrative Professionals are dedicated to helping you through every step of your journey by offering guidance and support from your initial consultation through to the outcome of your treatment. We understand the emotional investment required to consider and undertake any form of fertility treatment and are available to discuss all elements of your journey along the way.

There can be a lot to take in during your initial consultation, trying to understand your treatment and all the steps involved with it, what you need to do and when you need to do it! Our aim is to make your experience as smooth as we possibly can. This information pack contains general information about the clinic and your treatment, but you'll also receive other information along the way tailored specifically to you. If you're unsure about anything remember we're here to help so, please ask questions.

With over 35 years' experience helping people across Newcastle, the Hunter and Central Coast achieve their dream of starting a family, our success rates show we give you the best possible chance of achieving your dream – taking home a baby.

We are proud of the care we offer our patients and welcome your feedback at any time, good or otherwise, which is why we will send you a link for a short survey at the end of each treatment cycle to learn about your experience with us. It's your chance to let us know where we're going right and perhaps give us some tips on how we can make things run better in the future.

We're honoured to join you on your journey.

Genea Newcastle Team

GENEA NEWCASTLE

We are part of the Genea Sydney group, however our clinics operate independently. Please contact our clinic directly for all queries.

Phone: (02) 4902 7000
Fax: (02) 4963 7313
Website: www.geneanewcastle.com.au

ANSWERING PHONE CALLS

It is usual practice for all calls to go to message bank in both accounts and nursing; and your call will be returned. This is to protect confidentiality and privacy. By leaving your details and a short message as to why you are calling, allows staff to have your details in front of them before calling you back. **Calls will be returned on the same day.** If you need to speak with someone urgently, call Reception on 4902 7000.

NURSES

The nurses direct phone lines are:

(02) 4902 7010
(02) 4902 7011

EMERGENCY / OUT OF HOURS CONTACT

The on-call nurse can be contacted after hours for **EMERGENCIES ONLY** that cannot wait till business hours the next day - phone 0438 420 692. If you are calling from a private number, it will automatically go to voicemail and a nurse will call you back.

TIME

We appreciate you being on time for appointments as we have many patients to see each day. If you are running more than 5 minutes late for an appointment, please call 49027000 to let us know.

SCREENING BLOOD TESTS

These blood tests are collected from all IVF patients (including partners) at initial interview, and then repeated every 2 years whilst undergoing treatment.

KARYOTYPE TESTING

Recommended for some couples. If you have previously had a karyotype test, or have not received cost information, please inform the nurse coordinators.



BLOOD COLLECTION TIMES

Monday to Friday 7:00am – 10:00am
Saturday 7:00am – 9:00am
Sunday 8:00am – 9:00am

CLINIC OPENING HOURS

7:00am – 3:30pm
7:00am – 2:30pm
8:00am – 12:00pm

RESULTS

When you have a blood test or ultrasound, we request that you phone for the results on the nurse's line between 2:00pm – 3:15pm, unless instructed otherwise.

FSH – FOLLICLE STIMULATING HORMONE

The injection given to stimulate the ovaries to produce follicles. You will be given a home injection kit and professional instruction in taking your FSH.

INJECTIONS

All injections are given subcutaneously (under the skin, into the fatty tissue) unless advised otherwise.

SYNAREL

This nasal spray is required (in some cycles) to be taken 1 spray morning and night, strictly 12 hours apart; until you are requested to stop.



BREAK THROUGH BLEEDING

When taking the Contraceptive pill, it is common for a small amount of vaginal bleeding to occur and the pill should be continued as per your cycle timetable.

ULTRASOUND SCANS

Performed routinely using the vaginal scanning probe. Please talk with the nurses should you have any concerns.

YOUR FERTILITY JOURNEY

This information booklet will be provided at the beginning of your journey with us and is packed full of information relating to fertility and treatment. Please take the time to read it as it directly relates to your treatment consent forms.

DOCUSIGN

Where possible all documentation requiring completing or signing will be sent to you via DocuSign. All patients and partners are required to have separate email addresses and mobile numbers for receiving documentation through DocuSign.



MEDICAL HISTORY

It is very important that you give an accurate medical history, including allergies and any medication you are taking (including natural preparations/supplements).

NOTIFICATION (STEP 1 – REGISTERING INTENT)

Inform us of your intention to start a new cycle (ie IVF, FET, Tracking etc) as early as possible to allow us to organise all the details of your cycle. The information sent to you needs to be completed and returned prior to the beginning of your cycle. To get started, visit our website and complete the Step 1 form at: www.geneanewcastle.com.au/new-cycle



CONSENT FORMS

A new consent form is required for each treatment cycle. Treatment **cannot commence** until the clinic has received completed consent forms.

REFERRALS (FROM YOUR GP TO YOUR FERTILITY SPECIALIST)

For patients eligible for Medicare Rebates, a current referral covering your entire treatment cycle is required prior to commencing treatment. The Accounts Department will inform you if your referral has expired or is close to expiring when you register your intention to start a new cycle.

DAY 1

Period day 1 is the First full day of bleeding. Day 1 of an IVF Cycle is the first day of FSH Injections. Day 1 of an FET Cycle is the day of your first blood test.

STEP 2 (COMMENCING YOUR CYCLE)

After completion of Step 1 (notification of your intent to start a new cycle) and all the associated paperwork and payment etc, a link to complete Step 2 will be emailed to you. Step 2 notifies the nurse that your period has started, and you are ready to commence your cycle.

TIMETABLE

The nurse coordinators will supply you with an individualised treatment timetable, either at your initial interviews or when your period occurs.

PHOTO

We request a photo of you (and partner if applicable). This is placed in your file as part of our strict identification processes.

DOCTORS

Generally, most procedures will be attended by your own Doctor, however, there may be times (ie weekends and holidays) when another doctor may perform your procedure.

JOURNEY

Everyone's fertility journey is different but please remember we are here to help.

FACEBOOK PAGE

Please keep an eye on our Facebook page. General things happening in the clinic will be posted here as well as announcements such as any issues we might be having with our phones, public holiday opening/closure dates/times, and baby photos of our patient's new arrivals!

QUESTIONS

If you are unsure about any aspect of your treatment, please speak to a nurse.

Once you decide you would like to start a treatment cycle, please complete the steps below. The philosophy behind our processes is to take care of all the administrative tasks well before your cycle starts so we can focus on taking care of you during your treatment.

STEP 1: REGISTER YOUR INTENTION TO START A NEW CYCLE

Website:

- Visit our website: www.geneanewcastle.com.au and click on '**START A NEW CYCLE**' followed by '**STEP 1 FORM**'.

Referral check:

- Our Accounts team will be notified of your intention to start a new cycle. As a current referral is required to claim Medicare benefits for your treatment the Accounts team will check the status of your referral and inform you if you need to obtain a new one. Accounts will send you an email informing you which of the following status applies to your referral:
 - **Expired:** Accounts team will inform you via email that you require a new referral before any paperwork can be sent to you. Once you have obtained a new referral from your GP, follow the instructions in the email to upload it.
 - **Expires in <3 months:** if your referral is close to expiring you will be asked to obtain a new referral. Depending on the expiry date you may be able to proceed but it is best to still obtain a new referral if further treatment is required.
 - **Valid:** Accounts team will prepare your financial paperwork to send to you via DocuSign as well as inform the nurses to prepare your cycle and treatment consents.

Paperwork - DocuSign

- The required paperwork will be sent to you through DocuSign as soon as possible. Where applicable both partners may be required to complete paperwork. You should expect to receive two emails from DocuSign:
 - Informed Financial Consent: details cycle costs and payment details
 - Treatment Consent(s)
- Once all paperwork has been returned and payment has been made, a link for 'STEP 2' will be sent to you via email. **Please note:** It may take up to 48 hours for payment to be received and receipted in order for link 2 to be sent.

STEP 2: COMMENCING YOUR CYCLE

- On the first day of your next period (don't count spotting or brown discharge, day one is the **first full day of bleeding**), complete the '**STEP 2 FORM**' via the email link sent to you. This informs us that you are ready to start your cycle and a Nurse will contact you with all the details and instructions including which day you will need to come into the Clinic for your first blood test (depending on your cycle type).

MEDICATION FOR YOUR CYCLE

REQUIRED PRESCRIPTIONS

Once you have registered your intention to start an IVF cycle, your medical specialist will complete the prescriptions you will require. You have a choice of where and how you will obtain your medications. Please inform the Nurse Coordinator which of the following options suit you:

- 1 Your scripts will be sent to Slade Pharmacy (located within Lingard Hospital). This is preferred if you live locally as Slade will prepare your medication and deliver it to the clinic to store ready for your collection.
- 2 Your scripts will be mailed/mailed to you for you to take to the pharmacy of your choice to be filled.
- 3 Your scripts can be sent directly to the pharmacy of your choice.



OBTAINING YOUR MEDICATIONS

There are two options for obtaining medications from Slade Pharmacy as outlined below. Please contact the pharmacy on: (02) 4963 4288, make payment over the phone and arrangements for one of the following:

- 1 collect your medication directly from the pharmacy
- 2 arrange for your medication to be delivered to the clinic

You may choose to go to your local pharmacy rather than Slade Pharmacy, however please allow extra time for your pharmacy to obtain these medications as in most cases they will not have them in stock and will need to order from the wholesaler. We strongly advise that you fill ALL the prescriptions together, otherwise you may not have the medication you require at a particular stage of your treatment. Most cycles usually require four (4) prescriptions.

MEDICARE ELIGIBILITY

- Most medications for a stimulated IVF cycle are supported by Medicare. If your cycle **is eligible for Medicare**, you will be charged a dispensing fee by the Pharmacy per drug for most of the medications required during the 30 days of your IVF cycle. This dispensing fee is the same across all pharmacies. Should you need to continue on medications after your IVF cycle, these will be an additional cost.
- If your cycle is **not eligible for Medicare**, you will be required to pay for private prescriptions. Please contact Slade pharmacy (or your local pharmacy) for approximate cost.... Ph: (02) 4963 4288.

WHEN TO HAVE YOUR PRESCRIPTIONS FILLED

Please ensure you have these prescriptions filled **AT LEAST TWO (2) WEEKS BEFORE** you are scheduled to commence the stimulation injections.

Should you have any questions, please do not hesitate to call the nurse coordinators on (02) 4902 7011.

PURCHASING ADDITIONAL MEDICATION FOR YOUR CYCLE

Your Doctor may prescribe one or more of the additional medications outlined in the table below that are not covered by PBS S100 Authority. You will need to purchase this medication **prior to commencing** your cycle.

Slade Pharmacy at Lingard Private Hospital stocks most of this medication. You may purchase from your local pharmacy, but please allow extra time, as they may need to order your medication in.

If you have any questions, please contact the Nurse Coordinators on phone 02 49027011.

For enquiries regarding cost of medication, please contact Slade Pharmacy at Lingard Hospital on 02 49 634 288 or your local pharmacy.

ADDITIONAL MEDICATIONS		
Crinone	Lucrin 2.8ml	Progynova 2mg
Ethinyl Estradiol	Menopur 1200iu	Provera
Injectable Progesterone	Pregnyl	Synarel
Gonal F	Primolut	Utrogestan
Levlén ED	Progesterone Pessaries	
Clexane:	If you are a patient of Dr McIlveen’s please contact her rooms to arrange Clexane prescriptions. Please phone: 02 49086555	
Saizen:	Payment for this medication is required before the order can take place. Please place order at least 3 working days before the medication is required. To order, please phone Slade Pharmacy on: 02 49634288.	

WHY USE HORMONE REPLACEMENT THERAPY (HRT)

The most common reasons for using HRT for an embryo transfer are:

- when the menstrual cycle is irregular
- when ovulation does not occur
- when synchronising with an egg donor for a fresh ET cycle
- if the date for transfer needs to be exact, for example someone flying to the clinic from a distance

HOW DOES IT WORK?

HRT replaces or supplements the hormones, Oestrogen & Progesterone which are responsible for the preparation & maintenance of the endometrial lining of the uterus. HRT works by mimicking the natural cycle in readiness for embryo to implant.

SIDE EFFECTS OF HRT

Occasionally mild nausea & pelvic bloating may be experienced. Some women have a genetic pre-disposition to developing venous thromboembolism (blood clots). Studies have shown an increased risk of complications for these women when taking HRT.

IMPORTANT:

Please inform your Doctor or a Nurse before commencing HRT if you have a history of blood clots, Cardiovascular disease or have had a recent pregnancy, surgery, trauma, serious illness, or recent long-haul air travel.

HRT MEDICATION

Your Nurse Co-ordinator will arrange prescription(s) of the medication(s) you require. Medications used for a HRT cycle will be either, or both:

- **Progynova**
- **Progesterone**

Please purchase your medication well in advance.

COST

The cost of your medication may vary depending on where you purchase from. Please contact the pharmacy for pricing.

WHEN TO TAKE HRT

On first day of your period please use 'link 2' sent to you via email to register your cycle commencement. A nurse will contact you with instructions.

You will be given a timetable that the nurse will discuss with you. The timetable will detail your medication doses as these will vary over the month, as well as dates for any blood tests required. Please ask questions if you're unsure of anything in the timetable.

Medication is commenced on the **first day of your period** (first day of full red bleeding) and a blood test is also required on this day prior to commencing the medication.

IMPORTANT: Do not stop using the medication unless instructed by the Nurse.



PREGNANCY

If pregnancy occurs HRT is continued until about the 10th week. Regular blood tests are required during this time & the HRT is gradually discontinued as the placenta takes over production of these hormones.

Please contact the nursing team on 4902 7011 or via email newcastle.nurses@genea.com.au if you have any questions.

Instructions for collecting a semen sample for use in a fresh insemination (IUI) or egg collection (OPU).

A semen sample is required to be collected by masturbation into a sterile container. Lubricants should be avoided as they may contaminate the sample. Collection can be done at the Clinic (preferable) or at home. The laboratory staff use a processed blood product when preparing the sperm sample, If this raises issues for you, please consult a nurse or your doctor.

COLLECTING A SAMPLE AT HOME

If attended at home, the sample needs to be at the Clinic within **ONE HOUR** of being produced and **kept at body temperature** (put the container in your pocket or close to your body while driving to the clinic). The nurse will inform you of the time your sample is required at Genea based on the time of your partners' procedure. As a general rule, samples need to be at the Clinic between 8:00am - 2:00pm Monday to Friday and 8:00am - 12:00pm (midday) on weekends.

COLLECTING A SAMPLE AT THE CLINIC

There is a private room for collection at the clinic. Full instructions for collection, particularly regarding periods of abstinence, will be given prior to collection.

IUI Treatment: You will be asked to attend the clinic **TWO HOURS** prior to the insemination procedure. Preparation of the sample by the andrologist takes approximately two hours, therefore, if the sample is given to the andrologist at 9:00am, the insemination is attended at approximately 11:00am. The nurse will advise you of the time of procedure.

Egg collection Treatment: Once your partner has had their egg collection and returned to the Day Surgery Recovery Unit of Lingard Hospital, you will be given instructions to attend Genea to produce your sample in the collection room.



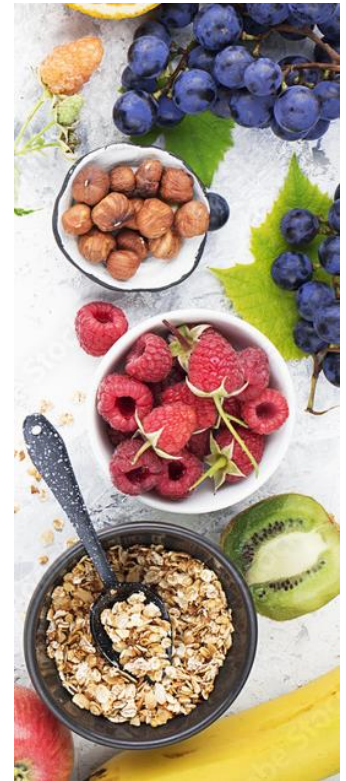
To improve your chances of a healthy pregnancy there are several things we suggest you consider. Please take the time to read the information provided and if you have any questions please ask your Doctor or Nurse Co-ordinator.

HEALTHY EATING & DIET

The average Australian diet contains most of the necessary ingredients to ensure adequate reproductive function. Provided you include a balanced amount of food from all the major groupings you should not need to worry about additional supplements and herbal preparations. The exceptions to this are folate and iodine which we do recommend as a supplement.

FOLATE & IODINE

Folate (or folic acid) is a vitamin essential for the replication of cells and the production of the basic building blocks of life (DNA). It has been shown that women who have diets low in folate have a higher risk of having babies with serious congenital abnormalities called neural tube defects, examples of which are Spina Bifida and Hydrocephalus (water on the brain). Taking folate supplements dramatically reduces this risk. It is recommended that all women attempting to achieve a pregnancy take 0.5mg of folate daily. If you have a family history of neural tube defects, recurrent miscarriage or are on anti-epileptic medication you should take 5mg of folate daily.



Iodine is essential for the production of thyroid hormone. Thyroid hormone regulates the function of all the cells in your body. In early pregnancy thyroid hormone is critical for baby's brain development. Many women lack adequate iodine in their diet, and it is recommended that you take 250mcg iodine per day prior to pregnancy. Please ask your pharmacist which supplement they recommend containing both folate and iodine.

WEIGHT

There is good evidence that being of normal weight for your height and body type (having a normal body mass index or BMI) will improve the likelihood of pregnancy. Being overweight (BMI >25) interferes with ovarian function and increases the risk of miscarriage. Women who have a BMI over 30 have roughly half the chance of falling pregnant both with IVF and clomid tablets versus women who are of normal weight.

Once you are pregnant the risk of diabetes in pregnancy, caesarean section and hypertension all increase if you are overweight. Weight loss of even 5 – 10kg can make a big difference to your chances. Please talk to your Doctor or Nurse Co-ordinator if you would like more information.

If you are underweight (BMI <18) ovarian function may also be impaired. Once you are pregnant the chances of having a growth restricted baby is also increased. Normalising your body weight prior to conception will improve the chances of a health pregnancy.

EXERCISE

Regular exercise is strongly encouraged. Swimming, walking, running, cycling etc are all good forms of recommended exercise.



SMOKING & ALCOHOL

Smoking significantly reduces your chances of falling pregnant. There is no doubt that smoking is bad for your health, equally for fertility and pregnancy for both men and women. Women who smoke in an IVF program reduce their chances of conception by up to 50%. Cigarettes cause damage to sperm, eggs and embryos. Please speak with your Doctor or call the QUIT line (13 78 48) if you would like help quitting. Evidence has shown that women who smoke may go through menopause earlier than those who do not. Smoking has a major impact on the health and life of a woman's eggs.

Alcohol in small amounts has not been shown to impair fertility. In large amounts it can impair sperm production and any amount once a woman is pregnant can be harmful. The National Health and Medical Research Council currently advise women attempting pregnancy do not drink alcohol. However, 1 – 2 standard drinks occasionally would not be considered unreasonable whilst attempting pregnancy.

Caffeine in moderate amounts (1-2 cups of tea or coffee per day) has not been shown to impair fertility. Recreational drugs such as marijuana, heroin etc should not be used by anyone attempting pregnancy and especially not whilst pregnant.

PAP SMEAR

It is important that you have had a normal Pap smear test in the last 2 years. Pap smears are used to detect pre-cancerous changes on the cervix. Treating these changes is very difficult if they are detected during pregnancy.

INFECTIONS & IMMUNISATIONS

Certain infections can be harmful to the baby. Preventing these infections is easier than treating them. Rubella infection during pregnancy can cause significant harm to your baby including deafness, blindness, and heart defects. Although many women have had a vaccination during high school it may not have worked or can wear off. It is important to have a blood test to check your rubella immunity prior to conceiving, which your GP can arrange.

Chicken pox immunity can also be checked prior to pregnancy and vaccination offered if you are not immune. Chicken pox during pregnancy could cause arm, leg and skin defects in your baby and you could also be at risk of pneumonia. Any other immunisations or booster vaccines should be discussed with your GP.



GENETIC SCREENING

If you have a family history of an inherited disorder, please discuss with your doctor as many genetic problems can be tested. Even if you have no family history many couples opt for Cystic Fibrosis (CF) testing prior to pregnancy. Cystic fibrosis (CF) is a common genetic disorder with 1 in 20 Caucasian people carrying a mutation that causes this disease. CF can be inherited by your child if both biological parents carry a mutation. CF causes chronic lung infections, food absorption issues and often death in late childhood or as a young adult. It is easy to screen both parents by a simple mouth swab. If you are at risk, then we can offer further testing to prevent your child being affected.

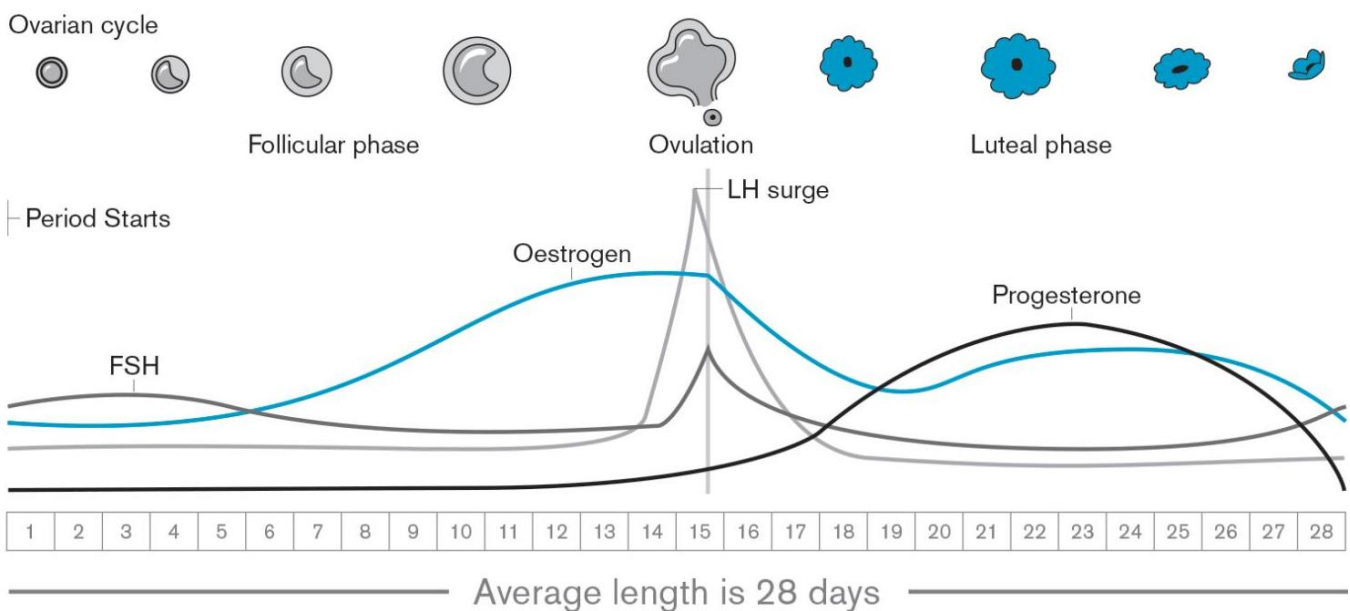
MALE FERTILITY

Many of the recommendations that apply to female health and fertility also apply to men. Stopping smoking, limiting alcohol to 4 drinks or less per day, eating a healthy diet and having a normal body weight will all help sperm production. Whilst there are vitamins you can buy that are specifically tailored to male fertility, we still don't know how much benefit they have.

After sperm has been produced it is stored in the epididymis next to the testicles until ejaculation. Sperm that has been stored for a long time may not be as robust with more dead sperm accumulating and more damage occurring to the sperm. It is therefore advisable to ejaculate (via intercourse or masturbation) at least 3 times per week to stop sperm becoming too old. There are no benefits to 'storing things up' and nor is there any harm in ejaculating regularly.

TIMING FOR INTERCOURSE

If you have a regular menstrual cycle, then ovulation usually occurs 14 days before your period starts. Your most fertile time is 3-4 days leading up to and around ovulation. It is always better to start earlier than later. For example, if you have a 26-day cycle then you are ovulating on about day 12 of the cycle. You should therefore have regular intercourse from day 8 - 9 through to day 13 of the cycle. Likewise, the most fertile day in a 32-day cycle is day 16 with intercourse from day 12- 17. Some women have signs of ovulation which can help them to time intercourse. If you are getting egg-white like mucous leading up to ovulation this is a good time to have intercourse. Likewise, if you get ovulation pain this is also a good time to have intercourse. Don't worry if you don't get any of these signs as many women do not.



Some couples use ovulation prediction kits to help time intercourse, which can be purchased online or at a chemist. These kits measure the hormone LH in the urine. When the LH surge is seen ovulation should occur in the next day or 2, hence intercourse should occur now. LH testing can be expensive and if no surge is seen it does NOT mean ovulation did not occur. In couples capable of regular sexual activity, they do not contribute a great deal. If intercourse is only possible once per week, they can be useful to pinpoint the best time. The saliva test kits also available are completely inaccurate and not at all recommended. Basal body temperature testing is not helpful as it does not help time intercourse.

How often to have intercourse to maximise your chance of getting pregnant is often debated. Put simply it is impossible to have intercourse too much. On the other hand, you should not feel that you 'have to have intercourse'. It is entirely up to you – investing in your relationship as a couple by ensuring intercourse if enjoyable is wise. It is reasonable to have intercourse every second day around the time of ovulation to increase your chance of conceiving. There is no evidence that having intercourse every day will improve the likelihood of success as sperm can survive for up to 48 hours. How you have intercourse does not influence your chances of falling pregnant.

ALTERNATIVE THERAPIES

There is little evidence that alternative therapies such as Chinese herbs improve the likelihood of pregnancy and some may even be harmful. There is some evidence that acupuncture is safe in couples trying to conceive. Please consult your doctor if you're considering any alternative therapies.





 **Genea**
NEWCASTLE FERTILITY

Information Booklet for
**RECIPIENTS OF
KNOWN EGG DONORS**

TABLE OF CONTENTS

TABLE OF CONTENTS	2
INTRODUCTION	3
CLINIC PHILOSOPHY.....	3
TYPES OF DONOR/RECIPIENT RELATIONSHIPS.....	3
SUPPLY AND DEMAND	3
HAVE YOU CONSIDERED DONATING?.....	4
REQUIREMENTS FOR RECIPIENTS	4
PAYMENT OF DONORS	5
QUARANTINE OF DONOR GAMETES	5
CONSIDERATIONS BEFORE COMMENCING TREATMENT	5
LEGAL CONSIDERATIONS	7
NSW LEGISLATION FOR DONOR GAMETES	7
CONSULTATION REQUIREMENTS.....	8
COSTS.....	9
ELIGIBILITY FOR MEDICARE REBATE	9
TREATMENT FOR EGG RECIPIENTS.....	10
WHAT ARE THE CHANCES OF PREGNANCY?.....	10
DECISIONS OVER THE USE OF THE DONATED GAMETES	11
RISKS AND SIDE EFFECTS	11
NEXT STEPS	11

INTRODUCTION

The information in this booklet gives an outline of what is involved for patients (and their partners) who wish to use Donor Gametes (eggs and/or sperm) in an attempt to achieve a pregnancy. It answers the most commonly raised questions.

CLINIC PHILOSOPHY

Every donor and/or recipient and their partner (if they have one) will be assessed, prepared, and counselled, in their best interests, by the clinic. We will give them clear and accurate information about potential implications for donating or receiving donor gametes. Part of the counselling process is to encourage donors and recipients and their partners (if applicable) to consider scenarios that may happen in the future and for them to consider how they may react to these.

TYPES OF DONOR/RECIPIENT RELATIONSHIPS

- **Known Donor/Recipient:** The recipient and donor are known to each other prior to treatment and the donor donates to that recipient. Known Donors/Recipients are required to have a joint counselling session with their partners (if they have one) before treatment can begin.
- **Identifiable Donor:** A recipient may receive gametes from a donor who has potentially donated to other recipients and may donate to others in the future and who are also unknown to them. The donor can only donate to a maximum of four families, and they do not meet prior to treatment. Non-Identifying information only is given to the Recipient ie: medical history, family history, height, weight, hair colour, eye colour, ethnic background, religion, occupation, interests etc.
- **Combination of both Known and Identifiable:** For example, the donor may meet or be known to one recipient but may be Identifiable only to others.

SUPPLY AND DEMAND

Currently there is a far greater demand for donor gametes than there is availability and there is usually a waiting list of potential recipients.

HAVE YOU CONSIDERED DONATING?

There are different scenarios leading to people becoming a potential donor of gametes or requiring donor gametes:

- Single woman needing donor sperm may in turn be an egg donor for another person
- Heterosexual couple who requires only eggs or only sperm may be able to donate whichever gamete they are not requiring themselves.
- Same sex couples may both be eligible to donate ie female couples requiring sperm may become egg donors or male couples requiring eggs may consider becoming sperm donors.
- Someone who does not require fertility treatment themselves, however, knows a friend or family member who requires donation.
- Someone who does not require fertility treatment themselves however answers an advertisement to become a donor.

REQUIREMENTS FOR RECIPIENTS

Age

Recipients of donated eggs from a Known Donor must be 49 years or less to receive treatment at Genea Newcastle.

Health

Recipient(s) should be in good physical and psychological health but specifically:

- Must be non-smokers
- BMI <35

Partner Involvement

If you are in a relationship, both partners are required to attend the counselling, medical and nursing consultations. Receiving donated gametes affects both partners and your family and it is essential that both partner(s) are involved in the process.

Openness

The Recipient(s) must be agreeable for their details and child(rens) details to be included on the NSW Donor Register.

PAYMENT OF DONORS

It is illegal in Australia to sell sperm or eggs (or any human tissue). While it is considered normal for recipients to cover their donor's expenses, for example travelling costs, it is illegal for a donor to ask for or accept anything that may be deemed to be a payment. If a donor asks for payment beyond expenses, they should be avoided.

Recipients desperate for a child have been known to fall victim to unscrupulous people offering to sell eggs or sperm.

QUARANTINE OF DONOR GAMETES

It is a legal requirement that donor gametes are frozen for a minimum of 3 months before they are used. At the end of this time, the donor is required to have a screening blood test for infectious diseases. This is to minimize the risk of the child or mother being infected by the donated gametes. The gametes are not available for use until the final blood test results of the donor are available.

On egg collection day we combine the donated eggs and your partners' sperm (or donor sperm if you are using this) in the lab and allow them to fertilise and grow for 5 days. We then freeze the resulting embryos and quarantine them for a period of 3 months. We then re-test the donor 3 months after the egg collection for infectious diseases. If those screens are negative, the embryos are deemed acceptable for transfer. After consultation and being informed of any possible risks, the Recipients can choose to waive this quarantine period.

CONSIDERATIONS BEFORE COMMENCING TREATMENT

- What are the chances of success?
- How will the process affect me and my family?
- Is fertilisation of the eggs and pregnancy guaranteed?
- Once in the process, can I withdraw at any time?
- Will I tell my children about my donation?

For known donors/recipients:

- What relationship will I have with the donor(s) during and after treatment?
- After the donor has been asked can I change my mind?
- Will I feel the baby is mine?
- How do I feel about openness?
- Will I feel disappointed if it doesn't work?
- How will the relationship with the donor be affected:
 - If a baby is born from the donation?
 - If the treatment does not result in a pregnancy?
 - If the baby is born with an abnormality?
- How many cycles is the donor prepared to undertake. We recommend agreeing to one cycle initially, and to re-negotiate after the procedure is experienced.
- If the first cycle was cancelled or results in no pregnancy, would the donor be willing to donate a second time? How soon after the first cycle attempt?
- Will the donor's partner be in attendance during the egg collection?
- Would the donor want the recipient(s) to attend the egg collection procedure?
- If the foetus was diagnosed with an abnormality how do the involved parties feel about termination of the pregnancy?
- What do the recipient(s) intend to do with the excess gametes and/or embryos?
- Dealing with non-pregnant results.
- Agreement on the type of contact in the future between the donor and recipient. For example, phone contact, personal visits, no contact.
- If contact is agreed to, do you want "formal" time intervals to meet? For example, after the birth of the child, at 5 yearly intervals etc
- Agreement to give change of address details including address, phone, email.
- Supply of photographs of the child/ren.
- Dates of birth of any children born from the donation to the donor (couple), whether that be from the original egg collection & transfer or any subsequent frozen embryo transfers in the future.
- Update to recipient of any additional children born to the donor (either with current partner or with new partner(s) should this occur).

- Dates of birth of donor's children, to attempt to guard against them starting a relationship in the future.
- Number of children the recipient(s) would like to have. For example, would the donor feel uncomfortable if 3 children were conceived from the one egg collection?
- The possibility of the recipient family(s) asking the donor to produce more gametes to achieve another child, if required.
- Discuss the areas that are important to each person. A general discussion about the values in the raising of children is generated ie manners in children, type of education, religion, sporting interests, music etc.
- You may withdraw from the program at any time if you are not comfortable. We request that you inform us of this decision in writing.
- If you prefer, we can inform the donor of your decision for you.

LEGAL CONSIDERATIONS

It is now a legal requirement that the donor's personal information is placed on the Central Register, NSW Dept of Health & that they are agreeable to the child having access to this information when they reach 18 years of age. If a recipient creates and freezes embryos at Genea Newcastle and later transports embryos to another clinic, the donor's identifiable information will be provided to the other clinic.

Parentage

The law considers a woman who gives birth to a child to be the mother of that child. If there is a partner, the partner of the woman being treated will have his/her name on the birth certificate. This is also true in same sex relationships. The donor's name will not be included on the birth certificate. Donors can be assured that they will be under no legal or financial obligation to the child.

NSW LEGISLATION FOR DONOR GAMETES

From January 2010, the NSW government introduced legislation regarding the use of donor gametes (sperm or eggs) or embryos. This is called the Assisted Reproductive Technologies Act (ART Act).

Once a child has been born from donation, the clinic is required to put the information on the Health Department Central Register. The donor's details will be recorded so that the child can access them once they are 18 years old.

Whilst the ART Act does not compel parents to tell a child that they are donor conceived, it is recommended that the child is told and is aware of the Central Register.

Donors may access the Central Register and will be told the year and sex of any children born from their donation. The donor does not have the right to have the identifying information of the child(ren) born through their donation.

The NSW Ministry of Health has developed fact sheets to give information to all parties involved. Please use the links below.

The NSW Ministry of Health

www.health.nsw.gov.au/art/Pages/default.aspx

The Central Register

www.health.nsw.gov.au/art/Pages/The-Central-Register.aspx

Information for donors on the ART Act 2007

www.health.nsw.gov.au/art/Publications/brochure-information-for-donors.pdf

Information for parents on the ART Act 2007

www.health.nsw.gov.au/art/Publications/brochure-info-for-parents.pdf

Information for donor conceived individuals on the ART Act 2007

www.health.nsw.gov.au/art/Pages/I-was-donor-conceived-after-1-January-2010.aspx

CONSULTATION REQUIREMENTS

Initial Consultations

All Donors & Recipients need a referral from their GP to see one of the Specialists who are associated with Genea. All partners of Donors & Recipients are also required to attend. A medical history is taken, and procedures are explained.

Appointments must then be made to see the Genea Counsellor and Nurse Coordinator. If possible, these appointments can be made on the same day.

The consultation with the counsellor is an opportunity to discuss the implications of being a donor or receiving donor gametes for you and your family and any potential children. The counsellor will raise issues to be considered regarding legal, emotional, physical, relationship and genetic aspects of donation. We believe it is important that everyone participating in a donor/recipient program has plenty of time to reach an informed decision. The consultation process is designed to give all parties time to gain information and feel comfortable with their decisions. The counsellor is available to support you throughout the whole process.

The counsellor will help you to consider which type of donor to use and will assist you to advertise for a donor if required.

Additional Consultations

The counsellor will then see the recipient and donor (with respective partners) together prior to treatment commencing. This is to ensure that all parties are in agreement and have a common understanding of the issues and to negotiate any areas of difference. The minimum number of appointments with the counsellor is two (individual and joint implications) but more sessions may be required. The counsellor is available to support you throughout the whole process of donation.

The individual and joint implications counselling appointments are required to be on different days. If the donor lives a long way from Newcastle we can attempt to arrange some of these consultations on one day, however it is preferable to split them on to different days, as there are many issues to consider. Spacing the consultations also gives the donor(s) time to absorb and think through some of the implications of gamete donation.

If all parties are in agreement and ready to proceed the nurse will give information regarding starting treatment.

COSTS

Our Accounts department will provide you with an estimate as part of the consultation process.

The recipient(s) will pay for all blood tests required by the donor that are not able to be bulk billed. The recipient(s) will meet all the medical costs of the donor for their IVF cycle and hospital admission for egg collection if the donor is not in a health fund. If the donor is in a health fund, the recipient is responsible for any gap/excess payments for the hospitalisation.

ELIGIBILITY FOR MEDICARE REBATE

To be eligible for Medicare, you must be an Australian resident and have a Medicare number.

Medial infertility is also a determining factor. This will be determined by the Specialist.

TREATMENT FOR EGG RECIPIENTS

Once eggs have been retrieved from your donor they will be combined with sperm from your partner or sperm donor. Any embryos produced will then be kept warm within the incubator for 5 days. On the 5th day, embryos suitable for freezing are frozen and kept in quarantine for 3 months, waiting for infectious disease screening results to be returned from the donor.

If the screening blood tests return all clear the Recipient will undergo a Frozen Embryo Transfer cycle using one of the embryos.

Any additional embryos will remain frozen to be used at a later date if desired.

Embryo Transfer Procedure

Embryo transfer is a simple procedure. The procedure is similar to a pap smear and takes around 10-15 minutes. Embryo transfers that occur within the 3-month quarantine period and/or if the donor has not attended repeat blood screening, require that the recipient sign a waiver and accept a small risk of transfer of some infectious diseases.

Afterwards

Eight days after the embryo transfer, a blood test is mandatory to confirm if pregnancy has or has not occurred. If it's a positive result and hormone medication has been required, the medication will continue for approximately 5 weeks.

About 6 weeks after the embryo transfer an ultrasound will be done to assess that the pregnancy is continuing normally.

WHAT ARE THE CHANCES OF PREGNANCY?

The age of the egg donor is a determining factor in success rates.

A woman under 30 years of age has a much greater likelihood of a successful pregnancy than a woman of 42 years. Success rates differ over time, and you may wish to discuss these statistics with your Specialist. As a general rule IVF/ICSI has a much higher success rate than donor insemination.

DECISIONS OVER THE USE OF THE DONATED GAMETES

Once the donor has donated their gametes, they can revoke or modify their consent until the gametes are used by the recipient, or an embryo has been created. Embryos are the property of the recipient(s).

It is important to note that not all eggs will fertilise (normally around 2/3rds will do so) and of those that do fertilise, not all embryos may be of good enough quality to freeze. Approximately 5% of embryos which are stored will not survive the freeze-thaw process despite apparently normal appearances at the time of storage.

The donor gives up all legal rights and responsibilities for the child when they sign consent forms to donate their gametes.

RISKS AND SIDE EFFECTS

As with any medical treatment there are some risks associated with receiving donated gametes. Precautions are taken to ensure the risks are minimised as much as possible for all parties involved.

NEXT STEPS

If you have any further questions after reading this information please feel free to:

- browse our website at: www.geneanewcastle.com.au
- phone the clinic on: 02 49027000 between 9.00am and 3.00pm to speak with our donor coordinator
- e-mail a nurse at: newcastle.nurses@genea.com.au