



# Egg donation

For recipients

of donor eggs



## Information

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## Collection and storage of information

In connection with medical treatment and statutory medical record keeping we need to collect, organise and store information about the persons treated. Medical treatment is only possible if this is accepted. The information is collected and stored in accordance with the General Data Protection Regulation. For more information, please visit our website.

## About this guide

This guide is intended as a supplement to the information provided in connection with examination and treatment at the clinic. In case of doubt, you are always welcome to contact us on telephone 3940 7000. We strive to ensure that all information in the guide is updated and correct. However, this is subject to any errors.

## About egg donation

Egg donation treatment may be an option for couples where the woman does not produce usable eggs. The reason for this may be early menopause, previous cancer treatment, surgical removal of the ovaries or because the woman was born without egg cells.

Treatment with egg donation will normally only be considered if the options for treatment with own eggs have been exhausted.

In connection with egg donation, you receive eggs from a healthy woman whose eggs must be assumed to be of good quality. The eggs are fertilised with semen from the man of the recipient couple. The fertilised and dividing eggs (embryos) are then transferred to the receiving woman's uterus.

## About egg donors

The eggs for an egg donation come from a healthy female egg donor. All egg donors will come in for a medical examination at Trianglen. The physician examines the woman and ensures that she is in good health and that there is no unusual occurrence of significant diseases, hereditary conditions or congenital deformities in the donor or her immediate family.

As a main rule, *no* genetic testing of donors is performed.

Donors are tested in connection with each donation for significant infectious diseases such as HIV infection, hepatitis B and C and syphilis.

In connection with the examination and testing, the aim is for the donor to essentially be in good health, but this is not a guarantee that the donor does not have diseases that could not reasonably be detected at the medical examination and interview.

For this reason, we are required by the health authorities to always give the following information:

*"When selecting donors, efforts have been made to limit the risk of passing on hereditary diseases, congenital deformities etc. by using only donors who have stated that they have no knowledge of any such hereditary risks in their family and who have been interviewed and examined by an experienced healthcare professional to determine this. Despite these precautions, a hereditary risk cannot be ruled out entirely. If, contrary to expectations, the child has a health disorder at birth or in his or her first years of life which you are told may be hereditary, it is therefore important that you notify the clinic or the healthcare professional who has treated you so that a decision can be made as to whether to continue to use the donor in question. The same applies if you are informed that the disorder may concern a communicable disease from donor semen or donor egg. Even if the donor has been tested free from communicable diseases such as HIV and hepatitis the risk is never zero."*

## Compensation for egg donors

Egg donors may receive compensation ("payment") for their effort in donating eggs. The authorities in Denmark have determined that an egg donor may receive compensation of maximum DKK 7,000 per egg donation cycle.

Compensation for egg donors is given to donors arranged by Trianglen. If you use a "known" donor found by the recipient couple themselves we consider this an act of friendship, for which we do not compensate the donor.

## Legislation

We must of course comply with the provisions of the Danish Act on Artificial Insemination (Lov om kunstig befrugtning). Some of the most important statutory requirements are mentioned below.

According to the legislation, an egg donor may donate a maximum of six (6) eggs in total. This includes any egg donations at other clinics.

The woman donating eggs has no legal rights or obligations in relation to any children resulting from the treatment.

The donor may have given permission for children to obtain contact with the donor, for example when the child reaches the age of 18, if they do wish. This is called "open" donation.

The woman donating eggs must not have reached the age of 36, must be in good health both physically and mentally, and there must not be any known serious or hereditary diseases in the immediate family (parents, siblings and own children). This applies to both physical and mental diseases.

The age limit may be departed from if it is a known donor arranged by the recipient couple themselves. If a donor over the age of 36 is used it should be kept in mind that the quality of the donated eggs will be decreasing due to the donor's age.

Egg donation in Denmark may take place anonymously and non-anonymously, as cross-donation and as a known donation.

An egg donor may receive financial compensation for the effort. The amount has been fixed by the authorities at a maximum of DKK 7,000 per donation.

## Types of egg donation

There are different types of donation as described in more detail below.

### Anonymous donation

The female recipient of eggs, her partner and any child/children will only receive information about the basic profile, which is hair and eye colour, height and weight. Anonymity is mutual and indefinite.

### Non-anonymous donation with extended profile

In addition to the basic profile, the donor gives permission for the recipient couple and any child/children to receive a few additional pieces of information about the donor. The donor decides which other additional pieces of information will be given such as occupation, leisure time activities, education, voice sample, baby photos and the like. With this information, the donation is non-anonymous within the meaning of the law even though the recipient couple and any child/children who may be born are not informed of the donor's identity. However, due to the additional information provided by the donor, it cannot be ruled out that the recipient couple and any child/children may be able to track the donor's identity on the internet and the like.

## Open donation

With this non-anonymous donation, the donor gives permission for the child/children to obtain information about the donor's identity at a time to be determined by the donor, possibly with the option to contact the donor. This information may be obtained by the recipient couple or the child/children by contacting Trianglen Fertilitetsklinik. Unless otherwise agreed, information about the donor's identity may be given to a child/children requesting this after having reached the age of 18.

## Known donor

With this form of donation, the donor gives eggs to a woman whose identity is known by the donor at the time of donation. In other words, you will both know each other's identity. The donor must not, within the meaning of the law, be closely related to the male partner in the recipient couple. This means that the donor must not be the man's sister or cousin and must not be the man's cousin's daughter. A known donor has no legal rights or obligations in relation to the child/children.

## Anonymous cross-donation

If a donor knows and wants to help a childless couple who need egg donation but the donor still wants to be anonymous it is possible to opt for anonymous cross-donation. In this way, the donor gives eggs for a common pool and thus ensures that the relevant couple may receive eggs with the shortest possible time. The female recipient of eggs, her partner and any child/children will only receive information about the hair and eye colour, height and weight of the donor.

## Double donation

Double donation, where both eggs and semen are donated, is permitted in Denmark. Two specific conditions must be fulfilled in a double donation:

1. There must be a health related/medical indication. This means that the recipient must be produce eggs suitable for creating children.
2. Either egg or semen *must* come from a non-anonymous donor. At least one of the donors must thus be with an "extended profile", "open" or "known".

## How does egg donation take place for the recipient couple

In connection with egg donation, the donated eggs are fertilised with semen from the man of the recipient couple.

The recipient woman's endometrium is primed for transfer of the fertilised and dividing eggs (embryos).

Synchronization of the recipient's endometrium and the eggs/embryos received can take place in various ways as described below.

At Trianglen, our preferred method is to retrieve eggs from the donor, fertilise them with semen from the man of the recipient couple and then freeze the embryos as blastocysts for subsequent transfer to the recipient.

## ***Egg donation with freezing of the eggs/embryos received and subsequent transfer***

When this treatment method is used there will often be one or more blastocysts for freezing. However, it may happen that there are no blastocysts suitable for freezing. In principle, this may be due to conditions in the semen or the eggs.

This type of egg donation takes places by the egg donor being stimulated to produce eggs for donation. The donor will often produce 8-10 eggs following such stimulation.

When the donor's eggs are mature retrieval of the eggs is planned.

On the day of egg retrieval, we must receive a fresh semen sample from the man of the recipient couple. You will be notified approx. 2-4 days before we have to receive the semen sample.

If donor semen is used for fertilisation it is important that the sample is delivered to us before eggs are retrieved from the donor.

The semen sample is used to fertilise the eggs retrieved immediately after retrieval.

The eggs are fertilised and start dividing. The dividing embryos are cultured in the laboratory into blastocysts. It is the stage which embryos reach approx. 5-6 days after retrieval and fertilisation.

When the embryos have become blastocysts they are frozen and stored in our freeze tanks. When the blastocysts are frozen the recipient is primed for transfer of a thawed blastocyst.

In most cases, the recipient's endometrium is primed by administration of estradiol tablets to the woman (or perhaps estradiol patches) from day 2-3 of the period and onwards. We will then perform a scan approx. 10-12 days after initiation of

estradiol to see if the endometrium has reached an appropriate thickness. When the endometrium is thick and ready the recipient starts to take progesterone vagitories (Cyklogest® or Lutinus®) while at the same time continuing with estradiol tablets/patches. Often, progesterone suppositories (Cyclogest®) are also taken. Six days after initiation of progesterone, we will thaw a blastocyst for transfer.

If the recipient has a stable menstrual cycle the transfer of a thawed blastocyst may in some cases be planned during the woman's own menstrual cycle. We will then perform a scan on day 10-12 during the recipient's menstrual cycle to see when she has a mature follicle so that she may have an ovulation injection and transfer of a thawed blastocyst 6 days later.

### ***Egg donation with "synchronisation" of donor and recipient and "fresh" transfer***

*This method is only used in exceptional cases at Trianglen.*

When this method is used the egg donor and the recipient are synchronised so that the recipient is ready to have the newly retrieved and fertilised eggs transferred 3-5(-6) days after egg retrieval. Unfortunately, sometimes the synchronisation may be "tricky", for example if the donor is not ready for stimulation or egg retrieval as expected in a given cycle. The recipient then risks having been primed for the receipt of eggs in vain. We therefore recommend the method with retrieval, freezing as blastocysts and subsequent transfer.

When, in exception cases, synchronisation is used it takes place as described below.

The recipient starts down-regulation, which stops her own cycle. The down-regulation is often administered as a slow-release injection which stops the cycle for 1-2 months. The down-regulation injection is given on approx. day 21 in the recipient's cycle. If the recipient does not have a cycle she may take birth-control pills for one cycle and then start down-regulation when there are approx. 4-5 pills left in the pack.

The recipient will have her period approx. one week after initiation of down-regulation. Her cycle has now been paused and awaits that the donor becomes ready to start hormone stimulation.

When the donor has her period, and we have scanned the donor and verified that she is ready to start hormone stimulation we will start the donor on hormone stimulation. The donor's eggs will then often be ready for retrieval 12-16 days later.

When the donor starts hormone stimulation the recipient will simultaneously start taking estradiol tablets 2 mg three times daily with approx. 8 hours between the tablets. In some cases, the recipient will use estradiol patches instead of tablets. Estradiol primes the recipient's endometrium so that it becomes ready to receive the embryos later.

We will scan the recipient when she has taken estradiol tablets for approx. 10 days to ensure that the endometrium becomes thick and ready to receive the donated embryos.

When we know when the donor's eggs are ready for retrieval we will notify the recipient couple. On the day of egg retrieval, we must receive a fresh semen sample in the morning from the man in the recipient couple.

When we have retrieved the eggs from the donor we will contact the recipient couple and notify them of the number of eggs. At this time, the recipient will also be told to start taking progesterone vagitories (Cyklogest® or Lutinus®) every 8 hours. At the same time, the recipient must continue taking estradiol tablets/patches.

In the next few days, the recipient couple will receive information from Trianglen's laboratory as to when the embryos are ready for transfer. This will typically be three (3) or five (5) days after egg retrieval.

### **Complications associated with egg donation**

There is an increased risk of pre-eclampsia during pregnancies with donated eggs. A well conducted study has shown that the increased risk may be reduced, but not eliminated, if the woman takes "Aspirin" 150 mg daily from the 12th to the 36th week of pregnancy. We therefore recommend that women who are pregnant with donor eggs take 150 mg acetylsalicylic acid daily from the 12th to the 36th week of pregnancy. You may also discuss this with your general practitioner and the facility where you will delivery the baby.

Other complications such as spontaneous abortion may occur during pregnancies with donated eggs just as pregnancies with own eggs.

### **Pregnancy chance with donated eggs**

<b>Embryo transfers with donated eggs 2021*</b>	<b>18-45 years</b>
Embryo transfers in recipient cycles (N)	181
Positive pregnancy test per embryo transfer (N)	102
<b>Positive pregnancy test per embryo transfer (%)</b>	<b>56,4%</b>
Ongoing clinical pregnancy in week 8 (N)	73
<b>Ongoing clinical pregnancy in week 8 (%)</b>	<b>40,3%</b>
Multiple pregnancy (N)	0
<b>Multiple pregnancy (%)</b>	<b>0%</b>

\* All transfers were single embryo transfers

### **Lifestyle and fertility**

#### **Folic acid**

Folic acid supplement is recommended for all women attempting to become pregnant and for the first 12 weeks of pregnancy. Folic acid reduces the risk of spina bifida in the child. The health authorities recommend 400 micrograms folic acid daily.

If the woman has previously given birth to or aborted a child with certain malformations of the brain or spinal cord (neural tube defects) 5 mg folic acid daily is recommended. This same applies if the woman takes medication for epilepsy.

#### **Medication, herbal remedies, dietary supplements**

If you are taking medication you should be particularly aware of whether it may affect your chance of becoming pregnant or whether it may be harmful to the foetus. Talk to your doctor or pharmacist about this. In some cases, the woman may stop taking the medication, or the treatment may be changed to another drug which is not harmful during pregnancy. You should talk to your prescribing physician about this. Be cautious with over-the-counter medication, herbal remedies and dietary supplements. Do not take any medication or herbal remedies without telling us about it.

*We recommend* that you are cautious with all unnecessary medication and that you do not take herbal remedies and dietary supplements.

### **Pain medication**

Pain medication of the "NSAID" type (such as Brufen®, Iprex® and Diclon®) is not recommended during fertility treatment. When needed, paracetamol (such as Panodil®) may be used.

### **Smoking**

Smoking reduces a woman's fertility, and passive smoking reduces her chance of pregnancy. It also seems that there is a correlation between smoking and reduced semen quality in men even though this correlation is not completely clear. In any case, smoking cessation will improve the general state of health.

*We recommend* that neither the woman nor the man smokes at all.

### **Alcohol**

Women reduce the chance of pregnancy if they drink more than 1-2 units twice a week. The health authorities recommend that women who try to become pregnant and women who are pregnant do not drink alcohol at all.

Alcohol is not likely to affect the man to the same extent. However, excessive alcohol intake reduces the semen quality, and you should therefore not drink less than 3 units per day.

*We recommend* that the woman does not drink alcohol at all or at least keeps the intake at a minimum.

### **Caffeine**

Caffeine is a stimulant that is found in many beverages such as coffee, tea and cola. No clear correlation between the intake of caffeine and the chance of pregnancy has been established. However, some believe that the intake of more than 3-5 cups of coffee daily reduces the chance of pregnancy.

### **Exercise**

Exercise is good - in moderation. A major American study indicates that women who exercise intensely have a reduced chance of pregnancy. The "harmful" element is probably high pulse for an extended period of time. It is probably not the impact associated with running, fitness and the like.

*We recommend* exercise. But in moderation.

### **Body weight and BMI**

The relation between height and weight is defined by the so-called BMI (body mass index). BMI is defined as weight (kg) / height x height in meters. A normal BMI is 20-25. With a BMI below 19 or above 29, the woman's fertility is reduced.

*We recommend* a BMI within the range of 19-29.

## **Opening hours, telephone hours and contact information for the clinic**

### **Opening hours**

The clinic is open during the day on all days of the week, including weekends and national holidays, all year round. On weekdays, opening hours are 8.00 am - 4.00 pm.

On weekends and on national holidays, opening hours are 8.00 am - noon.

In an emergency situation outside these hours, you may contact an emergency doctor/the emergency medical service (1813 in the metropolitan area).

### **Telephone numbers and telephone hours**

Telephone: +45 39407000

*Opening hours for our telephones on weekdays and on weekends and on national holidays may be found on our website.*



## Address

The clinic is located in a villa at the address  
Lundevangsvej 12  
2900 Hellerup

## E-mail addresses

For security reasons and on account of the General Data Protection Regulation, all e-mail correspondence with Trianglen must be in the form of "secure mail". See "Contact" on our website [www.trianglen.dk](http://www.trianglen.dk).

## E-mail contact to the clinic for patient in treatment.

If you send us a secure e-mail about an ongoing treatment, and you are registered in our record system you must state your *full name* and your *date of birth*.

See also our website: [trianglen.dk](http://trianglen.dk) and [trianglen.com](http://trianglen.com).

## Videos

We have uploaded videos of procedures on our website. For example egg retrieval, ICSI, blastocyst culture, assisted hatching and embryo transfer.

## Prices for egg donation (apply also to double donation)

Price List 01.01.2023	
<b>Egg donation with Trianglen donor. Medicine for the donor is included. Oocytes retrieved from the donor for fertilisation and freezing as blastocysts. The first cryo-cycle transfer is included. Subsequent transfers paid separately.</b>	<b>DKK</b>
No eggs from the donor (no payment)	0
No blastocysts for freezing (first time this happens)	0
No blastocysts for freezing (subsequent time(s) this happens) Because sperm factor must then be suspected.	12.500
Cycle with two or more blastocysts for freezing. Includes the first transfer.	54.750
Cycle with one blastocyst for freezing. Includes transfer.	32.375
Embryo transfer of thawed blastocysts (per subsequent cycle with transfer).	8.000
<b>Egg donation with your own donor. Oocytes retrieved from the donor for fertilisation, freezing as blastocysts and later thawing and one embryo transfer.</b>	
Donation cycle with your own donor (medicine to be paid by the recipient).	38.450

## Notes