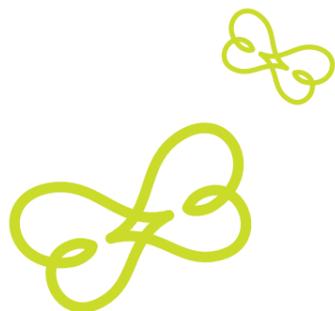


# Outstanding results mark 10 'official' years of egg-sharing



It is now ten years since the fertility authorities in Britain – the HFEA – gave their formal support to egg-sharing, a concept pioneered by Drs Kamal Ahuja and Eric Simons at their clinics in London and Darlington. For them, the promotion of egg-sharing as a valuable, common-sense technique in the treatment of infertility had been a challenging experience, with many colleagues – and even the HFEA – initially opposed to the idea. But today, more than a decade later, egg-sharing has been accepted for what it really is, a means of providing donor eggs which benefits both the donor and the recipient. And subsequent data provided by Drs Ahuja and Simons showed that the benefits – like the eggs – were equally shared.



The latest figures reported from the London Women's Clinic, in Harley Street, demonstrate how far the technique of egg-sharing has come in just a few years – and how it is now a popular option for lesbian women having fertility treatment. The results show that live birth, or advanced pregnancy, rates in non-sharing lesbian patients (52% per treatment cycle) are very similar to those in sharers (58%). By any stretch of the imagination, these are excellent results, and evidence indeed that lesbian women make excellent patients in egg-sharing schemes – both as donors and as recipients. As the table indicates, the figures also show that the success rates achieved by lesbian women in the LWC's egg-sharing programme are just as high as in routine IVF.

### The new Fertility Act

Publication of these encouraging figures coincides with introduction of those sections of the new Fertility Act which give lesbian and single women

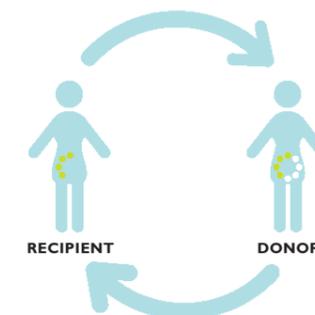
the same rights to fertility treatment as other couples (see pages 40 and 44). There are still some controversies for lesbian and single women inherent in the Act, not least the contentious issue of naming a father on the birth certificate – even though the Act makes clear that the need for a father is no longer a legal requirement. Under the new legislation, a need for "supportive parenting" is sufficient. This new legislation, which came into force on 6 April 2009, requires clinics and patients to make sure consents to parenthood are in place before treatment with donor sperm or embryos – otherwise any child born will not have a second legal parent. Because donor sperm is used in all cases of treating lesbian and single women, the question of fatherhood brings a double responsibility to clinics – both in providing the donor's identifying information to the authorities and in advising their female patients.

One remarkable feature of the data – in addition to

the high success rates – is the high rate of twins, a rate higher than that usually found in UK IVF clinics and above the HFEA's latest target of 10%. The LWC's rate of more than 30%, says Dr Ahuja, is a reflection of the high fertility evident in lesbian patients, whose reason for treatment is not conventional "infertility". The figures also show that two embryos were transferred in most patients, but in many cases both of these embryos implanted.

"These are clearly patients with a good chance of success," says Dr Ahuja, "and from now on we will be looking at them as excellent candidates for single embryo transfer. Because they make such excellent sharers, donors and IVF patients, we have to apply the criteria for single embryo transfers even more vigorously in these cases to reduce the high rate of twins."

As our feature on page 30 indicates, the HFEA, with the support of the British Fertility Society has set a target for all UK fertility clinics to reduce their twin rates to 10%. Currently, around 25% of all IVF births in Britain are twins but, because multiple pregnancies are associated with prematurity and low birth weight, they currently represent the biggest health risk from all IVF treatment. In some countries and in certain patients with a good prognosis, single embryo transfer is now compulsory. ●

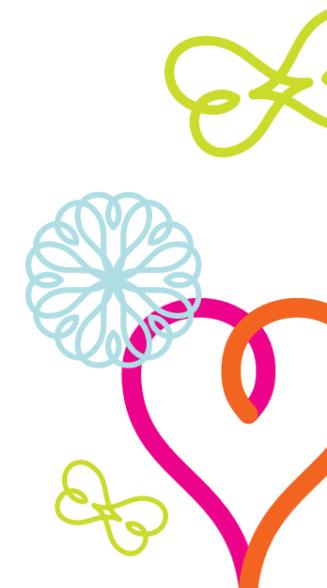


Egg sharing: a qualifying donor receives free or subsidised standard IVF treatment by sharing some of her eggs with an anonymous matched recipient.

The outcome of fertility treatment in 202 consecutive lesbian patients having egg-sharing or regular IVF cycles from January 2005 – December 2008.

	Non-sharers	Sharers	Recipients
Treatment cycles	184	31	32
Patients	143	28	31
Average age	36.9	31.9	42.2
Eggs (average) available	7.6	7.8	6.6
Embryos transferred (average)	2.07	1.96	1.7
Live births/clinical pregnancy per cycle	52%	58%	38%
Live births/clinical pregnancy per patient	66%	64%	39%
Twins	37%	38%	20%

For comparison: for 2008, the overall results for all sharers (n=84) including lesbians produced identical success rates for sharers (47%) and recipients (45%)



**Egg-sharing**  
**Donors and recipients**  
**Case studies**

## ‘Our gratitude for egg-sharing’

### Amanda’s\* story

*It wasn't that I chose a career or a single lifestyle over that of having a family. I just didn't meet the love of my life until I was 39. I knew that my biological clock had been ticking, but with a husband who had had a vasectomy and a failed reversal, we knew that in order to conceive we would have to go the route of IVF. So, on top of my ageing eggs we also knew that our attempts would necessarily be infrequent. We were indeed about to become the poster children for reproductive disappointment.*

*Over six years we had six ICSI attempts using my own eggs, which finally resulted in a much longed for pregnancy. But the loss of the pregnancy at the end of the second trimester was truly devastating and brought home to us that our dream of bearing our own child was realistically over.*

*So after much heartache we began thinking about adoption and soon I was well over my worries about rearing a child that was not biologically mine. But, like IVF, adoption is a long and tortuous road, and after almost three years we began running into difficulties.*

*Not knowing what to do, we had three more abortive attempts to conceive using different techniques in three different countries, so experiencing almost every form of reproductive headache.*

*And it was at this time that the wonderful team at the London Women's Clinic helped us into the egg-sharing programme. We couldn't believe how lucky we were; that some incredible woman might, after all these years, give us the chance of having the baby we longed for, whilst we in turn could also help her have a child with IVF, something which she otherwise might be unable to afford. It was also reassuring to us that she was having treatment anyway and would not be taking fertility drugs without a personal medical need.*

*The end of our story is that we now have blessed and adored twins. We thank the unbelievable generosity of the donor and pray that she too was successful. I have imagined that she was. I thought of her often during my pregnancy and wondered if she was feeling some of the emotions that I was as our pregnancies progressed.*

*We have met couples having IVF on our long road to parenthood, and there is something very bonding about their shared predicament. We look at each other's babies knowing how extra special they are. There is no doubt about the altruism felt by infertile couples, just as there is no doubt about the incredible gratitude we have for those who helped us. We owe thanks to Dr Shailaja Nair for helping us into the egg-sharing programme, to the wonderful doctors and nurses at the London Women's Clinic who helped us along the way and always treated us as friends rather than just clients, but mostly to our incredible donor who has changed our lives forever.*

\*Name changed to protect the patients anonymity

The LWC treats many couples just like **Bridget** and **Tricia**, pictured here with their daughter **India** and LWC consultant **Dr Geetha Venkat**. Unfortunately Tricia went through an early menopause and couldn't produce her own eggs. However, Bridget was able to donate her eggs to Tricia and together with donor sperm, India was conceived! We think this turned out to be a lovely way for them all to become a family.

