Surrogacy and Egg Donation IVF in the USA

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November 2018
FTS Australian Seminar Series
• Dad through donor egg surrogacy
• 2 journeys – 3 years minus 3 weeks
• ORM Patient
• Same surrogate for both journeys
• One egg donation, ORM Donor
• Writer for Fertility Road on surrogacy and egg donation
• London-based
Surrogacy in the USA

1. Gestational Surrogacy vs Traditional Surrogacy; compensated model
2. +30 years of experience – tens of thousands of US and international families created
3. Full medical, professional, legal infrastructure in place for safe and ethical surrogacy journeys
4. Legally enforceable surrogacy arrangements, but a patchwork of state-level laws
5. Strong focus on relationship between surrogates and intended parents
6. Not-regulated (ASRM, SEEDs guidelines)
Egg Donation in the USA

1. Compensated model
2. Intended parents can potentially receive full profile information
3. Intended parents choose the donor who is right for them
4. Intended parents choose whether they want an anonymous, semi-open, or fully open donation
5. Multitude of egg donor programs (both clinic and non-clinic)
6. Intended parents are legally protected (donor does not have parental rights)
18% of IVF involves egg donation
<table>
<thead>
<tr>
<th>Doctor</th>
<th>Surrogate</th>
<th>Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td>The top 10 IVF clinics in the US do 35-40% of these procedures</td>
<td>Own surrogate</td>
<td>Friend or Family</td>
</tr>
<tr>
<td></td>
<td>Agency surrogate</td>
<td>IVF Clinic Donor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agency Donor</td>
</tr>
</tbody>
</table>

- **Donor**
  - Friend or Family
  - IVF Clinic Donor
  - Agency Donor

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May provide different identity/defining steps: don’t always reflect local demographics, can be less expensive, faster, and more certain. Donors typically reflect local demographics. May provide a different diversity of donors. Agencies charge a fee, not always local to your clinic, not always fully screened. You pay for medical screening.
Role of the IVF Clinic

1. Medical screening and approval of egg provider (yourself or donor) and surrogate
2. Sperm provider medical screening
3. Medical treatment of your egg provider (yourself or donor) and surrogate through the IVF process
4. Embryology
5. Genetic screening
Choosing an IVF Clinic

1. Experience with the type of procedure you require – surrogacy, egg donation, genetics, international patients

2. Live birth success rates – public databases in the USA

3. In-house egg donor program

4. Team that you trust

5. Cost

Physical location of your IVF clinic may be less important
Role of the Surrogacy Agency

1. Recruiting and non-medical screening of surrogates
2. Matching intended parents with a surrogate – helping to facilitate that relationship
3. Helping manage US legal elements of the process
4. Helping manage US medical insurance elements of the process
5. Looking after the interests of both the surrogate and the intended parents
Choosing a Surrogacy Agency

1. Experience, reputation and service level
2. Screening protocols for surrogates
3. Which states the agency recruits surrogates in
4. Team that you trust – 18 months or more working together
5. Waiting time for a surrogate match and twins policy
6. Cost

Physical location of your surrogacy agency may be less important
Surrogate Matching

- State of residence
- Marital status
- Twins
- Personality match
- Relationship expectations during journey
- Views on selective reduction
- Surrogate medical screening
  - BMI, number of prior pregnancies, number of caesarian deliveries, location to hospital, non-smoker, non drinker, no drug history, no psychiatric issues or medications, no obstetrical or medical history concerns, infectious disease clear, immune to varicella and rubella

Surrogate Medical Screening is Key for Safe Pregnancies
Donor Selection

Personal Information
- Education and interests
- Reasons for donating
- Photos (adult and childhood)
- Physical and ethnic characteristics
- Personal and family medical history
- Genetic screening

Ovarian Reserve / Donation Success
- Donor medical – Age, BMI, AMH, BAF
- Prior donation outcomes

Relationship
- Anonymous v. open

Costs

Donor 217082

Year of Birth: 1986
Height: 5’5”
Weight: 137
Baseline Follicles: 30
AMH: 5.7

Previous Cycles:

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Eggs</th>
<th>Fertilized</th>
<th>Frozen</th>
<th>preg</th>
<th>CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>30</td>
<td>14</td>
<td>6</td>
<td>Live Birth</td>
<td>no</td>
</tr>
<tr>
<td>2015</td>
<td>22</td>
<td>13</td>
<td>6</td>
<td>Freeze All</td>
<td>5 of 6</td>
</tr>
</tbody>
</table>

Compensation: $8500
Travel: No

Genetic Testing: Carrier for GJB2-related Nonsyndromic Hearing Familial Loss and Deafness

Donor Medical Screening / Ovarian Reserve is Key for Success
Reproductive Genomics is Revolutionising IVF

Basic Steps in Every IVF Cycle

Carrier Screening

Eggs (Stimulation + Retrieval)

Embryology (Insemination + Development)

Selecting Embryos (Grading + Testing)

Uterus (Stimulation + Transfer)

Creation of Embryos, Grading and Testing

Freeze Embryo Transfer

Embryo Testing (PGS/PGD)

Selection and Transfer

Sperm Provider(s)

Egg Provider

Eggs

Embryology

Selecting Embryos

Uterus

Patient / Donor

Patient

Surrogate

Commonly the woman providing the egg and carrying the pregnancy are the same.

Reproductive Genomics is adding some complexity and requiring many choices.

Carrier Screening

Embryo Testing (PGS/PGD)

Fresh Embryo Transfer

Frozen Embryo Transfer

Creation of Embryos, Grading and Testing

Selection and Transfer

My in vitro pregnancy requires a lot of steps and many choices.

In some cases, surrogacy provides more options and reduces complexity.
Average IVF Results – Woman of 25 Years Age

26 Follicles produce 25 Eggs

20 Mature Eggs

15 Fertilized Eggs = “Embryos”

11 Embryos growing on Day 3

8 top quality Blastocyst (day 5 Embryos)

5 chromosomally Normal Blastocysts

50%+ implantation rate
PGS Screening

Detects embryos with abnormal number of chromosomes

- Increase implantation rates/transfer
- Decrease miscarriage rates
- Identify abnormal fetus (e.g. Down Syndrome)

Rate of Chromosomally Normal Embryos

<table>
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<tr>
<th>Normal Embryo Rate*</th>
<th>Egg Donor</th>
<th>&lt;35</th>
<th>35-37</th>
<th>38-40</th>
<th>41-42</th>
</tr>
</thead>
<tbody>
<tr>
<td>61%</td>
<td>51%</td>
<td>43%</td>
<td>30%</td>
<td>18%</td>
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</tbody>
</table>

* Combined data from Reprogenetics and Genesis Genetics up to March 2016 – 33,236 embryos tested
Impact of PGS Screening

Implantation Rates in PGS Screened vs Unscreened Frozen Embryo Transfers (FETs) Over 7 Years

- Donor egg
- <35
- 35-37
- 38-40
- 41-42

PGS Screened FET
- Unscreened FET
Thank you!