FAMILY EQUALITY COUNCIL

PATH2 PARENTHOOD

What is In Vitro Fertilization?

A Factsheet for People Working with an Egg Donor & Surrogate

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If you are planning on working with an egg donor and a gestational carrier as a means to have a baby, in vitro fertilization (IVF) will be the technique utilized. IVF is a form of assisted reproductive technology performed by reproductive endocrinologists at fertility clinics.

Prior to IVF taking place, your egg donor will be prescribed medications, such as injected gonadotropins, in order to stimulate their ovaries to produce multiple eggs. They will be monitored on an almost daily basis throughout this process via blood tests and ultrasounds. When the doctor determines that their eggs are ready, they will be given an hCG trigger shot to complete the process of ovulation. Approximately 36 hours after the trigger shot is administered, the egg retrieval will take place.

Your donor's eggs will be removed during the egg retrieval. They will undergo mild anesthesia for this procedure. The doctor will utilize a transvaginal ultrasound and guide a needle through the back wall of their vagina, up to their ovaries. Then, the egg follicles will be gently aspirated to remove the fluid and egg from the follicle into the needle. The eggs will then be transferred to the embryology lab for fertilization.

A semen sample from either one or both potential parents will be put through a

special sperm washing process. The best sperm will be chosen by the embryologist and combined with the eggs in a petri dish, which will hopefully fertilize within 12-24 hours.

The second stage of In Vitro Fertilization is the embryo transfer. One to two embryos will be placed into your gestational carrier's uterus via a thin tube or catheter, which will be gently inserted through her cervix. While light cramping is sometimes associated with the embryo transfer, anesthesia is not needed for this procedure.

Your egg donor will probably be under age 35. If so, the Society for Assisted Reproductive Technology (SART) recommends that a maximum of two embryos be implanted during the embryo transfer. This protocol helps to reduce the possibility of multiple birth and the many complications associated with them, such as premature birth and developmental delays in the offspring born.

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