



# Third Party Reproduction ACR 2019 Sessions

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## ACR 2019 Fertility Plus

- Number of IVF/ICSI cycles started 2019 = 534 (2016 = 492).
- Clinical pregnancy rate/OPU (fresh ET only) = 20.3% (ANZARD benchmark 2017 = 17.6%)
- CPR/fresh ET 34.1% (ANZARD benchmark 31%)
- IVF/ICSI cycles SET 99.6% (ANZARD benchmark 89.3%)
- Multiple pregnancy rate 0.71% 2019 (6.5% 2014)
- OHSS 0.4% (2 hospital admissions), benchmark 0.5%
  
- Achieved/exceeded ANZARD 2017 benchmark throughout



OHSS is per egg collection

Mention protocol for OHSS on NWH website.

No cumulative LB data. All data should be by age, will do so for ACR next year.

## Third party reproduction

- The use of eggs, sperm, or embryos that have been donated by a third person (donor) to enable an infertile individual or couple (intended recipient) to become parents.
  - Gamete donation
  - Embryo donation
  - Surrogacy
- HART act 2004: law that regulates ART and human reproductive research in NZ



Don't feel sorry for me I'm not a single mother by chance I'm a single mother by CHOICE



## ACR 2019 – key findings TPR

- 13 donor egg cycles started
- 21 FET of donor egg created embryos, 11 pregnancies (52.3%)
- 5 patients have frozen embryos stored
- 5 embryo thaw cycles where surrogate received an embryo, 4 clinical pregnancies
- 7 thaw cycles where recipient received donor embryos; 2 clinical pregnancies



Key findings from ACR related to the improvement area. The figures do not represent the current workload!

Tip of iceberg

## Current numbers (Oct 2020)

- Egg donor recipient waiting list: 80
- Egg donors currently being worked up: 34 (known to recipient) + 1 'clinic' donor
  
- Sperm donor recipient waiting list: 35
- Sperm donors clinically active: 5 known donors and 6 clinic donors
  
- Surrogacy active cases: 54
  
- Embryo donors: 30 awaiting
- Embryo recipients active: 21
- Donor linking: 15
  
- ECART applications 2020 up to 17 (2016 = 5)



Some recruitment last year, HIPPO, weekly newsletter ADHB.

Egg donor cases clinically active: 50. Clinically active egg recipients and donors is people in recent contact to enquire about either donating or receiving eggs.

Embryo recipients active include waiting for donor, work up happening, ECART application either in progress or approved, treatment in progress.

Clinically active surrogacy cases = seeking assistance to find surrogate, going through work-up process, in process of ECART application



## The challenges

- Increasing number of requests
- Large number of individuals/couples awaiting gamete donors or surrogates
- Lack of clinic gamete donors
- Fewer people travelling overseas for treatment
- Large number of patients wishing to donate excess embryos
- Involved process to work up potential donors/recipients or surrogates
- Medically complex (particularly where surrogate involved)
- ECART applications time-consuming
- Need for resources to support service



Increasing requests due to: more awareness of options, more publicized cases, more fertility options, more openness (less stigma)

Regulation changes have led to more people being able to donate embryos (if donor gamete previously not able, but now can up to max of 2 families with same genetic siblings)

More people able to use surrogate than before (check this)

Lack of willing donors: Altruistic, non-commercial sperm donation allowed in NZ

Donors may be known or unknown, but not completely “anonymous”;

Men preferably <45 years old with normal SA


Women preferably <36 years of age, completed their family with normal ovarian reserve

## How we would ideally address the challenges

- Recruitment of more clinic donors
- Improved budget for marketing
- Have dedicated staff to manage the programme – recruitment, baseline test organizing (?non-clinical)
- Clinic time for third party patients: medical, counselling, nurses, embryologists



Funnel – medical, semen, AMH, patient loss of interest  
Enquiries ----- actual donors small minority



Barriers to  
achieving  
the goals

- Lack of resources
  - Staff: counsellors, nurses, embryologists and doctors
  - Time
  - Financial support
- Lack of clinic donors
  - Relative lack of financial support for e.g. advertising, recruitment and awareness raising events
  - Challenges involved in importing gametes (HART act)
- Challenges presented by donors/recipients/surrogates residing outside of Auckland
- Cost to recipients
  - Reasonable compensation
  - Legal fees (adoption, legal report for IP/gestational surrogate)
  - ECART fees

HART act limit of 5 families for donor (law overseas is 10)  
Overseas eggs/sperm would need to comply with HART act.





Questions/discussion

