



25 Questions and Answers about Embryo Donation/Adoption

1. Why are there embryos available for adoption?

Stimulated Cycle IVF can result in the production of 12-30 eggs or more in some patients. One of the unanticipated issues associated with traditional IVF has been the question of what to do with the extra embryos that are left stored frozen in liquid nitrogen once a couple believes that their family is complete. Some couples are willing to allow others to adopt these embryos.

2. How common is embryo adoption?

Although many IVF clinics offer embryo adoption/embryo donation, none has the depth of experience found at Southeastern Fertility, which is co-located with our nonprofit partner, the National Embryo Donation Center (NEDC). Although there are over 200,000 IVF procedures performed in the United States every year, there are fewer than 2000 cycles of embryo adoption performed yearly.

3. Who are the best candidates for embryo adoption?

The best candidates are those couples where the wife has a normal uterus and no medical reason which could result in a lower chance of success such as the presence of a dilated, fluid-filled fallopian tube (hydrosalpinx).

4. How successful is embryo adoption?

According to the latest statistics from the CDC, the national average pregnancy rate for embryo adoption is 50 percent and the national average birth rate is 40 percent. These statistics are from a database of all U.S. assisted reproductive technology clinics. The NEDC's overall pregnancy rate per transfer is 55 percent and live-birth rate is 45 percent. Not all embryos survive the freeze/thaw process, though approximately 75 percent do, and thawing of your selected embryos may not lead to a transfer. However, this may still offer the greatest hope of achieving pregnancy.

5. Why do couples choose embryo adoption over other options?

Some couples feel more comfortable with embryo adoption as opposed to the use of donor egg or donor sperm.

6. Can couples without a fertility problem adopt embryos?

Absolutely. Some patients have pursued this route simply because they feel called to adopt.

7. How long does it take to adopt an embryo?

Although the experience may differ from couple to couple, the time frame from initial appointment at Southeastern Fertility to actual embryo transfer is usually about 6 months. There are, however, many variables that may impact the timing of the process.

8. Is this really an adoption?

Embryo adoption is neither legally nor technically an adoption. It is governed by contract (ownership) law and not adoption law. Adoption is defined as the placement of a live child after birth, but it is a term that most people can relate to when discussing receiving donated embryos for reproduction. When you give birth to your donor embryo-conceived child, your names will be on the birth certificate as the parents of this child. Many parents describe it as, "giving birth to your adopted child."

9. Can genetic parents change their minds and get the child?

Under current law, once the embryos have been transferred, the genetic parents have no legal claim to any resultant children. The contract agreement and relinquishment forms are legally binding between the two families.

10. Can embryo adoption lead to infections in the mother?

The genetic parents provide health histories and undergo disease screening prior to retrieving the sperm and eggs to create their embryos. The FDA requires that the donating couple be re-screened prior to donating their remaining embryos. If they used an egg and/or sperm donor, those donors do not have to be re-screened due to their being screened more heavily before being allowed to donate, but the genetic contributor of the couple must be. There has never been a documented case of an infectious disease being transmitted from an embryo to a recipient.

11. Is there a chance for multiple births?

As with any assisted reproductive technology (ART) procedure, the chance of multiples is higher (30% per embryo transfer) compared to a naturally occurring pregnancy. The American Society for Reproductive Medicine (ASRM) states that, "physicians are obligated to provide safe and conscientious decisions regarding treatment, which includes the number of embryos transferred." The guideline continues with "after careful consideration of each patient's own unique circumstances...transferring greater or fewer embryos than dictated by these criteria may be justified according to individual clinical conditions, including patient age, embryo quality." Other factors that influence the number of embryos transferred include the age of the female embryo or egg donor (if used) at the time of egg retrieval and a favorable prognosis. Even by following these guidelines there is no guarantee that a pregnancy with multiples will not occur. The risk is no higher with donated embryos. In most cases, one or two embryos are transferred.

Our Mission

To provide comprehensive care and unwavering compassion to patients struggling with reproductive health issues.

12. What are the costs?

The NEDC's program and medical fees are roughly \$7,500. This includes matching services, document preparation and delivery, initial consultation with trial transfer, frozen embryo transfer (FET) fee, embryology/laboratory fees, and cycle preparation fee. Other costs will include: medications, home study, reimbursement for embryo transportation and donor FDA re-screening for STDs, and travel. In most cases, the total expenses should come to less than \$10,000. For a more detailed explanation of costs, please view the NEDC Fee Schedule at www.embryodonation.org. If your insurance includes infertility coverage, your lab work and ultrasounds are generally paid. You may also be eligible to take an itemized deduction for personal medical care expenses paid during the taxable year.

13. Can donors decide to whom their embryos will go?

In an open relationship the donor and recipient families must approve each other. The open arrangement is then mediated by a third party so that all parties involved are clear on the level of communication they will share. If a couple chooses to donate anonymously, they are able to set certain stipulations for the recipient couple, such as geographic location, religious preference, and education levels. The NEDC will honor the donors' requests by selecting an anonymous family to receive the embryos.

14. Can you have an ectopic pregnancy after an FET with adopted embryos?

Unfortunately, a tubal or ectopic pregnancy can occur after an embryo transfer. The incidence of ectopic pregnancy following an embryo transfer ranges from 0.5 % to 3%. So, although an FET cannot eliminate the risk of an ectopic, it may be the best choice for many patients with a previous ectopic who are fearful of experiencing another ectopic pregnancy. Although embryo transfer is routinely performed using ultrasound to properly guide the embryo catheter to the optimal uterine location, even ultrasound guided embryo transfer cannot eliminate the possibility of an ectopic pregnancy.



15. I was told to take estradiol (estrogen) pills as part of my FET protocol, but is it safe to take this hormone if I am pregnant?

Estrogen and progesterone are hormones that are critical for the normal development of the endometrial lining of the uterus. Both medications are frequently used in patients undergoing a frozen embryo transfer (FET) with their own or an adopted embryo. Estrogen thickens the lining and then progesterone causes the lining to mature, ultimately allowing for the embryo's implantation. The use of these medications also provides the physician and patient with flexibility in scheduling and synchronizing the transfer procedure with the ideal implantation window. There is no evidence that the estrogen used to synchronize these cycles presents any risk to the developing fetus or baby.

If there are no risks, then why do the labels of these medications carry such a strong warning? The labeling is an overreaction to previous experience in the United States with the use of a synthetic estrogen called diethylstilbestrol (DES). During the 1960s, this synthetic estrogen, markedly different than the natural estrogen used today, was given to women who were threatening to miscarry. Unfortunately, DES did not function in a normal fashion in terms of how it interacted with the estrogen receptors in the cells of the developing female reproductive tract in the unborn daughters of mothers who were prescribed DES. As a result, many of those women whose mothers took DES during their pregnancy were found to have significant reproductive tract abnormalities. In addition to cervical and uterine abnormalities, they were at a higher risk for an unusual form of vaginal cancer called clear cell carcinoma. Appropriately, DES was taken off the market. At this point in time, the impact of previous DES exposure in the U.S. population has greatly waned as most of the DES daughters have passed beyond childbearing age.

Following the DES debacle, the U.S. government decided that all reproductive steroids should be labeled as being contraindicated in pregnancy. This mandate applies to both progesterone and estrogen compounds. Today, however, the estrogens and progesterones prescribed by fertility physicians are exactly equivalent to the body's own natural estrogen and progesterone produced by the ovary and by the placenta. Women who are prescribed these medications by their physician can take them without any worry that somehow these medications will have an adverse impact on their unborn children.



16. How do I decide how many embryos to transfer?

Determining the number of embryos to transfer in an FET cycle is very important as the goal of every treatment cycle should be the delivery of a full-term, healthy, singleton baby. Several European countries have eliminated all discussion of how many embryos to transfer by mandating that all patients undergo only single-embryo transfers.

Embryos that are available through the NEDC may be frozen in a variety of different methods and at different stages of embryo development. In addition, embryos may be frozen either individually or in groups, further complicating the decision-making process.

The ASRM has published guidelines for making the decision of how many embryos to transfer (see below). Patients who fall into the excellent prognosis category are recommended to transfer only one embryo, whereas those with an exceedingly poor prognosis—because of the woman’s age or multiple failed IVFs, for example—may undergo embryo transfer of many more embryos. At Southeastern Fertility we have made it our policy to only transfer a single embryo if that embryo has been shown to be normal through the use of Preimplantation Genetic Testing (PGT).

Recommendations for the limit to the number of embryos to transfer.

	AGE (y)			
Prognosis	<35	35-37	38-40	41-42
Cleavage-stage embryos ^a				
Euploid	1	1	1	1
Other favorable ^b	1	1	1	1
All others	<2	<3	<4	<5
Blastocysts ^a				
Euploid	1	1	1	1
Other favorable ^b	1	1	1	1
All others	<2	<3	<4	<5

^a See text for more complete explanations

^b Other favorable = Any ONE of these criteria: Fresh cycle: expectation of 1 or more high-quality embryos available for cryopreservation, or previous live birth after an IVF cycle; FET cycle: availability of vitrified day-5 or day-6 blastocysts, euploid embryos, 1st FET cycle, or previous live birth after an IVF cycle.

Please note: Justification for transferring additional embryos beyond recommended limits should be clearly documented in the patient’s medical records.

Practice Committee for the American Society for Reproductive Medicine. Guidance on the limits to the numbers of embryos to transfer: a committee opinion. Fertil Steril. 2017 Apr;107(4):901-903

17. Are there age restrictions on embryo adoption?

At Southeastern Fertility we abide by the age limits set by the NEDC. The NEDC specifies that recipients must meet various criteria, including that the wife must be 45 years old or younger, her body mass index (BMI) must be below 40 at the time of the frozen embryo transfer and the combined age of the applicant couple must not exceed 100 years.

18. Acupuncture has been part of my infertility treatment. Is that service available near the NEDC/ Southeastern Fertility?

Yes, the Tennessee Center for Reproductive Acupuncture is located not far from the NEDC/Southeastern Fertility. They see embryo transfer patients 7 days a week including, if needed, outside of business hours. You may contact the center at 865-315-3845 to discuss setting up an appointment. (Note: This is not to be taken as an NEDC endorsement of fertility-related acupuncture. We answer this question solely for the convenience of patients who have chosen it on their own as part of their treatment process.)

19. We live out of state. Can we still pursue embryo adoption?

Absolutely. We see patients from all 50 states and even some international patients who are interested in embryo adoption.

In most cases you will have two visits to see us in Knoxville, TN.

Once the NEDC has received your program application along with your recipient packet, our patient coordinator will set a date for an initial consultation. Prior to this visit, the wife will begin taking estrogen pills (sometimes following a few weeks of birth control pills) in order to allow us to assess the thickness of the uterine lining at the time of your visit. During that consultation visit Dr. Keenan or Dr. Gordon will review the wife's medical records to determine if she is physically capable of carrying a pregnancy. You will meet with our team and they will walk you through the NEDC's embryo adoption process. During this visit the wife will undergo a physical exam with pelvic ultrasound, a saline sonogram and "trial transfer" to check for any physical barriers which might impede the actual embryo transfer or pregnancy. Once your family assessment has been completed and reviewed, our patient coordinator will provide you with donor profiles that fit your wish list. It is strongly suggested that you select a second or backup donor in case the embryos from your primary donor do not survive the thawing process.

Your second visit is for the actual embryo transfer. If your primary donor embryos do not survive the thawing process and you have previously selected a backup donor, then your travel and uterine preparation will not be wasted. Since the NEDC stores all donated embryos on site, your backup embryos can be easily retrieved and thawed so that your transfer can be completed. Monitoring pre-and post-transfer will be done at your local infertility clinic at home. If pregnancy does not occur after the first attempt, further visits will be needed for future attempts, if desired.

20. What is a saline sonogram?

A saline sonogram (also called a water sonogram or hysterosonogram) is a specialized ultrasound examination performed using a transvaginal ultrasound probe. It is very well tolerated and takes just a few minutes to perform. During this test a small catheter is placed in your cervix or just inside your uterine cavity. Sterile saline is then introduced into the uterus while a transvaginal sonogram is performed, allowing the physician to visualize any uterine polyps or fibroids.

21. What if my saline sonogram finds a problem?

The most common abnormality found on a saline sonogram is a uterine/endometrial polyp, and once a polyp is removed you will be cleared to proceed with your embryo adoption cycle. Uterine polyps can be easily removed through a simple surgery called a hysteroscopy. During a hysteroscopy, a physician inserts a small fiber-optic telescope through the cervix and into the uterus. Saline is used to distend the uterus and allow the physician to directly visualize the uterine cavity and any polyp or fibroids present in the cavity. Removing a polyp or a fibroid can be easily accomplished by an experienced surgeon. Although diagnostic hysteroscopy can be performed in the office, operative hysteroscopy usually requires anesthesia because of the cramping that occurs during uterine manipulation. Complications of hysteroscopy are rare.

22. I have had a number of inseminations in the past. Why do I need a trial transfer?

The placement of the embryo(s) into the uterine cavity is one of the most important steps in terms of the success of your treatment cycle. At Southeastern Fertility all embryo transfers are performed under ultrasound guidance and success of the cycle may be enhanced by reducing cramping during the transfer. Performing a trial transfer is the best way to ensure that we understand any challenges that we may face in performing the actual transfer.

23. Do I need to take shots in order to go through embryo adoption?

Our current protocol for FET cycles utilizes two medications that are delivered via injection. First of all, we use leuprolide (Lupron) shots along with birth control pills to control your menstrual cycle. Lupron is a small injection given once daily in a subcutaneous (under the skin) injection. Once you have a period while on Lupron then you will undergo a baseline ultrasound to ensure that you are ready to start estrogen (usually given as pills but sometimes as shots or patches). After about 2-3 weeks on estrogen you will be instructed to stop your Lupron shots and begin progesterone shots. These injections are intramuscular shots that are given twice daily. We use preparations of progesterone that are usually well tolerated. Allergic reactions to progesterone are infrequent but switching patients to vaginal progesterone usually resolves the problem.

The Southeastern Center for Fertility
and Reproductive Surgery is the oldest
and best-established medical practice in
East Tennessee dedicated to the
treatment of infertility.

24. What happens if my first transfer fails to result in a pregnancy?

We follow up with every patient once we know the results of the pregnancy test performed 9-12 days following the embryo transfer. If we believe that changes in your protocol are needed, then this will be reviewed at the time of this consultation (usually scheduled as a phone consult for our out-of-town patients). The NEDC gives patients three attempts to become pregnant using donated embryos. If you achieve pregnancy and give birth, you can return for three more attempts for a sibling.

25. What is my first step in exploring embryo adoption?

Begin your embryo adoption journey by visiting the NEDC website at www.embryodonation.org and filling out the application for recipients online. Completion will require payment of a non-refundable \$400 application fee. If you receive an 'error' message upon submitting the application, it is likely you do not meet one or more of our program requirements. (To see the requirements, scroll down to the 'Who can adopt?' question on the Adoption FAQs page.)

Once you submit your application, the NEDC receives notice and will email you a confirmation. A follow-up packet of consents and forms to be completed and returned will be mailed to you via U.S. Post Office.

You and your spouse are also both required to be tested for sexually transmitted diseases and we will include a laboratory requisition in the packet for you to have that testing. At this point you may also start your home study process, although this does not need to be completed prior to your initial appointment. We accept home studies from any agency licensed in the state in which you reside to perform a home study. If you need help finding an agency, please contact Lauren Wilson with Flourish Consulting Services LLC at 865-257-9078. Once we receive all of the paperwork in the packet back, we will contact you to set up your initial appointment at the NEDC for medical clearance. Once you are medically cleared and the home study is completed and reviewed, we will place you into a transfer cycle and start the embryo matching process.

At any time, if you have questions about the application process, the NEDC is here via phone at 1-866-585-8549. The compassionate staff of the National Embryo Donation Center is eager to work with you to achieve your dream of a family. Please check out the additional FAQs on the NEDC website to find answers to some of the most common questions potential recipients have.

