The Fundamentals
Of Embryo Donation and Adoption
Why Embryo Donation and Adoption?

- Historically adoption has been the primary alternative for family building
- Impact of medical science on reproductive health
- Medical science now offers Assisted Reproductive Technologies (ART)
Why Embryo Donation and Adoption?

• Today ART tends to be the first alternative pursued by couples facing infertility.

• Frequently during IVF treatments more embryos are created than are eventually used.

• This has caused an ever-increasing number of embryos in frozen storage. In 2011 documented as over 600,000. But now estimated at 1,000,000!
1978: First ‘test tube’ baby born in Great Britain

Fertility clinics began offering donated embryos to patients
*Primarily anonymous donations

1997: Nightlight® Christian Adoptions pioneers embryo adoption
*Over 1,100 babies [July 2016]

2010: Baby boy born from embryos frozen for 20 years!

2016: Louise Brown celebrated her 38th birthday

*Hannah the 1st Snowflake Baby
Born December 1998
Since the 1990’s it is estimated that over 7,000 babies have been born into the loving arms of their family from donated frozen embryos.

How many babies have been born by embryo donation & adoption??
Meet the Donor Parents

EMBRYOS ARE CREATED WITH LOVE

for a family who struggled with infertility
How are Embryos Frozen and Stored?

• After the fresh IVF cycle, remaining embryos are frozen

• The embryos are generally frozen between one to six days of development

• Using best practices, only one to three embryos are stored in each cane [a.k.a. straw]

• Canes are labeled with indelible ink for administrative tracking
Embryos in Storage

Short-term Storage
- Couple who had them created has not completed their family
- Embryos usually stored at clinic

Long-term storage
- Some clinics provide long-term storage
- Cryobank: Company specializing in long-term storage
- Verify long-term storage facility policies before transferring embryos
Once they have completed their family, they may still have embryos in storage. Many are not prepared for this outcome, making them feel surprised, overwhelmed, and unsure of what to do with their remaining embryos.
Faced with a Choice

Options for Remaining Embryos

- Keep them frozen indefinitely
- Discard them
- Surrender them for scientific research
- Donate them to another couple for family building
The Impact of these Choices

**Keep Frozen Indefinitely**
- Not deciding is sometimes an easier choice
- Continued annual payment of storage fees
- Embryos may eventually become abandoned
- May leave a difficult decision to others in the event of divorce or death

**Discard Them**
- Discontinues obligation for storage
- Quick and simple closure to the process
- Some may choose to have a special ceremony
- Destroys the embryo
The Impact of these Choices

Surrender to Science
- May provide hope for disease cures [to date, no successful treatments have been developed]
- Couples may have the sense that they’ve made a difference
- Destroys the embryo

Donate to Another Family
- Life-affirming way to resolve a challenging dilemma
- Source of hope to another person/couple
- Donor’s children are genetically related to any children born from donated embryos
Terminology: Why ‘Donation’?

‘Donation’ is used in the sense of 'giving a gift', it offers an emotional separation and is often a preferred term by donors.

Fertility clinic donation programs receive anonymously donated embryos; these embryos are given to waiting patients of the clinic at the doctor’s discretion.
How Can I Donate My Embryos?

Privately
• Donor and adopter find one another directly either through personal relationships or online services
• Onus for following necessary legal, medical and social procedures are the responsibility of the donor and recipient
• Some agencies will facilitate a match for a reduced fee

Through a fertility clinic’s embryo donation program
• Quick and simple way to donate
• Clinic assumes responsibility for assigning embryos to recipients – may give genetically related embryos to multiple recipients
• No future tracking for sibling relationship control or medical emergencies
Why Donate Embryos Through an Embryo Adoption Agency?

You select the recipient of your embryos from a pool of potential adopting families. You are encouraged to pursue an open relationship with the adopting family and are allowed to determine the desired level of future communication with them.

An agency gives peace of mind by assuring you that the adopting family has been:
- evaluated for any health issues that may affect their ability to parent
- screened for any criminal/child abuse issues
- educated concerning potential issues of parenting a non-genetically related child
The Process for Embryo Donation

Determine if you are interested in designated or anonymous donation
Determine which program(s) will meet your criteria
Choose a clinic or an agency
Checklist for Embryo Donation

Through an Adoption Agency

- Complete testing required to donate embryos
- Complete a family profile
- Complete donor requirements for the adoptive family
- Review profiles for adoptive families provided by agency during matching process

Through a Fertility Clinic Donation Program

- Complete testing required to donate embryos
- Clinic physician assigns donated embryos (possibly to multiple recipients)

Note: Most clinics do not provide for designated donations

Each clinic process for a designated donation would be unique to the clinic
60,000 EMBRYOS MAY BE MADE AVAILABLE FOR REPRODUCTION

- It is estimated that 1 million embryos are in frozen storage in the United States.
- Research studies have shown that about 6% belong to people who would consider donating them to another family.
- Adoption agencies help donors select a recipient family.
Terminology: Why ‘Adoption’?

• Makes more emotional sense to the families involved since the end result is a child
• Explains both legally and socially the transfer of parental rights (managed by property law)
• Describes and explains to the child how they came into the family. Children are adopted not ‘donated’.
• Manages social/emotional aspects resulting from a medical procedure
AN EMBRYO ADOPTION...

- Uses best practices of a domestic adoption plan to protect all parties, especially the child.
- Allows the adopting couple to experience pregnancy and childbirth.
- Simply begins the adoption process nine months earlier than ‘normal’.
Open versus Closed Adoption

Designated vs. Anonymous

Open or Designated

Choose the adoptive parents
Know the outcome of their transfer
Possibility for ongoing communication
Possibly see pictures or even talk with or meet your genetic child
Safeguard your family by knowing your relatives
Allow your children the opportunity to meet their siblings

Closed or Anonymous

Matching done for you, with no need for your input
May never know outcome of their transfer
No communication with the recipient family
Uncertain if genetically related children exist outside your family
WHAT DOES ‘OPEN’ ADOPTION REALLY LOOK LIKE FOR ME?

• Determined by **mutual agreement between the families**

• Protects families in the event of future contact between (kids) and provides information to children regarding their origins

• **Some mechanism of communication is encouraged** (in the event of future medical needs).

• Direct communication and be established through letters, emails, and phone calls OR the agency can act as an intermediary

• Agency maintains files regarding the two families in case of a medical emergency
MEET THE ADOPTIVE PARENTS
WHO ADOPTS EMBRYOS?

- Couples and singles who are searching for infertility solutions
- May not be able to afford IVF or other ART treatments
- May not want to use or bear the expense of purchasing ‘donor’ eggs and/or sperm
- Many have already attempted their own IVF unsuccessfully
- Couples who are pursuing a second+ adoption and want to experience pregnancy
- Families interested in helping the donor provide a life-choice for their remaining embryos
WHAT QUALIFICATIONS MUST BE MET?

- Provide written confirmation from physician stating no contraindications to pregnancy (some agencies allow surrogacy)
- Meet agency guidelines for participation in their program
- Many qualifications are unique to the agency the family is working with
- They will complete a home study
EMBRYO ADOPTION
THE LEAST EXPENSIVE FORM OF ADOPTION

When comparing costs for embryo adoption, be sure to include:

• Matching Fees
• Counseling for donor and adopting families
• Embryo transportation costs
• Medical testing
• Legal fees
• Travel costs (if necessary)
• Medical procedure (Frozen Embryo Transfer [FET])
HOW DOES THE PROCESS BEGIN?

✓ Schedule an appointment with your physician to verify ability to carry a pregnancy
✓ Determine interest in anonymous or open adoption
✓ Examine programs to determine best fit for your personal criteria
✓ Verify that the experienced agency or clinic has current/reliable access to donated embryos
HOW DO WE FIND AN EMBRYO ADOPTION PROVIDER?

You can find information about all providers at www.EmbryoAdoption.org
Why the Home Study?

**Education**
- Prepares adopter for the needs of a child who is not genetically related
- Helps build important parenting skills
- Helps couples have healthy children, and healthy families
- Prepares parents to share about the children’s genetic origins

**Evaluation**
- Determines preparedness to parent through adoption
- Evaluates for health issues that may affect ability to care for and raise a child
- Screening for any criminal and child abuse issues
MAKING A MATCH

1. Programs differ regarding who makes the initial matching choice – the donor or the adopter.
2. Family profiles of the donor and adopter are often used to introduce the families to one another – families are often separated by great geographic distances.
3. Adopter often receives detailed family medical histories from the donor and as much information as possible regarding an egg/sperm donor used.
4. Both parties must agree to the match.
THE LEGAL PROCESS

Embryos are considered property, not people, in the United States and embryo adoption governed by property law.

• Ownership is transferred by legal contract.

• The Embryos will be owned by adopting families before their Frozen Embryo Transfer. Meaning the donor family has already relinquished their parental rights.

• By law the adopting mother is legally the child’s mother at birth, and her legal husband is the father.
How do the Embryos Travel?

Embryology reports & infectious disease test results are sent to your fertility doctor

Doctor reviews this before contracts are finalized

If requested by your clinic, the donor family will undergo additional bloodwork

The agency will arrange for this with the donor, this is often needed to meet the FDA requirements

Approval by your doctor for clinic to receive embryos

Embryos transported from the donor family’s storage facility to your fertility clinic

There are some instances where the embryos do not require transportation
A Frozen Embryo Transfer (FET): the procedure used to place the donated embryos into a womb

- You will meet with your doctor prior to the FET
- A medical cycle or natural cycle may be an option
**How are Frozen Embryos Thawed?**

Embryos are thawed and brought to room temperature
- Takes 1-2 minutes
- Careful dilution of the cryo-protectant fluid

*This is critical to successful thawing*
How Are Frozen Embryos Thawed?

Each clinic has a unique survival rate for thawing embryos. Thawing success ranges between 50 – 85%

Clinics are generally protective of their embryo creation, transfer, storage and thawing methods

Embryos that do not survive the thaw were likely injured during the process of freezing
HOW LONG BEFORE A SUCCESSFUL PREGNANCY IS KNOWN?
Usually within two weeks of the Frozen Embryo Transfer!!!
WHAT HAPPENS IF THE PRENANCY TEST IS NEGATIVE?

• Current pregnancy transfer success rate is 47.2%
• If pregnancy is not achieved from first FET a determination to do a second FET can be made
• Depending on how many embryos were donated, there may be remaining frozen embryos for a second transfer
• If no embryos remain, the agency may make a match with a second donor family or the family re-enters the clinic waiting list
“I cannot imagine loving her more if she was our biological child... I can't imagine not giving her a chance at life.”

- Doug Grindle, Embryo Adoptive Father
Post Placement Reports

✓ Often, the first post placement report is completed by a social worker six weeks after the birth
✓ Additional reports may be required at 3, 6, and 9 months post-birth by the adopter and are mailed to the agency
✓ Annual post placement reports may be required
Our Wish For A Baby
By Janice Grimes, RN

Training Wheels: How did I get Here?
By Chris Barrett & Sally B. Hunter, PhD.
WHAT IF THERE ARE REMAINING EMBRYOS AFTER OUR BABY IS BORN?

If you have not completed your family building and you wish to use the remaining embryos for future FETs, you may do so when the time is right for your family. If your family is complete and embryos remain, historically legal rights to the remaining embryos return to the donor family by written agreement.