



Frequently Asked Questions

Q: How many women egg donors are there in the U.S.? Worldwide?

A: It is unknown how many women egg donors exist in the U.S. at any given time since there is no federal registry or national database that keeps track of egg donors. It is known that in 2007, a reported 17,405 IVF cycles were completed using donated eggs, and that number is on the rise. The demand for reproductive eggs far exceeds the number of egg donors available, which is why egg donor compensation is so high, and why scientists have resorted to using animal eggs for research. As to the number of egg donors worldwide, again, this is a very difficult number to determine. There is growing concern about the global trafficking of human eggs as women in the U.S travel to other countries to donate their eggs or as women from other countries travel to the U.S to donate their eggs. Eggs are procured in other countries and then flown all over the world. Eggs can be frozen, as organs can be, and shipped anywhere.

Q: What is the most common complication women experience from egg donor donation?

A: If only we had been recording, monitoring, and tracking young women who have donated/sold their eggs over the past three decades, we might have a better understanding of what type of risks are most prevalent, and for which kinds of women. Additionally, we have no way of knowing the cumulative effects of donating one's eggs. For example, does the woman who chooses to donate her eggs six times (thereby exposing herself to more and more hormones) have a greater risk of developing cancer later in life? These are the kinds of data points that are gathered over large, longitudinal studies. What we do know, however, comes from studies done on the follow-up on infertile women (who are patients and therefore tracked). It is important to note that an infertile woman is an entirely different patient population than the otherwise healthy egg donor.

[Ovarian hyperstimulation syndrome \(OHSS\)](#) of some magnitude exists (mild, moderate, severe) as a short-term complication with milder forms occurring 10 percent to 20 percent of the time (American Society of Reproductive Medicine, ASRM, 2005). One concern is the tendency to aggressively super-ovulate the donor since she is being paid to produce eggs. This is in contrast to the infertile woman who is monitored regularly to adjust hormone dosages and provided with patient-specific treatment. Symptoms of OHSS include nausea, vomiting, diarrhea and abdominal distention. More serious forms of OHSS involve fluid retention and accumulation of fluid in the abdomen and pleural cavity, which puts pressure and stress on

major organs that can lead to stroke, organ failure and respiratory compromise. The ASRM (2003) states that more severe forms of OHSS, which result in hospitalization, are “by no means rare.” Some women have died because of OHSS. Other complications may include ovarian cysts and risks associated with the surgical removal of eggs and anesthesia such as bleeding and infection. Long-term complications include the risk of cancer, problems with the egg donor’s own fertility, psychological problems related to hormonal treatments during the egg donation process, and the psychological issues that can arise after a woman has donated her eggs and the result of no knowledge of the children/offspring produced by her eggs.

Q: How many women have died from egg donation?

A: Unknown. But the number is relatively small. A better question may be to ask how many women have been harmed or have experienced medical complications as a result of donating their eggs. Again, this is a difficult number to ascertain due to lack of tracking of national egg donors, but this number would be higher.

Q: How many eggs is a woman born with?

A: Women are born with approximately one- to two-million oocytes (eggs). By the time a woman reaches puberty, average age being about 12 years, she has roughly 300,000 to 400,000 eggs remaining. On average, 1,000 eggs are lost each month during her reproductive years, from the onset of puberty to menopause. Through a process of atresia, eggs degenerate so that by the time a woman reaches menopause, she has no remaining eggs. Fertility drops dramatically by the time women reach her mid-thirties due to decline in egg quality and egg quantity. By the time a woman is in her early forties, this decline is even more pronounced, making it nearly impossible to conceive using her own eggs. Many fertility specialists maintain that women have enough eggs for their own childbearing needs and to donate to others. However, loss of their own fertility is one of the real risks to egg donors. With egg donation being a relatively new practice, we should be cautious of using the fertility of one woman for the benefit of another.

Q: What states have regulations about the sale of human eggs?

A: Please visit the state-by-state [map page at www.eggsploitation.com](http://www.eggsploitation.com) to see what current laws exist regarding the compensation for egg donors or any regulation pertaining to the practice of egg donation.

Q: What about the law passed in California to regulate advertising for egg donation / donors?

A: California passed a law (AB 1317), approved by Governor Arnold Schwarzenegger on October 11, 2009, requiring egg donor advertisements to include a warning about the potential health risks associated with human egg donation. However, if an agency running an advertisement agrees to the standards set by the American Society of Reproductive Medicine (ASRM), they are excluded from having to include health warnings in their advertisements. This is unfortunate because the ASRM standards are meaningless guidelines that can be ignored, and therefore all agencies agree to them since they are unenforceable. Basically, the new law in California will not change any practices. Additionally, in California, one cannot sell her eggs for scientific research, unlike in the state of New York, which is the only state where

taxpayer funds can be used to pay women who sell their eggs for somatic cell nuclear transfer (cloning) research.

Q: How are infertility clinics getting away with this? Why is there no government oversight on this industry?

A: Many often ask, “How can it be that such a large, profitable industry came to be and grew so big without federal regulation or policies like those which control much of medical practice, human clinical trials and research practices involving human subjects?” The short answer is: we don’t know for certain. The longer answer is much more complex. In vitro fertilization techniques are new technologies that have emerged over the last three decades that have been developed after hundreds of trial and error experimentation, often conducted on unknowing female subjects. Much of IVF medicine is done on a cash basis and through third-party brokers (egg, sperm, and surrogate), and has the reach of international involvement.

Global reproductive tourism is booming. One can literally fly all over the world in order to buy a baby through IVF technology. Industry stakeholders—such as third-party brokers, big pharmaceutical companies and fertility specialists—clearly do not want any regulation enforced, given their high profit margins.

Q: Isn’t sperm donation just like egg donation? And sperm donors are paid, so wouldn’t it make sense to pay egg donors too?

A: But the process of getting eggs out of a woman’s body is entirely different from obtaining sperm from a man’s. Both processes seek gametes for infertility treatments. But sperm donation is brief, requiring no drug intervention and no surgical procedure. Egg donation, however, requires the donor to take injections of powerful hormones over many weeks that:

1. Stop her ovarian function,
2. Superovulate her in order to produce multiple eggs,
3. Receive a hormonal injection to release all the matured eggs from her ovaries, and
4. Undergo a minor surgical procedure to collect the eggs from her ovaries.

This lengthy and risky process is why the average sperm donor makes much less in financial compensation than an egg donor. The financial compensation being offered can easily cloud the egg donor’s assessment of any risk she may assume. The risks to the egg donor may include death and there is no way to compensate for such risk. Another important difference is that sperm is a renewable resource, but women are born with a finite number of eggs.

Q: How does egg donation differ from organ donation?

A: Eggs are similar to organs; women are born with a finite supply. Organ donors rightly are not allowed to sell their organs, or to be monetarily compensated for donating their organs. An important distinction is that organ donation is a life-saving gift, which is not true with egg donation.

Q: Should there be limits or regulations placed on how much egg donors can be compensated?

A: Articles like the May 10, 2010, *New York Times* [article](#), “Payment Offers to Egg Donors Prompt Scrutiny” by David Tuller, raise issues of concern over industry standards for compensation to egg donors and the real disparities in payments based on ethnicity and desirable donor characteristics. Our position is that the question should *not* be, “How much should donors be paid?” or “How should we equalize payments?” Rather, the central question is “*Should we be asking young and otherwise healthy women to put themselves at risk for what is not a life-saving procedure?*” One could argue that an organ donor puts herself at risk because someone’s life hangs in the balance, but this is not the case for the infertile woman who is not going to die if no one donates an egg.

Q: There are risks involved in almost anything, so what is the big deal, as long as young women are told about the risks and then can decide for themselves?

A: A common analogy is that the egg donor is at higher risk in driving to and from the fertility clinic than she is in the procedure of egg donation. The message intended here is that driving has inherent risks and we assume these risks every day of our life. But because driving is risky, we have laws and regulations in place to mitigate that risk. You have to wear a seatbelt and drive at the posted speed while not intoxicated, talking on a cell phone or without insurance. We know driving is risky; therefore, we have regulated the activity to protect us against those known risks. There are no regulations or rules in place to protect egg donors, which is unfortunate because there are known risks involved in the procedure. If an egg donor is harmed, where can she turn for help and assistance? Who speaks for her? What is her recourse?

Q: Don’t egg donors go through a lengthy screening process before being permitted to become egg donors?

A: Yes, egg donors do go through a lengthy application process, but it is biased toward those who are purchasing the eggs. Since the egg donor is seen as a commodity with her eggs up for sale, the purchaser and broker are screening out egg donors who may have a medical history of genetic disease, familial diseases and otherwise. The application process is not intended to ensure the safety and the well-being of the donor, but to ensure the buyer of the eggs gets the best possible genetic material. Also, there has been much in the news recently about the screening and targeting of women with certain desirable traits. Jewish and Asian donors are in high demand and often make more money for their eggs. Young women with high SAT scores are also paid more for their eggs. Disparities in compensation are clearly visible as people are willing to pay more for certain desirable characteristics and genetic profiles.

Q: Should there be any regulation of the fertility therapies available or should the status quo continue as the markets decide what people can or cannot do?

A: If the technology is there and one has the financial resources, as Professor of Sociology at City University of New York, Barbara Katz Rothman has said, “Any man with a checkbook can buy a baby.” Looking at Octomom, any woman with a checkbook can too! We believe that the lack of regulation is not in the public’s best interest, nor the best interest of the children created by this “everything conceivable— anything imaginable” mentality. Since professional

organizations have resisted developing their own self- regulation, we are now seeing a state-by-state legislative strategy to try and bring some regulation to fertility practice in order to protect women and children. Sadly, fertility medicine is a global business and reproductive tourism is a reality. Now, more than ever, we need comprehensive international laws to protect women and children.

Q: What percentage of IVF treatments actually succeed? What percentage fail?

A: The industry is biased toward reporting only successes. The product they have to sell is a healthy baby and business would be harmed by reporting failures. Reports show that IVF is successful approximately 30 percent to 40 percent of the time, therefore cycle failure is 60 percent to 70 percent. Many factors affect success, e.g., maternal age, disease, obesity, etc. The 2007 report published by the Centers for Disease Control and Prevention provides these statistics: 142,435 artificial reproductive technology cycles performed and 43,412 live births of one or more children, which is about a 30 percent “success” rate.