

Three Things You Should Know About Third Party Assisted Reproduction

1. Egg “Donation”ⁱ and Surrogacy Carry Health and Psychological Risks that often Go Untold

- The medical process required for egg retrieval is lengthy and there are known medical risks associated with each step. Risks include Ovarian Hyper Stimulation syndrome (OHSS) due to superovulation, loss of fertility, ovarian torsion, stroke, kidney disease, premature menopause, ovarian cysts, and in some rare cases, death.ⁱⁱ
- Lupron, a drug commonly used in the first step of the egg donation process to stop ovarian function and thus medically induce menopause before hyperstimulation of the ovaries, is a synthetic hormone that is not approved by the FDA for use in fertility treatment. It has a Category X rating, which means if a woman gets pregnant while taking the drug there will be harm to the developing fetus. This is extremely concerning with respect to egg donors who are very fertile and may not be compliant with instructions not to be sexually active during ovarian stimulation.
- Lupron use in preparing a gestational surrogate to receive transferred embryos has been documented to put a woman at risk for increased intracranial pressure.ⁱⁱⁱ
- Most concerning is that to date there has been no major peer-reviewed medical research on the long-term effects of egg harvesting on the health of the young women who provide their eggs. This makes it impossible for women to give true meaningful informed consent relative to the health and psychological risks involved.
- Studies show that women pregnant with donor eggs have a more than three-fold risk of developing pregnancy induced hypertension and pre-eclampsia.^{iv}
- Due to the high costs involved in surrogacy and the strong desire to boost success rates, multiple embryos are often transferred in the surrogate mother. In addition to the increased risk of caesarian sections and longer hospital stays, the *British Journal of Medicine* warns “Multiple pregnancies are associated with maternal and perinatal complications such as gestational diabetes, fetal growth restriction, and pre-eclampsia as well as premature birth.”^v

2. There are Health and Psychological Risks to the Children Born via Third Party Reproductive Arrangements

- Children born through assisted reproduction are much more likely to suffer from low and very low birth weights according to a study published in the *New England Journal of Medicine*.^{vi}
- Children conceived via IVF suffer from significant increases in preterm births, stillbirths, low birth weights, fetal anomalies, higher blood pressure, and Beckwith-Wiedemann and Angelman syndrome, according to studies published in the *American Journal of Obstetrics & Gynecology*, the *Journal of Perinatology*, the *American Journal of Human Genetics*, and *Fertility and Sterility*.^{vii viii ix x xi}
- Surrogate pregnancies intentionally sever the natural maternal bonding that takes place during pregnancy. A June 2013 study released in the *Journal of Child Psychology and Psychiatry* found that “surrogacy children showed higher levels of adjustment difficulties at age 7...” and that “the absence of a gestational connection to the mother may be more problematic...” The study also reported that the child’s difficulties “may have been under-reported by reproductive donation mothers who may have wished to present their children in a positive light...”^{xii}
- Young adult children born via anonymous gamete donation suffer serious genealogical bewilderment according to both empirical studies and actual testimonies.^{xiii} A study in the journal *Human Reproduction* concluded, “Disclosure to children conceived with donor gametes should not be optional.”^{xiv}
- Egg and sperm donors often regret their decision later in life. Many studies have been done about egg and sperm donors searching for and finding their biological (genetic) children.^{xv}
- The biological link between parent and child is undeniably intimate, and when severed has lasting repercussions felt by both parties. A 2013 study in *Reproductive BioMedicine* surveyed 108 parents of children conceived via oocyte donation and found that fifty percent regretted using anonymous donation for these very reasons.^{xvi}

3. Third Party Conception is Risky, Often Eugenic, and Involves Coercion

- According to the European Society of Human Reproduction and Embryology, there is a global failure rate of 77% of all assisted reproductive cycles.^{xvii} According to the Centers for Disease and Control and Prevention, the failure rate in the United States is almost 70%.^{xviii} Users of IVF are rarely aware of their high chances of failure.
- Teresa Erickson, a reproductive attorney, convicted of baby selling, has stated that she was just “the tip of the iceberg.”^{xix} Rudy Rupak, founder of Planet Hospital, a global IVF industry provider of services stated in the *New York Times*, “Here’s a little secret for all of you. There is a lot of treachery and deception in I.V.F./fertility/surrogacy because there is gobs of money to be made.”^{xx} The fertility industry is estimated to be a multi-billion dollar per year industry in the United States alone.
- Egg donors are recruited through ads in online classifieds, social media, and college newspapers, offering anywhere from \$5,000 to \$100,000. These ads rarely, if ever, make any mention of the potential health risks

involved, nor do they reveal that no long-term studies have ever been conducted. Such information is essential for decision-making and consent to be truly and fully informed. Surrogates, often low-income military wives, are similarly targeted.

- It has been suggested that all the marketing and advertising, which currently only states the “benefits” of selling your eggs or renting your womb, must include the risks. In short, there are “significant ethical and policy problem[s] with the status quo.” and yet, brokers and clinics, who stand to profit most, resist calls to do the necessary studies and warn women of potential risks.^{xxi}
- The business of egg and sperm “donation” runs the risk of eugenic commodification. Ads commonly target specific racial, physical, and intellectual characteristics—giving parents the opportunity (or at least the illusion that they may be able) to create a custom-made, designer child. Surrogacy contracts often include “abortion clauses” giving intended parents control over if and when a surrogate must terminate the pregnancy.
- Surrogacy often depends on the exploitation of poorer women. Money acts as a strong incentive to encourage women to put themselves at risk. As the European parliament stated in a resolution, surrogacy and egg sale constitute an “extreme form of exploitation of women.”^{xxii}
- The New York State Task Force on Life and the Law stated that commercial surrogacy “could not be distinguished from the sale of children and that it placed children at significant risk of harm.”^{xxiii}

ⁱ The language of the very few laws in the U.S. on egg “donation” state that the woman is being compensated for her time and effort, and that the eggs are in fact a donation

ⁱⁱ Institute of Medicine and the National Research Council of the National Academies, “Assessing the Medical Risks of Human Oocyte Donation for Stem Cell Research: Workshop Report,” 2007.

ⁱⁱⁱ Alexander, J., and Levi, L. (2013). *Journal of Neuro-Ophthalmology*. “Intracranial Hypertension in a Patient Preparing for Gestational Surrogacy With Leuprolide Acetate and Estrogen,” 33:307-318.

^{iv} *Science Daily*. “Pregnancies following egg donation associated with more than 3-fold higher risk of hypertension” July 1, 2014.

^v Kamphuis, E., Bhattacharya, S., van der Veen, F., and Mol, B.W.J., (2014). *British Journal of Medicine*. “Are We Overusing IVF?” <<http://www.bmj.com/content/348/bmj.g252>>.

^{vi} Schieve, L., Meikle, S., Ferre, C., Petersen, H., Jeng, G., and Wilcox, L. (2002). *New England Journal of Medicine*. “Low and Very Low Birth Weight in Infants Conceived with Use of Assisted Reproductive Technology,” 346:731-737. <<http://www.nejm.org/doi/full/10.1056/NEJMoa010806>>.

^{vii} *American Journal of Obstetrics and Gynecology*, “Are Children Born After Assisted Reproductive Technology at Increased Risk for Adverse Health Outcomes?” 2004. <http://journals.lww.com/greenjournal/Abstract/2004/06000/Are_Children_Born_After_Assisted_Reproductive.5.aspx>.

^{viii} Merritt, T.A., Goldstein, M., Philips, R., Peverini, R., Iwokoshi, J., Rodriguez, A., and Oshiro, B. (2014). *Journal of Perinatology*. “Impact of ART on pregnancies in California: an analysis of maternity outcomes and insights into the added burden of neonatal intensive care.” <<http://www.ncbi.nlm.nih.gov/pubmed/24556981>>.

^{ix} Gicquel, C., Gaston, V., and LeBouc, Y. (2003). *American Journal of Human Genetics*. “In Vitro Fertilization May Increase the Risk of Beckwith-Wiedemann Syndrome Related to the Abnormal Imprinting of the *KCNQ1OT* Gene.” <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1180288/>>.

^x Wen, J., Jiang, J., Ding, C., Dai, J., Liu, Y., Xia, Y., Liu, J., and Hu, Z. (2012). *Fertility and Sterility*. “Birth defects in children conceived by in vitro fertilization and intracytoplasmic sperm injection: a meta-analysis.”

^{xi} Soejima, H., and Higashimoto, K. (2013). *Journal of Human Genetics*. “Epigenetic and genetic alterations of the imprinting disorder Beckwith-Wiedemann syndrome and related disorders. 58: 402-409. See also “What’s Wrong with Egg ‘Donation’?” at <http://bit.ly/1MPYvgL>

^{xii} Golombok, S., Blake, L., Casey, P., Roman, G., and Jadva, V. (2013). *The Journal of Psychology and Psychiatry* “Children born through reproductive donation: A longitudinal study of psychological studies, 54:6, pp 653-660.

^{xiii} See AnonymousUs.org, an online story collective for real life testimonials for voluntary and involuntary participants of assisted reproduction, as well as the 2012 documentary *Anonymous Father’s Day*. <<http://www.anonymousfathersday.com>>.

^{xiv} McGee, G., Brakman, S.V., and Gurmankin, A.D. (2001). *Human Reproduction*. “Gamete donation and anonymity: disclosure to children conceived with donor gametes should not be optional.” <<http://www.ncbi.nlm.nih.gov/pubmed/11574486>>.

^{xv} See for example, Jadva, V., Freeman, T., Kramer, W., and Golombok, S. (2010). *Human Reproduction*, “Sperm and oocyte donors’ experiences of anonymous donation and subsequent contact with their donor offspring.”

<https://www.donorsiblingregistry.com/sites/default/files/images/docs/Sperm_and_Egg_Donors_Experiences.pdf>.

^{xvi} Frith, L., Sawyer, N., and Kramer, W. (2012). *Reproductive BioMedicine*. “Forming a family with sperm donation: a survey of 244 non-biological parents.” <https://www.donorsiblingregistry.com/sites/default/files/images/docs/Non-Bio_Parent_Paper_DSR.pdf>.

^{xvii} European Society of Human Reproduction and Embryology. *ART Fact Sheet*. <<http://www.eshre.eu/guidelines-and-legal/art-fact-sheet.aspx>>.

^{xviii} Centers for Disease and Control and Prevention. *2010 Assisted Reproductive Technology Fertility Clinic Success Rates Report* <<http://www.cdc.gov/art/ART2010/index.htm>>.

^{xix} Convicted Surrogacy Attorney: I’m Tip of Iceberg. <<http://www.nbcsandiego.com/news/local/Theresa-Erickson-Surrogacy-Abuse-Selling-Babies-140942313.html>>.

^{xx} Lewin, T. (2014, July, 27). A Surrogacy Agency that Delivered Heartache. *The New York Times*.

<<http://www.nytimes.com/2014/07/28/us/surrogacy-agency-planet-hospital-delivered-heartache.html>>.

^{xxi} Alberta, H., Berry, R., and Levine, A. (2014). *Journal of Law, Medicine and Ethics* “Risk Disclosure and the Recruitment of Oocyte Donors: Are Advertisers Telling the Full Story?”

^{xxii} European Parliament Resolution on the Planned Trading of Human Egg Cells by Great Britain and Romania, B6-0205/2005.

^{xxiii} New York State Task Force on Life and the Law. *Surrogate Parenting: Analysis and Recommendations for Public Policy*, 1988.

<https://www.health.ny.gov/regulations/task_force/reports_publications/#surrogate_parent>.