

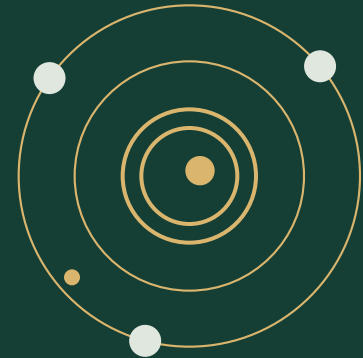


A SHORT GUIDE FOR POTENTIAL DONORS

Egg donation

Learn first.
Decide freely.

Egg donation means providing eggs that may help an intended parent have a child through IVF - fertilization in a laboratory. You contribute the egg's genetic material, but you do not carry the pregnancy. [1,2]



Eggs, explained simply.

What does the process look like?



Talk & get screened

01

Share your health and family history. Medical, infection and genetic checks, counseling and consent help the team assess whether donation is appropriate for you. Screening cannot remove every risk. [2]



Grow & monitor eggs

02

Daily hormone shots help several eggs mature. Ultrasounds and blood tests track your response. Stimulation often takes about 8-14 days; screening and planning add time. [3]



Trigger & retrieve

03

A precisely timed 'trigger' prepares the eggs. A doctor collects them with an ultrasound-guided needle through the vagina, usually with sedation. Arrange a ride home. [3]



Recover & follow up

04

Plan rest and follow-up. Follow your clinic's advice about sex, contraception and exercise: pregnancy can happen during a donation cycle. A cycle may be changed or stopped for safety. [2,3]

Donation is not the same as egg freezing.

Donated eggs are for someone else's family-building treatment. Egg freezing stores your eggs for your own possible future use. No embryo is transferred into you during donation. [1,2]



THE QUESTIONS THAT MATTER

Your health. Your questions. Your choice.

What might I feel?

Bloating, soreness where you inject, tiredness, mood changes and cramping can occur. Ask what is expected and how to manage it. [4]

What are the risks?

Ovarian hyperstimulation syndrome (OHSS) is an excessive medicine response that can cause swelling and fluid buildup. Severe cases need urgent care. Retrieval risks include bleeding, infection, injury, ovarian twisting and anesthesia complications. [4-6]

What about future fertility?

Evidence does not suggest a drop in ovarian reserve - the remaining egg supply - but long-term donor follow-up is limited. Future fertility is not guaranteed. ASRM recommends no more than six donation cycles in total. Discuss all previous cycles. [2,6]

Think beyond this cycle

Counseling can help you think through the genetic connection, possible future contact and feelings that may change over time. DNA testing means anonymity cannot be promised. [2,6]

Ask before you say yes

- Who covers expenses and medical complications?
- What is the compensation agreement?
- How will my information and eggs be used?
- When can I withdraw, and what happens then?
- Who can I contact after hours?

[2,3]

You can ask for time

Read the consent and agreements before signing. Ask for counseling and independent legal advice when needed. Make the decision without pressure. [2]

Do not wait if something feels wrong

Contact your clinic urgently for sudden or worsening belly pain, rapidly increasing swelling or weight, ongoing vomiting, trouble drinking or less urine. For trouble breathing, fainting, heavy bleeding or other severe symptoms, seek emergency care. Do not rely on a portal message. [4,5]

Questions are welcome.

rcadonors.com

Speak with your RCA team. Use your clinic's urgent-care instructions for symptoms.

SOURCES - TAP A TITLE TO READ MORE

[1] ACOG: Treating Infertility (reviewed Nov 2024).

[2] ASRM: Gamete and embryo donation guidance (2024).

[3] ASRM patient education: Assisted Reproductive Technologies (patient booklet).

[4] ASRM patient education: IVF: What Are the Risks? (2023).

[5] ASRM patient education: Ovarian Hyperstimulation Syndrome (2023).

[6] ASRM: Repetitive oocyte donation (2020).

Original RCA summary; not an ACOG/ASRM publication or endorsement. General education, not individual advice or consent. Sources checked October 9, 2026.