Having your baby...
...following egg donation

Congratulations on your pregnancy. Although you are a beneficiary of a long established and successful procedure, it is important that you are aware of any risks and potential complications which can occur during a pregnancy following egg donation. Please talk to your doctor or midwife if you have any questions after reading this.

Egg (oocyte) donation using in vitro fertilisation (IVF) has been available to help women conceive for over 25 years. The use of this amazing technology to achieve a pregnancy is the first step in the journey of motherhood. Appropriate care in pregnancy, during and after labour is important to ensure the best outcome for you and your baby.

How will my care during pregnancy be different?
All low risk women are cared for during their pregnancy, labour and after birth by their midwife. If a woman who is pregnant is known to have or prone to have problems in their pregnancy, they are seen by doctors in addition to their midwife. Egg donation pregnancies are associated with an increased risk compared with other pregnancies, but the complications are usually manageable and most mothers experience a good pregnancy outcome. Therefore you will have Consultant-led care throughout your pregnancy. You are likely to have more frequent visits to the hospital to see a doctor, additional blood tests and ultrasound scans.

What are the increased risks?
Though most women who conceive with donor eggs have uncomplicated pregnancies and births, recent studies show that there are increased risks of complications during pregnancy.

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For women under 40 years of age, there is an increased risk of high blood pressure in pregnancy. This condition is called pregnancy-induced hypertension (PIH) and tends to affect 20% to 50% of women who conceive with donor eggs. PIH tends to be of earlier onset and more severe in such women.

For women over 40 years of age, other pregnancy related complications in addition to hypertension may be seen. They include an increased risk of bleeding in the first three months of pregnancy with a higher chance of having a miscarriage. The risk of bleeding is higher compared to other women until the sixth month of pregnancy. You also have a higher risk of developing diabetes in pregnancy (gestational diabetes). To detect this, your doctor / midwife will perform blood tests at appropriate intervals.

For women over 45 years of age, they may have medical problems predating their pregnancies. These conditions include high blood pressure, diabetes and diseases affecting the kidneys. If you suffer from any such problem, it is likely to change the way care is given during pregnancy.

What are my delivery options?
You will be seen in the antenatal period by a Consultant Obstetrician to discuss your pregnancy and the mode of delivery. This is because there is evidence to show that you have a higher chance of:

- having a low lying placenta (placenta praevia)
- pre-term delivery (giving birth before 37 weeks)
- caesarean birth
- stillbirth
- heavy bleeding after child birth (post partum haemorrhage)
- baby having a low birth weight and needing admission to the neonatal unit.

You will be able to discuss your delivery options with your doctor but you are more likely to be offered induction of labour by 40 weeks, particularly if you are over 40 years of age.

Additional help
If you have further questions, please do not hesitate to ask at your antenatal appointment with your midwife or obstetrician.

References
