Donor egg IVF is an option for couples whose eggs will no longer fertilize and produce healthy embryos or who have responded poorly to stimulation for conventional IVF. Egg quality generally declines with advancing female age but it can occur at any age. Ovarian reserve is a measure of "egg quality" and is evaluated during the infertility workup(Day 2 or 3 FSH or Serum AMH). Egg donors are either unknown or known and may be a friend or relative.

We offer a robust donor egg/oocyte service with minimal wait times at our unit and we have very strict criteria for our oocyte donors, so to a reasonable extent will be able to assure intending parents of the minimal chance of infection or known genetic diseases being transmitted to the potential off spring.

We are also very careful about those who we select for the process and utilize ladies in our established donor pool (Young, mainly medical and allied science undergraduates). Physical or Phenotypic features are the basis for matching and we can share this with you including the general background (tribe, religion, educational status etc.)

The success rate for the donor egg service is quite high (reflective of the age of our donors:22-27yrs); between 46-53% for pregnancy rate and 39 - 45 % live birth rate.

The choice to opt for this service I realize is quite complex and we would usually counsel couples adequately as the attractive success rates for the donor oocyte program should be married with the genetic diversity the resulting off spring will bring to the family.
You can also bring you own donor though we usually counsel against this in Nigeria, mainly for the futures sake.

All egg donors must and do undergo careful physical and psychological testing including a fertility history and screening for genetic diseases. Donors receive compensation for their time and inconvenience. In the donor egg process, follicle stimulating hormone is administered to the donor to induce her ovaries to produce numerous follicles, each of which contains an egg.

Egg donors come to the clinic during the stimulation for routine ultrasound and estradiol monitoring to assess follicular maturation. During this time, the recipient receives hormones to synchronize her cycle with the donor's. Once the embryo is ready for transfer, the recipient's endometrium will be "thickened, vascular (in phase)" with oral medication in order to accept and support the developing embryo.

The eggs are retrieved from the donor (egg collection) using a small "needle" passed through the vagina into each ovarian follicle, using ultrasound guidance. This procedure is performed under light anesthesia.

The eggs are passed to the embryologist who separates them from the follicular fluid and prepares them for exposure to the sperm The husband provides sperm by masturbation and it is combined with the donor's eggs in the in vitro fertilization process. The resultant embryos will possess the genetic makeup of the husband and the egg donor.

After culture and incubation (2-3 days), the embryos are transferred to the recipient's uterus where they implant. The in vitro success rates for women in their early forties using their own eggs are dismally low. When donor eggs are utilized, success rates are dramatically improved and match those of the age group to which the donor belongs. In other words, a forty year old receiving eggs from a twenty year old will usually have IVF success rates for the twenty year old age group. Other candidates for donor egg include women who may have been born with absent ovaries (rare) or those whose ovaries were damaged by cancer chemotherapy or radiation. Donor eggs may also be used in cases of unexplained infertility.

Additional info available on request
Good Luck