



# FERTILITY JOURNEYS: DONOR EGG IVF... WITH OREGON REPRODUCTIVE MEDICINE

We follow-up with Chris and Anne who are in Anne’s third trimester, having become pregnant on their first donor egg IVF cycle at Oregon Reproductive Medicine. They had repeated attempts to become pregnant, including a failed shared donor cycle in the UK, before being selected by ORM to be part of our unique Fertility Journeys project.

Anne writes...

From 20 weeks to 30 weeks, the rounds of testing and appointments have decreased dramatically and I have been left more to my own devices.

The next midwife appointment was at 25 ½ weeks and after that they are to be scheduled for every 3 weeks till B-day! At this visit, I was measured from the top of my pubic bone to the top of my uterus and this measurement should be approximate in cm to the number of weeks you are. I was slightly low at 23cm but still actually right in the 50th percentile! The midwife used the Doppler baby heart monitor and I heard her heart beat for the first time! She had to be chased around but it was definitely there and beating rapidly, so it was easily discernible from my much slower heartbeat. At my 28 week check-up I had grown a couple of cm and her heartbeat was much louder to hear.

The next consultant appointment was not until 28 weeks and then every 4 weeks with an ultrasound scan at each one. This appointment was just a catch up asking me how I was feeling. I had been fine with no issues to bring up, so it was a quick appointment. The consultant had a quick look with the ultrasound, and my little girl was already head down facing towards my back – the consultant pronounced

her to be in the correct position ready to go when the time comes! Let’s hope she doesn’t come too early! I don’t feel at all prepared yet!

I have just started at 29 weeks to get more tired, especially mid afternoon and at night. This isn’t helped by having to get up once nightly due to the smaller space for my bladder. I guess this is a taste of things to come. My weight has stayed stable over the past 6 weeks, but now increasing again as she enters her growth spurt. I am finding it more difficult to eat normal portions, as she does get in the way of my usually very healthy appetite!

We went to our first of 6 ante-natal classes this week. We decided to go with a non-NHS class hoping we would meet parents a little closer to our age. We were still the oldest but there were a few who were classed as older mothers! We decided we had chosen well when our trainer brought out home-made cake and a gift of a twin pack of baby grows for each of us. It was great to chat to couples in the same situation and at the same stage as us. I was the only one who had booked my caesarian, but once the subject was broached, there were a few who confessed they would not be averse to having one themselves.

Both grandmothers have been getting more excited now and both have started knitting! We will have a matinee jacket

for every day of the month, and several bonnets to match! This is just as well as we have not really started thinking about buying any baby items yet. We are a little superstitious and are unwilling to tempt fate by getting too much ready for her in advance, in case anything untoward happens. However, we are thrilled to see these items being made for her!

Despite our superstitions I have been researching buggies. This is a whole new shopping world of which Chris wants no part! So it falls on me to choose the perfect travel system/pram/jogging buggy. Along with this we have yet to create a nursery for her. But she will be with us in our room for the first few weeks so I am sure we will have time to get this ready for when she moves into a cot (but maybe not the energy!).

I have been taking sequential photos of my growing bump, and the occasional selfie. This one is taken at 29 weeks and may look quite a neat size but to me it feels massive now! And even now at 30 weeks it feels like it has grown by at least 50% more. This is the time of a growth spurt anyway, but she has to almost triple in size in the next 10 weeks. However, it’s hard to believe I will be getting MUCH larger! The internet likens her size to a large cabbage now, about 1.3kg and 39cm long.

With her growing size, she is making her presence felt more and more. She has definite movements, kicks and wriggles, at specific times of the day and I have now experienced her hiccups – cute! I can feel harder lumps moving around, so she does seem more real now... Only 9 weeks to go and I can’t wait to meet her!!

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Dr. Bankowski comments on the impact of reproductive genomics on success...

Everyone at ORM is delighted that Chris and Anne are in their third trimester and well on their way towards Anne’s scheduled caesarean delivery.

I was touched by Anne’s comments on her and Chris’ reticence to start buying baby items and getting ready for their baby’s arrival. This is a common feeling for many women and couples at this stage of their pregnancy. This feeling is often understandably heightened for women who have had prior unsuccessful IVF cycles. My wife and I were also IVF patients at ORM when we were trying to complete our family so we understand this personally.

Chris and Anne’s treatment at ORM integrated the latest in reproductive genomics into their care. The procedures involved can significantly increase the chances of success and a healthy baby on the first attempt – knowing this hopefully provides comfort to IVF patients during their pregnancy. The increased chance of success gained through reproductive genomics applies to patients pursuing treatments with their own eggs and those, like Chris and Anne, using donor eggs.



Dr Bankowski

pregnancy; or can result in a child being born with a disorder linked to chromosomal abnormality (such as Down syndrome). This is the most common cause of failed implantation or miscarriage in IVF pregnancies. Testing embryos with a precision procedure and technology called Comprehensive Chromosome Screening (CCS) allows us to know which embryos have screened as having the correct number of chromosomes and therefore having the best chance of developing in a healthy baby. It is not possible to determine whether an embryo is chromosomally normal through a visual inspection. Only CCS provides this information.

Chris and Anne, along with about 80% of our IVF patients at ORM, elected to include CCS as part of their treatment plan. We hope that knowing that the embryo transferred had screened as chromosomally normal provides Chris and Anne, and indeed all our patients that elect to use CCS, comfort about their chance for success and a healthy baby.

The field of reproductive genomics is advancing at a phenomenal rate. At ORM we are committed to making the best technology and information accessible to our patients as part of their care. The article in this issue “Putting Reproductive Genomics at the Heart of IVF Treatment” (see page 50) has been written by one of my partners at ORM, Dr Elizabeth Barbeiri, and is an informative primer for patients. Dr. Barbieri will also be speaking on this topic at the Fertility Show in London on 5-6 November 2016.

The entire team at ORM are counting down the last remaining weeks and days of Anne’s pregnancy. We eagerly await the next exciting step on their Fertility Journey!

Below:  
ORM team

