

0-145. Attitudes of patients who underwent oocyte donation: a multicentre study of the Latin American network of Assisted Reproduction

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Introduction: Egg donation has archived an increasingly important role among the methods of assisted reproduction. Although in Latin America the use of this technique started in 1987, little is known of its impact on individuals, families and society. Few studies have addressed the effects of such treatments on recipients and/or the decisions parents must make about disclosure of donor egg origins to children. Furthermore, it is yet not clear whether donors should be known or anonymous. The Latin American Network started a multicentre study with the purpose of reporting the attitudes of South American women toward various issues related to egg donation.

Materials and methods: The study population consisted of 113 patients from Chile, Brazil and Colombia (mean age 40 years) who underwent at least one cycle of oocyte donation between January 1, 1989 and June 1, 1997. A semi-structured questionnaire was developed and was either sent by mail or filled in by the patient in the office in an anonymous way. The women were asked to record their social characteristics, their attitude towards egg donation, whether they received donated eggs from an anonymous or known donor and why, and which part of the treatment was most difficult. They were also asked about disclosure decisions, unpleasant experiences, the willingness to repeat a donation cycle and whether they had received psychosocial counseling.

Results: Of the 113 oocyte recipients, 58 correctly responded to the questionnaire (52.2%). Only one of the five participating centres accepted known donors; 87% of the cycles were performed with anonymous donors and in 12.6% donors were known to the patient. The outcome of the egg donation treatment was successful in 33 couples (56.9%). In all, 81% of the recipients were Catholics and 62% had superior education. The average period of cohabitation was 9 years (1-23 years). Sixty six percent of the patients who became pregnant and 64% of those who did not achieve pregnancy stated that they would be willing to repeat the treatment; 44 (75.9%) patients intended NOT to disclose the type of treatment whereas 14 (24.1%) were undecided. Dominant reasons for not disclosing mothers were: 'is my child no matter his origin or perceiving potential harm for the child. However, when asked to whom they had commented about the oocyte donation, 41.4% had told a third party (mother 29.3%, brother/sister 29.3%, father 15%, others 24.4%). Although just 37% of the recipients had psychosocial counseling, 67% of the women studied stated the need for psychological support before and throughout the treatment cycle. Moreover, some of the patients (13.8%) even suggested pos-treatment psychosocial counseling.

Conclusion: Our data analysis suggests an increasing acceptance of oocyte donation among a dominantly catholic Latin-American population. Country of origin did not appear to mark patients' attitudes towards treatment. The idea of not disclosing the nature of the therapy was dominant and in our opinion should be the subject of long-term follow-up. The need for professional psychological support was also predominant.