

# The Good Egg

by Erin Ploss-Campoamor



...an ovum donor's journey

## Study Guide



## BACKGROUND

In 1997, Erin Ploss-Campoamor decided to donate her eggs to an infertile couple for \$3,000 because she needed the money.

Once she started the process of becoming an egg donor, Erin quickly realized that she should document her experience. She knew that almost everyone had heard of egg donation, yet very few people seemed to know about what it involved. So she convinced a friend who owned a video camera to accompany her to the clinic as she underwent the various stages of the procedure. She then decided to interview a couple of other egg donors to get some different perspectives on the experience.

Six years later – after having gone to film school, gotten married and moved to Los Angeles – Erin finished her documentary, *The Good Egg: An Ovum Donor's Journey*.<sup>1</sup>

## OVERVIEW

*The Good Egg* is an autobiographical film about Erin's experience as an egg donor for an infertile couple.

In the course of the film, Erin documents her hormone treatments leading up to and including the surgical extraction of her eggs. She also interviews the doctor who administers her treatment, different members of her family and two other egg donors: Laura, a 6-time donor,<sup>2</sup> and Sally, a 3-time donor.

Some of the people she interviews – like Laura – feel that egg donation is the most generous gift a person could ever give. Whereas other people – like Sally, who in one

of her donations suffered from extremely painful ovarian hyperstimulation – feel that young women like her are being exploited at the expense of their own health and fertility.

In the film, Erin explores how her own feelings towards egg donation have evolved from when she first signed up to be a donor.

## ISSUE #1 EGG DONATION IS AN INVOLVED MEDICAL PROCEDURE

Most egg donors are fertile young woman in their 20's to early 30's who learn about egg donation from seeing advertisements offering sizable amounts of money in exchange for their services. In some cases, these women know someone who suffers from infertility and they want to help. But for many, the financial incentive is an important motivating factor.<sup>3</sup>

These days, egg donors usually earn about \$3,000 to \$5,000. Their fees are paid by the egg recipient(s) – typically an infertile woman and her partner – who are also responsible for an additional \$10,000 to \$20,000 in medical expenses each time they attempt to fertilize the eggs and implant them in the recipient's womb.<sup>4</sup>



What few donors realize, however, when they first respond to these ads, is that egg donation is an extremely involved medical procedure, not just for the recipients but for the donors as well.

Among other things, the egg donor's menstrual cycle will need to put in synch with her recipient's so that her eggs and the recipient's womb will be ready at the same time.

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<sup>2</sup> After she was interviewed, Laura went on to donate a 7<sup>th</sup> time.

<sup>3</sup> Jan Hoffman, "Egg Donations Meet a Need And Raise Ethical Questions," *New York Times*, Jan. 8, 1996.

<sup>4</sup> David L. Marcus, "Mothers With Another's Eggs," *U.S. News & World Report*, April 12, 1999.

The whole process usually takes about 5 weeks from start to finish. Generally, it happens as follows:

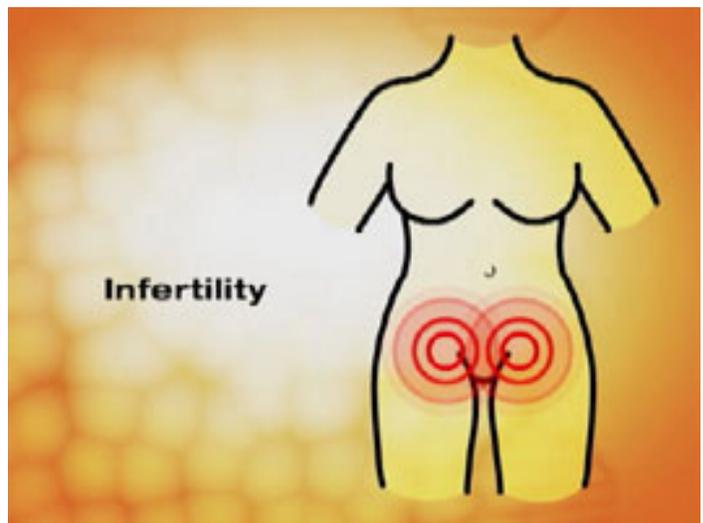
- 1) For about two weeks, the egg donor is put on birth control pills in order to calm down her ovaries and put her in synch with the recipient's cycle.
- 2) For about another two weeks, she is given a nasal spray or injections (GnRH Analogs) to prevent her ovaries from ovulating prematurely.
- 3) For about one week – which usually overlaps with the second half of those last two weeks of GnRH Analogs – she is given injections of a fertility drug (FSH) to stimulate her ovaries so that she will produce multiple mature eggs.<sup>5</sup>
- 4) She is then given a one-time injection (hCG) to prepare her ovaries for ovulation
- 5) Then, a day and a half later, she is put under anesthesia for about two hours while the egg(s) are surgically extracted from her ovaries using a hollow needle.

Afterwards, her eggs are put in a petri dish with a man's sperm in order to produce an embryo, which will then be placed in her egg recipient's womb. This process is referred to as In Vitro Fertilization or IVF. Depending on the donor's contract, she may or may not find out if her eggs produce a pregnancy.

It usually takes 1-3 weeks for an egg donor's body to return to normal after she donates. She should use a double barrier form of contraception during this time, as she is still *very* fertile. She should also monitor her period and her health to make sure her ovaries have not been hyper stimulated.

### SUGGESTED DISCUSSION TOPICS:

- Compare sperm donation to egg donation. How relevant is it that the latter is much more time-consuming and involved?
- Does the fact that a woman can now pass on her DNA without becoming pregnant or giving birth redefine our notion of what it means to be a mother?



## Issue #2

### THE HEALTH RISKS OF EGG DONATION

There are at least five potential health risks for egg donors, which are listed in order of increasing seriousness:

- 1) **THE DONOR MAY EXPERIENCE PMS-LIKE SYMPTOMS:** The donor will likely experience some of the following "PMS-like" symptoms: mood swings, depression, bloating, cramps, breast tenderness, vaginal dryness, headaches, and general discomfort.<sup>6</sup> This could last anywhere from 2 to 5 weeks.
- 2) **THE DONOR COULD GET PREGNANT:** The donor may find that the fertility drugs increase her sex drive. If she does have sex in the two weeks before or after her FSH injections, she needs to be *very* careful to use a double barrier form of contraception (i.e. two condoms, a condom and a sponge, a condom and spermicidal jelly, etc.). However, while she is undergoing FSH injections, she can absolutely *not* have sex. Having sex while her ovaries are full of mature eggs would probably be extremely painful and potentially hazardous to her ovaries. She is also *very* fertile and does *not* want to get pregnant, because she is at high risk for multiple pregnancies as well as the possibility of an ectopic pregnancy!

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<sup>5</sup> This part of the procedure is known as "controlled superovulation." The reason for it is simple: the more eggs the recipient can get, the more chances she has of getting pregnant.

<sup>6</sup> American Society for Reproductive Medicine, "Ovulation Drugs: A Guide for Patients," page 9.



- 3) **THE DONOR'S OVARIES MIGHT GET OVER-STIMULATED:** There is a very small chance that the donor might experience ovarian hyper-stimulation.<sup>7</sup> If she is accidentally given too many fertility drugs or her body is extra sensitive to the medication, her ovaries could get overly stimulated and start to swell up with liquid. This is *very* painful. Sometimes, the liquid leaks into other parts of the body. In very extreme cases, it can fill up her lungs, making it nearly impossible for her to breathe. In other equally extreme cases, she can experience kidney failure, which is potentially *fatal*. The donor needs to be very careful to look for the *warning signs*: any excessive pain, bloating, large clots of blood in her underwear, difficulty breathing, sleeping or anything else that is out of the ordinary needs to be taken *very* seriously and she will need to go to an emergency room immediately.<sup>8</sup>
- 4) **THE DONOR COULD BECOME INFERTILE:** The donor might want to reconsider donating her eggs if she has not yet had children. When they extract her eggs, they stick a needle into her ovaries multiple times. There is the very small chance that this could cause scar tissue or an infection, which might make it more difficult for her to have children in the future.<sup>9</sup>
- 5) **THE DONOR MIGHT GET CANCER:** A controversial study done back in 1993 claimed that the fertility drugs given to infertile women (and egg donors) could increase their risk for ovarian cancer by as much as three times.<sup>10</sup> However, quite a few doctors have since disputed these findings. According to a more recent study done in 2002, the increased risk of cancer only applies to women who receive fertility drugs for one year or longer, so egg donors who only receive these drugs for a few weeks at a

time are not affected.<sup>11</sup> Nevertheless, the National Advisory Board on Ethics in Reproduction (NABER) has admitted that "little is known about the long term risks of oocyte retrieval for donors" and the risks are "not insignificant."<sup>12</sup>

#### SUGGESTED DISCUSSION TOPICS:

- Discuss the different health risks egg donors undergo when they donate. Is there a point where people feel that the potential risks (hyperstimulation, infertility, cancer) clearly outweigh the benefits (the opportunity to help a childless couple, the financial incentive, etc.)?
- Compare egg donation to medical experiments. In many cases, women of childbearing age are prohibited from participating in certain drug studies because of the possibility that they could unknowingly be pregnant and thereby endanger their unborn child. Should there be similar laws prohibiting young women who have not yet had children from donating their eggs (because of the potential risk to their fertility)? Or should the decision be left up to the women involved?

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<sup>7</sup> In the film, Sally talks about her experience with ovarian hyper-stimulation, which was caused by a nurse accidentally giving her the wrong dosage of hormones. It was an extremely painful and frightening ordeal, but as far as she can tell, she has fully recovered without any serious consequences.

<sup>8</sup> American Society for Reproductive Medicine, "Fact Sheet: Risks of In Vitro Fertilization (IVF)," page 1.

<sup>9</sup> Luigi Mastroianni Jr, "Risk Evaluation and Informed Consent for Ovum Donation: A Clinical Perspective," *American Journal of Bioethics*. (Fall 2001) 1:4, pp. 28-29.

<sup>10</sup> A.S. Whittemore, R. Harris, J. Itnyre, "Characteristics relating to ovarian cancer risk: collaborative analysis of 12 US case-control studies," *American Journal of Epidemiology*. (1993 Apr): 15; 137(8): 928-9.

<sup>11</sup> R. B. Ness, D.W. Cramer, M.T. Goodman, S.K. Kjaer, K. Mallin, B.J. Mosgaard, D.M. Purdie, H.A. Risch, R. Vergona, A.H. Wu, "Infertility, fertility drugs, and ovarian cancer: a pooled analysis of case-control studies," *American Journal of Epidemiology*. (2002) Vol. 155, No. 3

<sup>12</sup> Cynthia B. Cohen, *New Ways of Making Babies: The Case of Egg Donation (Medical Ethics Series)*, National Advisory Board on Ethics in Reproduction, Indiana University Press (Bloomington and Indianapolis, 1996), page 273.

## ISSUE #3

### WHO SHOULD REGULATE THE INFERTILITY INDUSTRY?

According to NABER, a privately funded bioethics committee, "There is no explicit public policy in the United States [for] oocyte donation at the present time. Legislation regulating the procedure is virtually non-existent.... The application of this technique is largely a matter of private discretion left to infertile people, egg donors, and health care professionals. As a result, practices vary from center to center, and information about the procedure is not readily available outside fertility clinics."<sup>13</sup>

One of the reasons why the infertility industry remains largely unregulated is that the work it does involves researching, fertilizing and in some cases, disposing of, human embryos. Politicians as a rule have tended to avoid dealing with such a politically explosive issue. For the same reason, the infertility industry has never been eligible for government funding. The end result: the six billion dollar industry is entirely self-funded and self-regulated.<sup>14</sup> National organizations such as NABER, the American Fertility Society and the American Society for Reproductive Medicine have been formed to provide guidelines for its members, but different fertility doctors around the country have chosen to interpret those guidelines in very different ways.

Recent headlines and court cases involving legal and ethical issues surrounding egg donation and IVF have led advocacy groups and fertility organizations to call for more government regulation and legal controls over the fertility industry. Until now, the industry has been largely self-regulated, but there is increasing controversy over what constitute acceptable practices. Some of the questions that have arisen are: How old can a woman be to be accepted as an egg donor? How often should a woman be allowed to donate her eggs? Should fees paid to donors be regulated?

Most fertility researchers agree that twenty-one should be the minimum age for egg donors and thirty-four the maximum, but some clinics and brokers have been known to use donors as young as eighteen (even though they could still be only in high school) and others as old as thirty-nine (even though their eggs would probably not be as viable).

It is also standard practice for fertility clinics or egg brokers to administer a psychological test to determine if

a woman is emotionally stable enough to withstand the stress and strains of an egg donation. Additionally, they typically advise the donors to rest for a couple of menstrual cycles after they have donated their eggs before attempting to do another donation. But again, there are no laws requiring them to do either of these things, so sometimes donors are pressured into going through a cycle even when they are not physically or emotionally ready to do so.

According to most egg donation guidelines, the number of times a woman should be allowed to donate her eggs is three. But, like everything else, this is usually left up to the discretion of the fertility clinics, egg brokers and donors. Some clinics and brokers have been known to use the same donor as many as ten times. This is a problem for the recipients because the number and viability of a donor's eggs have been shown to decrease with each donation she makes, so a recipient using a donor on her sixth time may not get eggs that are as plentiful or as fertile.

But, more importantly, this is a problem for the donor because it could increase the likelihood that she will develop ovarian cancer from the hormones that are used. (On the other hand, the chances of her experiencing ovarian hyperstimulation decrease with each time she donates.)

In the film, Erin interviews Laura during her sixth egg donation. After the interview was done, Laura went on to donate a seventh (and final) time. However, if she had not reached her clinic's cut off age of 35, Laura admits that she might have continued to donate.

#### SUGGESTED DISCUSSION TOPICS:

- Why do you think there are so few laws regulating the infertility industry. How are we all affected by this lack of regulation?
- Does lack of regulation mean that women end up having more control over their bodies and what they choose to do with them? Or does it make them more vulnerable to being exploited?

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<sup>13</sup> Cynthia B. Cohen, *New Ways of Making Babies: The Case of Egg Donation (Medical Ethics Series)*, National Advisory Board on Ethics in Reproduction, Indiana University Press (Bloomington and Indianapolis, 1996), p. 293.

<sup>14</sup> Rebecca L. Skloot, "The Other Baby Experiment," *New York Times*, February 22, 2003.



### ISSUE #3

#### EGG DONORS AND THEIR RECIPIENTS

When the first egg donations were done back in 1986, it was fairly standard practice for donors to remain anonymous, but it is now becoming increasingly common for the donors and their egg recipients to meet each other.

In the case of Erin's recipients, they met with her on more than one occasion and even agreed to be interviewed for the film. She found them to be lovely, articulate and thoughtful people who had suffered greatly because of their infertility. She knew that they would make wonderful parents. But, unfortunately, after they became pregnant on two separate attempts and miscarried both times, it became too painful for them to remain in contact with her. Out of respect for their feelings, she has not included them in her film nor will she try to get in touch with them again.

Laura and Sally, the two other egg donors that Erin interviewed for her film, both say that they have met with nearly all of their recipients. On one occasion, Sally determined that she did not feel that the couple would make good parents and therefore refused to donate to them.

#### SUGGESTED DISCUSSION TOPICS:

- Discuss the importance of knowing the identity of the person(s) who will benefit from using the egg donor's DNA.
- Should it matter whether or not the egg recipients seem like they would be fit parents?
- Should the decision be up to the donor? Or to the recipients? Or both?

### Issue #4

#### EGG DONORS AND THE CHILDREN THEY HELP CREATE

An egg donor is typically required to sign a contract stating that she renounces her claim on any children that may result from her donated eggs. It is usually left up to the discretion of the egg recipients to determine whether or not the donor will be informed if a child is born. Sometimes, the recipients choose to volunteer this information, but not always.

Erin, for example, still does not know if her egg recipients attempted to become pregnant again and, if they did, whether or not they were able to have a child.

Laura knows the status of almost all of her donations and is aware that at least four children have been born from her eggs. Sally, on the other hand, still does not know if any of her three donations ever resulted in a child.



In Erin's contract, she has also agreed to allow any child that may have been born from her eggs to contact her whenever she or he chooses to do so. This means that five, ten, or twenty years from now, she could get a knock on her door and find a genetically related stranger standing on her doorstep.

#### SUGGESTED DISCUSSION TOPICS:

- Discuss the similarities between adoption and egg donation.
- In many states, laws are being passed requiring that adoptions files be opened once the children turn eighteen, so that they can find out the identity of their birth parents. Should there be a similar law for egg donors?
- Do children have a right to know how they were conceived? Do parents have a right to keep this information from them?



## ISSUE #5

### THE FINANCIAL INCENTIVES FOR EGG DONORS

When Erin Ploss-Campoamor donated her eggs back in 1997, she received \$3,000. Now, depending on where she went, she could probably get as much as \$5,000. Sometimes egg donors are paid more, especially if they are Asian, Jewish, or have a particular characteristic (like a high SAT score, a certain height, or athletic ability). These women can sometimes make as much as \$20,000 or more.

But in countries like Japan, England and Australia, these cash payments are seen as unethical. Paying young women such large sums of money, they argue, amounts to financial coercion and the trafficking of organs.

In Japan, egg donation is banned altogether. The result is that many infertile Japanese women end up traveling to the U.S. in order to use egg donors here, thus driving up the price of Asian-American donors. In England and Australia, egg donation is allowed, but the payment of donors is prohibited. The result is that the waiting list of infertile women who want to use an egg donor is enormous. Again, many of these women choose to come to the U.S. instead. Or, in some cases, their younger female friends and relatives are pressured into donating their eggs for free.<sup>15</sup>

One solution that has been proposed in the U.K. is for infertile women who are undergoing their own hormone treatments and egg extractions to add their extra eggs to

a national pool for other women to draw from. The only drawback is that these extra eggs would probably be the less viable ones and therefore decrease the chances of their recipients becoming pregnant.

### SUGGESTED DISCUSSION TOPICS:

- Does paying egg donors essentially amount to the financial coercion of impoverished young women? Should there be some sort of national standard for payments? Should there be a global standard? Is there an alternative? Is the idea of a national egg pool realistic?
- Compare adoption to infertility treatments like egg donation. Is having a genetically related child a human right or a luxury? Should it be protected by law? Should it be covered by health insurance?
- Does it seem fair that sperm donors are usually paid only \$50 for a procedure that takes two hours or less, whereas egg donors typically receive \$3,000 or more for a process that takes about 5 weeks? In what ways are they different? How are they the same?
- How does the idea of “donating” eggs whether for free or for a payment fit into the notion that women are the more generous, more nurturing, more naturally charitable gender? Is this assumption sexist, or is it empowering?
- Given what you now know, would you donate your own eggs or allow someone close to you to do so?

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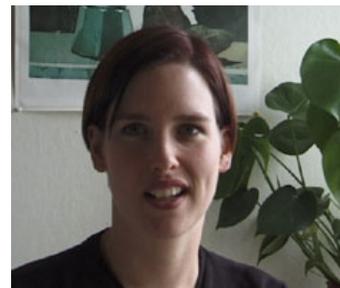
<sup>15</sup> Gina Kolata, “Infertile Foreigners See Opportunity in U.S.” *New York Times*, January 4, 1998.

## PEOPLE INCLUDED IN THE FILM:

Erin Ploss-Campoamor is the filmmaker and a former egg donor currently living in California.



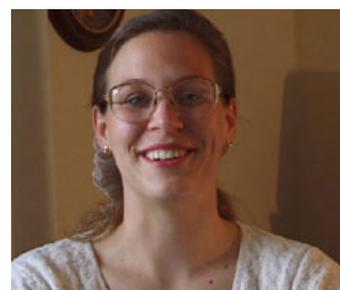
Sally Herndon is a 3-time egg donor living in California.



Dr. Carl Herbert is an infertility specialist at the Pacific Fertility Center in California.



Laura Palazzolo is a 6-time egg donor living in California.



Dr. Bob Ploss is a retired doctor living in Washington. He is also Erin's grandfather.



Halcyon Haynes-Campoamor is an architect living in California. She is also Erin's mother.



Dr. Janet Ploss is a pain specialist in Washington. She is also Erin's aunt.



Margot Campoamor was a homemaker in Florida. She was also Erin's grandmother. She has since passed away from cancer.



## RESOURCES:

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Department of Health and Human Services: Centers for Disease Control and Prevention, "Assisted Reproductive Technology Surveillance: U. S., 2000," August 29, 2003 / Vol. 52 / No. SS-9

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Baby Centre UK: <http://www.babycentre.co.uk/refcap/4098.html>

National Cancer Institute: [http://cis.nci.nih.gov/fact/3\\_6.htm](http://cis.nci.nih.gov/fact/3_6.htm)

Surrogacy Center: <http://www.surrogacy.com>

RESOLVE: <http://www.resolve.org>

Video & Study Guide:

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4196 Washington Street  
Boston, MA 02131  
(800) 937-4113  
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