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## ARTICLE

# Compliance with donor age recommendations in oocyte donor recruitment advertisements in the USA

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Hillary Alberta is a doctoral student in public policy at the Georgia Institute of Technology. Her studies have been concentrated in science and technology policy, specifically in biomedicine and biotechnology and the related bioethical components. Her current research focuses on the ethical guidelines surrounding oocyte donation, with particular interest in the practices and implications of oocyte donor recruitment.

**Abstract** IVF using donated oocytes offers benefits to many infertile patients, yet the technique also raises a number of ethical concerns, including worries about potential physical and psychological risks to oocyte donors. In the USA, oversight of oocyte donation consists of a combination of federal and state regulations and self-regulatory guidelines promulgated by the American Society for Reproductive Medicine. This study assesses compliance with one of these self-regulatory guidelines – specifically, ASRM’s preferred minimum age for donors of 21. To assess compliance, 539 oocyte donor recruitment advertisements from two recruitment channels (Craigslist and college newspapers) were collected and evaluated. Of these, 61% in the Craigslist dataset and 43% in the college newspaper dataset listed minimum ages between 18 and 20, which is inconsistent with ASRM’s preferred minimum age recommendation of 21. Advertisements placed by oocyte donor recruitment agencies were more likely than advertisements placed by clinics to specify minimum ages between 18 and 20. These results indicate that ASRM should evaluate and consider revising its donor age guidelines. 

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**KEYWORDS:** donor age, donor recruitment, donor risks, egg donation, ethics, policy

## Introduction

IVF using donated oocytes has proved to be an important and effective treatment option for many women (Tarlitzis and Pados, 2000), and annual reports on assisted reproduction treatment in the USA indicate that usage of donated oocytes is increasing (Centers for Disease Control and Prevention, 1998, 2011). While the benefits of oocyte donation for recipients are well recognized, concerns have been raised about potential physical risks for donors (Althuis et al., 2005; American Society for Reproductive Medicine, 2008a; Bodri et al., 2008; Jayaprakasan et al., 2007). These risks include ovarian hyperstimulation syndrome, a complication associated with the medications donors take to induce ovulation (American Society for Reproductive Medicine, 2008a; Bodri et al., 2008; Jayaprakasan et al., 2007; Institute of Medicine and National Research Council, 2007), potential links between fertility medications and various forms of cancer (Althuis et al., 2005; Institute of Medicine and National Research Council, 2007; Schneider, 2008) and concerns about the potential impact of the donation process on a donor's future fertility (Kramer et al., 2009; Stoop et al., 2012). Assessing these risks is difficult, as long-term studies of the risks associated with fertility medications and the oocyte retrieval process are few in number and generally focus on women undergoing IVF rather than oocyte donors (Althuis et al., 2005; American Society for Reproductive Medicine, 2008a; Institute of Medicine and National Research Council, 2007; also see Bodri et al., 2008; Maxwell et al., 2008 for exceptions).

Concerns have also been raised about potential psychological harm to donors and the broader social impact of oocyte donation. These concerns derive in part from the differences between oocyte and sperm donation with respect to the medical risks of the procedures, the compensation donors typically receive, the degree of physical 'investment' by oocyte donors and the characterization of oocyte donation as an altruistic deed (Almeling, 2009; Rao, 2006). The distinctive features of oocyte donation have led to concerns about the potential exploitation of oocyte donors (Steinbock, 2004) and the perceived commodification of oocytes (Almeling, 2009; Holland, 2001; Rao, 2006) and have triggered debates about appropriate compensation of oocyte donors (Levine, 2010; Steinbock, 2004).

In contrast, relatively little attention has been paid to the implications of these physical, psychological and social concerns for the ages at which it is appropriate for women to donate oocytes. Since female fertility declines with age, it would be expected that younger donors, all else equal, would provide healthier oocytes to their recipients and thereby increase their recipients' chances for successful IVF cycles. Several studies support this contention (Barton et al., 2010; Cohen et al., 1999; Faber et al., 1997).

However, these benefits should be weighed against any potential for increased physical or psychological risks for younger donors. For example, several studies and an Institute of Medicine report have noted that younger oocyte donors are at greater risk of ovarian hyperstimulation syndrome (Delvigne and Rozenberg, 2002; Institute of Medicine and National Research Council, 2007; Jayaprakasan et al., 2007). The potentially lesser maturity of younger donors

raises additional concerns about their decisions to assume the physical and psychological risks associated with oocyte donation.

In the USA, oversight of oocyte donation includes Food and Drug Administration (FDA) rules designed to prevent the transmission of communicable diseases, Centers for Disease Control and Prevention (CDC) rules requiring the reporting of success rates and a handful of state laws addressing various aspects of the practice. As far as is known, current regulation of gamete donation does not address the permissible ages for donors. However, the American Society for Reproductive Medicine (ASRM) – an organization consisting primarily of healthcare professionals and dedicated to advancing the field of reproductive medicine – and the Society for Assisted Reproductive Technology (SART) – an affiliated organization dedicated to promoting and advancing assisted reproduction treatment – have developed self-regulatory guidelines that address this issue. In a 2008 report, ASRM states that sperm donors 'should be of legal age and, ideally, less than 40 years of age' and that oocyte donors 'should be of legal age, and preferably between the ages of 21 and 34 years' (American Society for Reproductive Medicine, 2008b). Oocyte donors 'less than 21 years of age should have psychological evaluation by a qualified mental health professional, and the decision to proceed with such a donor should be determined on an individual basis' (American Society for Reproductive Medicine, 2008b).

Given the voluntary nature of these guidelines, the extent to which they affect the recruitment and enlistment of oocyte donors aged 18–20 is unknown. Although few studies have specifically addressed this issue, one recent study analysed 102 oocyte donor agency and clinic websites and found that 41% indicated acceptance of donors under age 21 (Keehn et al., 2012). Studies examining compliance with another set of ASRM self-regulatory guidelines – guidelines for oocyte donor compensation – have found evidence of low compliance with the compensation limits specified in the guidelines (Levine, 2010; Luk and Petrozza, 2008).

The present study focuses specifically on evidence of compliance with the ASRM oocyte donor age guidelines and uses two datasets of oocyte recruitment advertisements – one collected from college newspapers in April 2006 and one collected from the Craigslist website in November 2011. Although advertisements cannot provide definitive evidence about the enlistment of oocyte donors aged 18–20 or about the practices of psychological evaluation and case-by-case determination for these donors, they can provide insight into the recruitment of these potential donors.

## Materials and methods

The oocyte donor recruitment advertisements analysed in this study were collected from the internet and college newspapers. The online advertisements were collected from the US section of Craigslist, a classified advertisements website ([www.craigslist.org/about/sites/#US](http://www.craigslist.org/about/sites/#US)). To ensure the data were consistent from one city to the next, all Craigslist advertisements were collected during the week of 28 November 2011. The 2010 US Census Report was used to identify the 50 most populous metropolitan statistical areas, and 48 of these with a distinct Craigslist

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