

High Complexity Fertilization in Cuba: Egg Donation

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Abstract

The decades of the 70s and 80s of the last century in our country, allowed us to glimpse that the possibilities of treatment for the infertile couple were considerably expanded. Until that moment, infertile couples had very limited options such as adoption, insemination using a donor or conforming to not having children.

In Cuba, since 1979, the first steps were taken in the field of assisted reproduction in animals. Human reproduction studies have been carried out at the National Institute of Endocrinology and the Ramón González Coro Gynecological Hospital, the first birth having occurred in 1986.

Since 2006 and with the aim of guaranteeing perinatal care specialized in pregnant patients as a result of in vitro fertilization, it was decided to create a consultation at the Ramón González Coro Hospital given the high rate of twin and triple pregnancies, preterm births and complications.

The number of patients treated had to proceed with high complexity in vitro fertilization and sometimes ICSI and it was not until 2014 after the approval by our constitution, the family code and medical ethics that egg donation began.

Key words: ICSI, egg donation, simple IVF.

Introduction

Assisted reproduction represents 1 to 3% of births worldwide. The postponement of motherhood at ages when a woman's fertility physiologically decreases is one of the fundamental causes of the increase in infertility worldwide. This decline in fertility related to the age of women is directly caused by ovarian aging and for that reason almost all countries in the world that perform High Complexity Assisted Reproduction Techniques incorporate OVODONATION to guarantee adequate success rates in couples whose women have indicators of low ovarian reserve.

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Egg donation in Cuba

Given the characteristics of our social system, when preparing to incorporate an egg donation program, a Methodology must be established that guarantees its adequate implementation, with total adherence to the principles of medical ethics, with absolute confidentiality and above all without the donation of the ovules become, as in most of the countries where it is carried out, into a source of commerce that does not correspond to the bases that sustain our social medicine.

The methodology implemented in our country consists of three aspects: a program (Infertile Couple Care Program), a set of indications to select the egg donation patient and finally the selection of the donor.

Infertile Couple Care Program

The National Program of Attention to the Infertile Couple has regulations and guidelines for the care of the infertile couple in the national health system and the criteria for the performance of assisted reproduction techniques, which are incorporated as of January 2012.

The infertile couple enters the program from their health area, enters the assisted reproduction center of discharge complexity (at the moment the

country has four of them: 2 in the West, 1 in the Center and one in the East of the Island) and the selection of the patient for egg donation is determined according to the established indications.

Indications for the selection of patients for egg donation

Egg donation technique will be performed in the following cases:

1. Cuban citizens legal residents in the country.
2. Age of the patient from 42 to 45 years, without preconception reproductive risk not dependent on age.
3. Patient aged between 38 and 42 years, with serum FSH in early follicular phase greater than 12 mIU / ml with serum estradiol below 50 pmol / l and / or previous cycle with less than 4 retrieved eggs.
4. Patients under 38 years of age with proven ovarian failure.
5. Carriers of genetic diseases (Annex No 1).
6. Implantation failure after 2 cycles with good quality embryos.

Selection of the egg donor



Figure: First case of egg donation in Cuba

The first pregnant woman, a product of assisted reproduction of high complexity by egg donation, aged 44, with a history of a myomectomy prior to proceeding, performed the egg donation with a family donor at the Hermanos Almejeiras Hospital and her perinatal care and the termination of the pregnancy at the Ramón Hospital González Coro in the capital of the country, by high road in December 2014 before a twin, bicorial and biamniotic pregnancy with good neonatal results.

Conclusion

Within highly complex in vitro fertilization, egg donation is the procedure that we most frequently select in our country, due to the age of more than 40 years of our patients and the least number of perinatal complications.

A multidisciplinary consultation where they are present: an endocrinologist, an obstetrician gynecologist and a psychologist, is carried out to examine the stability in the decision to elaborate the procedure and the informed consent to carry out the dream of the infertile couple is signed.

The following types of donors are approved:

a) Family donor:

Sister or other relative over 20 and under 35, who is provided by the recipient couple, who meets the inclusion criteria and who, with prior informed consent, decides to donate their eggs in solidarity, altruism, unpaid and renouncing everything right of subsequent claim.

b) Anonymous altruistic donor:

Patient in assisted reproduction treatment, over 20 and under 35 years of age whose ovarian reserve allows to guarantee at least 9 eggs for treatment and who, with prior informed consent, decides to donate the supernumeraries in a solidarity, altruistic and unpaid manner and renouncing all right of subsequent claim.

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