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Women
Health
Jobs
Food & Drink
Education
Student
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Games
Crossword
Law
Weather
Sunday Times
TLS
Weblogs
Site Map

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The Sunday Times

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Ecosse: And baby makes four

When Marion Horne chose to donate her eggs to a complete stranger she gave one childless couple the greatest gift of all. Few are now so lucky. By Gillian Bowditch

Marion Horne and Claire Peters work within a few blocks of each other in central Glasgow. They frequent the same cafes and shop in the same Sauchiehall Street stores. They must have passed each other a dozen times on the way to the station or grabbing a coffee. There may even have been a flicker of recognition. The two women met once more than a year ago, although Peters struggles to recall Horne's Tilda Swinton-like features. But in 14 weeks' time, she will have a constant reminder of this virtual stranger. The baby she is carrying has developed from one of Horne's eggs.

Egg donors are the modern equivalent of fairy godmothers and, for the thousands of British women whose only hope of conceiving is via egg donation, almost as mythical.

Since the law changed last April, depriving British donors of the right to anonymity, the gamete donation programme in Scotland has ground to a near halt. Even before then, donors were in shorter supply than apologists for George Galloway. "There are no donors in Scotland," says Sam MacCuish of the infertility group Cradle. "There is a six- or seven-year waiting list. It is extremely bleak. We have 10 to 15 new inquiries a month and of these three or four are women who need egg donation."

The launch last week of fertility predictor kits to give women an indication of their egg reserves has highlighted the issue. But for women who discover their supply is poor, there are few options. If you cannot find your own donor, you may have to join the growing throng of anxious women crisscrossing the globe to buy eggs of dubious provenance.

Horne is one of only a tiny handful of Scottish women prepared to undergo invasive medical procedures to donate their eggs, for no financial gain, to a childless woman with whom they have no relationship. (Payment in the UK is illegal, although "reasonable"

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expenses can be reimbursed.) Not that she recognises this portrayal. Horne cringes before the spectre of her altruism. "I'm a big wuss really," she says over a mug of coffee. "The nurses at Glasgow Royal Infirmary would tell me I was doing something really special and I'd feel uncomfortable because there were times when I was thinking, 'Bloody hell, I wish I'd never started this.'"

The motivation to donate such an intimate and potent anatomical spare part is highly complex. Peters's baby will be a genetic half-sibling to Horne's children, aged five and two. Under new laws allowing offspring to trace donor parents, there is every possibility that the person Horne experienced only as an unfertilised egg will come back into her life as an adult.

It was her friendship with MacCuish that first alerted Horne to the difficulties faced by women with fertility problems. When she read about the plight of Peters and her husband in Cradle's magazine, the couple's predicament didn't so much strike a chord as set a whole symphony in motion.

"I have two young children and it really hit home how devastating it must be," she says. "IVF is not an option for these women. Without donor eggs they don't have a chance. I just felt that for the amount of time it would take to do this, I would be giving someone the potential for an infinite amount of joy."

Peters suffers from premature ovarian failure and has always known she would need donor eggs to conceive. "I was very small as a child and had growth hormone treatment," she says, sipping a lime and soda in West Regent Street's Bar Bia. "Investigations when I was a teenager confirmed that my ovaries were not functioning properly."

It wasn't until 2003, four years after she married her longtime boyfriend, Gordon, that Peters decided to start the assisted conception process. It was then she discovered the paucity of donors. "I was told that egg donors are very hard to find and if I wanted treatment I would have to find a donor myself," she says. A family friend initially offered, but the arrangement fell through.

"Egg donation is different from straight IVF," she says. "You have a different perspective. With IVF you can decide when to go for treatment and whether to freeze embryos. That control was not there for me. It's a lot more complicated." When she received a text message on her birthday saying Horne had read her story and was planning to donate eggs, Peters suppressed her initial excitement. "I didn't want to get my hopes up," she says. "I didn't want to meet her until she had been to hospital and discovered what was involved."

The two women met for the first and only time at the end of 2004. "It was a very friendly meeting, but we both knew we weren't going to be bosom buddies,"

says Peters, who works for a small medical charity. "I wanted her to know that I understood what she would have to go through and that if she decided to pull out, I would be upset but I wasn't staking my life on it."

IVF treatment is successful in only one in four women under the age of 30. That drops to one in 10 by the age of 40, although the chance of conceiving using donor eggs is higher, at 25% to 40% for each attempt. At 35, Horne is at the upper end of the 19-to-35 age range for egg donors. The odds of Peters, 32, becoming pregnant with Horne's eggs were at the poorer end of the spectrum. "I'm quite a pessimistic person anyway," says Peters. "I didn't allow myself too much hope."

For Horne, the sheer length of time the process took was the biggest drawback. "I didn't realise how big a commitment it was going to be," she says. "My first appointment was in January 2005 and the eggs weren't harvested until August. There were forms to fill in and counselling to go through. I wouldn't change a minute of it, but I really didn't realise the amount of time it would take. I found that very frustrating. In the end it was almost a year out of my life."

The slow nature of the process also took its toll on Peters. "It was a case of waiting to hear when it would happen. Gordon was saying, 'Why haven't we heard?' But working for a charity and having had contact with the NHS before, I knew it took time. The nerve-wracking thing for me was not being in control."

For Horne, who has a phobia about needles, the initial stages were difficult. In addition to numerous blood tests and scans, her ovaries had to be suppressed using hormone injections and nasal spray, and then stimulated with further injections. There were frequent ultrasound scans and blood tests before the eggs were harvested, fertilised using Gordon's sperm and finally implanted in Peters. "At the height of it all, I had about 13 days of injections with four scans," says Horne, who works in telecoms engineering. Even so she managed to fit it around her work and took only one day off for the egg retrieval. "Being needle phobic, I didn't find the injections easy," she says. "There are side effects, too. I wasn't ratty, but I was irrational. I burst into tears in the office kitchen one morning for no apparent reason. The egg retrieval was quite scary. But it's almost like being pregnant. You just want it over and done with. I was nervous, but I knew the end was in sight."

For Peters, waiting in another room while the eggs were harvested, it was just the beginning. The news was initially very good. Using a long, fine needle inserted vaginally, the clinicians had collected a dozen of Horne's eggs. It was a good haul. As a maximum of only two embryos are implanted at any

one time, there was the potential for spares.

"In the back of my mind I was thinking that if it didn't work I would possibly get another shot," says Peters. "The day before implantation we were told we had four embryos, but on the morning of the procedure we were told only two were viable. It was a day filled with massive amounts of emotion."

For Horne, the news that there were only two embryos was a blow. "I was really happy that it was over, but I also felt quite edgy. I knew they had only two embryos and no other chances. That was it. If there had been others to freeze they could have tried again. That really brought it home to me. It was all or nothing."

While Peters was on tenterhooks for the next fortnight, spending hours on the Fertility Friends website, Horne, settling her daughter Hannah into school for the first time, was also tense. "I started feeling nervous," she says. "I realised that if it didn't work I would be quite upset. I didn't want to go through all of this for nothing. I suddenly realised I really did care about the outcome."

On Friday, August 26, the day the results were due, Peters and her husband drove to the RAC club in Blythswood Square — the venue for their wedding reception — and phoned the hospital. "I couldn't believe the result," says Peters. "It didn't really sink in until the scan and then it was amazing. You've got so much hope but it is really tough. You so desperately want this little thing to love. We wanted a baby so badly, I can't put into words how happy we were when we heard."

Horne, too, was ecstatic when she heard the news. "I nearly cried. I was as emotional for them as I was when I was pregnant myself. It was only then that I allowed myself a small surge of satisfaction."

The pregnancy is now reaching its final trimester and Peters is just another mum-to-be, overcoming morning sickness and contemplating cots. But for both women there is a coming to terms with the conception. While the debate around the morality of egg donation has been largely supplanted by arguments over the ethics of cloning, both Horne and Peters say they feel comfortable with their motives. "I know there are children out there who need a home and I also know you don't have to have a baby to have a family. But obviously you want to have your own," says Peters.

"I don't think about the baby," says Horne, who believes it is right that women are not paid for donating eggs. "That's Claire and Gordon's baby. It's got nothing to do with me. It's quite easy for me to think like that. There was a point early on when I wobbled. I thought, 'This is a child. It is half mine.' You need to go through that process. Genetically it is a half-sibling to my children. But it's not. I didn't carry

it. I'm not going to deliver it. It's not like adoption; I haven't given a baby away. It was an egg that would have gone to waste anyway."

"This is my baby," says Peters, when friends question the genetic make-up. "I am carrying it. If it wasn't for me, it wouldn't be here. I know I will be quite sensitive about the whole 'who does the baby look like' thing. It is an issue I have to deal with."

For the men, it is more clear-cut. "Gordon's always been more laid-back about it," says Peters. "He's a dead straightforward guy. I tend to worry for both of us."

Horne's partner, Andy, has been fully supportive. "You can't take a decision like that if your partner is not comfortable with it, especially when you have children," she says. "Genetically, I am introducing another factor into my children's life. If Andy hadn't been happy, I wouldn't have done it. But he was pretty laid-back. As long as he didn't have to support it, he was fine."

Peters will tell her baby about its origins early on. Horne, too, will inform her children when the time is right. She told hardly anybody about the donation until the process was over. "My mum thought I was mad," she says. "People who don't have any experience of fertility problems can't really understand why I would do this for someone I don't know. But, actually, it's easier that way. I'd like to think I would do it again — my empathy has gone up so much for people who can't have children — but I'm a bit too old now."

Stories like this may become even rarer in the future. According to the Donor Conception Network (DCN), some UK clinics have used the excuse of an end to donor anonymity to stop recruiting British donors altogether. Instead, they are sending increasing numbers of women abroad. There is no evidence that money is changing hands, but some within the assisted conception world have their suspicions.

Olivia Montuschi of DCN is concerned that in countries such as Romania or Ukraine, women donating eggs could be exploited, and by going abroad for gametes British women can take advantage of a loophole in the law preventing anonymous donation. "Anonymity is a big plus for some women who have no intention of telling their child, but for others it can be a huge dilemma," she says. "There is also the issue of record keeping and counselling."

MacCuish believes Spanish clinics have a role to play, but she is uncomfortable about the way donor eggs are becoming big business. She was recently contacted by the Instituto Marques in Barcelona, which charges about £6,000 for an IVF cycle using donor eggs, double the cost of a private treatment in Scotland. The waiting list is less than four weeks and the clinics pay young women, so the egg supply and

quality is good. Word of mouth is spreading the news. Of 10 Scottish women who recently went to Spain for donor eggs, eight conceived. "For women who have no other options, it is an opportunity," says MacCuish. But she would far rather see a proper donor recruitment scheme launched in Scotland.

"What Marion has done for us is amazing," says Peters. "I am so happy. It makes me emotional when I think of the other women for whom it hasn't worked. It really upsets me. Why have I been so lucky? It didn't just work, it worked first time and people need to know that."

Peters' name has been changed to protect her identity. The Cradle support group, www.assistedconception.org/cradle. The National Gamete Donation Trust, www.ngdt.co.uk. Infertility Network UK, www.infertilitynetworkuk.com



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