

ARTICLE



Views of French oocyte donors at least 3 years after donation



BIOGRAPHY

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KEY MESSAGE

This study in Lille, France, evaluated the percentage of oocyte donors who regretted their donation at least 3 years later and determined their motivations. None of the women we questioned regretted her oocyte donation. In France, the current principles governing this donation appear satisfactory to oocyte donors.

ABSTRACT

Research question: The study aimed to evaluate the percentage of oocyte donors who regretted their donation at least 3 years later.

Design: Between December 2018 and January 2019, this single-centre study sought to contact by telephone all women who had donated oocytes during the 6-year period from 2010 to 2015 at the Lille Centre for the study and storage of eggs and spermatozoa (CECOS).

Results: Among 118 women, 72 responded to the questionnaire by telephone and were included in the study. The response rate was 61%. No woman regretted having donated an oocyte, and 89% said that they would do it again in the same situation. The survey distinguished two types of donors: 'relational' (58%) and 'altruistic' (42%); some of their responses differed. Ninety per cent of the women had talked about the donation to family and friends. Among them, 74% felt supported by their family and friends, and 72% by their partner. The donation was something that 76% of the women sometimes thought about; 83% felt that this donation was something useful that they had accomplished. Finally, most donors felt that oocyte donation should remain unremunerated and anonymous.

Conclusions: None of the donors we interviewed regretted their donation. In France, the current principles governing this donation appear satisfactory to oocyte donors.

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KEY WORDS

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Satisfaction

INTRODUCTION

In France, oocyte donation is voluntary, unremunerated and anonymous. The law forbids any remuneration in exchange for oocyte donation, but all of the donors' expenses related to it (stimulation treatment, medical examinations, consultations, hospitalization and transportation expenses) are paid. Neither donors nor recipients are allowed to know the identity of the other. The child born of an oocyte donation is not allowed to know the donor's identity (*Law no. 94-654 dated 29 July 1994* relative to the donation and utilisation of elements and production of the human body for medically assisted reproduction and prenatal diagnosis, n.d.; Articles L 665-13 and L 664-14).

There are 29 centres for the study and storage of eggs and spermatozoa (CECOS) in France, and 540 women donated their oocytes in 2015. However, this still falls far short of the demand for donor eggs in France. At Lille University Hospital Centre (UHC), approximately 50 oocyte donor retrievals per year are performed, making the centre one of the largest oocyte donation centres in France. At the same time, 130 couples are awaiting a donor.

Researchers abroad have already studied donors' experience of oocyte donation. Nonetheless, because most donors abroad receive compensatory payments, their motivations for and experience of the donation may be influenced in part by the financial aspects. That is, because the number of couples awaiting an oocyte donation is substantially larger than the number of donors, some countries (for example the USA) remunerate this donation to improve recruitment and thus the number of donors. Others countries, such as the UK and Spain, make compensatory payments to cover work and travel expenses.

Moreover, in some countries, anonymity can be lifted if the donors and recipients know each other (for example in the USA, Canada, Australia, Belgium and elsewhere) or, as in many European countries, when the child reaches adulthood. In the literature, oocyte donors are divided into distinct groups: 'known oocyte donors' where the oocyte donor is known to the recipient, 'volunteer donors' donating for altruistic reasons, 'commercial

donors' accepting monetary payment for donation, and 'egg-sharing donors' who give a portion of their oocytes during IVF to a recipient fertility patient in exchange for subsidized fertility care (*Bracewell-Milnes et al., 2016*).

A recent study (*Gonzalo et al., 2019*) examined the experience of oocyte donation for Spanish donors, and its long-term effects. In Spain, oocyte donors are not remunerated but receive a financial compensation of €900. In this study, 93% of the women were highly satisfied about their donation, and 97% recommended it to other women. Nonetheless, 44% reported negative aspects of the donation, associated especially with its burdens and with the side effects of the ovarian stimulation. Moreover, 7% even regretted having made the donation, principally due to its physical repercussions.

Bracewell-Milnes and colleagues (*Bracewell-Milnes et al., 2016*) published a meta-analysis of most recent studies of donors that assessed the psychosocial aspects of oocyte donation for both donors and recipients, and looked at the donors' motivations and experiences, as well as their position on anonymity. Only 13 of the 62 studies concerned volunteer, unremunerated donors; nine of these took place in UK. These studies showed that all of the volunteer donors were doing this to help others, altruistically. Most of these donors had a friend or relative seeking treatment for infertility but had themselves had no problems becoming pregnant and wanted to make parenthood possible for others. Finally, most of these donors were opposed to remuneration for this donation. This meta-analysis showed that oocyte donors are overall satisfied with their donation and the medical procedures involved.

Most studies of this experience have found similar results: donors seem very satisfied by their donation, and most consider it a positive experience (*Lampic et al., 2013; Purewal and van den Akker, 2009*). Moreover, altruism is the principal motivation for oocyte donors reported in the literature (*Borgström et al., 2019; Freeman et al., 2016; Gezinski et al., 2016; Purewal and van den Akker, 2009; Svanberg et al., 2012*). Other motivations are reported, such as having a friend or family member with fertility problems, which appears to influence this decision (*Borgström et al., 2019; Freeman et al.,*

2016; Gezinski et al., 2016; Kalfoglou and Gittelsohn, 2000; Lui et al., 2002; Svanberg et al., 2012) or even having personally used assisted reproduction technology (ART) to have their own children (*Borgström et al., 2019; Byrd et al., 2002; Lui et al., 2002*).

In France, where no financial compensation is allowed by law, no data are currently available about donors' medium to long-term assessment of this experience. Most studies (*Borgström et al., 2019; Kalfoglou and Geller, 2000; Purewal and van den Akker, 2009; Söderström-anttila, 1995*) have questioned donors soon after their donation and thus provide little insight into their longer term experience. It seemed interesting to learn more about these women in France who donate their oocytes anonymously, with no financial compensation, and to examine their experience 3–6 years later.

The principal objective of this study was to assess the percentage of oocyte donors who regretted their donation after at least 3 years. The secondary objectives were to determine their motivations, learn the reaction of their family and friends and especially their partner, and discover whether they had discussed it with their children. All had at least one child before their donation (which was then, but since January 2016 has no longer been, mandatory). The donors were also questioned about the onset of any medical problems afterwards, about how they had experienced the donation, if they would do it again under the same circumstances, if they still thought about it today, and what, if any, information they would be willing to give potential recipients about themselves. Finally, they were asked how they felt about the no-compensation, no-cost nature of oocyte donation, as well as its anonymity.

MATERIALS AND METHODS

This single-centre study took place in the department of reproductive medicine of the Lille UHC between December 2018 and January 2019. The women who donated oocytes during the calendar years 2010–2015 were identified from the archives of the hospital's CECOS and contacted by telephone. The time period was chosen to enable an examination sufficiently distant from the event to provide a relatively long term perspective. The study was approved by the Lille UHC

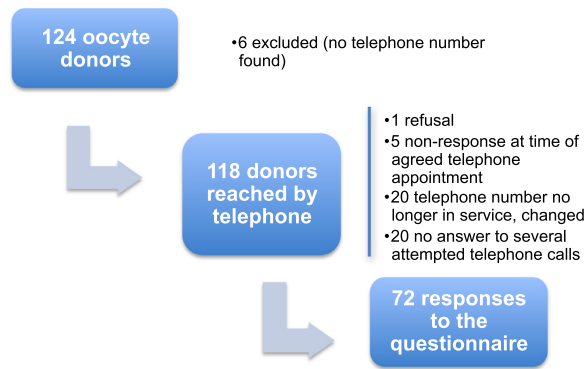


FIGURE 1 Flow chart of donor inclusion.

ethics committee on 25 October 2018 (reference number DEC18-519).

At the beginning of each telephone call, the caller explained the purpose of the study and made it clear that the woman could refuse to participate. Oral consent was collected by asking women after the explanation and before the substantive questions if they had an objection to participating in the study. Each woman was informed that her anonymity would be protected and that no information could be provided about the outcome of her donation.

The women responded by telephone to a standardized questionnaire, developed in advance and identical for all. It included 17 closed questions (Appendix 1). This questionnaire was created for this study and validated by the Committee for the Protection of Persons. Its administration required a single telephone call that lasted around 10 minutes. If no one answered the telephone, a voicemail message was left, and the telephone number was called again later and then several more times (twice more on average). The participants did not have the option to call back if they did not answer the call, the call being made from the hospital via a masked number.

The study inclusion criteria were that the woman had made an oocyte donation to the Lille CECOS in 2010–2015 and had agreed to respond to the questionnaire by telephone. Women were not included if their contact information could not be found, if they did not answer their telephone despite several attempts or if they refused to participate during the call. The exclusion criterion was having made an oocyte donation before 2010 or after 2015.

The statistical analyses were performed using the Statistical Package for the Social Sciences, version 22 (SPSS; IBM; USA). The responses to the questionnaire items were expressed as frequencies and percentages. The quantitative variable (women's age) was expressed as medians, with their 5th and 95th percentiles. For all items the 'altruistic donors' and 'relational donors' groups were compared using the Spearman test for age, and for the other items chi-squared or Fisher's exact tests, depending on the number of individuals. A P -value <0.05 was considered statistically significant.

RESULTS

During the 6-year study period, 124 women donated oocytes to the Lille UHC. Contact information was found for 118, and attempts were made to contact these women between December 2018 and January 2019. Among these, 72 (61%) responded to the questionnaire by telephone, one woman (0.8%) said she did not want to participate, and five (4%) women answered the first time but did not answer at the hour agreed to for the telephone appointment. Finally, 20 (17%) women had unlisted telephone numbers or had changed their numbers, and a further 20 (17%) never answered the telephone (FIGURE 1).

Median age at oocyte donation was 33 years, with a range of 25–37 years. Most of the women questioned (97%) had donated oocytes only once; two had donated twice.

Donors' experiences

Of the 72 women questioned, not one regretted the oocyte donation she had made 3–6 years earlier; 89% ($n = 64$) would do it again in the same situation,

while the others would not, having found the procedure too burdensome.

Two types of donors

Because they knew couples awaiting oocyte donations at the centre, 42 women (58%) were considered 'relational' donors. By virtue of the principle of anonymity, the oocytes of these relational donors are not attributed directly to the known couple but to another couple ('cross-donation'). Of these donors, 19 (45%) had a family member, and 23 (55%) a friend, with fertility problems.

Thirty women (42%) were 'altruistic' donors because they underwent this procedure without knowing a couple awaiting a donation. Among them, three women had received a sperm donation and wanted to donate in return ('pay it forward'). One woman had undergone IVF to have her children and in return wanted to help a couple have children, while another had recently lost someone close and wanted to 'transmit life'.

Who had they talked to about this?

A total of 90% ($n = 65$) had talked about their oocyte donation to their family and friends. Although 48 (74%) felt they had been supported and 24 believed that their family and friends were proud of them, 15 reported a lack of understanding, seven fear, and two opposition. It cannot be said who exactly did not understand their donation because this was not part of the questionnaire. Four women mentioned other reactions not offered as choices in the questionnaire, including indifference for one woman and surprise for the other three. Only 10% ($n = 7$) had not discussed it with their family and friends. Six had remained quiet because they considered it a personal, private decision. Two wanted to keep their donation secret; one was afraid of being judged, and another of being influenced in her decision.

Five women were unmarried at the time of their donation. Among those living with a partner, 48 women (72%) felt supported by their partner, and 17 that he was proud of their donation. Twelve women reported indifference, three reported fear, one a lack of understanding, and one distress in their partner.

A total of 61% ($n = 44$) did not discuss this with their children: 38 women because the children were too young to

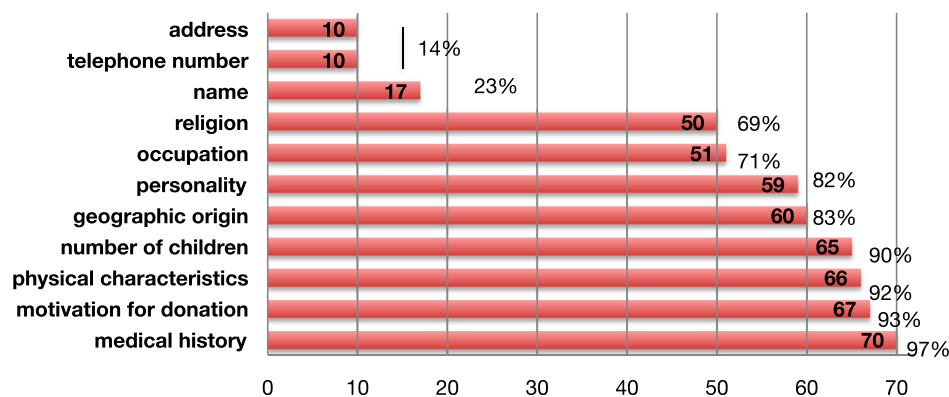


FIGURE 2 Number and percentage of donors willing to provide information about themselves to the recipients.

understand, six so as not to disrupt them, and four because their choices were personal, private decisions. Two women mentioned other reasons, including not having thought about it or because it was a 'donation like any other'.

The proportion of women who reported discussing their oocyte donation with their children was smaller: 39% ($n = 28$). Among them, 21 talked about it so that there would not be any secrets in their family, and 10 because they were proud of their donation. Six mentioned other reasons: three women talked about it so that the children would know this exists, and one to reassure her children about her health status (since she was receiving subcutaneous injections daily during the stimulation). One woman wanted her children to know so that they would not be surprised if later they encountered someone whose genetic composition matched theirs, and finally one woman told them to prevent the risk of consanguinity.

Medical problems after the donation

No woman reported any medical problems associated with her oocyte donation.

Feelings of oocyte donors

Among the donors questioned, 60 reported a sense of utility in relation to the donation, and 36 were proud of it. Only one woman reported feelings of distress, due to the pain she had experienced during the oocyte retrieval. Some mentioned the burdens associated with the donation: 16 the constraints associated with the difficulty of managing their work time (trips to the hospital and taking children to school), 12 those associated with

ovarian stimulation (daily subcutaneous injections and hormonal therapy) and seven those related to the oocyte retrieval (pain and anaesthesia).

Post-donation attitudes

Asked if they sometimes thought about this donation, 76% ($n = 55$) said yes. In contrast, 24% ($n = 17$) never thought about it, or did so only rarely, such as when they heard the topic discussed on the radio or on television programmes. Among those who did report thinking about it, 21 women wondered whether their oocyte donation had worked, i.e. whether it had enabled couples to become parents. Four women sometimes thought about the potential child born of this donation. One woman thought that perhaps one day she might meet a child resembling her on the street. Another thought of it when her family said to her, 'perhaps somewhere there are children of yours', even though she does not agree: 'I donated my gametes, not a child.'

Fourteen women retained the memory of a positive experience when they thought about this donation, as well as feelings of utility and joy. Four had considered doing it again but thought the burden of the procedure too great. Seven women felt frustrated about not knowing the outcome of their donation: knowing if they had been successful might motivate them to do it again. Two women also mentioned the fear of consanguinity for their own children. Finally, one woman working in the medical field was afraid of meeting her recipient at work, since the donation was 'local'.

Of those questioned, 97% ($n = 70$) said they would be willing to give the recipient couple information about their

medical history, 93% ($n = 67$) about their reasons for the donation, 92% ($n = 66$) about their physical characteristics, 90% ($n = 65$) about how many children they had, 83% ($n = 60$) about their geographical origin, 82% ($n = 59$) about their personality, 71% ($n = 51$) about their occupation, and 69% ($n = 50$) about their religion. Twenty-three per cent ($n = 17$) said they would be willing to disclose their identity to the recipients, and 14% ($n = 10$) their address and telephone number (FIGURE 2).

Women's opinion about the lack of remuneration

Asked about whether the lack of remuneration was a good thing or a bad thing, 49 women (68%) thought it was good and 10 (14%) that it was bad, and 13 women (18%) could not decide, answering that it might be good and bad at the same time.

In all, 79% ($n = 57$) would still have made their donation had it been remunerated, 15% ($n = 11$) could not answer this question, and 6% ($n = 4$) would not have given under that condition.

Women's opinion about the anonymity of the donation

Asked about whether anonymity was good or bad, 51 women (71%) thought it was good, 12 (17%) that it was bad, and 8 women (11%) that it could be good and bad simultaneously. One woman (1%) could not answer this question.

Forty-four women (61%) would have donated even if it had not been anonymous, 21% ($n = 15$) could not respond at the time of the call because they did not expect this question, and 18% ($n = 13$) would not have donated.

Did the experience differ between the two types of donors?

The study sought to determine whether the 'relational' donors had experienced their oocyte donation differently from the 'altruistic' donors. For all items, the two groups were compared using the Spearman test for age, and for the other items chi-squared or Fisher's exact tests, depending on the number of individuals. A P -value <0.05 was considered statistically significant.

The women in the relational group were younger at the time of the donation than the altruists (31.5 years [25.15-37.85] versus 34 years [28.55-37.00], $P = 0.028$). If the donation had been remunerated, the relational donors would have donated more often than those in the altruist group ($n = 37$ versus $n = 20$, $P = 0.028$). These results were statistically significant. For all other items no significant difference was found ($P > 0.05$).

DISCUSSION

This study examined the experience of French oocyte donors, who give anonymously and without any remuneration. There are no recent studies on this subject in France. The study focused on the experience of oocyte donation at least 3 years later, contrary to most international studies, which look only at short-term experiences and thus lack sufficient distance from the experience. None of the women questioned in this study regretted their oocyte donation, a finding consistent with the data from the literature (Boutelle, 2014; Byrd et al., 2002; Kalfoglou and Gittelsohn, 2000; Söderström-anttila, 1995; Söderström-Anttila et al., 2016).

Two principal types of oocyte donors were distinguished: those described as relational (58%) and those referred to as altruistic (42%). These two types were not mutually exclusive, and some of the relational donors had also given because of altruism. Moreover, in the literature, the leading motivation for oocyte donors is altruism, and a majority also have someone close to them in treatment for infertility, which may influence their decision (Bracewell-Milnes et al., 2016; Byrd et al., 2002; Freeman et al., 2016; Gezinski et al., 2016; Lui et al., 2002; Mardesic et al., 2014; Söderström-anttila, 1995; Svanberg et al., 2012). In this study, the women in the relational group were

younger at the time of the donation than the altruists. This seems logical because the relational donors are making their donation to help a couple they know who is waiting for a donation, while the altruists tend to give once they have completed their family, i.e. somewhat later. It is important to specify that the researchers recontacted women who had donated oocytes from January 2010 to December 2015. That is, all had had at least one child before their donation (which was then, but since January 2016 has no longer been, mandatory).

In this study, most of the women had a feeling of utility in making this donation, and half of them were proud; 89% said they would do it again in the same circumstances. In other studies, most of the donors are satisfied with their donation and remember it as a positive experience (Gonzalo et al., 2019; Kenney and McGowan, 2010; Lampic et al., 2013; Purewal and van den Akker, 2009; Söderström-Anttila et al., 2016). In some studies, women even recommended oocyte donation to other women (Gonzalo et al., 2019; Söderström-Anttila et al., 2016). In our study, 40% of the women ($n = 29$) found this donation burdensome, with inconveniences linked to the difficulty of time management. Overall, the procedure was relatively well tolerated.

Of the women, 90% had talked about their donation to their family and friends, and most of them felt supported. Sometimes family and friends reacted badly, but most often that was due to fear and a lack of knowledge of oocyte donation. These results are consistent with those from other studies (Byrd et al., 2002; Freeman et al., 2016; Lampic et al., 2013; Lui et al., 2002). In the current study, even though 48 women felt supported by their partner, 12 (18%) women described indifference, as reported in another study (Söderström-anttila, 1995).

Most women agreed that the lack of remuneration is a good thing in oocyte donation. In France, oocyte donation is unremunerated. The law forbids any remuneration in exchange for oocyte donation, but all the donors' expenses related to it (stimulation treatment, medical examinations, consultations, hospitalization and transportation expenses) are paid. This distinguished them from commercial donors or

donors who have 'compensatory' payments.

Most women agreed that anonymity is a good thing in oocyte donation, also consistent with other studies (Provoost et al., 2018). In one recent American study (de Melo-Martín et al., 2018), most respondents wanted to preserve the anonymity of the donation, to protect their own interests as well as the recipients' family balance. However, in our study 61% of the women would have donated even if the donation had not been anonymous; another study has reported a similar result (Blakemore et al., 2019). This figure is high, which is reassuring, in the event that the current overhaul of the law changes provision.

Legislative changes in the UK in 2005 have meant that any donor can have their identity released to the resulting offspring when they are 18 years old. Craft and colleagues (Craft et al., 2005) published a study at the time of the revision of the UK law in which former donors were interviewed: 63% would still have made this donation if their anonymity had been lifted. However, after an initial decline in donors, their numbers have risen steadily over the last decade, so it would seem this legislation has not impacted donor numbers in the UK as significantly as predicted (Bracewell-Milnes et al., 2016).

Finally, 76% of the women sometimes thought about the donation they had made. Twenty-one women would have liked to know if their oocyte donation had enabled couples to become parents. A minority were frustrated that they did not know the outcome and thought that knowing their success might motivate them to repeat the donation. In France, donors are not able to find out the result of their donation. There are some countries, like the UK, where egg sharers can find out the result of their donation. In the literature, most donors want to know the outcome of their donation (Borgström et al., 2019; Freeman et al., 2016; Jordan et al., 2004; Kalfoglou and Geller, 2000; Kramer et al., 2009; Lui et al., 2002; Provoost et al., 2018; Söderström-anttila, 1995), especially to prepare for the possibility that the children born from it might potentially contact them later, and to protect their own children from the risk of consanguinity (Kalfoglou and Geller, 2000). Most sometimes think about the children who might have been born from

their donation, but do not want to meet them or be involved in their lives (*Jordan et al., 2004; Lui et al., 2002*). Conversely, a recent Finnish study (*Miettinen et al., 2019*) found that 74% of the donors questioned wanted to meet the child born of their donation.

However, the current study has some limitations. The sample was small ($n = 72$) and the participation rate was 61%. This was a single-centre study at the Lille UHC. This study was conducted by telephone, with a questionnaire. Moreover, there were probably selection biases. The women who agreed to answer questions over the telephone might have been those who had a better experience of their oocyte donation. Those who never answered the telephone calls could have been afraid to lose their anonymity. The memory bias of women whose donation had taken place several years earlier also cannot be ignored.

Overall, the current principles governing this donation appear to satisfy oocyte donors. It would be interesting to conduct a nationwide multicentre study to compare the experience of oocyte donation among donors in several CECOSs in France, to obtain a larger response rate and therefore sufficient statistical power for the results. It would also be interesting to conduct the same study with oocyte donors who have donated more recently, especially since January 2016, to see if the experience has changed since the last legislative amendments (opening up oocyte donation to nulliparous women).

APPENDIX 1

Questionnaire

1) For what reason(s) did you donate oocytes? (many possible responses)

- a) to help a family member with a fertility problem
- b) to help a friend with a fertility problem
- c) by solidarity, to help a couple who cannot have children
- d) to reassure me about my own fertility
- e) because I want to have many children
- f) to transmit my genetic heritage, assure my descendants
- g) because it's a donation process like any other
- h) other (give details)

2) Your decision was: (only one answer possible)

- a) totally free (not influenced)
- b) influenced by family
- c) influenced by a friend
- d) influenced by a doctor
- e) other (give details)

3) Have you talked about it to your relatives?

A) YES

If yes, to whom? (many possible responses)

- a) family
- b) friends
- c) at work
- d) other (give details)

What was their reaction? (many possible responses)

- e) support
- f) pride
- g) opposition
- h) lack of understanding
- i) fear
- j) other (give details)

B) NO

If not why ? (many possible responses)

- k) because it's a personal, private decision
- l) for fear of being judged
- m) for fear of being influenced in my decision
- n) other (give details)

4) If you are in a couple, how does your partner feel about the oocyte donation? (many possible responses)

- a) support
- b) pride
- c) lack of understanding
- d) regret
- e) distress
- f) indifference
- g) fear
- h) other (give details)

5) Have you informed your children about your oocyte donation ?

A) YES

If yes, why? (many possible responses)

- a) there are no secrets in the family
- b) because I am proud of my donation
- c) other (give details)

B) NO

If not why? (many possible responses)

- d) because they are too young to understand
- e) because it's a personal, private decision
- f) to not disturb them
- g) other (give details)

6) Did you have an interview with the CECOS psychologist before making the donation? (only one answer possible)

A) YES

If yes, did it help you?

- a) Yes
- b) No

B) NO

If no, for what reason(s) did you not meet the psychologist? (many possible responses)

- c) an interview with a psychologist was not proposed to me
- d) I did not feel the need
- e) other (give details)

C) DO NOT KNOW

7) How many times have you given your oocytes?

- a) one time
- b) two times
- c) >two times

8) Have you had gynaecological problems since oocyte donation?

A) YES

If yes, which ones? (many possible responses)

- a) endometriosis
- b) cycle disorders
- c) dysmenorrhoea
- d) dyspareunia
- e) menorrhagia
- f) pelvic pain
- g) breast / ovarian / endometrial cancer

- h) infertility
i) other (give details)
- Do you think this has something to do with donation ?
- j) yes
k) no
l) do not know
- B) NO
- 9) Have you had any other medical problems (excluding gynaecological) since the oocyte donation?
- A) YES
- If yes, which ones? (many possible responses)
- B) NO
- 10) Have you had pregnancies and children after oocyte donation?
- A) YES
- If yes, pregnancy obtained: (many possible responses)
- a) spontaneously
b) with ART
c) adoption
- If so, was it with the same partner as before the donation?
- d) yes
e) no
- B) NO
- If no, for what reason(s)? (many possible responses)
- f) I did not desire it
g) I could not achieve a pregnancy
h) other (give details)
- 11) What are your feelings about oocyte donation? (many possible responses)
- a) pride
b) being useful
c) regret
d) distress
e) constraints
- If yes, constraints related to:
- e) 1) the ovarian stimulation: daily subcutaneous injections / hormonal therapy
- e) 2) the oocyte retrieval: pain, anaesthesia
e) 3) the difficulty of managing working time: trips to the hospital / taking children to school
f) other (give details)
- 12) Do you regret making this egg donation?
- A) YES
- If yes, why? (many possible responses)
- a) it was physically difficult
b) it was difficult morally
c) lack of support from the partner
d) other (give details)
- B) NO
- 13) If you had to do it again, would you do this oocyte donation again?
- A) YES
B) NO
- 14) What do you think about the lack of remuneration of oocyte donation?
- A) That is a good thing: why? (many possible responses)
- a) so that it remains a solidarity gesture
b) to prevent the commercialization of the human body
c) other (give details)
- B) It is a bad thing: why? (many possible responses)
- d) the remuneration of oocyte donors would compensate for the cumbersome procedure
e) this would increase the number of donors
f) other (give details)
- Would you still have given if the gift was paid?
- g) yes
h) no
i) do not know
- 15) What do you think about the anonymity of oocyte donation?
- A) That is a good thing: why? (many possible responses)
- a) not to be recontacted later
- b) because all donations are anonymous in France
c) to keep my oocyte donation secret
d) other: (give details)
- B) It is a bad thing: why? (many possible responses)
- e) I think that the child born of a donation has the right to know the identity of their donor: right to know their origins
f) I would like to know if my donation made it possible to obtain the birth of a child
g) other: (give details)
- Would you still have given if the donation was not anonymous?
- h) yes
i) no
j) do not know
- 16) Would you have agreed to make this donation if the law allowed giving the recipient couple the following information about the donor: (several answers possible)
- a) medical history
b) physical characteristics
c) geographical origin
d) motivation for donation
e) number of children
f) personality
g) occupation
h) religion
i) address
j) telephone number
k) name
- 17) Finally, do you sometimes think back to the oocyte donation you have made?
- A) YES
B) NO

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