

SOUTHWEST FLORIDA

Parent & child

NOVEMBER 2010

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Local doctor fulfills
parents' dreams

BLIND BABIES THRIVE

State program
helps visually
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Resources and tips to start a
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ON THE COVER:

Nicholas Suarez-Stevens, 8, modeled for the cover at the Buckingham Community Park. He is the son of Catherine Suarez-Stevens. Catherine talks with us about adoption beginning on page 42.

Photo by Amanda Inscore



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A CHANCE AT FAMiLY

A local **embryo donation** program opens new doors for would-be parents

By Jessica Hehir

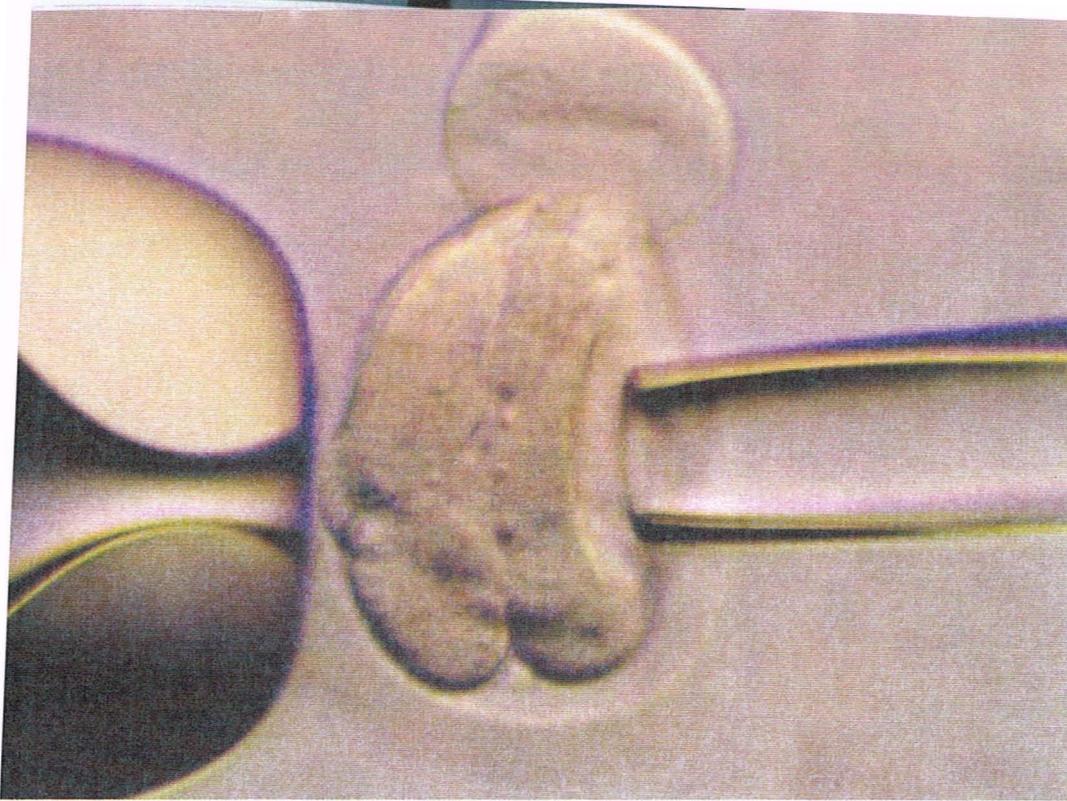
Infertility strikes 7.3 million women in the U.S. each year, according to the Centers for Disease Control and Prevention.

Many of those women turn to Dr. Craig R. Sweet, a reproductive endocrinologist in Fort Myers who has been helping people become parents for the past 20 years.

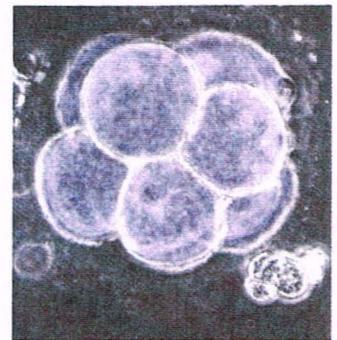
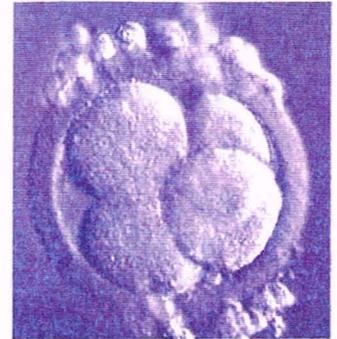
About 10 percent of Sweet's patients need more than in vitro fertilization can offer. For those patients, Sweet has been offering embryo donation as an alternative for the last decade.

Patients who choose in vitro fertilization usually have embryos left over following a successful pregnancy. For those couples who feel their family is complete, there are several options. The embryos may be donated to a lab for training purposes or for stem cell research, or the embryos can be donated to other couples and individuals hoping to start a family of their own.

The embryos at Specialists in Reproductive Medicine and Surgery, where Sweet is medical director, are never discarded. ➔



Fertilized embryos



Photos: provided to SW Ft. Parent & Child

“We believe in the tremendous good of human embryonic stem cell research,” Sweet says. “We believe embryos are precious and deserve a level of respect but not quite the level of respect as a human being... We believe there are enough embryos for everybody. Embryonic stem cell research as well as to build families.”

Naples resident Lisa Murray was a divorced mother of two boys when she decided she wanted to have more children. She initially tried intrauterine insemination with donor sperm. After all, Lisa had conceived her 16-year-old son, Chad, and her 6-year-old son, Tuck, naturally, but the clock was working against her. She had battled thyroid cancer during her attempts to conceive a third time, but the real fertility issue for

Lisa was the age of her eggs. She was 38 when the process began.

After a dozen or so failed attempts, Sweet suggested she try embryo donation. Lisa says that while she doesn’t lead a sheltered life she had never heard of embryo donation before. She was amazed at the possibility the embryos offered her. “I just want to bring awareness to the fact that they exist. They are a very viable option for couples that need them.”

Like Lisa, the recipients who choose this option have limited choices for creating a family. For example, a 42-year-old woman might have a low ovarian reserve. In vitro fertilization would be problematic due the age of her eggs, and an egg donation might be too expensive. An embryonic donation is about a third

In comparison

- **ADOPTION:** The average time it takes to adopt a child can range from one to four years. Although grants can reduce a public adoption’s costs to nothing, fees associated with private adoption can run as high as \$40,000 or more.

- **EMBRYO DONATION:** An embryo donation takes about two months plus pregnancy and costs, on average, \$7,000 to \$8,000, depending on the level of care needed. For example, the cost is lower if a woman ovulates naturally.

- **EGG DONATION:** Egg donations have a 63 percent chance of resulting in a successful pregnancy, Sweet says.

- **EMBRYO DONATION:** An embryo donation has a lower success rate of 27 to 40 percent. However, embryo donation costs roughly a third that of an egg donation. Insurance usually covers some of the initial processing and testing. However, only a minority of patients will have full coverage for an embryo donation.

TERMINOLOGY: Adoption vs. Donation

The American Society of Reproductive Medicine ethics committee ruled in December 2009 that “donation” is the appropriate term to use, rather than “adoption.” The group distinguishes the two: Adoption is a legal term for the adoption of a live child. An embryo has potential life but is not yet life that has come to fruition.

Why be picky about the terminology? Sweet says using the term “adoption” “gives the embryo personhood and by doing so, I think that perhaps one of the agendas is to perhaps undo Roe v. Wade.”

"I just want to bring awareness to the fact that they exist. They are a very viable option for couples that need them."

— Lisa Murray of Naples
Embryo recipient



Dr. Craig R. Sweet

More information

For more information about Dr. Craig R. Sweet and Specialists in Reproductive Medicine & Surgery, visit dreamababy.com.

sible option. A woman who has battled cancer, even though she is in full remission, might not be allowed to adopt a child at many private adoption agencies. Plus, her treatment during her illness most likely put her body in early menopause.

For those patients, embryo donation is the key to creating a family. Sweet estimates his practice helps a couple of dozen parents annually through embryo donation. That translates roughly to an embryo transfer every two to three weeks.

After two attempts, Lisa's embryo transplant worked. Lisa is now the proud mother of 6-month-old twins, a girl, Tess, and a boy, Cole. Lisa says the bonding experience with the twins came just as naturally as with her biological children. ➤➤

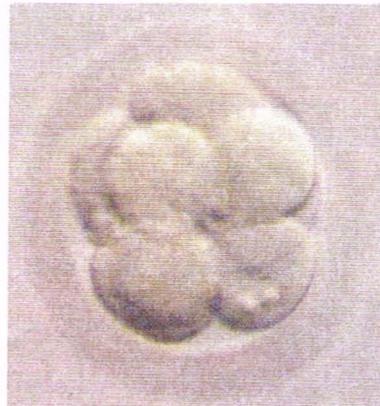
the cost of an egg donation. Her age also limits her chances of successfully adopting a child, as many private agencies have specific age requirements.

A woman's medical history could also make embryo donation a more sen-

How it works

Couples who choose to donate embryos have the option to stipulate who the recipients will be in regards to race, marital status and religion.

The couple can also choose where the embryo will be donated. Some people are concerned about the potential for intermarriage between their embryos. There is also the fear the donors could run into their genetic children. Sweet estimates he can use a donor 16 times before there is a sta-



Eight-cell embryo

tistical risk in this region of those scenarios actually occurring. As an added precaution, Sweet's practice limits donors to five successful pregnancies. When the embryo comes from another state, Sweet says these scenarios aren't a concern.

Once donated, the embryos are ranked with a letter grade, a system developed by Sweet. Some of the factors in grading the quality of the embryo are its origin and pregnancy rate. If the embryo is locally grown, there is more control over its environment than if it came from another state.

Also important is if the embryo came from a pregnancy batch. Sweet compares this to freezing cookie dough. If the initial batch was good, then chances are once you thaw the dough you will have another good batch of cookies.

The recipient also weighs the genetic factors that are important to them. A computer program then locates embryos that match both the donor and the recipient's requirements. The hopeful parents-to-be then choose an embryo and put it on reserve, pending the outcome of the screening process.

Sweet describes the selection process as similar to the national organ donor database. For example, people who have a family but want to save embryos for a distant future time are considered low priority.

"There are occasions where we have to give preferences to patients who have no children, limited

options and limited means,” Sweet says. “We think those are the patients we should help first.”

Moral dilemma

Anything having to do with embryos draws controversy, including embryo donation. However, recipients often see the procedure as a chance to give life to an embryo with otherwise uncertain existence.

Lisa rejects the notion that through embryo donation science has overstepped its moral and ethical boundaries. “I really don’t look at it like playing God. In fact, I see our society as geared more towards reusing and being green, so to speak. I feel like these embryos are out there and they are potential life and they are just in limbo there.”

Lisa suggests couples with only one person having fertility issues might try embryo donation instead of an egg or sperm donor. “It levels the playing field. The child won’t be just biologically one parent’s child.”

Sweet and his team are in the midst of expanding the embryo donation segment of the practice.

The program, to be named Embryo Donation International, will be up and running by late fall or early winter. Unlike the other two major providers in the United States, EDI will have neither a religious affiliation nor government funding, allowing the program to provide embryo donation to single people, unmarried couples, as well as gay and lesbian couples.

As a single mother, Lisa says she would likely be turned away from other clinics. “I am so grateful to him that he is not restrictive.” 

Things to consider

For the embryo recipient, one of the biggest considerations is if and when to tell your child. Sweet says there is no reason to tell anyone. A parent can easily substitute the donor history for the parents’ when consulting with a pediatrician. If the history is divulged to friends or family, Sweet recommends telling the child as well.

Sweet cites a study from Northwestern University that found 80 percent of couples who told people their baby was the product of embryo donation regretted the decision. There is no clear data as to why. Most speculate it’s a concern society will view the family and the child differently.