
Information for Shared Motherhood IVF Treatment



What is shared motherhood IVF treatment?

Shared motherhood IVF is a technique chosen by some same-sex couples wishing to have a child together. One partner provides the eggs and the other carries the pregnancy. Sperm is provided by a donor.

Why might couples choose shared motherhood IVF?

Shared motherhood is also known as reciprocal IVF or partner-assisted reproduction.

It is suitable for couples who both possess female reproductive organs. This includes trans men.

Shared motherhood enables both partners to play a biological role in creating a child. One partner is the genetic parent, and the other is the birth parent.

For some couples, this treatment promotes a sense of equity, as both can build a physical bond with the child. This can have social, emotional and psychological benefits.

Once a couple has had a child by this technique, some choose to reverse roles to add to their family.

- At Fertility Exeter, the partner planning to carry the pregnancy is 'the patient'
- The woman providing the eggs is 'the partner'

Counselling

All couples considering shared motherhood will have implications counselling with a Fertility Exeter counsellor. This will require two sessions, one that covers the use of donor sperm and one to cover egg donation within the relationship.

Couples who have had donor insemination in the past, and had implications counselling solely for the use of donor sperm are obliged to have further implications counselling if they move on to shared motherhood.

Couples who reverse roles in shared motherhood are advised to have further implications counselling, but this is not mandatory.

Support counselling is available before, during and after treatment, and this is different to implications counselling.



Which investigations are needed?

The egg provider should have blood tests to establish ovarian reserve – Follicle Stimulating Hormone (FSH) and/or Anti Mullerian Hormone (AMH).

They should also be screened for HIV 1&2, Hepatitis B surface antigen, Hepatitis B core antibody and Hepatitis C -within three months of first egg collection.

The carrying patient should be fully vaccinated against Rubella. A thyroid function blood test taken within the last year is advisable.

Both partners will need transvaginal (internal) ultrasound scans prior to treatment.

Ordering donor sperm

Before embarking on fertility treatment, we advise couples to consider what their 'ideal' family might look like. This helps the doctor to advise on how many straws of donor sperm to order and whether just the patient or both partners should consider being screened for Cytomegalovirus (CMV) IgG antibodies. Additional information about CMV can be found in Fertility Exeter's 'Choosing Your Sperm Donor' information.

- Fertility Exeter can give advice on choosing and buying sperm from an anonymous donor. Fertility Exeter has agreements with a number of UK and overseas sperm banks.
- Sperm can be sourced from a known donor, who can be assessed, screened and counselled at Fertility Exeter prior to sperm storage

In certain circumstances, couples may decide to reverse roles in the future using the same sperm donor. Consideration should be paid to any pre-existing embryos when contemplating the creation of more embryos using the other partner's eggs. Children carried by either partner will be considered to be part of the same family for the purposes of the HFEA UK 10 family donor restrictions. This means that only one pregnancy slot or quota reservation will be needed.



Who should carry the pregnancy?

Couples often approach the clinic having already decided which partner will provide the eggs, and which will carry the pregnancy. Plans will be discussed openly and without assumption. Many lesbian women and trans men wish to be a parent but do not wish to experience pregnancy themselves. If couples seek guidance on who should carry the pregnancy, consideration will be given to age, proven fertility, gynaecological factors such as low AMH or fibroids, medical history including mental health problems, and body mass index (BMI).

Carrying mothers should be aged less than 50 years at the time of embryo transfer.

Couples who experience difficulty deciding who should carry a pregnancy, or carry a pregnancy first can be referred to the support counselling service.

Couples seeking treatment are required to provide evidence of their identity in the form of photographic ID which includes their name and date of birth (e.g. a passport or driving licence)

Legal parenthood

Legal parenthood is important because it affects a wide range of areas such as nationality, inheritance and who is financially responsible for the child. If the partner is not the legal parent, they may not have the right to make decisions about things like schooling, medical treatment and religious upbringing.

The person who gives birth to the child is their mother and legal parent.

If the couple are married, or in a civil partnership (CP), the partner will automatically be the second legal parent.

If the couple are not married or in a CP, the partner will not automatically be the second parent- even if her eggs have been used.

The partner can be the second legal parent if the patient completes the HFEA WP consent form, and the partner completes the HFEA PP consent form before treatment takes place. The clinic will guide the completion of these forms.

If the couple are married or in a CP and the partner wishes to be registered as the legal parent to any child born if she dies before embryos (that were created before her death) are transferred to the patient she should complete the HFEA PBR consent form.

In any case in which a couple seeking treatment have any doubts or concerns about legal parenthood or parental responsibility for a child born as a result of shared motherhood, or where Fertility Exeter has concerns about the understanding of the people seeking treatment, the centre will advise them to seek their own legal advice.

The partner providing the eggs can withdraw consent to the use of her eggs, or embryos up until the time that they are used or destroyed

Planning a treatment cycle

In circumstances where there is a requirement for synchronisation of cycles, it may be easier to manage where one or both partners take the oral contraceptive pill. The carrying mother should commence folic acid 400mcg once daily and consider taking Vitamin D 10mcg.

Donor sperm must be available in Fertility Exeter before either partner starts their medication.

Getting ready for pregnancy

The partner will take medication by way of daily injections to stimulate the ovaries to mature a number of eggs. She will then have her eggs collected and fertilised with the donor sperm.

The carrying mother will take medication to prepare the womb for embryo transfer. This usually comprises injections, followed by hormone tablets and pessaries. The clinic will be responsible for synchronising the two treatment cycles as required. Occasionally, couples become 'out of sync' if the response to medication is not as expected. In these circumstances, eggs are usually collected and fertilised as planned. Any good-quality embryos will be frozen and replaced into the carrying mother at a later date.

If good-quality embryos are available, the couple will be advised to have an elective single embryo transfer to minimise the risks associated with multiple pregnancy. Further information about the IVF process can be found in the separate Fertility Exeter IVF information leaflet.

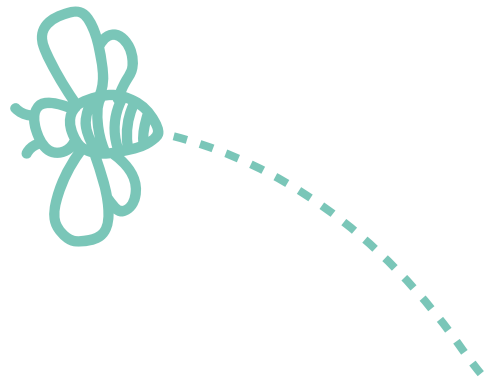
If the cycle is successful, sibling sperm may be available to purchase, if not already in storage at Fertility Exeter.

Are shared motherhood pregnancies higher risk?

Several studies have shown that egg donation is associated with an increased risk of pre-eclampsia in singleton pregnancies. Other studies have shown an increased risk of preterm labour, caesarean section and postpartum haemorrhage. It has been postulated that this is because the embryo is immunologically different to the carrying mother. This may cause problems with placental development and function. The effect seems to be exacerbated when donor sperm is used in conjunction with donor eggs.

The carrying mother should ideally have her blood pressure taken prior to treatment. She should have regular blood pressure checks and urinalysis as part of routine antenatal care.

Do not hesitate to ask your Fertility Exeter doctor or fertility nurse specialist if you have any further questions about shared motherhood IVF treatment.







Feedback

Here at Fertility Exeter, we care about getting things right for our patients. As such we would welcome any feedback that you may have, to help us continually improve the services we provide. You can do this in a number of ways:



Patient Advice & Liaison Service (PALS)
Royal Devon and Exeter Hospital (Wonford)
Barrack Road
Exeter
EX2 5DW



Direct Dial: 01392 402093



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You can also provide feedback about Fertility Exeter directly to the HFEA by using their online feedback tool:
<https://www.hfea.gov.uk/choose-a-clinic/rate-your-clinic/>

“What went well could go better if”

Please complete a yellow card, located in our waiting room, and put it in the box provided. The box is sorted weekly and suggestions are acted on accordingly.

Alternatively:

★ Complete our Patient Surveys on our website
www.fertilityexeter.co.uk

★ See our Patient Survey links in our emails.



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Filename: Shared Motherhood v1.3
Q-Pulse reference: F/PI/114
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Approved: 02.07.2025
Review date: 02.01.2027
Expiry date: 02.07.2027