

RCN Fertility Nurses Forum Response to The Women and Equalities Committee Inquiry into Egg Donation and Freezing

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Thank you for launching this important inquiry into egg donation and egg/embryo freezing. As a group of professionals who have worked in fertility services across England, Scotland and Wales for many years, we welcome the Committee's focus on safeguards, counselling provision and the quality of information offered to those considering donation or freezing. We also support the inquiry's intention to ensure that language and frameworks reflect the diversity of people involved, acknowledging that not all egg donors or individuals freezing eggs/embryos identify as women.

Across our collective experience in licensed clinics, egg donors, embryo donors, recipients, egg sharers and those undergoing egg or embryo freezing have distinct needs and face different ethical, medical and emotional considerations. For this reason, it is essential that counselling and information provision is tailored appropriately to each group. Donors and individuals freezing eggs/embryos are carefully and thoroughly counselled prior to treatment and receive dedicated implications counselling delivered by qualified fertility counsellors accredited with the British Infertility Counselling Association. Counselling for donors is mandatory under the Human Fertility and Embryology Act (2008). This ensures that gamete and embryo donors fully understand:

- the medical procedures involved
- the short- and long-term health considerations
- the emotional and psychological implications
- their legal rights and responsibilities
- potential future contact from donor-conceived individuals
- the potential impact on their own future reproductive options

This counselling is a critical part of the HFEA-regulated pathway and, in many clinics, is seen as a cornerstone of safe, ethical and person-centred practice. It is worth noting that the term "fertility preservation" can be misleading, as it does not guarantee future fertility but rather preserves the *opportunity* to attempt pregnancy at a later stage.

There are also important regional variations in donor compensation and governance frameworks. Under HFEA regulations, donors in England and Wales may receive compensation of up to £985 per treatment cycle, reflecting recent increases. In contrast,

Scotland does not offer financial compensation to gamete donors, a position grounded in maintaining parity with blood and organ donation frameworks and avoiding any perception of bodily commodification. Donor pathways in Scotland are developed and standardised through the Fertility Scotland Network, with all Scottish NHS centres contributing to information materials, medical history questionnaires and counselling requirements, supported by the Scottish Government.

These regional differences highlight why this inquiry is timely, offering an opportunity to assess whether all donors and individuals considering egg/embryo freezing across the UK, regardless of nation, clinic type or funding pathway, receive consistent, evidence-based information and safeguarding.

As egg freezing and donation become more widely accessed and promoted, we believe it is essential to explore whether current guidance is keeping pace with:

- increasing numbers of people considering elective egg freezing at younger ages
- commercial influences, including corporate egg-freezing incentives which, when delivered via private providers, may inadvertently encourage delayed childbearing for workforce retention
- international comparison
- evolving research on long-term physical and psychological outcomes
- the emotional and identity-related complexities of donation and future contact arrangements

We fully support the Committee's aim to ensure that people are protected from exploitative practices, are given clear and balanced information, and can make genuinely informed decisions about their reproductive health. High-quality implications counselling remains central to achieving this.

We also encourage the inquiry to hear directly from egg donors, embryo donors, egg sharers, recipients and individuals who have frozen eggs or embryos, as their lived experiences can highlight strengths, inconsistencies or gaps in current practice that data alone may not reveal.

Thank you again for taking forward this work. It is timely, necessary and deeply important for safeguarding reproductive autonomy, wellbeing and safety across the UK.