



shady grove fertility

proud partner  USFertility

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Making parenthood possible through
**third-party
reproduction**

Shady Grove Fertility offers personalized treatment plans for patients ready to grow their families through third-party reproduction. Whether using donor egg, donor sperm, or donor embryos, or working with a gestational carrier, SGF provides evidence-based care leading to successful outcomes for families grown in many different ways.

Shady Grove Fertility is a trusted leader in third-party reproduction and provides patients with the treatment needed to find success in growing their families.

[Learn more about third-party reproduction at SGF](#) →



Donor-conceived families

Donor sperm

If patients experience infertility due to a complete lack of sperm, they can often still achieve a pregnancy using donor sperm. SGF refers patients to national certified sperm banks where donors are appropriately screened, and the sperm is quarantined.

After patients select the donor, the cryobank sends the frozen sperm sample directly to SGF, where we thaw the sperm and analyze it in our andrology laboratory. From there, patients undergo intrauterine insemination (IUI) or an in vitro fertilization (IVF) cycle using the donated sperm. Additional frozen sperm specimens, if purchased, are kept at the cryobank for future use.

Co-IVF, also known as Reciprocal IVF

Co-IVF treatment involves both partners. One partner may use their eggs, along with donor sperm, to create embryos, while the other partner carries the pregnancy.

Donor egg

Donor egg treatment is defined as an in vitro fertilization (IVF) cycle in which a patient uses another person's eggs (the donor) rather than their own.

SGF is among the leading providers of donor egg treatment in the United States, with more than 12,000 babies born from donor eggs. SGF is one of only a few centers that recruits, selects, and prescreens (medically, psychologically, and genetically) its own ready-to-cycle egg donors prior to making them available on the donor registry. SGF offers both fresh and previously frozen eggs.

Donor embryo

Becoming the recipient of a donated embryo is a unique and cost-effective alternative to start or grow a family. By using a donated embryo, individuals and couples who might not otherwise have been able, can experience the joys of pregnancy, childbirth, and parenthood.

Gestational carrier

In the case of a gestational carrier, the person carrying the pregnancy is in no way biologically or genetically related to the child they are carrying. Intended parents working with a gestational carrier will undergo the IVF process for egg retrieval or use donor eggs. The egg and the sperm — either from an intended parent or donor sperm — will then be fertilized in the lab and embryos will be frozen. Once a gestational carrier is identified and cleared to proceed, the patient's physician will transfer the embryo to the gestational carrier.

ASRM recommends gestational carriers meet the following criteria:

- Between the ages of 21 and 45
- Has had a successful term pregnancy
- Has ideally completed their own family
- Has no more than five previous vaginal deliveries or two previous cesarean deliveries



“At SGF, we walk alongside our patients and are proud to make parenthood possible in so many ways. By practicing evidence-based, compassionate reproductive care, we can create personalized treatment plans to help patients overcome family-building barriers.”

— **Anate Brauer, M.D., FACOG** | IVF Director, SGF New York

Commonly needed by:

- Single females
- Same-sex female couples
- Heterosexual couples with severe male factor infertility

Commonly needed by:

- Same-sex female couples

Commonly needed by:

- Patients unable to use their own eggs
- Patients with decreased ovarian function, premature ovarian failure, or genetic abnormalities.
- Same-sex male couples
- Single males

A great option for:

- Single females who have decreased ovarian function, premature ovarian failure, or genetic abnormalities
- Couples that need donor egg and/or sperm

A great option for:

- Patients who do not have a uterus
- Patients with medical conditions that make pregnancy unsafe
- Patients who have experienced recurrent pregnancy loss
- Same-sex male couples
- Single males