subRosa's

FERTILITY TOURISM

&

EGG DONOR HANDBOOK

Conception.

~ DONATE FOR LIFE ~

~ WORK FOR LOVE ~ ~ TRAVEL FOR FERTILITY ~
The cyberfeminist artist collective subRosa produced this Handbook for their performance U-Gen-A-Chix or Why are Women Like Chickens and Chickens Like Women? The performance was hosted by City of Women's 14th International Festival RAW SYMBIOSIS, Ljubljana, Slovenia, October 9-17, 2008.

During the performance, audience members become participants. They engage with two side-by-side information tables. At one table, participants learn about how to become smarter by eating a genetically enhanced Chicken Biscuit, and give video interviews about their opinions of genetically modified plants and animals in the food chain. At the other table, participants can handle some of the equipment used in Assisted Reproductive Technologies, complete medical and genetic fitness information forms for prospective egg donors, or plan their dream fertility tourism vacation.*

*Note: The donation, procurement, testing, processing, preservation, storage and distribution of human tissues and cells is regulated by the 2004/23/EC Directive of the European Parliament and the Council of the EU. Best practices are under the (voluntary) supervision of the European Society of Human Reproduction and Embryology www.esf.re and EACC the European Assisted Conception Consortium. However, thanks to pan-capitalism a flourishing open market for fertility services prevails throughout Europe and is especially well developed in Romania, Slovenia, and Czech Republic.

subRosa is grateful to Dunja Kukovec, Jasmina Zaloznik, Karmen Klukar and Urska Jez of City of Women Festival for inviting us to perform, enabling our travel and accommodation, giving technical help, and being such gracious hosts.

We also are thrilled to be collaborating with Iva Kovach, and wo.kolektiv members Jelena Graovac, Marijana Rimanic, and Tanja Spoljar from the University of Zagreb, Croatia.

Thanks also to the staff and director of Gallery Skuc for hosting us.

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subRosa is a reproducible cell of cultural researchers and artists combining art, activism and politics to explore and critique the effects of information and biotechnologies on women's bodies, lives, and work. subRosa practices a situational embodied feminist politics nourished by conviviality, self-determination, and affirmative alliances and coalitions.

www.cyberfeminism.net
A New Creation in the Biotech Century

"Every major economic and social revolution in history has been accompanied by a new explanation of the creation of life and the workings of nature. The new concept of nature is always the most important strand of the matrix that makes up any new social order. In each instance, the new cosmology serves to justify the rightness and inevitability of the new way human beings are organizing their world by suggesting that nature itself is organized along similar lines."

(J. Rifkin, The Biotech Century, p. 196.)

SEX and GENDER in the BIOTECH CENTURY

The mysteries of the creation of matter, of nature, of what life is, and of the processes of human reproduction have preoccupied scientists, philosophers, artists, writers, theologians—and children—since human culture began. The new bio-technologies, genetic and medical human engineering, as well as social, cultural, racial, gender, and economic factors fueled by global exchanges and mixings, have the potential for producing "new humans," new subjectivities, new relations among bodies, and new answers to ancient questions about life and being human. Sexuality and gender construction are at the heart of (Western) discussions of human identity and subject formation. To date, there has not been much research about the effects the new bio-technologies may have on our conceptions of sex and gender, and on subject formation. These questions are the basis of subRosa's speculations, research, and experiments. Our topics include: Sexuality and gender now (new representations of the sexual organs, new conceptions of anatomy and human biology, queer sexuality, multicultural constructions of sexuality and gender); Reproductive technology (Assisted Reproductive Technologies including IVF, cloning, fertility and infertility); Genetics and genetic engineering of plants, animals and humans; mutation and the Human Genome Project; Applied Social Genetics (Eugenics, gene pool mixing, hybrid families, finding your ideal genetic mate, designing "perfect" babies). "The story of creation is being retold. This time around, nature is cast in the image of the computer and the language of physics, chemistry, mathematics, and the information sciences."

(J. Rifkin, The Biotech Century, p. 211)
Personal History (Genetic Profile) Questionnaire

Year of birth: __________ Married: __________ Single: __________ Gay: __________ Lesbian: __________
Queer: __________ Female: __________ Male: __________ Transsexual: __________ Other: __________
Height: __________ Weight at age 25: __________ Divorced: __________ Widowed: __________
Hair color at age 25: __________ Hair Type: Straight __________ Wavy __________ Curly __________
Kinky: __________ Other: __________
Present Hair Loss: None __________ Thinning: __________ Moderate Balding: __________
Extensive Balding: __________ Skin Head __________
Eye color: __________ Skin color: __________ Race: __________ Ancestry: __________
Occupation: __________ Education: __________

Class: Social __________ Class: Economic __________
Country of origin of most of your ancestors and yourself (i.e. Kenya, Iran, Ireland, Vietnam etc.): __________
List any special interests or hobbies: __________
Which best describes you at age 20? Athletic: __________ Active: __________
Average: __________ Inactive: __________ Lazy: __________ Zero workout: __________
Which best describes your musical ability? __________
Sing or play an instrument proficiently: __________
Evidence of good ability but untrained: __________
Ability unknown but enjoy listening: __________
Tone Deaf: __________ Makes a joyful noise: __________
Do you have skills in any of the other fine arts? __________

How would you rate your manual dexterity? __________
Excellent: __________ Good: __________ Average: __________ Poor: __________
How would you rate yourself as a lover? The Best: __________ I keep 'em coming: __________ So-So: __________ I'm a virgin: __________ Don't know: __________
Have you ever excelled in any physical activity? __________
Which best describes you? Extrovert: __________ Introvert: __________
Normal: __________ Geek: __________ Technophile: __________ Luddite: __________
If you have ever taken an intelligence test, state which test if known, your score, and your age at the time: __________
Are you tactful and work well with your associates? Above Average: __________
Average: __________ Grumpy: __________ Antisocial: __________
How many children do you have? __________ Please give a brief description of their health, intelligence, and abilities: __________

Describe any significant intellectual, artistic, or academic achievement of your parents or siblings: __________
Are you a good cook? 4 star chef: __________ salad maker: __________
OOCYTE DONOR SCREENING

Donor code name: _______________ 
Date of birth: _______________ 

Donor Lab Results:

Karyotype: ____________________

Blood group/Rh: _______________

CMV total antibody: ____________

HIV 1 & 2 antibody: ____________

Hepatitis B core/surface antibody: ____________

Hepatitis C virus: ______________

Cystic Fibrosis: ________________ Thalassemia (Mediterranean):

Sickle Cell Anaemia (African population): ____________ Tay Sachs: ____________

Chlamydia: ____________________ Mycoplasma: ____________ Ureaplasma: ____________

Gonorrhoea: ________________ Syphilis: ____________ Herpes virus: ____________

CBC with platelets: ____________ Urinalysis: ____________ Chem. panel: ____________

Vaginal smear culture: ____________ Urine culture: ____________

Pap smear: ____________________

Allergies: ____________________

Have you, or has anyone in your family, including your aunts, uncles and grandparents, ever had any of the following?

Diabetes (Type I or Type II)  
- Yes  
- No  

Heart disease, heart attack, high blood pressure  
- Yes  
- No  

Stroke  
- Yes  
- No  

Cancer  
- Yes  
- No  

Mental illness (Schizophrenia, Depression, etc.)  
- Yes  
- No  

Genetic diseases (b-Thalassemia carrier, Alzheimer’s, Sickle Cell carrier, etc.)  
- Yes  
- No  

Birth defects (spina bifida, cleft palate, heart malformation, etc.)  
- Yes  
- No  

Alcoholism or substance abuse  
- Yes  
- No  

Do you drink alcohol?  
- Yes  
- No  If so, how many drinks per week? _______________

Do you smoke?  
- Yes  
- No  If so, how many cigarettes per day? _______________

3rd day levels of: FSH: ____________ E2: ____________ LH: ____________ Ca 125: _______________

3.
Have you had any surgeries in the past?  
\( \checkmark \) Yes  \( \checkmark \) No

If yes, please indicate what surgeries you have had:

\hspace{1cm}

*Menstrual history*

How old were you when you first began to menstruate:  

How many days are there (usually) between one period and the next?  

How many days does your period usually last?  

Do you ever experience mid-cycle bleeding?  \( \checkmark \) Yes  \( \checkmark \) No

Would you describe your menstrual cycle as: \( \checkmark \) Regular \( \checkmark \) Irregular

Have you ever taken, or are you currently taking oral contraceptives?  \( \checkmark \) Yes  \( \checkmark \) No

If yes, what brand and for how long?  

*Pregnancy history*

Have you ever been pregnant?  \( \checkmark \) No  \( \checkmark \) Yes  If yes how many times?  

Have you ever carried a pregnancy to term?  \( \checkmark \) Yes  \( \checkmark \) No

If yes were there any complications with gestation or delivery?  \( \checkmark \) Yes  \( \checkmark \) No

If yes, what were the complications?  

If accepted as an egg donor I would be available to serve beginning:

Immediately  \( \checkmark \) Starting as of  

Are you aware of any other health problems in your self, family or previous sexual partners that you have not already disclosed?  \( \checkmark \) Yes  \( \checkmark \) No

If yes please indicate those problems:  

Do you certify that your answers which were voluntarily given are correct to the best of your knowledge?  \( \checkmark \) Yes  \( \checkmark \) No
OOCYTE RECIPIENT PREFERENCE QUESTIONNAIRE

Female partner: ___________________________ Father’s name ___________________________
Surname: ___________________________ Name: ___________________________
Male partner: ___________________________ Father’s name ___________________________
Surname: ___________________________ Name: ___________________________
Mailing address: ___________________________ City: ___________________________
Country: ___________________________ Area code: ___________________________
Phone: ___________________________ Cell phone: ___________________________ FAX: ___________________________

Please describe Yourself in the following spaces:

Female partner
Male partner

Ethnicity/Race: ___________________________ ___________________________
Eye colour: ___________________________ ___________________________
Hair colour: ___________________________ ___________________________
Hair texture: ___________________________ ___________________________
Height: ___________________________ ___________________________
Date of birth: ___________________________ ___________________________
Level of education: ___________________________ ___________________________
Current occupation: ___________________________ ___________________________
Blood type/Rh: ___________________________ ___________________________
When do you anticipate undergoing a cycle of treatment? ___________________________ ___________________________

Please send a photo of yourself to help us find a suitable donor for you.

Based on the criteria below, describe your perfect DONOR

Looks like female recipient: Yes No
Looks like male recipient: Yes No
Hair colour: Blonde Brown Brunette Red
Hair Texture: Straight Wavy Curly Thick
Eye colour: Blue Green Hazel Brown
Height range: ___________________________ ___________________________
Race: ___________________________ ___________________________

Select donor blood type/Rh? Yes No: If yes: O A B AB Rh+ Rh-
Successful previous donation: Yes No: Has she/he biological children: Yes No
Intelligence: High school College Post grad degree
Marital status: Single Married Divorced Living together
4 Ways to Become Pregnant

**Nortulate**

Classic **In Vitro Fertilization (IVF)** (this forms the basis of almost all ReproTech procedures): Eggs are first collected from the woman by needle aspiration, and sperm from the man by masturbation. They are united by the physician for fertilization in a petri dish outside the body to form a pre-embryo which is then placed into the uterus by vaginal insertion with a special cannula or hollow needle.

**Donor Insemination or Artificial Insemination** (Therapeutic Donor Insemination, TDI): is a non-surgical procedure in which “donated” semen (usually purchased from a sperm bank) is inserted into a woman’s vagina by syringe or turkey baster. Popularly known as TBI, Turkey Baster Insemination.

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**Fertinex**

**Lupron**

**GIFT (Gamete Intra Fallopian Transfer):** Sperm and egg are collected separately (as for IVF), often manipulated in various ways, and then injected directly into the woman's fallopian tube for fertilization.

**ZIFT (Zygote Intra Fallopian Transfer):** Fertilization of collected eggs with sperm is done as in classic IVF. Embryos thus produced are placed directly into the fallopian tubes rather than the uterus. This is often more successful than GIFT.
New Reprotech Procedures

A. In Vitro Fertilization (IVF) is the basis for most Assisted Reprotech procedures. Sperm and eggs are collected and brought together in a petri dish for fertilization.

B. 8-celled pre-embryos are placed directly in the uterus with a hollow needle.

Drawing: 2, 4, and 8-celled pre-embryos
New Repro Technologies: Sperm Manipulation

A. Micro-manipulation of sperm (a.k.a. ICSI = Intra Cytoplasmic Sperm Injection): A carefully selected, "fit" sperm is injected into the egg itself.

B. Sperm fitness: Healthy sperm have oval-shaped heads and move in a 'straight line' (like guided missiles?). Abnormal sperm have mis-shaped or double heads and swim in circles or have no mobility at all.

C. Sperm Washing can help sperm "fitness."

Draw a fit sperm.

Draw a defective sperm.
Susie has 4 Mommies and 3 Daddies


This gives the child a distinct genetic advantage and optimizes h/her chances for economic, social, physical, and reproductive success.

Pie Chart of Social Eugenic Mother/Fatherhood
Planning the Reprogenetic Baby

Some suggestions for desirable traits

Self-surveilling baby: comes with built-in video camcorder and monitor to facilitate constant observation by parents and caretakers.

ImageTech baby: has retractable telescopic extensions hard wired to its brain. This baby is perfectly adapted for space missions or military espionage work.
New Sex and Gender Possibilities

Assisted Reproductive Technologies have finally made it possible to separate Sex from Reproduction. Thank Goddess! This biotech advance ushers in a host of new possibilities for new sexualities and for the abolishing of gender roles, which, let's face it, have fundamentally rested their authority on the reproductive biology of men and women.

Vulvas, vaginas, anuses, and penises have now become pure pleasure toys thanks to ART. Add some of the new medical and microsurgical-flesh technologies, genetic engineering, and enhancement drugs, and presto! A whole new world of pleasure and useless sensual enjoyment awaits!

We can finally get rid of all those words that separate us and simply think of our bodies and the bodies of others as universal transgender pleasure machines.

Transgender Queer Woman Man Monstrous Normal Mutant Lesbian Other Different Heterosexual Goddess Human

Draw Your Pleasure Machine Here
Why are we so fascinated and terrified by the impure, mixed creatures which exist in real life and have populated our imaginations, dreams, myths, stories, and art since human culture began? Uncertainty and the unknown can now be banished. Applied Social Genetics or New Social Eugenics is a rationalized procedure for making babies based solely on the parents' pragmatic selection of physical attributes and desirable genetic traits. This circumvents the old style, patently race and class based eugenic practices that negatively sought to get rid of certain ethnic, racial, and economic groups, and replaces them with fully scientific and genetically based choices for producing the best offspring possible.
Recombinant Sexuality and Gender

Collage and Montage were the groundbreaking aesthetic modes of the 20th Century in film, radio, advertising and publicity images, visual art, literature, poetry, architecture and photography. These processes which rely on recombination of elements, also became the basis of most image and text producing software programs on computers and in electronic media.

In the Biotech Century DNA splicing and recombination, and digitized morphing, 3-D modeling and animation software programs, present new imaging possibilities and new EMBODIED flesh possibilities. DNA splicing across species boundaries can cause organisms to EXPRESS recombinant characteristics in REAL BODIES. Among the myriad new possibilities which this technology will spawn, let us consider 3 suggestions of how to extend "normal" sexual and gender binaries of male/female, hetero/homo, couple/single, to a range of embodied libidinal expressions.

For example: the palm of the hand could be genetically programmed to grow erectile tissue, thus making shaking or holding hands an orgasmic experience. Hi-fives, applause, and political glad handings will truly come into their own!!

Similarly clitoral tissues could be grown in inner elbows so that linking arms with someone can cause an orgasm. Just imagine the joy and skyhigh morale of a group of protesters with linked arms!

Provocative is also the idea of intrapersonal brain sex in which the neurons of one person’s brain could fire genetically programmed receptors in another person’s brain just by thinking about them, and cause instant orgasm in the other. A whole room full of people could be stimulated and reduced to useless bliss at the same time. Imagine!!!
Dr. Willy Nilly, the Human Geneticist Says, "OK, all you young bio-engineers out there, let's have some fun!"

Every great invention begins with your imagination! Can you imagine what these recombinants might look like? Draw them in the blank square at the end of the equation, then check your answers with the ones at the bottom of the page.

- corn + firefly =
- potato + waxmoth =
- apple + silkmoth =
- tomato + E.coli =

To see these recombinants in real life, check your local farmers' market and look for non-organic produce.
Glossary: Applied Social Genetics/Eugenics

**Applied Social Genetics or New Social Eugenics**: is a rationalized procedure for making babies based solely on the parents’ selecting of “desirable” genetic traits. This circumvents the old style, patently race and class based eugenic practices that negatively sought to get rid of certain ethnic, racial, and economic groups, and replaces them with fully scientific and genetically based choices for producing the best offspring possible.

**Genotype Mating and Dating**: Dating and mate choice based on genetic screening and disclosure of the partner's genetic profile.

**Pre-Reproductive Genetic Make-up Disclosure**: See example on p.28 of this workbook. Similar to economic pre-nuptial agreements.


**Hybrid Families**: New style reproductivgenetic families could consist of 4 different mothers and 3 different fathers for each child (see above). All kinds of mixtures of races, classes, and physical types are potentially possible. An easy way to eradicate racism?

**Casta Paintings**: Paintings produced in 18th century Mexico which portray “the complex process of mestizaje (race mixing) among the three major groups that inhabited the colony: Indian, Spanish, and Black” (New World Orders: Casta Painting and Colonial Latin America, Catalog, New York: 1996).

**Mestizaje**: The racial mixing which took place after the Conquest of the New World. A concept adapted by Donna Haraway for her figure of the cyborg—a combination of human and machine.

**Eugenic sacrifice**: Choosing not to have your own biological child because of your “unfit” genetic heritage; or, choosing to have your own biological child because of your good (“fit”) genetic heritage.

**Parental Eugenics (Pre-implantation genetics)**: Pre-implantation screening of embryos for genetic defects. Allows parents to select the most “perfect” pre-embryo for implantation and gestation. Choosing the genetic profile of your child.

**Genetic enhancement therapy**: Enhancing the germ-line (at the zygote or pre-embryo stage) of your child by adding “desirable” genes. This is elective genetic engineering which might be chosen by parents to give their offspring greater success. Different from corrective genetic engineering used to prevent genetic diseases or malfunctions.

**Genetic essentialism**: The basis for new eugenics. A belief that our traits lie in our genes and that these can be fully manipulated and controlled by scientists.

**Fiscal Eugenics**: A method of genetic enhancement in which parents devote all their financial resources to the success of their offspring.

![Diagram of the brain with labels for different parts.](image)
EU enlargement could lead to fertility tourism from West to East

Berlin, Germany: Fertility tourists could be heading for eastern European countries in the wake of EU enlargement as data revealed today show that parts of the East match the West in terms of the availability and efficacy of assisted reproduction techniques, but cost less.

Dr. Anders Nyboe Andersen, Head of the Fertility Clinic at the Rigshospitalet at Copenhagen University Hospital, Denmark, told fertility experts that countries such as Slovenia and Hungary are achieving success rates after in vitro fertilisation (IVF) and intracytoplasmic sperm injection (ICSI) that are as good as the best in the West.

Presenting preliminary data on ART in Europe*, Dr Nyboe Andersen told the 20th annual conference of the European Society of Human Reproduction and Embryology that while the availability of ART continued to be highest in Denmark with 1,923 cycles per million of the population in 2001 (the most recent year for which information was available), Slovenia ranked fifth with 1,122 cycles per million and Hungary carried out 578 cycles. In comparison, The Netherlands carried out 963 cycles and the UK 593 cycles per million.

Dr. Nyboe Andersen said: "We need to treat the pregnancy results with some caution because these are preliminary figures and some of the smaller countries are dealing with fewer patients and have different ways of recording data. But Slovenia and Hungary both have a good system of collecting data and they show that in 2001, Slovenia had a pregnancy rate per embryo transfer of 36.2% after IVF, and 30.2% after ICSI. In Hungary the pregnancy rate per embryo transfer was 31.9% after IVF and 25.4% after ICSI. This compares with Germany (28.6% after IVF and 28.1% after ICSI) and the UK (28.4% after IVF and 27.4% after ICSI)."

In Germany new funding regulations introduced in January 2004 have meant that infertile couples now have to pay half the cost of three cycles of infertility treatment and the whole cost after that. One cycle can cost between 1,500 to 3,500 euros (depending on whether or not the treatment is paid for privately). In the UK, the average cost of private IVF treatment is between £2,000 and £4,000 (3,000 to 6,000 euros) and there is limited availability on the NHS. But in Hungary and Slovenia the cost of drugs can be cheaper, which brings the price down.
Co-author of the ESHRE European IVF Monitoring report, Professor Karl Nygren, said: "With EU enlargement and the increasing freedom of movement that this brings, it has become even more important that countries collect accurate and complete data on the assisted reproduction technology carried out in their clinics. Discrepancies in prices between countries, particularly between the East and West, means that it is vital that potential patients can compare not only prices, but also the quality and efficacy of the treatments on offer."

Prof. Nygren, Associate Professor of Obstetrics and Gynaecology at Södahlhemmet Hospital in Stockholm, Sweden, added: "Our experience in collecting data for this report is that countries such as Hungary and Slovenia appreciate the opportunity to co-operate with the rest of Europe, share information and experiences and foster good relations."

The report also reveals that intra-uterine insemination (IUI), which may be used in about half or more of all ART treatments, cause multiple pregnancies but the results show that the rate is much lower than after IVF and ICSI. Until now it was commonly believed that IUI was responsible for a greater number of multiple pregnancies than IVF and ICSI.

Dr. Nyboe Andersen said: "The number of twin pregnancies after IUI is between 9.6% and 10.6%, but about 24.5% after IVF and ICSI. The triplet rates after IUI are 1.3% to 1.8%, which compares well with rates of 1.6% after IVF and ICSI."

He continued: "This is the fifth report of the EIM committee and the data collection has been running long enough to be able to show trends. Figures on multiple births are encouraging and show that over the five years quadruplet births have been almost eliminated, the number of triplets born has more than halved, but that there has been no improvement in twin birth rates. This is good news, but it would be even better if countries could concentrate on improving the rates of elective single embryo transfer."

"Fertility tourist": Patti Farrant with her newborn son, JJ
Slovakia's booming fertility tourism

For millions of couples around the world, the inability to have children is a personal tragedy. The World Health Organisation warns that for many of them, the private agony is compounded by a social stigma, which can have serious and far-reaching consequences, including social isolation and suicide. Slovakia has gradually become one of the most attractive destinations for "fertility tourists". And, it is not only its affordable prices of infertility treatments that account for this boom in reproductive tourism.

The World Health Organisation estimates that an average of one in ten couples suffer from infertility problems. Today, up to 17% of couples suffer from this disease in Europe. In confronting the problem it is important to get the right diagnosis. One of the countries known for its good results in treating infertility is Slovakia.

"They don't just come because we are so good. Infertility tourism is a new phenomenon all over the world."

Jozef Valky is the head of the Iscare centre of assisted reproduction in Bratislava. The Bratislava branch of the international network of fertility clinics shows a relatively high success rate of treatment, reaching 45 to 50%. Patients all over the world come here to undergo treatment, using the latest methods of assisted reproduction and at prices far lower than in their own countries. Another factor is Slovak legislation. Doctor Valky explains:

"The problem is that different countries have different laws and regulations. Some countries such as Italy, Austria, and Germany have very restrictive laws. This means that not all procedures are allowed. So people come here to avoid those restrictions in their own countries."

Despite attempts by the conservative Christian Democratic Movement to ban research on freezing embryos by law, Slovakia still remains a country with unusually liberal fertility legislation. The situation is similar in the Czech Republic, the United Kingdom and Scandinavian countries.

"It is cheaper but the main reason [why I come here] is the care that I get here. It is personal care that you don't get elsewhere in Europe."

I spoke to an Iranian couple living in Germany who has tried in vitro fertilization several times at the clinic in Bratislava. Despite the fact that they have not been successful so far, they decided to try another method.

"I basically have the feeling that doctors have time for their patients. It's not like an automatic medical factory that you go in, pay and then go out of. Here, you have the feeling that the doctor is available and cares."

Johann and Renata, a married couple living in Belgium, have been successful in their efforts. Thanks to the assisted reproduction centre in Bratislava, they now have a baby son.

"As far as the technical procedures are concerned, those in Slovakia are quite similar to what we have here in Belgium. But from a practical point of view it would be much more difficult to have this procedure done in Belgium. My wife lives in Slovakia and it makes more sense to do it there. Of course, there is also a big difference in the price."

The price, quality treatment and more liberal legislation are the factors behind so-called reproductive tourism. Despite the fact that Slovakia is considered to be a predominantly Catholic country, it now ranks among the top destinations for infertile couples. Its liberal legislation in terms of assisted reproduction enables doctors to try the latest methods. Thanks to treatment in the Slovak Iscare Centre for Assisted Reproduction in Bratislava, 945 children have been born.

IVF Vacation ~ Baby Trading

18.
Tales from the Egg Donation Front

"The doctor promised me that for a total fee of between $14,000 and $22,000, I would be guaranteed at least seven viable embryos that could be implanted into my womb."

Britain's Oldest Mother (62) fell pregnant using a donated egg from Eastern Europe (Romania)

"But the doctor who did this to me - I would like to tell her she ruined my life. She should have told me what might happen."

"The doctor told me I would be able to choose my donor's eye and hair color, skin tone, height, weight and even education."

The doctors at the Romanian clinic where A was paid $350 for her eggs - a clinic which had links with a leading London fertility center - left her ovaries so damaged and scarred that she is now infertile.

A was earning just $110 a month in a Romanian mattress factory when a friend told her that she had discovered an easy way to make money - the GlobalART clinic in Bucharest, which at the time was providing donor eggs to a London clinic.

A fell prey to Ovarian Hyper-Stimulation Syndrome - a common condition caused by the drugs she was given to produce more eggs.

She spoke perfect English and agreed to meet me in Kiev. Her voice dropped to a whisper "I can't have children either."

Help Bring an End to the Egg Donation Crisis!

19.
SLOVENIAN MOTHERS WORK HARDER

Slovenian Mothers are More Active

Tuesday, 25 March 2008

There are around 670,000 mothers in Slovenia. According to data released by the Statistical Office of the Republic of Slovenia at the Mother’s Day, in recent years almost 9,000 women have become first-time mothers every year. Among women over 40 about 10% have never given birth. Through the years the role of mothers has changed quite a lot.

Fifty years ago more than half of mothers in our country stayed at home taking care of the family and household, while nowadays on average mothers in Slovenia are more active than mothers in other EU Member States. Nevertheless, employed mothers still perform most of the household chores.

In 2006, 50% fewer children per 1,000 population were born than 50 years before. The total fertility rate, which shows the level of population replacement, was also cut in half. Due to improvements in prenatal and postnatal care of women and children, in 50 years the share of stillbirths and the share of children dying before their first birthday decreased significantly. Compared to the 1950s, the share of stillbirths dropped by five times and the number of infant deaths from 1,593 to 64.

The mean age of mothers at childbirth grew only by a year and a half (to 29.7) and at first childbirth by more than three years (to 28). The mean age of mothers at childbirth used to be high because women had several children. Today the high mean age is the result of women postponing births to later ages because they wish to finish education, get a job, find a place to live, etc., before they have a child and because they are aware of the so-called “responsible parenting”. Thus women aged 25-29 are the most fertile group while the fertility of women over 30 is growing.

Ever more mothers give birth outside marriage. The share of children born to unmarried mothers has grown by 4.5-times and is for first births 61%. Consensual unions are becoming ever more frequent forms of living communities of young couples, which is also shown by the fact that as many as 38% of second children are born to unmarried parents. With higher orders of birth the share of children born to unmarried mothers is falling, although in 2006 the share for third-born children was 22%.

Similar to 25 years ago, more than half of mothers who gave birth in 2006 had upper secondary education. However, the difference is in the structure as only 13% of mothers finished two- or three-year vocational secondary schools, while most mothers finished four-year upper secondary.
Vacation - Baby Trading

Check out our newly reduced prices for IVF and donor eggs.

Cycles beginning June 18th, 2006!

Welcome to IVF Vacation!
A unique family planning vacation you won't soon forget.

With two beautiful resorts to choose from, you can relax and unwind in our pristine, all-inclusive vacation packages.

Enjoy the latest IVF technology in a relaxed setting, with options for donor eggs and a variety of travel packages.

Rain or shine, we've got you covered!

Do you have any questions? Just give us a call, and we'll make your dream vacation a reality!