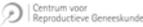




**THIRD PARTY REPRODUCTION:  
An update on current psychological insights**

Patricia Baetens  
Centre for Reproductive Medicine  
University Hospital Brussels


---

---

---

---

---

---

---

---

**Behind closed doors**

And when we get behind closed doors  
.....  
Cause no one knows what goes on behind closed doors  
Charlie Rich

I would like to invite you behind the closed door of my office

I would like also to give you some personal insights of what I try to achieve with patients during my counselling




2 Baetens; ESHRE Campus; 29 - 30 May 2009

---

---

---

---

---

---

---

---

**Number of consultations between  
1992 and 2008**

Lesbian couples	858
Single women	1698
Heterosexual couples	938
Oocyte donation	1504
Voluntary oocyte donors	122
Special cases	208
<b>Total</b>	<b>5328</b>




3 Baetens; ESHRE Campus; 29 - 30 May 2009

---

---

---

---

---

---

---

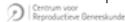
---

## Psychological counselling should be an interactive process

- Counselling should be a helpful and useful process : helpful and useful for the couple, for the child to be born and for the centre
- Counselling should provide couples with information to cope with the particular circumstances in which they try to become parents
- The usefulness of psychological counselling for the centre is often defined in terms of screening
- ~~Psychologists should shoulder the responsibility to refuse a request if “the reasonable welfare principle” for the future child is considered not to be met~~



(Baetens et al., 2002, Counselling lesbian couples, RBM online; 6, 75-83).



---

---

---

---

---

---

---

---

---

---

## The importance of counselling

- A follow-up study of women who donated oocytes to known recipient couples for altruistic reasons support the provision of psycho-social support services to help donors dealing with any residual emotional difficulties regardless of the outcome of oocyte donation (Yee et al., 2007)
- Gamete donors' and recipients' evaluation of counselling, through a pre-counselling and a post-counselling questionnaire, suggest that counselling is beneficial for those contemplating donor procedures (Hammarberg et al., 2008)



---

---

---

---

---

---

---

---

---

---

## Third party conception

- Third party conception involves two types of treatment :
  - (1) sperm donation
  - (2) oocyte donation
- In a way both types of donation are similar insofar as both techniques involve the donation of gametes



---

---

---

---

---

---

---

---

---

---

### The way couples experience both techniques and perceive the consequences for the child are different

- Oocyte donation: gestation and giving birth compensates the lack of a genetic link:
  - Oocyte donors and the recipient couples agreed that the woman who becomes pregnant and gives birth to the child should be considered as the 'real' mother (Baetens et al.; 2000)
  - Oocyte donors always express the lack of any right towards the child born from their genetic material because of authenticity conferred by the pregnancy and fertilisation by the father (Weil; 1994)
- Donor insemination : no compensation for the lack of a genetic link with the father



---

---

---

---

---

---

---

---

---

---

### Perception of gamete donation : the influence of legislation

- Civil code :
  - Motherhood : the legal mother is the woman giving birth
  - Fatherhood : genetic definition
- Because of the lack of genetic link :
  - Men are afraid of not being considered the "real" father of the donor child
  - Men are afraid of not being able to father the donor child
- Women are afraid that their husband will not consider the child born after DI as their child
- Couples are afraid of differences : they are afraid that others might see that the child is not genetically related to one of the parents



---

---

---

---

---

---

---

---

---

---

### Oocyte donation versus donor insemination

Egg donation parents and their 12 year old children in comparison DI parents and IVF parents :

- The egg donation children were well adjusted in terms of social and emotional development
- No differences between the egg donations families and the control group of IVF families
- The egg donation mothers showed lower levels of sensitive responding toward their children compared with DI mothers
- DI mothers were significantly more emotionally over-involved with their children than egg donation mothers
- Egg donation mothers reported their partners to be significantly less reliable in parenting support
- Egg donation mothers perceived their partners to take significantly less of parenting load than DI mothers

(Murray et al., Fertil. Steril, 2006)



---

---

---

---

---

---

---

---

---

---

## Donor insemination

### 4 to 8 year old DI children :

- **The quality of the father-child relationship was decreased in families with children conceived by DI in comparison to families with IVF-children**
- **Children born after DI had more emotional and behavioural problems compared to children born after natural conception or IVF**

(Brewaeys, 1997)

---

---

---

---

---

---

---

---

---

---

## Third-party conception : two important issues

**Disclosure versus non-disclosure : the right of the child to know that he/she was conceived by gamete donation**

**Donor anonymity : the right of the child to have access to his/her genetic origin**

---

---

---

---

---

---

---

---

---

---

## Disclosure versus non-disclosure

- **The majority of social workers and psychologists will emphasise the importance of disclosure to the children:**
- **Non-disclosure is considered harmful for the child :**
  - **Secrecy will undermine the trust between parents and the child (Clamar, 1989)**
  - **Children will feel that information is being withheld from them and might be confused and anxious as a result of the taboo surrounding certain topics**
  - **Secrecy will, therefore, create hidden alliances and coalitions in families between those who know and those who don't know (Papp, 1993)**

---

---

---

---

---

---

---

---

---

---

## Disclosure versus non-disclosure

- **Telling the child : no choice**
  - Lesbian couples
  - Single mothers
  - Older mothers : women between 43 and 50 years with a heterosexual relationship
- **Why don't they have a choice?**
  - Lesbian couples and single mothers : the question who or where is my father will be asked before the age of 4 years
  - Older mothers : simple mathematics and the knowledge of age-related factors in reproduction



---

---

---

---

---

---

---

---

## Disclosure versus non-disclosure

### Telling the child : an obligation in other cases ?

- **Follow-up research on offspring conceived by gamete donation does not support the assumption that family functioning and parent-child relationships are affected adversely by non-disclosure**

(Cook et al., 1995; Golombok et al., 1999; Shenfield and Steele, 1997, Nachtigall et al., 1997, Golombok et al, 2002)



---

---

---

---

---

---

---

---

## Disclosure versus non-disclosure

### 4 to 8 year offspring created as a result of DI :

- **More positive parent-child relationships in the disclosing than in the non-disclosing families**
- **This did not represent dysfunctional relationships in non-disclosing families but reflected particularly positive ratings in the disclosing families**

(Lycett et al, 2004)



---

---

---

---

---

---

---

---

## Disclosure versus non-disclosure

- **The belief that openness is beneficial for the children contrasts with the views of parents of children conceived through gamete donation, who prefer not to tell**  
(Baetens et al, 2000; Brewaeys et al, 1997; Cook et al, 1995; Durna et al, 1997; Golombok et al, 1999; Leiblum and Aviv, 1997; Nachtigall et al, 1997; Robinson et al, 1991)
- **If parents prefer not to tell the child, they motivate this by the welfare of the child:**
  - **how will knowing help the child?**
  - **the burden of knowing should be the responsibility of the parents and not of the child**

---

---

---

---

---

---

---

---

---

---

## Disclosure versus non-disclosure

- **To recommend openness when only a small minority of couples feels comfortable with openness could lead to psychological dissonance for couples (Klock 1997)**
- **Gamete donors and recipients rated matters relating to disclosure and the possible future interaction between donor and child the most useful to discuss and they favoured disclosure more after than before counselling (Hammarberg et al., 2008)**
- **Forcing them doesn't work ! Giving them a choice might change their mind**

---

---

---

---

---

---

---

---

---

---

## Changing their mind by giving them a choice

- **Non- directive counselling :**  
**A neutral position should be maintained to facilitate an exploration of the pros and cons of an action, instead of giving direct advice or recommendations**
- **Don't tell future parents what they should or shouldn't :**
  - **Social desirable answers**
  - **Non-constructive counselling : waist of time**

---

---

---

---

---

---

---

---

---

---

## Changing their mind by giving them a choice

- Tell parents what shouldn't happen in the best interest of their child :
  - Children should not find out about their conception with donor gametes by someone else but the parents
  - To late in life: after they understood the importance that is given to genetic origin and transmission in western societies
- When family secrets are disclosed it will almost always be in a conflict situation



---

---

---

---

---

---

---

---

## Changing their mind by giving them

- Ask parents how many people know about gamete donation? If too many people know :
  - Children will feel that information is being withheld from them
  - Children will feel the created hidden alliances and coalitions in extended families between those who know and those who don't know
- 8 – 9 years children have the intellectual capacities to understand abstract concepts such as genetic transmission
- Not secrecy itself but finding out the wrong way will undermine the trust between parents and the child



---

---

---

---

---

---

---

---

## Helping parents to cope with openness : How and when should they tell their child

- Inform the child at a young age; 4 – 5 years of age before children understand the concept of genetic origin and the importance that is given to it in western cultures
- Redefining parenthood and parental roles in a non-genetic way : in terms of wish for a child, intentional parenthood, project for a child, education and parental responsibility
- Parents should always refer to the donor as a DONOR and never as a PARENT
- An open discussion that lasts until adulthood : the child will have different questions concerning his conception according to his developmental stage



---

---

---

---

---

---

---

---

## Respect for the couples' choice : secrecy

- **Secrecy is often enforced by cultural and religious circumstances in other ethnic communities even if they live in western countries or to people living in countries outside western countries**
- **Openness is only an alternative in West-European countries, US, Australia and New Zealand**
- **Counselling couples on the consequences of secrecy without wanting to change their mind**
  - **Secrecy is less easy to manage than couples might think**
  - **Secrecy becomes more difficult as the child grows older**
- **In certain developmental stages of the child, secrecy means lying to the child**

---

---

---

---

---

---

---

---

---

---

## Respect for the couples' choice : secrecy

**If a couple would decide not to inform the child born after a treatment with donor gametes, would it be ethical to refuse the request because of their decision?**

---

---

---

---

---

---

---

---

---

---

## Anonymous versus non-anonymous donors

- **The different opinions on the right to know his/her genetic origin, as inserted by the European convention of the rights of children, is reflected in European legislation**
- **Types of donors :**
  - **Anonymous donors : Belgium, France, Spain, Denmark**
  - **Registered donors : Sweden, The Netherlands, UK, Switzerland, Austria, New Zealand, Australian state of Victoria**
- **Known donors**

---

---

---

---

---

---

---

---

---

---

## Anonymous versus non-anonymous donors

- **Anonymity protects the rights of both, recipients and donors, at the cost of the child's basic right to genetic identity (Landau, 1998)**
- **The need for genealogical information can only exist if the child is told about the donor conception**

---

---

---

---

---

---

---

---

---

---

## Anonymous versus non-anonymous donors

Since 1985, the Sweden legislation gives the donor child the right to receive identifying information about the donor once the child is sufficiently mature :

- this law emphasised the importance of parental openness
- compliance with the law was considered low because 52% of parents did not tell or did not intend to tell the child (Gottlieb et al., 2000)
- 854 questionnaires of Swedish gynaecologists in 2005
  - 72% of the male gynaecologists and 86% of the female gynaecologists were in favour of disclosure
  - 45% of the male gynaecologists and 36% of the female gynaecologists opposed providing adult offspring with information about the donor (Svanberg et al., Hum. Reprod., 2008)

---

---

---

---

---

---

---

---

---

---

## Donor anonymity

- **Authors in favour of access to the identity of the donor for children conceived through gamete donation refer to research of adopted children (Haimes, 1991; Landau, 1998; Sokoloff, 1987)**
- **Donor anonymity might lead to an incomplete sense of identity for the children concerned**

---

---

---

---

---

---

---

---

---

---





## Anonymity versus availability of a genetic reference

- **Anonymity = sharing not knowing with the child  
NO LIE**
- **Anonymity = coping with differences : all couples fear that the child might be to different of the potential child they could have had if there was no need for a treatment with donor gametes**
- **Emphasising the difference with adoption : why versus who**



---

---

---

---

---

---

---

---

## Anonymity versus availability of a genetic reference

- Oocyte donation :**
- **Women : solidarity no rivalry**
  - **Oocyte donation with an oocyte donor recruited by the couple : preference for known donation :**
    - **68,8% : known donation**
    - **31,3% : cross donation**
  - **The availability of a genetic reference is of major concern for the couples themselves**

(Baetens et al, 2000)



---

---

---

---

---

---

---

---

## Preference for an anonymous sperm donor

### Heterosexual couples

- **No social indication but a medical indication : no choice perspective**
- **The majority of men : rivalry**
- **DONOR IS NOT THE FATHER : it is not his wish for a child, his intention to be a father, not his project**



---

---

---

---

---

---

---

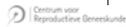
---

## Preference for an anonymous sperm donor

### Single women : motivation

- **Ethical concern : the (ab) use of the genetic material of a men without his informed consent**
- **No known donor available in social environment**
- **Safety: HIV and other sexually transmitted diseases, genetic screening**
- **Interference by the biological father is seldom mentioned**

(Baetens et al., 1995)



---

---

---

---

---

---

---

---

---

---

## Preference for an anonymous sperm donor

### Lesbian couples :

- **medical screening of the donors**
- **a safe procedure**
- **the wish of the lesbian couple to protect the position of the social mother**
- **the protection of the partner relationship by avoiding the presence and the interference of a third party**

(Baetens et al., 1996; Englert, 1994; Jacob, 1999)



---

---

---

---

---

---

---

---

---

---

## Preference for an anonymous donor

### Lesbian couples :

- **79,6% of the couples : no information**
- **11,8% of the couples : non-identifiable information**
- **8,6 % of the couples : access to identity**

(Baetens et al., 2002)



---

---

---

---

---

---

---

---

---

---

## Preference for an anonymous donor

### First group

- considered other alternatives
- wish for at least some information on the donor ( $\chi^2 = 11.77259$ ;  $df=1$ ;  $p<0.005$ )
- These couples tended significantly more to introduce a "godfather" into the life of their child ( $\chi^2 = 4.61560$ ;  $df=1$ ;  $p<0.05$ )

### Second group

- considered DI the best solution from the start
- wish for no information on the donor at all ( $\chi^2 = 9.16751$ ;  $df=1$ ;  $p<0.005$ )
- these couples thought that, if enough men were present, the absence of a father was less of a problem for their child ( $\chi^2 = 8.10228$ ;  $df=1$ ;  $p<0.005$ )

---

---

---

---

---

---

---

---

---

---

## Lesbian couples : double track system

- Preference for identity-release donors  
(De Bruyn, ESHRE 2001)

- Motivation :
  - Disclosure : no choice
  - No need for the parents themselves
  - Anticipating a potential need of their children

---

---

---

---

---

---

---

---

---

---

## KNOWN SPERM DONATION

### Definition :

a woman and a man requesting a treatment (IUI or IVF) in order to procreate a child together, related genetically to both of them, without having a partner relationship

---

---

---

---

---

---

---

---

---

---

## KNOWN SPERM DONATION

### Motivation :

**In countries with donor registration : avoid waiting list for sperm donors**

**In countries with donor anonymity : availability of a genetic reference for the children**

---

---

---

---

---

---

---

---

---

---

## KNOWN SPERM DONATION

### Operational approach :

- **A scale defining the degree in which the procreator is involved in the education of the child**
- **Resulting in a continuum with two poles :**
  - **donor versus father**
  - **known donation versus co-parenthood**

---

---

---

---

---

---

---

---

---

---

## Known donation versus co-parenthood

### The use of criteria such as :

- **How will the child call the donor**
- **Will the name of the donor be on the birth certificate of the child**
- **France: will the donor have “parental rights”**
- **Will the donor be involved in important decisions concerning the child : name of the child, medical decisions, choice for school**
- **The extent of contact between the donor and the child**
- **Legal agreement on visiting rights**

---

---

---

---

---

---

---

---

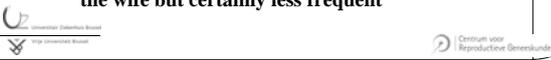
---

---

**Motivation :**  
**Known donation**

**Heterosexual couples :**  
**Always known donation, never co-parenthood**

- request of the intended parents to have a child genetically related to the social father
- Donor :
  - brother of the husband
  - father of the husband
- Comparable to known oocyte donation with a sister of the wife but certainly less frequent



46 Baetens; ESHRE Campus; 29 - 30 May 2009

---

---

---

---

---

---

---

---

---

---

**Motivation :**  
**Known donation**

**Alternative families : single women and lesbian couples**

- **Known donation : welfare of the child : to give the child access to the identity of the donor**
- **Sometimes genetic : the donor is the brother of the social mother**



47 Baetens; ESHRE Campus; 29 - 30 May 2009

---

---

---

---

---

---

---

---

---

---

**Precaution !**

- **Requests are not always motivated by the welfare of the child but by relational problems, ambiguous relationships or disagreement concerning the wish for a child**
- **For instance**
  - Women presenting themselves as single but who have a relationship with a partner that has no wish for a child : donor sperm as a solution for not being able to reach a consensus about having children within the couple
  - Single woman in relationship with a married men : often the spouse is not informed
- **Non-disclosure : loss of the benefit of known donation for the child in countries where anonymity is the rule**



48 Baetens; ESHRE Campus; 29 - 30 May 2009

---

---

---

---

---

---

---

---

---

---

## Known donation : risks

- Keeping appointments at the moment of the donation of the sperm
- Donors will evaluate the risks of known donation such as keeping a distance of the child and having no paternal right, risk of maintenance, risk of paternal obligations
- Ambiguity of the project : having a child with a woman with whom they don't have a partner relationship and the amount of trust needed in the mother of the child
- No gain in this project for the known donor: they don't want to be considered the father of the child but they risk to be considered as such

---

---

---

---

---

---

---

---

---

---

## Known donation : risks

The potentiality of conflicts is bigger in known donation than in anonymous donation :

- You can have problems with someone you know, you never can have problems with someone you don't know
- For known donation, donor registration is a better solution : the safety of anonymity combined with the access to the identity of the donor

---

---

---

---

---

---

---

---

---

---

## Co-parenthood

Lesbian couples and single women

Motivation :

- Welfare of the child: a child has the right to have a "father"
- A child needs to develop an emotional and social relationship with a father
- An opportunity for homosexual men or homosexual male couples to become father

---

---

---

---

---

---

---

---

---

---

## Co-parenthood : risks

- Conflict arise when all parties involved try to define and to establish the parental rights and obligations in this project for a child
- Fathers have everything to gain in these projects but depend for their rights completely of the legal mother
- Good communication should be maintained throughout the whole education of the child
- Donor registration is not an alternative co-parenthood



---

---

---

---

---

---

---

---

---

---

## Identity release donors

- The need for genealogical information only exists if the child is told about donor conception
- Motivation :  
Anticipating a potential need of the child :  
the child has access to the identity of the donor if needed



---

---

---

---

---

---

---

---

---

---

## Identity release donors

Problem : shortage of sperm donors

- In 2006 the number of donors registered with the HFEA was 60% of that in 1991 (BMJ, 15 November 2008)
- Nevertheless 50 donors who gave sperm before August 1991 have registered with UK DonorLink, a voluntary register set up in 2004 as a pilot for the HFEA register (BMJ, 18 October 2008)
- 2003 : UK gamete donors' reflections on the removal of anonymity :  
130 donors : 87 oocyte donors and 43 sperm donors  
65 would still donate if anonymity was removed : 45 oocyte donors and 20 sperm donors (Frith et al. Hum. Reprod., 2007)



---

---

---

---

---

---

---

---

---

---

## Identity release donors

- Risk : what will the child be looking for : a genetic reference or a parent ?
- Potential encounters should be prepared and guided by professionals :
  - so that the expectations of the child can be met without to much interference in the family life of the donor
  - so that the child has no false expectations
  - so that the donor has no false expectations
- Good contacts could lead in time to unwelcome interference with the personal or the family life of parents, offspring or donors, and this might end in the worst case with the court deciding on unwanted claims from either of the parties, as cases in the USA, Sweden and The Netherlands have shown (Janssens, Hum. Reprod., 2009)

---

---

---

---

---

---

---

---

---

---

## Conclusion

Gamete and embryo donation, although technically fairly straightforward, are psychologically emotionally and socially complex, having significant impact on parents and donor offspring. The expectations, beliefs and considerations of parents and offspring, in combination with past and present experience, are crucial for the choices made in each phase. Choices that, often, cannot be reversed once they are made. This underlines the importance of providing good information for participants,...

(Janssens; Hum. Reprod., 2009)

---

---

---

---

---

---

---

---

---

---

## Conclusion

### WELFARE OF THE CHILD ? Disclosure versus non-disclosure

- The parents will have to learn their children to live with the consequences of the irreversible choices they made concerning family building
- It will be easier for parents to guide their child when the decisions they made concerning family building are their choice
- Counselling might change their mind on non-disclosure but counsellors should always respect the choice of the parents

---

---

---

---

---

---

---

---

---

---

## Conclusion

### WELFARE OF THE CHILD ? Anonymous versus non-anonymous donation

- **Respect the legislation**
- **If legislation allows both : respect for the couples' decisions concerning family building because the parents will have to learn their children to live with the consequences of their choices**

---

---

---

---

---

---

---

---

---

---

**I hope that looking behind the closed door of my office, gave an insight of what happens behind the closed bedroom door of the couples and will help you to guide the decision-making process of these couples**

---

---

---

---

---

---

---

---

---

---