THIRD PARTY REPRODUCTION - AN OVERVIEW OF THE PSYCHOSOCIAL ISSUES

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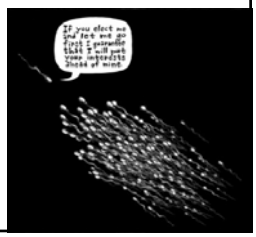
Learning objectives

are to understand:

- Common reasons for semen donation, oocyte donation, embryo donation and surrogacy
- Typical concerns and reservations of recipient couples
- Counselling issues and interventions
- Specific issues: Intrafamilial donation, cross-border treatment
- Assessment versus counselling
- Outlook: Implementing psychosocial care for parents, donor and surrogates

Reasons for semen donation

- Male sub- and infertility, failed ICSI
- Avoiding passing on a genetic disease
- Lesbian couples
- Single women



Reasons for oocyte donation

- Female sub- and infertility, ovarian failure, premature menopause, advanced age
- Avoiding passing on a genetic disease
- Donation within lesbian relationships motherhood: biological and social/gestational mother
- Donation for homosexual men (in combination with surrogacy)
- Oocyte donors – oocyte sharers

Reasons for embryo donation

- Male and female sub- and infertility
- Advanced age
- Couple can donate embryo, usually after having completed their family building (rare, as child is full sibling of their children)
- Semen and oocyte donor can donate (child is not full sibling of the child of semen/oocyte donor)

Reasons for surrogacy

- Implantation difficulties
- Contraindications against pregnancy
- Lack of uterus
- Gay men
- Gestational surrogate: gametes of commissioning couple or donated semen/oocytes are used
- Full/traditional surrogate: surrogate's oocyte and semen of intended father is used (becoming rarer).

Concerns and reservations of recipients

- Unusual family composition:
  "Will we be able to manage the differences in a positive way?"
- Stigma and taboo
  "Shall we talk about our plans?" How will others react? Will we as a family or will our child be ridiculed or ostracised?"
- Social parenthood:
  "Will the child perceive me to be the "real" parent?"

Concerns and reservations of recipients

- Information sharing
  "How will the child react if we talk to him/her about the conception? Will we do more damage than good by being open?"
- Needs of the child
  "How will children manage this type of family composition in later years (puberty, adulthood)?"
- Access to information
  "Will the child be able to access the identity of the donor/surrogate?"

Counselling issues and interventions

- Psychosocial counselling should take place **prior to** medical treatment so that both partners fully support the type of treatment, the risk of developing ambivalences during pregnancy (cave: pregnancy termination!) is small and they are confident they can manage the long-term implications.

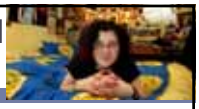
Counselling issues and interventions

- Finding closure re treatment with own gametes, supporting a mourning process, help to develop mourning rituals
- Exploring alternatives: adoption, life without children
- Shifting from solely biological to “mixed” or social parenthood, exploring similarities and differences between partners, allowing for different “speed”

Counselling issues and interventions

- Providing basic medical and legal information
- Exploring fears and anxieties during treatment and pregnancy and before birth, providing information, offering reframing
- Exploring information sharing with significant others and child: explaining advantages/disadvantages, developing a script, showing resources (booklets etc.)
- Explaining typical reactions/needs of children, teenagers and adults

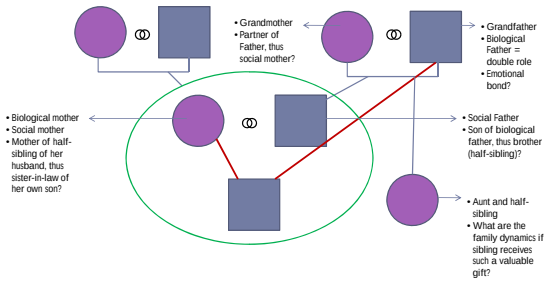
Specific issues: intrafamilial donation



Counselling is vital !

- Discuss and determine roles of treatment members (intrafamilial donation, donation by friend)
- Explore potential conflicts: needs may change after the child is born, family dynamics parent-child, amongst siblings
- Explore sexual potential connotation
- Excluding coercion, ensuring autonomous decision (child-to-parent-donation ?)
- Explore information sharing with others: unconventional family composition
- Explore information sharing with child

Example: Intergenerational donation



Specific issues: cross-border treatment

- Increasing number of patients travel for treatment (oocyte donation)
- Language
- Legal issues (maternity after surrogacy)
- Documentation (30 yrs within EU, but does offspring have access?)
- Values of intended parents (reproductive autonomy versus illegal treatment)
- Risk of exploitation of oocyte donors and surrogates

Assessment versus counselling

- Counselling fulfils the needs of the couples for psychological support
- Assessment fulfils the needs of the clinic/doctor/society re the appropriateness of service provision
- It should be transparent whether intended parents, donors and surrogates are offered counselling or assessed
- The assessment process should be explained

Outlook: Implementing psychosocial care for parents, donor and surrogates

- Psychosocial counselling for intended parents should be strongly recommended
- Psychosocial counselling should be available before, during and after treatment (information sharing with child)
- Psychosocial counselling for donors and surrogates prior to, during and after donation/surrogacy should be strongly recommended, free or charge
- Psychosocial professionals need expertise (training and experience) in this area, including knowledge about medical, legal and psychological aspects
- Psychological assessment does not replace counselling

Questions
and
Discussion

Suggested reading

Applegarth, L. (2006) The donor as patient: assessment and support. In Covington, S. N. and Burns, L. H. (eds), Infertility Counseling A comprehensive handbook for clinicians. Cambridge University Press, Cambridge ; New York.

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