

# A child of “hers”: older single mothers and their children conceived through IVF with both egg and sperm donation

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**Objective:** To study the decision to have a child alone, the experience of gamete donation, the issue of disclosure of the donor link to the child, conception-related health and sociodemographic characteristics of the mothers, children's socioemotional development, and mother-child relationships.

**Design:** Qualitative study.

**Setting:** Prior clients of a sperm bank.

**Participant(s):** Eleven single women in their late forties who gave birth to children aided by IVF involving both egg and sperm donation, i.e., the children are not genetically related to the mothers.

**Result(s):** Not only were there differences among the participants, but they also differed from the only previous study focusing on single women becoming mothers by choice and using advanced reproductive technologies.

**Conclusion(s):** Similarly to previous studies, we generally found that the impact of assisted conception on parenting and child development gives no undue cause for concern while the children are still young. However, the young age of the children in our sample prevented us from answering many questions about the children's socioemotional development and about disclosure of donor conception to children born to older single women using double gamete donation and IVF. (*Fertil Steril*® 2008;90:576–83. ©2008 by American Society for Reproductive Medicine.)

**Key Words:** Egg donation, sperm donation, IVF, single mothers, Israel

Four reviews of research on assisted conception, concentrating on parenthood and the cognitive and socioemotional development of the children in these families, have been published in recent years (1–4). Susan Golombok and her colleagues at the Family and Child Psychological Research Center, City University of London, have contributed massively to the knowledge base in this area (5–11). In their comprehensive review, Golombok and MacCallum (3) distinguish among the various types of assisted conception families: in vitro fertilization (IVF) families, intracytoplasmic sperm injection (ICSI) families, donor insemination (DI) families, egg donation families, lesbian and single mother DI families, and surrogacy families. Although the difference between IVF and natural conception lies in the conception itself, Golombok and MacCallum (3) suggest that the stress of the IVF treatments makes having a child by IVF a different experience for parents. A further difference is the higher likelihood of multiple births, frequently accompanied by preterm births and low birth weight.

Research on DI families, mostly on younger children, so far does not suggest particular problems in parenting nor in psychologic problems in the children (3, 7), even though

there are some differences between IVF families and those where children conceived naturally. Only the Israeli study of Levy-Schiff et al. (12) explicitly found that children born through assisted conception have more emotional difficulties than naturally conceived children. However, they did not distinguish between IVF children with and without gamete donations and did not study single women who became mothers by choice.

Two major concerns in DI families are crystallizing (3). First, there is growing unease about the secrecy surrounding DI, because the families do not wish to disclose that the father is not genetically related to the child. Adoption research suggests that not knowing one's genetic origin or discovering under unfavorable circumstances that one's father is not one's genetic father may adversely affect the offspring later in life (3). Second, parents may feel or behave less positively toward a nongenetically related child, and this may have an undermining effect on the child's identity.

The concerns expressed about egg donation are similar to those raised by DI: lack of a genetic bond between mother and child and the secrecy surrounding this fact. However, the few studies on egg donation families (5, 7, 13) do not allow conclusions to be drawn about how this type of conception affects parent-child relationships and child development.

Golombok and MacCallum (3) point out that no comprehensive study has yet been carried out on the psychologic well-being of children born to single heterosexual mothers who used sperm donation and either artificial insemination

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or IVF. Golombok and MacCallum call such mothers “solo mothers,” possibly to distinguish them from single parent families following parental separation and divorce.

Solo mother families form a special group; the mothers do not necessarily experience infertility problems but use assisted conception technologies and raise their children from birth without a partner. Golombok and MacCallum report that the concerns with these families involve the effects of the children growing up fatherless and are based on research showing negative outcomes in cognitive, social, and emotional development for children raised by single mothers as a consequence of family separation. Golombok and MacCallum argue that the outcomes for single mother families due to divorce, where economic hardship and parental conflict can account for the unfavorable findings, cannot be generalized to children born to solo mother families (3). These children have not experienced parental separation and are generally raised without financial hardship.

In three studies with very small samples of solo mother DI families, the mothers’ main reason for choosing DI was the sense that time was running out for fulfilling their lifelong dream of having a child. They felt there was no choice but to have a child in this way due to the lack of a partner (3). In a more recent study, Murray and Golombok focused on solo DI mothers (14), on their psychologic well-being, and the quality of parent-child relationships. That study also examined the issue of disclosure of the DI to the child. Twenty-seven solo mother DI families were compared with 50 married DI families. Solo mothers showed lower levels of sensitivity toward their infant than married mothers. They were more open toward disclosing the donor conception to the child than were married DI mothers (14).

In the follow-up to that study, when the children were age 2, and using somewhat smaller samples, children of solo mothers exhibited fewer emotional and behavioral difficulties than those of married DI mothers (15). Because the children were still infants, Murray and Golombok noted that it would be some time before the children’s feelings can be examined about never knowing the man who was their sperm donor.

The solo mothers were a group of college-educated women in their late thirties, all financially secure professionals. They did not resemble the poorer working-class single mothers in previous studies who became mothers as a result of sexual intercourse. Similar characteristics were shown by single mothers in another qualitative study of ten women who chose to become single mothers in their late thirties and early forties; six participants had their child by natural childbirth, and four adopted children (16).

The research on parenting and mother-child relationships in solo mother DI families is hampered by the small samples (14). Moreover, Buck et al. (17) have noted that various research hurdles complicate the analysis of assisted conception treatments and consequent outcomes. Although Buck and his colleagues focused more on issues arising from the medical

treatments, their assertions also apply to other aspects of assisted conception. For example, Murray and Golombok (14, 15) focus on solo mothers with singletons, probably for reasons of clarity. However, children born with the aid of donor sperm may be the result of both insemination and IVF. According to a world collaborative report on IVF in 2000 by Adamson et al. (18), the chance to give birth to twins in IVF-aided pregnancies was 27%. Although in countries where single embryo transfer is encouraged the IVF twin rate is much lower, the representation of the reality may become complicated because there can be solo mothers who have to face the situation of raising twins alone.

No studies have examined single women in their forties who bore children conceived through both sperm and egg donation and IVF. Nor is there any research on the effect of egg and sperm donation among married couples. At least in Israel, the case of egg and sperm donation for a woman using sperm from a sperm bank is unique in that both donations must be anonymous. That is, the two gamete donors are unknown to each other, to the recipient, and to the resulting offspring.

As with embryo donation, which is legally prohibited in Israel, the resulting offspring is genetically unrelated to the birthing mother. This lack of genetic relationship between mother and child in egg and sperm donation resembles adoption. Indeed, Bartholet (19) views offspring created by egg and sperm donation as a technologic form of adoption. Adopted children and those conceived through egg and sperm donation are both wanted by the parents who raise them. However, in egg and sperm donation the experience of pregnancy and birth by the woman creates a ‘natural’ looking situation, enabling secrecy about the child’s genetic parents. A further difference is that in adoption the rights and responsibilities of becoming a parent come through legal rather than biologic channels.

The present analysis is part of a larger study on the health and psychologic well-being of children born to formally single DI mothers. Our questionnaire included the question of whether the responding women had also been aided by egg donation. Eleven women shared with us that they bore a child following both sperm and egg donation and IVF. For the sake of precision, because our sample comprises ten solo mothers and one respondent with a female partner, we use the term “single mother.” We present results from eleven families in which formally single women in their late forties gave birth to and are raising children who are not genetically related to them.

## METHODS

### Participants and Procedure

The eleven single mothers with children conceived through both sperm and egg donation and IVF were recruited through one sperm bank in Israel. In Israel, single women have access to both donor insemination and IVF. The Health Funds are required to fund fertility treatments of all types to all women up to 51 up to the birth of two living children. Despite the growth in the number of births resulting from various forms of

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