

Donor conception from the viewpoint of the child: positives, negatives, and promoting the welfare of the child

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Use of donor egg and donor sperm has made parenthood a possibility for many who could not achieve it through natural conception. The use of donor gametes may also permit prospective parents to mitigate a number of health problems for the hoped-for child. Promoting the welfare of the hoped-for child, however, includes not only the consideration of good physical health but also necessitates consideration of psychological, emotional, and social well-being. This paper will review the impact of donor conception from the viewpoint of the resulting child including the psychological, emotional, and social well-being of donor-conceived children. It will discuss the topic of disclosure and closely consider the expansion of donor conception to older parents from the viewpoint of the child. (*Fertil Steril*® 2015;104:513–9. ©2015 by American Society for Reproductive Medicine.)

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An accurate history of one side of third-party reproduction, sperm donation, is hard to pin down, but it has been suggested that the first medically assisted donor insemination occurred in 1884 (1). A century later in 1984, technological advancements made it possible for a child to be born via donor egg (2). Since that time, donor conception has grown in use, and it is no longer an uncommon occurrence. While it is difficult to estimate the number of children conceived via sperm donation, the most recent Society for Assisted Reproductive Technology (SART) data indicate a trend of about 18,000 egg donor cycles per year with each of those years resulting in 9,000–10,000 children (Eleanor Nichol, personal

communication, American Society for Reproductive Medicine [ASRM]–SART).

It has been noted that donor conception is a means for adults to fulfill their desire to become parents, which may not adequately consider the interests of the resulting child. Certainly the resulting children did not weigh in on the decision to use a donor, yet it affects them most of all (3). Alternatively, many would argue that coming into existence is an undeniable benefit to the children born via donor conception and therefore justifies the treatment decision, but are there negative consequences as well and a need to be clinically cautious with the provision of third-party reproduction? This paper will review the impact of donor conception from the

viewpoint of the resulting child. This will include discussion of the psychological well-being of donor-conceived (DC) children, examination of recent trends and issues associated with disclosure, and consideration of how children may be impacted by the expansion of reproductive donation to older parents.

Psychological Well-being of Children Conceived through Reproductive Donation

The increasing use of donor gametes in assisted reproduction has spurred examination of the well-being of the resulting children and families; the findings of these longitudinal studies have been encouraging. Children conceived via donor egg and via donor sperm assessed repeatedly at ages 3, 7, and 10 were found to score within the normal range on scales of emotional symptoms, conduct problems, hyperactivity/inattention, quality of peer relationships, and prosocial behaviors (4). Further, assessment of the mother-child relationship for these same

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children at age 3 revealed no difficulties in terms of the warmth in the relationship, the amount of time and enjoyment in joint activities, the mother's ability to recognize and respond to the child's needs, or the level of mother-child conflict. In addition, the mother-child relationships of DC families were similar to the mother-child relationships in naturally conceived families. Maternal scores on measures of anxiety, depression, and marital quality created a factor score of maternal distress. Maternal distress levels did not differ between naturally conceived families and DC families. However, within the DC families, mothers who had not told their child about the use of donor gametes had higher levels of distress relative to disclosing mothers (4).

Less data are available regarding adolescents; however, the data that do exist are also encouraging. Examination of the socioemotional development of 12-year-olds conceived through egg donation or sperm donation suggested that all of the children were well adjusted (5). Further, parent-child relationships for 17- to 18-year-olds conceived by donor sperm do not appear to differ from those in naturally conceived families (6).

The small sample sizes within these analyses merit caution in conclusions, however, their findings clearly do not suggest problematic psychological adjustment for DC children. That said, a critical limitation of these findings is the fact that they reflect the experiences of individuals who agreed to participate in these studies. In other words, there may be a sample bias where the data overrepresent high-functioning families who were comfortable participating and perhaps underrepresent families experiencing difficulties who may have been less comfortable participating. Another limitation is the fact that few families within these studies had disclosed the use of donor gametes to their children. Thus, it is difficult to draw conclusions on the psychological adjustment of DC children and adolescents who are informed of the donation.

Although the findings on donor conception and child well-being are thus far encouraging, it is worthwhile to continue to track the well-being of these individuals as they continue to grow and develop. Psychological maturation and adjustment issues continue across the lifespan. As the late adolescents and early adults conceived via donor gametes continue their identity formation they may revisit the question of "Who am I?" as well as the corollary questions of "How have my genetic and social family relationships contributed to who I am?" and "How will my experience as a DC child influence the relationships I have with my children?" Assessment of these individuals into adulthood may allow a more complete understanding of any long-standing impact of donor conception.

Disclosure: Ethically Necessary?

The Ethics Committee of ASRM has unequivocally recommended that individuals who were conceived with the use of donor gametes should be informed of that donation (7). While the ASRM Ethics Committee has come to this clear conclusion, more broadly, ethicists continue to debate whether there is a "right to know."

Some ethicists have rejected the premise that DC individuals have the right to know their genetic origins (8). They cite a lack of strong empirical evidence that DC individuals who

are not informed about their donor conception history are adversely impacted, or harmed, by the lack of knowledge (8).

A contrasting ethical stance acknowledges that not all DC individuals who remain uninformed of the circumstances of their conception are necessarily harmed; however, they are all treated wrongly when they are deprived of the ability to access information about their genetic origins. Succinctly, they can be wronged without being harmed (9). The argument posits that a fundamental aspect of human existence is the understanding of who we are and how we are connected to others. For some, knowledge of genetic origins is central, and those DC individuals who are uninformed of their genetic origins are deprived of the liberty to choose what meaning they assign to the genetic component of their identity (9).

DC individuals are not likely to wait for ethicists to hammer out the dispute about the right to know. It is evident that many DC young individuals are interested in obtaining more information about their donors and potentially establishing contact.

Rates of Disclosure

The push for disclosure is an abrupt about-face from prior advice for secrecy, and this appears to be impacting the disclosure intentions and behavior of parents. In terms of intentions, only a decade ago, 30%–40% of donor insemination families and 30%–60% of egg donation families reported an intention to inform their children of the donation (10). More recently, a study of families with children 1–4 years of age who were conceived through gamete donation revealed that 78% of parents intended to inform the children of the gamete donation. There was no significant difference in intention to tell across forms of treatment (e.g., egg donation or sperm donation). Furthermore, 18% of children conceived via egg donation and 17% of children conceived via sperm donation had already been told of the donation. Among those parents who had not yet carried out the intention to inform, the most common plan was to tell by the time their child was 6 years old (11). A similar study has shown that by the time the resulting child was aged 7, 29% of mothers in donor insemination families and 41% of mothers in egg donation families had begun the process of disclosing the child's donor origins to the child (12).

Information Seeking among Informed DC Offspring

It is undeniable that DC offspring face a unique set of adjustment and identity formation issues, an additional set of challenges that they inherited rather than elected to take on. It has been suggested that disclosure and the ability to explore information about the donor and or establish contact may be an empowering experience and a means to personally control some of these challenges (3).

The trends on disclosure are currently in a state of change. Most young adults who were conceived via donor gametes were conceived in a time frame when nondisclosure was advised. Still, some of these adult DC offspring have been informed of the details of their conception, and most are

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