

# Public support for intergenerational oocyte donation in the United States

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**Objective:** To determine whether the general public supports intergenerational oocyte donation.

**Design:** Cross-sectional study.

**Setting:** Not applicable.

**Patient(s):** A nationally representative sample based on age distribution of United States residents.

**Interventions(s):** Not applicable.

**Main Outcome Measure(s):** Characteristics of respondents who supported (strongly agree and agree) various oocyte donation practices were compared with participants who did not support them (disagree and strongly disagree) using log binomial regression to calculate risk ratios (RRs) and 95% confidence intervals of support (95% CIs). Models were adjusted for age, gender, and religion to yield adjusted risk ratios (aRR).

**Result(s):** A total of 1,915 people responded to the Web-based survey; 53% were female, and 24% were racial/ethnic minorities. Eighty-five percent had prior knowledge of oocyte donation, and 74% felt that a woman should be able to donate oocytes to a family member. The desire to help a family member was the most commonly perceived motivation for donors (79%). Christian-Catholics compared with Christian-non-Catholics (aRR 0.91, 95% CI 0.86–0.98), African Americans compared with non-Hispanic Caucasians (aRR 0.86, 95% CI 0.76–0.97), and Republicans compared with Democrats (RR 0.93, 95% CI 0.88–0.98) were less likely to support intergenerational oocyte donation. Respondents with three or more biological children (RR 1.06, 95% CI 1.00–1.11) compared with those with no children were less likely to support this practice. Eight percent of participants disapproved of donation to any family member. The most common reason for disapproval was the potential negative impact on the child (53%).

**Conclusion(s):** A majority of Americans support the practice of intergenerational oocyte donation; however, support varies according to demographic characteristics. (Fertil Steril® 2017; ■:■–■. ©2017 by American Society for Reproductive Medicine.)

**Key Words:** Intergenerational oocyte donation, oocyte donation, public support, survey

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Just 6 years after the first successful IVF pregnancy in 1978, a Swedish woman with ovarian failure used a donor oocyte to successfully conceive (1, 2). Since then, refinements in oocyte donation have made the practice both commonplace and socially acceptable (3). As a result, women have increasingly inquired about the use of a known donor, such as a family member, particularly because it maintains a genetic connection and may be less costly than anonymous donor oocytes.

The practice known as intrafamily donation, whereby the donor is a relative of the mother of the resultant child, is further subdivided into intergenerational and intragenerational donation. Intragenerational oocyte donation describes donation between members of the same generation (typically siblings or cousins) and is generally accepted by most IVF centers. Intergenerational oocyte donation describes donation between members of different generations, namely

daughter-to-mother, or niece-to-aunt, and may have more complex ethical implications.

In 1986 Leeton et al. (4) reported the first case of intrafamily oocyte donation between two sisters; however, there are no published figures on the prevalence of this practice. A survey of clinics in the United Kingdom in 2011 conducted by the Human Fertilization and Embryology Authority found that >40% of clinics received a request at least once per month regarding intrafamily donation, with sister to sister donation being the most common (5). Positive attitudes toward intrafamily donation were first reported in 1988 by Sauer et al. (6), who surveyed a small group of couples undergoing IVF with donated oocytes. Motivations for using related donor oocytes include preserving genetic

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inheritance, reducing cost, and expediting procurement of oocytes by bypassing private companies (7). A small survey study of women undergoing intrafamily oocyte donation found that the practice was associated with high satisfaction among all family members, and many felt that it deepened family relationships (8).

However, several concerns have been raised regarding related donors of different generations. Questions regarding autonomy and coercion, changes to family dynamics, the impact on a resultant child, and disclosing the donation to family members have all been reported (8). Several small studies have examined concerns regarding intrafamily oocyte donation via targeted interviews and surveys of families (9–11). However, after nearly 30 years of increasing access, demand, and medical acceptance, little information about public opinion and attitudes surrounding intergenerational oocyte donation exists. In fact, the American Society for Reproductive Medicine recently encouraged a formal investigation owing to the paucity of data about this topic (12). Our study aims to evaluate public opinion of intergenerational oocyte donation. With information gleaned about ethical considerations and attitudes, our hope is that we will be better able to inform both physicians and patients on how to approach this sensitive topic.

## MATERIALS AND METHODS

A 27-question survey ([Supplemental Appendix](#), available online) was distributed via SurveyMonkey, a professional Web-based survey company, to a nationally representative sample of 2,097 US residents in November 2016.

Specifically, US-based respondents aged of 18–29, 30–44, 45–59, and >60 years were equally recruited using intramural grant funds secured by the authors. Of the 2,097 respondents recruited, 2,020 (96%) completed the survey in its entirety. As part of SurveyMonkey's recruitment, \$0.50 per survey is donated to the respondent's charity of choice, with the opportunity for further remuneration via the entering of sweepstakes.

Because this was a survey designed for the general public, the survey was intentionally written using a middle school reading level, taking care to avoid medical terminology. Before distribution the survey was trialed with 10 nonphysicians of varying education levels and professional backgrounds, to ensure readability and clarity.

Inclusion criteria for study participation were age  $\geq 18$  years, with English literacy, access to the Internet, and US residency. Participants were excluded if they reported that they were opposed to IVF under any circumstance, because this is an essential component to oocyte donation. The Partners HealthCare Institutional Review Board considered this study exempt.

Before completing the survey, participants were introduced to the concepts of IVF, oocyte donation, and intergenerational oocyte donation. Participants were then asked to complete multiple-choice questions with the opportunity for free text for select questions. Participants were asked if they strongly agreed, agreed, were neutral, disagreed, or strongly disagreed with different scenarios or statements. For example,

respondents were asked a series of questions regarding their views of different donor relationships, such as "A woman should be able to donate her eggs to her sister"... "her aunt"... "her mother." The second part of the survey asked respondents about demographic information.

Support for various intergenerational oocyte donation practices was defined by selection of strongly agree or agree. Disapproval was defined as a response of strongly disagree or disagree. Those who neither supported nor disapproved could choose the option neutral. For each of the demographic characteristics, descriptive statistics were calculated, and referent groups were defined by selecting logical comparison groups or the most prevalent choice per group. "Supporters" of various oocyte donation practices were compared with respondents who were "not in support" using log binomial regression to estimate risk ratios (RRs) of agreement with 95% confidence intervals (CIs). The regression model was adjusted a priori for age, gender, and religion. Statistical analysis was performed using SAS 9.3 statistical software (SAS Institute).

## RESULTS

Of 2,097 respondents recruited, 2,020 (96%) completed the survey, and 1,915 (88%) agreed that physicians should be able to perform IVF; 105 (5%) disagreed, and the remainder were neutral. Those in support of physicians performing IVF ( $n = 1,915$ ) were included in the final analysis (see [Supplemental Fig. 1](#) for a flow diagram of cohort inclusion). [Table 1](#) summarizes the demographic characteristics of survey respondents. Eighty-five percent of respondents had heard about the practice of oocyte donation before completing the survey. Of those who supported physicians performing IVF, 1,633 (85%) agreed that physicians should be allowed to help couples get pregnant using donor oocytes, whereas 51 (3%) did not. Seven hundred nineteen respondents (38%) felt that having a biological child was important, 753 (39%) felt that having a biological child was not important. Twenty-three percent of respondents ( $n = 443$ ) did not intend to have children in the future.

[Table 2](#) presents the association of support for intergenerational oocyte donation by respondent demographic characteristics. People aged 30–44 years old were more likely to support physicians using oocytes donated by a family member (RR 1.05, 95% CI 1.00–1.11; aRR 1.06, 95% CI 1.00–1.11) compared with 18–29-year-olds. Respondents who were Christian–Catholics were less likely than Christian–non-Catholics to support this practice (RR 0.93, 95% CI 0.88–0.99; aRR 0.91, 95% CI 0.86–0.98). Republican respondents were less likely to be in support than Democrats (RR 0.93, 95% CI 0.88–0.98), and respondents with three or more biological children were more likely to support this practice than those with one child (RR 1.06, 95% CI 1.00–1.11). Black respondents were less likely to be in support when compared with non-Hispanic white respondents (aRR 0.86, 95% CI 0.76–0.97).

Seventy-four percent of respondents supported women donating oocytes to a family member, whereas 8% did not. When asked specifically about donor-to-recipient

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