



The Child's Advocate in Donor Conceptions: The Telling of the Story

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Traditionally, to create a child, there is a joining of a woman's egg and a man's sperm via sexual intercourse. When, by choice or by happenstance, this process is not available, modern persons have access to additional methods. These methods stem from the donation of materials originating in others, a donated egg, donated sperm, or more recently, a donated fertilized frozen embryo. The donations range from easily obtained material (sperm) to complexly obtained material (eggs) to material created via a large sum of money and effort by the donors (embryo) (see Figure 1). As in traditional adoption, the donor procedure of creating a child involves a minimum of two parties, one in whom the gamete material was created and one who accepts this material to obtain a child.

Figure 1. Definitions

Donated Egg: Transfer of preovulatory oocytes from voluntary donor to a suitable host. Oocytes are collected through an invasive procedure, fertilized in vitro, and transferred to the host.

Donated Sperm: Collection of ejaculated sperm from voluntary donor used to fertilize egg in human host or in vitro.

Donated Embryo: Embryo that has been created through in vitro fertilization in excess of what was used by the gestating woman. Often frozen for further use, recent trend to donate for adoption by others.

The history of donor conception dates back to 1884, when the first case of donor insemination was documented. At that time, physicians were using their own sperm for conception (Snowden, 1983). The first documented case of egg donation was in 1983 (Buster et al., 1983), and embryo placement and adoption began in 1997 ("Embryo adoption becoming the rage," 2009). Donor conceptions are provided for couples with male or female infertility, individuals who have a genetic disorder they do not want to pass on to

a child, second marriages where there was a vasectomy in the first marriage, single women, and the lesbian and gay population. Estimates are that thousands of children are born by donor conception each year in the United States, more than the number of infants placed in traditional adoptions.

This article suggests the assistance families will need in sharing the stories of their children's beginnings with them. This author believes that keeping origins secret can be detrimental to a child's mental health, and that open donation, similar to open adoption, is most helpful in the healthy family system.

Preparing for Parenthood

Unlike the traditional method of pregnancy in which one-third of all pregnancies are unplanned, using donor material takes some intention. An essential step in the process is coming to terms with the choice to use donor material. Parents must accept that this chosen alternative is different. Grieving the loss of personal ability to create the genetic offspring, the loss of the biological child or a marriage or relationship that would create a genetic child is an important factor in being prepared to parent children through a donor conception. Mental health therapists have found through experience as counselors to families that without preparation of the parents through education and courses, the losses tend to become the responsibility and burden of the child. Mental health therapists believe a child should be born into a family without having to cure the situation that brought donor conception to the family. For many, a history of infertility has preceded the decision for a donor conception. Acknowledgement and acceptance of all losses connected to the infertility struggle is a part of parenting preparation.

For couples planning to parent a child by donor conception, it is vital that both individuals emotionally accept the decision for a donor. The infertile couple needs assistance from others to make the conception medically possible. The nature vs. nurture debate has been illuminated by years of adoption research (Bouchard, Lykken, McGue, Segal, & Tellegan, 1989) that who we become is approximately 50% nature and 50% nurture. Those who choose sperm or egg donation must accept the significance of the genetic com-

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Author's Note: I would like to dedicate this article to my mentors, Annette Baron (author of *The Adoption Triangle and Lethal Secrets*) and Sharon Kaplan Rozia (author of *The Open Adoption Experience*). Annette and Sharon have taught me to speak the truth and to encourage parents to speak the truth to their children for the benefit of their children.

Pediatric Ethics, Issues, & Commentary focuses on exploring the interface between ethics and issues in clinical practice. If you have suggested topics or cases for consideration in the column, please contact Anita J. Catlin, DNSc, FNP, FAAN, at catlin@sonoma.edu

Figure 2.
Readings

Young Children (Ages 3 to 10)

How I Began: The Story of Donor Insemination, by N.S.W. Infertility Social Workers Group, J. Paul, (Ed.), 1988, Port Melbourne, Australia: The Fertility Society of Australia.
Let Me Explain: A Story About Donor Insemination, by J. Schnitter, 1995, Indianapolis, IN: Perspectives Press.
Mommy, Did I Grow in Your Tummy? Where Some Babies Come From, by E. Gordon, 1992, California: E.M. Greenberg Press, Inc.
My Story/Our Story, by Donor Conception Network, 2002, London: Donor Conception Network.
Phoebe's Family: A Story about Egg Donation, by L. Stamm, 2010, Niskayuna, NY: Graphite Press.
Sometimes It Takes 3 to Make a Baby: Explaining Egg Donation to Young Children, by K. Bourne, 2002, Melbourne, Australia: Melbourne IVF.
The Family Book, by T. Parr, 2003, New York: Little, Brown & Co.
Before You Were Born, Our Wish for a Baby, by J. Grimes, 2004, Webster, IA: X, Y, and Me.

Older Children (12 and Older)

Behind Closed Doors: Moving Beyond Secrecy and Shame, by M. Marrisette, 2006, New York: Be-Mondo Publishing Inc.
Who Am I? Experiences of Donor Conception, by A. McWhinnie, 2006, Warwickshire, UK: Idreos Education Trust.

Nurses and Parents

Building a Family with the Assistance of Donor Insemination, by K. Daniels, 2004, Wellington, New Zealand: Dunmore Press.
Choosing to be Open about Donor Conception: Experiences of Parents, by S. Pettle and J. Burns, 2002, London: Donor Conception Network.
Experience of Donor Conception: Parents, Offspring & Donors through the Years, by C. Lorbach, 2003, London: Jessica Kingsley Publishers.
Families Following Assisted Conception: What Do We Tell our Child? by A. McWhinnie, 1996, Dundee, UK: University of Dundee.
Telling and Talking About Donor Conception: A Guide for Parents, by Donor Conception Network, 2006. London: Donor Conception Network.
Third Party Assisted Conception Across Cultures: Social, Legal & Ethical Perspectives, by E. Blyth and R. Landau, 2003, London: Jessica Kingsley Publishers.
Truth & the Child 10 Years On: Information Exchange in Donor Assisted Conception, edited by E. Blyth, M. Crawshaw, and J. Speirs, 1998, Birmingham, UK: British Association of Social Workers.
Lethal Secrets, The Psychology of Donor Insemination Problems and Solutions, by A. Baron and R. Pannor, 2008, Las Vegas, NV: Triadoption Publications .
Mommies, Daddies, Donors, Surrogates: Answering Tough Questions and Building Strong Families, by D. Ehrensaft, 2005, New York: Guilford Press.

Note: Many of these publications are available through the Infertility Network (www.infertilitynetwork.org).

Figure 3.
Web Sites of Interest

The Donor Sibling Registry www.donorsiblingregistry.com
Infertility Network www.infertilitynetwork.org
Embryo Adoption Awareness Center www.embryoadooption.org
<i>Adoptive Families</i> (magazine) www.adoptivefamilies.com
American Society for Reproductive Medicine www.asrm.org

ponent in their child's life. For an embryo placement, the child's complete genetics are connected to another family. Thus, it is important that parents learn as much as they can about the donors they are 'inviting into their home,' accept that another person or family is helping to conceive the child, and that the child may have life-long genetic, social, and emotional connections to that family.

Earlier in my career as a social worker in the infertility and donor world, there was very little information, if any, provided regarding the anonymous donors. Sperm and eggs came privately or with very basic medical information. This has now changed. Resources are now available to select a donor's genetic material based on social, psychological, and medical information, including pictures, videos, and audio tapes, and identified donors who can be available for medical emergency and as social contacts at a later date. In embryo placement, there are open arrangements so the genetic family and prospective adoptive family know about each other and continue to be a resource for both families as their children grow in understanding their particular stories.

Education

Whether traditional adoption, donor conception, or embryo placement, education of prospective parents is mandatory. Educational resources are increasingly available, including books, children's books, the Infertility Network from Canada, and the Donor Sibling Registry (see Figures 2 and 3). All of these resources have Internet connections for those in the decision-making process and families who are parenting children, and also include messages from those who came to a family by donor conception. It is important to learn from those who have come before us so parents can become effective advocates for their children.

In adoption, it is positive for families to announce their decision to their family and friends to gain their support. Because a donor conception includes a pregnancy in the family, the question of whether to go public is more difficult. While families deserve some privacy regarding personal decisions, it is well known from family systems theory that secrets cause problems. From my clinical experience, it is generally best that couples who are successful with a donor conception share with family and friends. It benefits the family to celebrate the unique arrival of this child and to share in the celebration because this will be a very important part in the child's story.

Legal Issues

Legal issues with donor conception are evolving. Many states have legislation regarding sperm donor insemination, few states have legislation regarding egg donation, and only one state has legislation regarding embryo placement. In the Kansas City area, both Kansas and Missouri have legislation for sperm donation. There is no legislation for egg donation or embryo placement. In my practice, we recommend a stepparent adoption in egg donation and a full adoption for embryo placement with an adoption decree. Recognizing what legal liabilities are present for a child born by donor conception in the state of residency provides for the child's security.

The Child's Story

Beginning the Story

The basic need of a child brought to any family is a positive attitude about his or her conception, birth, and family. Accepting the child as an individual with a unique, genetic history is a crucial factor for donor conceptions. The parents' decision to bring a child into their family by donor represents the first step for creating a positive story. As in traditional adoption, it is the parents' job to tell all they know regarding their donor conception to help the child understand. There is an attachment process during the child's growing years, which is enhanced by honest stories about how the child came to be. We want a child/adult to say they do not remember being told because they always knew how they came into the family.

Infancy

During the child's infancy is a time for parents to practice talking to their child with positive language and feelings. "We so wanted to be parents. We were meant to be your parents. We are so happy that we got help. Many people assisted us in your coming to our family, especially our donor." Tone of voice communicates pride, love, and celebration, explaining, "We have so much to tell you and we are so excited for you to understand how you came into our family." Continue the positive language and talk basically throughout the child's growing years.

Early Childhood

Some details can be helpful in the understanding process for the child in early childhood. Children in this stage are more aware of the world around them and basically understand the concept of "family." By this age, children will be able to tell you who their family members are and how they are related to each other. They do this by family experiences and being exposed to different families.

This is a great time to start reading storybooks, and many are available. The Web site www.XYandMe.com contains a series of 16 books that begin and end the same, with not being able to have a biological child, to the joy of having a child. The middle section describes the child's particular reproduction method for coming to the family.

It is also a good idea to put a beginning book together of pictures of the child coming home. These pictures should include parents wanting a child, waiting for a positive pregnancy test, the clinic where the parents received assistance or picture of the sperm bank and/or egg facility, the doctor's office, pictures of the donor and/or genetic family, and pictures throughout the pregnancy and birth. This book will start the child from his or her beginning, which includes the parents' decision, individuals from whom they received

assistance, and the helper/donor who gave his or her genetics for the child's life. For a known donor situation, actual pictures of the family member, friend, or extended family can also be provided in the book. The message is clear, that "we wanted to have children in our family, we worked really hard for our children to arrive, and we accepted and celebrated the assistance of many people."

This is also a time to look for opportunities to point things out to children as they learn about the world around them. For example, "This is a fire station, where firemen help people when they are in an emergency." "This is where we went when we needed help for you to come into our family." "This is the hospital where you were born." Showing the child these places provides images and concrete facts along the way. This is also an excellent time to be talking to the child about the many ways that children come into a family. Todd Parr (2003) has authored many books about families and the importance of the love they share with each other.

Middle Childhood

During the middle years, as in adoptions, children have many questions. These can occur when driving the car, seeing a pregnant woman, or standing in line at a grocery store. Parents are wise to "go with the flow" in terms of these questions. Parents do well to keep the conversations active in bringing up the subject from time to time. The healthy message is that this is a comfortable subject to talk about, and it is okay to ask questions. Girls tend to ask questions earlier than boys. As children move into the questions of how babies are made, more factual information can be shared. Generally during this time, the "ah-ha" moments will occur, and children will figure out what "donor" actually means and then understand this genetic connection to another.

Sex education received from parents and schools is now starting to make more sense: They have inherited genes from the donor and may now begin to question who their 'real' parent(s) are. The questions "What is real?" and "Who is real?" come into their thoughts. The realization of who they are and who their identity is to become is not a shock because of all the early telling. However, there is some sadness when children actually understand that one or both of their parents is not genetically connected to them.

During this time, the child will ask lots of questions, and the parents will provide them with information. It is best to share most of this information before the adolescent years. In this way, children can put the puzzle pieces together as they work on identify formation. In our experience, girls are more likely to ask lots of questions; boys tend not to want to be different and may not display curiosity. All extremes are possible from not wanting to talk about it to talking about it frequently.

The best parental stance is to keep the communication lines open and answer questions with as much factual information as possible. If the child asks a question about the donor, and the parent does not have the information, it is best to have empathy for the child and say, "I wish I could answer that question. If I were you, I would want to know, too." In an open, identified donor or a known donor situation, it may be helpful to write the questions down so the value of the child's curiosity is validated. The parent can assure the children these questions can be asked of the donor.

Adolescence

As children move into their teenage years, they will

learn about science, reproduction, and deoxyribonucleic acid (DNA) in school. For some children, this will simply be academic information. However, donor children will identify these scientific concepts with themselves. In teenage years, everything is fair game for challenges and questions. Most adults remember when, as adolescents, they thought, "Parents don't really know anything. I am so different from them." The psychological task in adolescent years, as discussed by Erikson (1968), is to individuate, to become a person with individualized needs, tasks, and freedoms. Teens want to find out how they are similar and different from their parents and how they became a unique individual. Donor-conceived children also have to figure out how they are similar and different from the genetic donor. These questions will often challenge the non-genetic parents' authority, which may produce anxiety for parents. The adolescent may say things like "You are not my real parents." It is best for parents to understand the teenager's quest for identity without becoming defensive. Parents need to continue to distinguish between the facts of the teen's conception from the normal responsibilities of parenting.

A teenager who now chooses to share information with his or her peers may cause concern for parents because not everyone will understand (or approve of) how the child came to their family. This is a very fine detail because parents want to ensure their teen has pride in him or herself. Some parents might have chosen to maintain more privacy about the methods used for conception. The child, however, is really in charge of who is told, and there may be some surprises along the way.

Summary

Parents who use donor gametes should feel firm and entitled to say they are this child's parents. Health care providers (doctors, nurses, and social workers) must help these parents. Their decision to bring a child into the world creates continuous consequences for the whole family. The parents' responsibility is to attach, parent, and educate, and the child's responsibility is to ask questions to form an identity and find ways to feel secure about the individual he or she is becoming. Participating as the child's advocate presents many joys and celebrations, as well as many challenges. Pediatric nurses can help families resolve infertility issues and obtain education about donor conception. This advocacy provides the freedom for parents to be proud of their decision, attach to the process, and rejoice for the child who comes to their family. This is a true blessing for everyone. ■

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