

Donor Conception

*A guide for people
who are considering
treatments or already have
a donor-conceived child*

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Introduction

The birth of a child is always miraculous. It seems especially so to couples who have wanted a child for a long time or whose child was conceived using donated gametes. In Finland, thousands of donor-conceived children have already been born.

Becoming the parent of a donor-conceived child involves the same growing pains that other parents have, with the same moments of joy and distress. The main difference between donor conception and other infertility treatments is that a third party is needed. This could be a gamete donor or a couple who donates extra embryos from their own infertility treatments.

This guide explains when the use of donated gametes might be considered. The guide also describes Finnish legislation that affects donor conception treatments. It can serve as a useful source of information and support during the grieving process when giving up the hope for biological offspring. It also provides information about psychological support available. In addition, the guide examines gamete donation from the standpoint of donor-conceived children as well as how to tell the children about it. The guide includes quotes from people who have had donor conception treatments. The quotes have been adapted from responses to the Helminauha Survey of 2009.

The first child in the world conceived with donated sperm was born in 1884. Treatments in Finland have been taking place since the 1940s.

A child conceived with a donated egg was born for the first time in Australia in 1984 and in Finland in 1991.

A child conceived with a donated embryo was born for the first time in Australia in 1984 and in Finland in 1995.

Are donated gametes the right choice for us?

Donated gametes, adoption, becoming a foster parent, or choosing to remain childless are all valid options that should be considered. It is important for a couple to decide together so that both partners feel the choice is right for them. You should examine your own feelings and talk openly with your partner when considering the different options. A decision is reached gradually over the course of months or years. Talking to the doctor who is treating you will also help with decision-making. Discussion with an outside expert or with other couples in the same situation may also provide comfort, clarification and fresh perspectives.

For about 5–10 percent of childless couples, donated gametes (eggs, sperm, embryos) offer an important opportunity to conceive a child. Couples considering the use of donated gametes are very different from each other. For some patients, donated gametes are the first and only form of treatment available. Others may have chosen this option after a long and fruitless effort to conceive with other treatments, perhaps because the woman's ovarian response to hormone stimulation is decreasing with age or because treatments have been unsuccessful for an unidentified reason. Some couples may already have experienced pregnancies that ended in birth or miscarriage, either in the same relationship or in others.

PRE- AND POST-TREATMENT COUNSELLING

Pre-treatment medical and psychological counselling provides support for considering the available options. It helps prepare you to make a decision about trying or not trying donor conception treatments. Medical counselling provides information about the different treatment options, including their chances of success and potential risks, as well as legislation that affects fertility treatments.

KEY THEMES FOR PSYCHOLOGICAL COUNSELLING:

- The experience of childlessness and giving up the hope for biological offspring
- Alternatives
- Daily life with the child, and telling the child and others that he or she was donor-conceived
- Donor-related questions

Donor conception counselling highlights the complex aspects of the issue. It is important to consider the views and needs of all affected parties – the recipient couple, the donor, and the child to be born as a result of treatment.

For the sake of continuity, it is important to integrate peer support into the counselling process from the start. It is also important to schedule a visit to the infertility clinic after the child is born.

“Counselling should include a review of previous treatments and leave enough time for the grieving process. It is important to provide information about legislation that affects donor conception treatments and about the printed and online publications available. Before starting treatment, it is important to consider how being donor-conceived will affect the child’s developing identity.”

How donated gametes are used

DONATED EGGS

Donated eggs are needed by women who were born with dysfunctional ovaries, for example, or whose ovarian function has weakened or ended prematurely for genetic reasons or due to a severe illness such as cancer. Pregnancy may also be prevented by problems with the quality of egg cells. Donated eggs can also be used if a woman has been diagnosed with, or is a carrier of, a severe hereditary disease. A woman's fertility decreases with age because her eggs deteriorate, not because her womb becomes less able to receive them. A woman can thus become pregnant with a donated egg cell even at a fairly advanced age. In Finland, postmenopausal women have not been treated.

Eggs are collected from a donor by ovarian follicle aspiration and fertilized with sperm from the recipient's partner to form embryos. Hormones are given to the recipient to prepare the lining of her womb, and then one or two of the embryos are placed. Extra embryos can be frozen. The pregnancy rate from donor egg treatments is fairly high and it is not heavily affected by the recipient's age: 30 to 50 percent of embryo transplants result in pregnancy. Unfortunately, not all of the pregnancies continue; approximately one in five is terminated early on. For a pregnancy carried to term, risks include bleeding during early pregnancy and elevated blood pressure. Pregnancies that start with donated eggs should be monitored closely by the maternity clinic. The children born have been found to be just as healthy as other children.

DONATED SPERM

The demand for donated sperm has declined with the development of intracytoplasmic sperm injection (ICSI). Donated sperm are used, for example, if low-quality sperm or no sperm at all are being produced in the testes of the male partner, or if he has a hereditary disease.

Insemination with donated sperm can take place during the female partner's natural menstrual cycle if she is ovulating normally. The pregnancy rate is 10 to 20 percent, depending on the age of the female, for each menstrual cycle, so repeated treatments are usually necessary. Donated sperm can also be used for in vitro fertility treatment (IVF), and in this case approximately one out of three embryo transfers leads to pregnancy and one out of four to the birth of a child.

DONATED EMBRYOS

The use of donated embryos may be considered in those rare cases when the male and female partners are both infertile.

COSTS OF TREATMENT

As a general rule, donor conception treatments in Finland take place in private clinics and the patients pay the treatment costs themselves.

Fertility treatment legislation

After twenty years of preparation, new laws that govern fertility treatments and paternity in Finland took effect on 1 September 2007. The use of donated eggs, sperm, or embryos is permitted. It is also possible for a couple to be treated with both donated eggs and donated sperm. If a couple has had fertility treatment with donor-conceived embryos, the embryos cannot be donated again for other couples.

WHO CAN RECEIVE TREATMENTS?

- The decision to provide fertility treatment is always made by the doctor in charge of treatment after making sure that all requirements are met.
- The primary goal is to ensure the well-rounded physical and psychological development of the child conceived.
- Fertility treatment must not be provided if pregnancy would pose a significant risk to the health of the mother or child due to the mother's age or health condition.
- Treatment must not be provided if it is obvious that one or both of the parents cannot guarantee the child's well-balanced development (due to substance abuse, for example, or severe problems or violence in the couple's relationship).
- The law does not require the recipient to have a partner, nor is there an upper age limit for either partner.
- Neither partner can be married to another person.
- Written consent is required from all parties involved in the process, the recipient and the donor, before treatment begins.

"I think almost everyone wants to know something about their genetic background and which traits they got from where. When a child wants to contact the donor, a 'third' adult enters the picture in some way, which can be a difficult phase for the family. For the sake of the child's developing identity, though, I think that he or she has to have the opportunity to meet or contact the donor."

WHO CAN BE A DONOR?

- Gametes may be donated by a woman or man 18 years of age or older who has passed a health examination and has provided written consent for gamete donation.
- An egg donor should be a healthy woman, preferably under the age of 36 years.
- A sperm donor should be a healthy man, preferably under the age of 45 years. Test freezing and thawing of sperm determine whether a donor's sperm can be used for infertility treatments.
- Embryo donation is possible when a couple who has had infertility treatments donates surplus embryos from their own treatment to treat other childless couples.
- Before treatment begins, all donors are tested for infectious diseases (hepatitis B and C, HIV, chlamydia, gonorrhoea and syphilis).
- An interview is conducted to make sure that the donor and his or her close relatives do not have serious hereditary diseases.
- It would be preferable for the donor to have his or her own children already, but this is not a requirement.

HOW MANY RECIPIENTS?

A maximum of five couples may conceive using the eggs or sperm from a particular donor. More than one child from the same donor's gametes may be born into the same family. The donor has the right to cancel the donation due to a change in life circumstances, for example. Approved donors receive a small payment after the donation to compensate for their expenses.

A donor's skin, eye and hair colour as well as height and ethnic origin may be noted during physical examination, but no information is collected about other characteristics such as personality traits or special talents. Recipients cannot choose gametes or embryos according to specific characteristics, though they can try to make sure that the child will be healthy and resemble them superficially. Donated gametes may be used for up to fifteen years from the time of donation.

If both partners are female, or in the case of single women, the donor's consent is required for the treatment to take place. In these special cases, paternity is not assigned to the sperm donor unless he consents to this.

THE CHILD'S RIGHT TO INFORMATION

The clinic that receives a donation and provides fertility treatments must supply information to the Valvira (National Supervisory Authority for Welfare and Health) donation registry, including the donor's identity number and personal data and whether sperm, eggs, or embryos were donated. A donor-conceived child has the right to learn the gamete donor's identity when he or she has reached 18 years of age. **Of course, the child can only obtain this information if the parents have revealed how he or she was conceived.** The parents have no legal obligation to do so, but the treatment provider must give information to treatment recipients about how biological origins may affect relationships between family members. The treatment provider must arrange for recipients to meet with an outside expert to discuss these issues. The treatment clinic must provide information about a donor-conceived child's biological origins to the child upon his or her request, even if the parents forbid it. As for the donor, he or she has no legal rights or obligations with respect to the child, nor any opportunity to find out who the recipient or receiving couple is. Also, the recipient or receiving couple cannot find out who the donor is. It is also possible to use a donor known to the receiving couple (for example, the recipient's sister or a friend of the couple).

Under Finnish law, the woman who gives birth to a child is the child's mother. Under the paternity law, the father is the male partner in a relationship who gave his consent to fertility treatment. In the case of cohabiting couples, paternity is currently assigned by admission or by court decision.

The donor

Recipient couples feel more at ease if they know how donors are screened. A fertility clinic can demonstrate a responsible approach to donor conception by requiring donors to have medical and psychological counselling.

Recipient couples would like approved donors to understand exactly what they are donating, to sympathize with the child's need to know about his or her origins, and to be supportive if the child contacts them. From the couple's standpoint, it is important for donors to fully understand that they are giving a gift to make the birth of a child possible, but that the recipient couple will be the child's parents.

During the transition to donor registration (after the new law on fertility treatments took effect on 1 September 2007), fertility treatment providers and couples hoping to have children were concerned by a noticeable drop in the number of donors. Fortunately, this turns out to have been a false alarm. With appropriate public outreach since the law took effect, the number of donors has gradually recovered almost to its former level. This level is still low, however, and the waiting period for treatment can be quite long.

Approved donors are motivated by the sincere desire to help childless couples. Many gamete donors are blood donors as well. They often know someone who is childless and are aware that childlessness can be a painful experience. Donors do not feel they are donating a child, but rather the possibility of conceiving a child. Also, they do not consider themselves the parents of the donor-conceived children.

Gamete donors think that a child's right to find out about his or her origins is important. Donors can contact the fertility clinic to find out if their donation led to pregnancy or the birth of any children. An important part of donor counselling is to prepare donors for the possibility that children born as a result of the donation may contact them after becoming adults. The majority of donors report that they have told their partners about the donation and are prepared to tell their own children about it.

SHOULD WE USE A KNOWN OR REGISTERED DONOR?

In most cases, the receiving couple does not know who the donor is. In special situations, the donor may be a close friend or relative of the couple. A known donor is often chosen because the receiving couple feels safer knowing about the donor's background, health, and living habits. Another motive may be to pass on the genes of one's own family. The donor, in turn, may wish to help the specific person (sister, friend) involved. Some couples can shorten their waiting time for treatment by recruiting a donor for the clinic (this is called cross-donation).

Giving up the hope for biological offspring

People often have clear plans about how they will live their lives and what this will involve. For many, finding a partner and starting a family are some of the most important things in life. They never imagine that childlessness could happen to them, or that medical science might not help when infertility treatments are tried. Many couples who are examined for infertility are surprised to learn that they cannot have biological offspring together or the couple may have been aware of this for a while and may gradually adjust to the idea in the course of infertility treatments.

"The psychologist encouraged me to openly confront my sadness about not being able to have my own biological children. She helped me understand that my thoughts are part of the normal grieving process. It was important for me to hear her opinion that even though my feelings were complicated, I had considered the issue from many different angles and was ready to start the treatment process."

LOSSES

Continuity from one generation to the next is a built-in concept for all of us. It comes up, for example, when we consider which of the parents a child resembles. The path that leads to donor conception treatment is one of loss – giving up the opportunity to have shared genetic offspring with both parents' features. But donated gametes offer a chance to realize the dream of having a child together. If all goes well, donor conception makes it possible to experience the joys of pregnancy and parenthood together.

HOW TO COPE WITH GIVING UP?

Our childhood experiences influence how we navigate situations of crisis and loss. Childlessness, infertility treatments, and giving up the hope for biological offspring are sure to take a toll on the emotional resources of both partners, their sense of security in their relationship, and their ability to accept outside help.

Many couples have reported that they get enough support from their partner, close relatives, and friends. Women and men often experience childlessness and grief differently, and the grieving process can sometimes take a long time. Examining your own feelings and allowing yourself to experience them will help you get through the grieving process.

For some couples, childlessness is an intensely personal matter that can be hard to discuss with close relatives and friends. Friends' and relatives' care-less comments and well-meaning advice can further add to the pressure a couple feels. However, many couples may find it helpful for each partner to have at least one close relative or friend to talk to about childlessness when the time feels right.

It is important to learn to recognize when you are reaching the limit of your individual or combined resources and it is time to seek outside help. Access to professional psychotherapists, who can help cope with the feelings that childlessness brings, depends on where a couple lives and is treated. Psychological support is easiest to obtain near large cities and through private infertility clinics.

Impact on a couple's relationship

Every relationship has its ups and downs, so couples who have infertility treatments are not unique in that way. Couple relationship is one of the most challenging relationships there is, loaded with hopes and expectations. Both partners feel they need to be accepted and loved by each other just as they are, with all their good and bad qualities. On the other hand, couple relationship is also one of the most rewarding relationships.

THE IMPACT OF CHILDLESSNESS ON A COUPLE'S RELATIONSHIP

Childlessness is sure to have an impact on the relationship and intimacy between partners. In a two-way relationship where the partners can express themselves and listen to each other, the shared experience of childlessness may bring them closer together. One-third of couples feel that experiencing a crisis together solidifies and strengthens their relationship. It forces the partners to learn to talk to each other about difficult problems. The ability to share with each other and discuss feelings is also an important source of strength on the path towards parenthood.

Childlessness can also bring old problems in a couple's relationship to the surface, or create new ones. The person one is closest to, and who is in the best position to provide comfort and support, is also the most obvious reminder of painful experiences. Each partner has his or her own needs and may not have the strength to comfort the other while trying to cope with his or her own feelings. It is important to keep in mind that professional help is available.

"I feel like my husband and I are on different 'tracks' now. He got a fully biological child, so our fates aren't intertwined in the same way they were before."

ON DIFFERENT TRACKS

A couple's relationship may be particularly affected by childlessness if only one partner is infertile, or if one partner has children from a prior relationship.

The usual feelings of disappointment and anger may become harder to deal with. In this case, it may be difficult to keep in mind why you got together in the first place and why this is the partner who felt right for you.

SEXUALITY

At its best, sexuality is a positive force in the lives of men and women that brings great pleasure and satisfaction, but at the same time, it is the most sensitive area of human relationships. It is normal to experience temporary problems with your sex life and your own experience of sexuality during infertility treatments.

Childlessness has a psychological impact on sexuality related to a person's self-image. Self-perceptions of femininity or masculinity may be questioned. It can be a painful experience for a woman to discover that her body doesn't function as expected. Similarly, the ability to impregnate a partner and continue the family line is an important aspect of masculinity and sexuality for many men. Some men who have been diagnosed as infertile describe feeling like they have failed in their role as a man.

Many are relieved to hear that it is common and normal for the experience of childlessness to have an impact on sexual intimacy. Often the only treatment needed is to discuss the problem openly with your doctor. Some couples may need couples therapy or help from a sex therapist to rediscover the joy in their sex lives.

Starting a family with donated gametes

EARLY PREGNANCY

A positive pregnancy test is a great cause of joy for a couple who has experienced many disappointments, but it may also trigger feelings of doubt. The time before the first scheduled ultrasound may feel like forever. Fears of miscarriage may arise due to bloody discharge in early pregnancy, which also occurs normally in one out of five pregnant women, or if the symptoms of pregnancy are not obvious. The parents-to-be may be more anxious because they know that fertility treatments lead to pregnancies with a slightly higher risk of premature delivery and low birth weight. Ultrasound examination makes the pregnancy more concrete and reinforces the belief that the pregnancy will advance.

One positive aspect of donor conception, as opposed to adoption, is that the child will have at least one of the parents' genes. For many couples, the woman's opportunity to be pregnant is important. It makes it possible for the couple to follow the pregnancy together as it advances, to start building a relationship with the baby even before it is born, and to rejoice in parenthood from the very beginning. For many women, pregnancy, child-birth, and breast-feeding are important experiences that positively reinforce their identities. Pregnancy thus plays an important role in strengthening the relationship between the unborn child and the parents, particularly if donated egg cells were used.

It is rather usual that the man may feel like an outsider after the baby is born. This is common and normal. The feeling may be more acute if the child was conceived with donated sperm. It is important to be able to discuss feelings with your partner.

"Now that pregnancy is a reality, doubts have started to come to mind. What should our attitude to donor conception be once the baby is born? Should we tell our child about it, and do I want to tell anyone else? But why would I want to keep this secret when there's nothing to be ashamed of?"

BIRTH

After a long wait, the birth of a child is a thrilling event. Since the dream of having biological offspring together was not realized, it is normal for a tinge of longing and sadness to blend with the joy at this time, even as you celebrate the birth of this particular baby.

Before donor conception treatment, it may have seemed obvious that you would tell your child and other people about it. After pregnancy is confirmed and the child is born, you may begin to look at this in a new light.

More than half of couples talk to outsiders about their childlessness and infertility treatments, but without mentioning the use of donated gametes. A couple's friends can often guess how the child was conceived, but they may not dare to bring up the subject.

"I hope that those of our closest friends and family members who know our child was donor-conceived will be considerate and tactful, that they will keep it in mind and respect the timing we choose to talk about it. I also hope they will be supportive if our child is concerned about something and wants to talk to another close adult about it."

A NEW STAGE IN A RELATIONSHIP

When a child is born and a couple becomes a family of three, it is always a challenge for their relationship. The partners need to be able to give the relationship more attention than their individual needs. The important question becomes "what is good for us?" rather than "what is good for you or me?" This fosters the closeness and trust that are most important for building a family. This is the idea behind an old saying that "the best home for a child is a strong bond between the parents."

Openness or secrecy?

The involvement of a third party gives the receiving couple a lot to think about. On one hand, there is gratitude towards the donor who made the birth of the child possible. On the other hand, the couple may have fears about what will happen if the child finds out the donor's identity. Will the child feel the donor is more like a parent than the real parents? The child's biological siblings or half-siblings may also come to mind.

IS IT BETTERTO KEEP QUIET?

What will donor conception mean to my child and me? How will I tell outsiders about it? These seem like very faraway questions during pre-treatment counselling, but they usually return to mind once pregnancy is confirmed. The male and female partner may have different opinions about telling people. The opinions have been found to differ among one-sixth of men and women. Women are typically more likely to favor openness. A man whose infertility was the cause of the childlessness and treatments may find it especially difficult to tell the child about it.

Openness is often resisted by one partner trying to protect the other partner whose genes have not been passed on. The underlying fear may be that the child will reject the non-biological parent after finding out how he or she was conceived. It is quite common to feel the need to protect men, in particular, from social labelling due to donor conception treatment. The decision is made easier by shared values and a strong belief that the child has the right to know about his or her origins.

"The psychologist's advice reinforced the idea that it's important to tell our child about being donor-conceived. It also became clearer that it's important to tell our child as early as possible. It surprised me how early you can start talking about it."

WHEN OPINIONS DIFFER, THE FINAL DECISION IS INFLUENCED BY:

- Whether being different is seen as acceptable or not by society
- The opinion and advice of a professional
- Close relatives' attitudes towards the use of donated gametes
- Religion
- Cultural background
- The child's appearance
- Life experiences with what is right or wrong
- Ethical considerations

Couples who can't agree on whether or not to tell the child describe feeling dissatisfied and conflicted, avoiding the topic, and delaying the decision.

KEEPING THE SECRET IS NEARLY IMPOSSIBLE

It is almost impossible to keep a child's origins secret in today's world, even if many parents would like to. Even during pregnancy, it is important for the maternity clinic to know how the child was conceived. The child's blood group may differ from the parents' and the child may wonder why. The child could also develop a disease that is suspected to be hereditary. More than half of the couples who seek donor conception treatment tell their friends about it. This creates the risk that the subject could come up

by chance at some point when the child is present. Various kinds of DNA registers will become more common in the future, so this is another way the secret could get out.

Openly telling a child that he or she is donor-conceived will prevent the need to keep family secrets that could come out during an argument, for example. Secrets tend to be revealed at some point. Keeping family secrets is thought to be harmful to a family's functioning and a child's development. Children are masters at sensing when their parents become hesitant, don't want to talk about something, or are lying. They learn not to ask about topics their parents find difficult, but that doesn't mean they don't think about them. They often wonder if something terrible is wrong with them.

Being open about a child's origins also makes it possible for the parents to seek the support and understanding of their peers. A recent Finnish study indicated that most parents of children conceived from donated eggs were planning to tell their children about their origins.

OPENNESS IS GOOD FOR A CHILD'S DEVELOPMENT

Adoption research has confirmed that knowing one's biological origins is important for a child's developing identity. Since only the child can know if the biological information is important to him or her, nobody else can make that decision for the child. From the child's standpoint, the best option is clearly to be aware of one's origins and to be able to discuss this openly with one's own parents.

Recent studies show it is important to tell a child about where he or she came from as early as possible so that the child and the parents can integrate this gradually into the family story. Such children say they have "always known" about their origins. The subject has to be discussed many times according to the child's ability to understand at different developmental levels, and whenever the child brings it up. The easiest, most natural option for the child is to grow up with an awareness of the subject from the very beginning. Studies show that most parents tell their children about being donor-conceived when they are less than five years old. Of course,

this means the parents have to be able to explain the topic in a natural and relaxed way, without a lot of drama. This way its importance will not be denied or blown out of proportion.

SUPPORT FROM LOVED ONES

A family also needs the help and support of loved ones to succeed in this task. It will be easier to tell the child about his or her origins if relatives and friends have a relaxed attitude towards donor conception. Relatives and friends can also offer support if the child has any concerns. However, many couples are nervous about telling their friends and close relatives.

What do donor-conceived children think?

Children's experiences have not yet been studied much. When donor conception treatments first became available, the doctor's most important task was to protect the donor's anonymity and make sure the donor would not be declared the father of the child. Couples were simply advised to keep the matter secret. Parents also felt the need to protect their child from embarrassment and being labelled.

DONOR CONCEPTION NETWORK

The Donor Conception Network (www.dcnetwork.org) was founded by five families in England in 1993 in response to growing demand for people in the same situation to hear each other's views. It includes women and men who have donor-conceived children or are considering donor conception treatment, donor-conceived children, and donors. The organization is very active, holds regular meetings, and publishes written materials for all parties involved.

"At first it was hard for my mother to adjust to the idea, but now that the baby has been born, we haven't had any problems. She sees our child as her grandchild even though there's no superficial resemblance."

DONOR SIBLING REGISTRY

In 2000, an international Internet-based support network called the Donor Sibling Registry (DSR) (www.donorsiblingregistry.com) was founded for children conceived through anonymous gamete donations and their families. The DSR already has more than 25,000 members from different countries and groups (donor-conceived children, parents, and donors). The organization has helped 6,716 donor-conceived children find their half-siblings. These and many other international organizations serve as ways for donor-conceived children to share their experiences and opinions.

WHAT THE CHILDREN THINK

Recent studies have shown that a large number of donor-conceived children think it is important to obtain additional information about their donor's appearance, personality traits and health, and often about the donor's own children as well. Children do not feel the need to have a relationship with the donor, but are motivated by curiosity about the donor and his or her children. Children explain that learning about the donor helps them get a "more complete" picture of themselves.

The majority of donor-conceived children view their origins in a neutral or positive light and feel that they were especially wanted and hoped for by their parents. For the children, it often feels quite natural to find out about how they were conceived. The matter may be more challenging for the parents. Children who have a strong, trusting relationship with both of their parents and who have "always known" about their origins see their conception from donated gametes as more acceptable and neutral. These children refer to the donor as their donor, not as their mother or father. Having a good relationship with one's parents does not decrease a child's eagerness to get information about the donor.

Young people who learn they were donor-conceived after they reach 18 years of age describe feeling angry, betrayed and shocked more often than those who learn about their origins earlier.

"Mummy told me that a nice lady helped her have a baby by giving her an egg cell. How did Mummy know which one of those eggs was me?"

(A five-year-old donor-conceived girl)

"Mummy said that her egg cells weren't good. A doctor helped Mummy and Daddy find a good egg cell that the lady who owned it didn't need, and that egg cell is me. I don't know what Daddy did, but I think he used some kind of special machine to put me in Mummy's tummy. Then I ate and ate in there until I got really big, and then I came out."

How should the child be told?

Studies and practical experience have shown that parents who decide on openness usually choose one of two telling strategies:

The “baby seed” strategy: When the child asks where babies come from, the parents explain donor conception in a developmentally appropriate way. They do this repeatedly and whenever the child asks about it. This way the story fills out by itself. Telling begins when the child is an average of 3–4 years old.

The “right timing” strategy: The parents explain donor conception when they feel that the “optimal time” for telling the child has come. Parents who choose the timing strategy think that the child should have adequate cognitive skills to understand medical and technical matters. Family relationships should also be stable and sufficiently close. Telling takes place when the child is an average of 6–7 years old. Parents who choose this method stress the importance of social parenthood.

“It would be good to get concrete advice for starting to tell your child about being donor-conceived. Is it a good idea to tell all your relatives and friends, or just a limited group of friends? Will there be problems later if the child blurts out something about being donor-conceived to people who didn't know about it? Or what if one of your close friends blurts it out to the child before the parents have had a chance to prepare the child properly?”

"I felt nervous and weepy telling my child about it for the first time, but each time after that has felt easier."

Different kinds of telling stories are shared in peer support groups, and parents can choose a suitable one for themselves. Many parents find it helpful to choose from a variety of options according to what seems most natural for them. They may feel it is critical to select the right words and terms, possibly forgetting that children usually see things in a much more simple and straightforward way.

The helper story: "Your parents needed help so that they could have a baby." These stories show the donor in a positive light, and the help is described as a gift.

The broken parts story: "A broken part (such as malformed sperm) had to be replaced with a working part (donor sperm)."

The different families story: "There are many ways to get children, and all of them are just as good."

The love story: "We wanted and loved the child so much that we chose this option."

Just the facts: "A donor's semen was put inside Mummy and that's how she got pregnant."

Literature is available to help parents tell the child and others. It is essential for the parents and children to meet other families in a similar situation. This helps clear up the fog of secrecy around donor conception and shows the child that it is nothing to be ashamed of.

Even though a child's right to know about being donor-conceived is considered important, some parents will probably feel it is not possible or necessary to tell the child for one reason or another. These couples need their own support in the form of publications or online discussions, for example. Participation in open peer support groups may seem too challenging or revealing.

Peer support is available!

Peer support means regular supportive activities between two people or a group of people who have had a similar experience. Peer group participants are on an equal footing and usually act as both givers and recipients of support. The difference between peer support and friendships is that peer support is a structured activity.

PEER SUPPORT IS USEFUL FOR MANY REASONS:

- Listening to other families' stories about how a child was conceived and how outsiders have reacted to it
- Seeking advice about how and when to tell a child about being donor-conceived
- Finding out what to do if the child tells everyone, or if he or she is teased about being donor-conceived
- Finding out how to respond if the child is unable to understand the parents' choice
- Finding out how to respond if the child feels like a stranger in his or her own family
- Working through one's own history of childlessness
- Hearing about relationship problems that other couples have had because of their situation

Peer support is especially important at the stage when parents are thinking about telling their child and outsiders about donor conception. Hearing about others' experiences makes it easier to think about the most natural way for you to proceed. It is also good to hear others say that the day-to-day life of a family with children rolls along normally most of the time, without anyone worrying about how the children were conceived.

"I'm really glad that peer support activities have been started. I don't know how else we would have been able to contact other families in the same situation. There is a real need for this!"

An especially important goal of both professional counselling and peer support is for new parents of donor-conceived children, after waiting so long, to have the opportunity to enjoy and celebrate their new family with all their hearts. Having a child brings great joy and satisfaction to the parents and their loved ones as they raise the child and watch him or her grow. Even while going through treatment, couples should be able to work through the painful feelings of childlessness to prevent them from casting a shadow on parent-child relationships once the baby is born.

Peer support in Finland from the Helminauha Network

The Helminauha Network of donor-conceived families is for people who are considering donor conception, are currently having treatments, are expecting a donor-conceived child, or already have donor-conceived children. The network was founded on the Helmi name day on 7 May 2009 and is coordinated by the Finnish Infertility Association Simpukka.

Simpukka reaches out to anyone who has experienced involuntary childlessness. This means anyone who knows what it feels like when you want to have a child, but are not able to for one reason or another. The association provides information and support and engages in advocacy.

We know how it feels to be childless!

The Helminauha Network has its own page on the Simpukka website (<http://www.simpukka.info/helminauha-lahjasukusoluperheiden-verkosto>). Related articles are published in the Simpukka magazine.

For additional information about peer support, please don't hesitate to contact simpukka@simpukka.info

THE FINNISH INFERTILITY ASSOCIATION SIMPUKKA (WWW.SIMPUKKA.INFO)

- A national association founded in 1988
- 1,500 members, one-third of whom are male
- The only Finnish association focusing on experiences and expertise related to involuntary childlessness
- Its goal is to promote the social well-being of the involuntarily childless
- Coordinates the Helminauha Network

THE HELMINAUHA NETWORK OFFERS MANY KINDS OF PEER SUPPORT

- Group meetings in several municipalities
- Mentoring activities
- A closed discussion forum for Simpukka members at www.simpukka.info
- Larger discussion and peer support events 1–2 times a year

In conclusion

Before they start treatments, many couples ask if you can bond with a child you are not genetically related to in the same way you would bond with biological offspring – in other words, is blood thicker than water? Blood may be thicker than water, but love is thicker than blood! It is important to remember that donated gametes are a precious gift from a donor to a childless couple, but the donor is not the child's parent. Genes and parenthood are entirely different things. Parenthood means sharing the joys and sorrows of a child's day-to-day life. Children have fairly simple needs: for someone to love and care for them every day, to give them warmth, to take an interest in them, and to be able to see them as individuals and support their growth.

"This is not an easy path, but the gift of having a child is the best gift we have ever received."

Contact information

Literature related to gamete donation can be ordered at <http://www.simpukka.info/verkkokauppa> or www.vaestoliitto.fi

USEFUL LINKS AND COMMUNITIES:

The Finnish Infertility Association Simpukka, www.simpukka.info

Helminauha-verkosto (the Helminauha Network)

A peer support network for donor-conceived families and treatment recipients; contact through Simpukka

Donor Conception Network, www.dcnetwork.org

A network based in the U.K. providing peer support for donor-conceived families; extensive library of resources

Donor Sibling Registry, www.donorsiblingregistry.com

For children conceived from anonymous gamete donations and their families

Sateenkaariperheet (Rainbow Families), www.sateenkaariperheet.fi

The association for lesbian, gay, bisexual and transgender parents and their children in Finland

Psychotherapists in Finland who specialize in infertility:

<http://www.simpukka.info/lapsettomuusterapeutteja>



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