New Frontiers of Family

Assisted fertility and its impacts on family formation – collaborative reproduction

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• >5m children worldwide using ART – increasing numbers against background of declining birth rates in most industrialised countries and older maternal age at 1st birth.

• Most children conceived using gametes of adults intending to raise them and gestated in womb of genetic/nurturing mother.
• Sperm of any one man and genetic material of any two women (who may not necessarily be alive) may be used to create ≥ 1 embryos that may be implanted in the uterus of any woman and the resultant child[ren] to be raised by any ≥ 1 parent[s] who may be of either gender → diverse range of potential family forms.
• ½ and fully genetically related siblings may be born years apart and raised in different families, may have no knowledge of existence or identity of each other – or of other genetic relatives. Are these “family”?

• “race” and cultural dimensions of internationalisation of collaborative reproduction – largely unexplored.
Collaborative Reproduction and research

- Dominance of secrecy in donor conception militated against research of any kind.

- Transparency emerging in 1980s + technological developments enabling use of IVF with ED/OD/surrogacy facilitated social science research into collaborative reproduction.
Collaborative Reproduction and research

Mostly research into SD and OD rather than ED or surrogacy, largely focused on investigating:

– donors’/surrogates’ profiles, motivations, experiences and attitudes towards offspring (inc. information/ID release/contact).

– implications of absent gestational or absent/unequal parent/child genetic links for parenting, parent/child rels, child development and issues relating to disclosure.

– views and experiences of DC individuals aware of nature of their conception.
Recent Trends in Collaborative Reproduction

• Changing profile of SD; ICSI = preferred option for heterosexual couples experiencing male factor infertility → single women and lesbian couples as principal users of SD.

• Use of OD by older women.

• Increasing use of surrogacy (inc by gay couples).

• Increasing cross-border travel for collaborative reproduction.

• more favourable attitudes towards information available to DC people, affecting legislation, policy, professional practice, donor recruitment, parental disclosure.
Sperm Donation

• **1**<sup>st</sup> reported case - Philadelphia 1884.

• Dominant discourses of secrecy and anonymity still prevalent but increasingly challenged. Regimes promoting disclosure tend to specify donors’ legal responsibilities towards - and limit potential number of - offspring. Anonymous donors more likely to be compensated, young, childless and possibly unpartnered; identifiable donors more likely to be altruistic, older, with children.

• Donors tend to be interested in outcome of donation and in welfare of offspring. At least some ostensibly anonymous donors amenable to disclosing ID to, and possibly meeting, offspring.
DI and single women

- Do not necessarily have fertility problem, but need sperm in order to conceive.
- Intend to raise children from birth without partner.
- For some a sense of “running out of time”.
- More likely to be well-educated, in late 30s, financially secure and in employment.
- Some use DI + IVF, so may have to face raising multiples alone.
- Up to early adulthood no evidence of significant adverse outcomes either for child or parent well-being.
- Important factors are family processes (e.g. positive parenting and open communication) rather than family structure (e.g. genetic or gestational connection between parent[s]/child).
- Tend to be open to disclosure.
Planned lesbian families

• No evident differences in psychological well-being, peer relationships, educational attainment or gender development, compared to children and young people in heterosexual families.

• Children/young adults appear to fare better re quality of parent-child interaction, levels of self-esteem, anxiety, depression, hostility, and problematic alcohol use but exposure to homophobic stigmatisation, esp from peers.

• Mothers instrumental in promoting children’s resilience as previously learned to deal with homophobia.

• Mothers tend to be open to disclosure.
Oocyte Donation

- 1\textsuperscript{st} successful use reported 1984.

- Facilitates pregnancy in older women (>40yrs).

- Variants include patient (e.g. “egg sharing”) and “known” donors (e.g. friends or relatives of recipient). Donors likely to have own children already.

- Where donor is related to recipient, additional dynamics re donor/offspring and donor’s children/offspring.

- Disclosure of OD and donor ID more likely than in SD; but known donors do not necessarily favour disclosure of ID to offspring.

- + experiences of donation and longer-term contact between donors/ recipients/children generally reported.
+s of Older Parenting

• Psychological maturity associated with more sensitive child-centred parenting.
• Psychological hardiness and resilience.
• Women report partners < controlling.
• Report < symptoms of depression and general anxiety during pregnancy.
• Established careers, financially secure and career-time flexibility.
• Enhanced emotional preparedness.
• Committed co-parenting relationships.
• + overall family experience.
-s of Older Parenting

- More complex experience of pregnancy/parenthood; relatively short time in relationship; more likely to be in 2\textsuperscript{nd} marriage and/or have partner who already has children.
- Simultaneously experience > pregnancy-focused anxiety and > intense emotional attachment to fœtus.
- Smaller family than desired, but feeling “lucky” to have children.
- Lack of energy for parenting.
- < available lifetime to spend with children.
- Stigma as older parents.
- Availability of social support from parents, siblings, and friends, may diminish over time.
- May eventually have to care simultaneously for dependent child/ren and own parents.
- May become dependent themselves while child/ren are still dependent
Embryo Donation

• 1<sup>st</sup> case of ED reported 1983.

• Most ED uses unused embryos following completion of donors’ own IVF treatment.

• Few couples donate → few families built following ED → limited research.

• Unique aspect of ED = full genetically-related siblings living in ≥ 2 families.

• Studies in Finland and UK re disclosure, parent–child relationships and child adjustment ≥ 5 years → families functioning well. Less likely than OD to disclose + evidence of “partial” disclosure.
Child Adjustment and Collaborative Reproduction

• Generally no differences in emotional /behavioural problems between DC children/young adults compared to children adopted as infants, NC children and IVF children.

• In most studies DC children ignorant about nature of conception, so impossible to ascertain impact of donation.
Surrogacy

• Biblical references to surrogacy, but earliest contemporary case reported in 1980.

• High levels of disclosure but also evidence of partial disclosure (i.e. IVF but not surrogacy).

• Surrogates/CPs/child[ren] more likely to remain in contact – most contact reported as +.

• No evidence of psychopathology/relinquishment/adjustment problems among surrogates/surrogates’ children/CPs/surrogate children aged <10 years.

• No evidence re long-term outcomes of cross-border surrogacy.
Gay fathers using ART

• Use of ART/gestational surrogacy by single gay or heterosexual men and gay couples relatively novel, but apparently growing phenomenon.

• To date no published social science research on outcomes for parents or children.
Offspring Experiences of Collaborative Reproduction

• Recent research has included DC people aware of donation - mostly SD.

• DC children told from young age appear comfortable with knowledge but usually want more information/contact; as well-adjusted as peers.

• Older DC people highlight possibility of adverse outcomes of accidental/late disclosure.
Donor Siblings Making Contact
Research limitations 1

• Selection bias in participant recruitment – over-reliance on convenience samples/difficulty of accessing hard-to-reach groups, esp. those with concerns about confidentiality/privacy → perspectives under-reported and + attitudes, motivations, experiences over-emphasised.

• Many studies based on small numbers with low co-operation rates → questionable representativeness.

• Reporting bias - possibility of respondents emphasising socially-desirable/+ responses and under-reporting -.

• Shortage of longitudinal data/follow-up studies taking account of children’s progress through adolescence to adulthood - or long-term outcomes for families/donors/surrogates – and donors’/surrogates’ children/families.
Research limitations 2

• Much available evidence relates to DS where both anonymity and non-disclosure dominated.

• Narrow geographical representation of research: Europe (especially UK, Scandinavia), USA, Australia – research published in English.

• Little research pertaining to:
  – OD;
  – ED [inc. embryo created using donated gametes “donated on” to different recipient(s)]; “double donation” - embryos created using both DI and OD;
  – SD/OD/ED linked to surrogacy arrangement;
  – DC with known, and intra-familial donors;
  – Cross border reproductive services
Thank you

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