Third party reproduction and the non-nuclear family

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Reproductive healthcare services and policy should reflect the specific, lifetime and shifting needs of the populations it serves, including future generations resulting from these innovations

(van den Akker, 2016, Reproductive Health Matters, The Psychologist, 29 (1) 2-5)

Individuals building families using third party conception should accept difference rather than shoehorn a non-traditional family into a pseudo-traditional framework

(Smolin, 2016, Surrogacy as the sale of children, Pepperdine Law Review, 43,265-311)
A few facts about third party conception

- Is increasingly common
- Fulfils a population need
- Late, solo, single-sex, infertile parents require AC
- Reflects behavioural and lifestyle changes
- Takes place in a socio-cultural context
- If not funded, health inequalities exist
- Commercialisation = inequality and commodification
‘Generation’ refers to producing offspring. It is a structural term designating kinship parent-child (great, grand parent..) nuclear relationships: it is familiar.

In 3\textsuperscript{rd} party AC (non-nuclear families), ‘\textit{unfamiliar}’ is introduced unsupported.
This ‘unfamiliarity’ or ‘difference’ in new generations has led to:

1) Individual psychosocial issues:
2) Societal, policy and practice issues:
3) Global welfare issues:

Non-nuclear family planning:

choreographing, coordinating and contextualising
Preference for traditional – Familiar

- Families using third party reproduction, emphasize the importance of genetic or biological kinship

1) Increase in gestational surrogacy and
2) a preference in solo and same sex families to have at least some biological link

Treatment is non-traditional: not genetic – not familiar

- Donor gametes
- Donor embryos
- *Mitochondrial donation .......the future?

Surrogacy is non-traditional: non biological – not familiar

<table>
<thead>
<tr>
<th>Genetic SM</th>
<th>Donor oocyte/embryo</th>
<th>CC couple’s embryo</th>
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<tbody>
<tr>
<td>SM genetic baby</td>
<td>Donor baby</td>
<td>CC couples genetic baby</td>
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</tbody>
</table>

| Donor oocyte/embryo | 0 | 0 | 0 | 0 |
| CC couple’s embryo | 0 | 0 | 0 | 0 | 0 |
Research on parent–child relationships and the child's psychosocial development is inconclusive – but overprotectiveness, less parenting self efficacy etc. are reported.

‘Investment’ / uncertainty can be high.

Importance of a Genetic Link: dissonance

What happens if she thinks a genetic link is important:

• but she relinquishes the baby?
• she commissions a non genetic baby?

OUTCOMES: Children

- Although parental warmth and good attachment-related behaviours towards commercial surrogate born children are reported (Golombok et al, 2004; 2006)

- Higher levels of adjustment problems have been reported in surrogate children compared to gamete donation children (Golombok et al, 2012)- suggesting effects of Sur
SM prenatal attachment: conflicted

- SM: exposed to the pregnancy & delivery > opportunity for prenatal attachments
  - She is advised not to.

Can she reconcile attachment with relinquishment? Conflict - cases of non relinquishment

Easier to relinquish a non genetic baby

**IM importance of a Genetic Link: Attachment**

**IM:** does not carry the baby <misses out on the ability to bond and form attachments – She is expected to.

Maternal-*foetal* sensitivity is associated with more maternal-*baby* sensitivity
- She does not have that or the genetic link
- consequences for family functioning?

(Maas, et al. (2016) A longitudinal study on the maternal-fetal relationship and postnatal maternal sensitivity. JRIP34(2) 110-121)

Adults conceived via gamete donation reported lower Collective identity orientation

**DC offspring:** parents are more likely to disclose AC origins to genetically linked than to donor AC children (Tallandini et al, 2016, Hum. Reprod.)

How do these children fare when they grow up?

Problems in constructions of ‘family’ and belonging


Participants expressed deep sentiments related to their own needs to trace genetic relatives

- ‘Curiosity’ doesn’t go anywhere near the HUNGER (emphasis original) to find someone I was connected to’.

- ‘To see whether we have anything in common’ sounds so casual. It is a case of looking for CONNECTION (emphasis original). For me, that was not anything in the zone of curiosity or idle research; it was visceral’.

- ‘This is my only chance to find blood relatives’.

As shown, the place of the **biogenetic relationship** in non-nuclear families at the individual level is complex, and how it is ‘choreographed’ in society & its laws is a key theme bridging (or not) policy & practice (Thompson, 2005)
SOCIAL: *Denial of difference*: Nrs of Parental Orders / Births recorded by surr. agencies and General Register Offices (UK) 1995-2011 (Crawshaw et al, 2012)

- Vietnam / India: **culture bound beliefs** that a birth mother is the ‘real’ mother of the child (Hibino, 2015). The Indian government legally attributes parenthood to those providing the gametes.

- Western cultures: **genetics determine parenthood**, even if governments register births to birth mothers.

Evid. shows non-disclosure is common → Anonymous treatm.
• Levine (2008) argues that kinship models created by some non-traditional families use conventional as well as radical ideas to reference biogenetic connections.

• **Parents are changing / constructing**
  – what is important to not important
  – what is legal to illegal
  – hiding / denying important facts

• This is evidenced in research where people coped with cognitive dissonance of the biogenetic distance with the child by cognitively restructuring new interpretations of third party AC families (Ragone, 1994; van den Akker, 2007).
For offspring and donors:

Policy and accurate health information and education are necessary at a global level, for example IF made aware

- Increasing awareness led to increasing registrations

UKDL Register: total applicants

- 2010
- 2011
- 2012
- 2013
- 2014

29/04/2016
• **People conceived** via scientific developments, are now in turn, using science (DNA) to find genetic relatives (van den Akker et al, 2015a; and see new paper in HR).

• **Normative concepts of relatedness and kinship are challenged and these are not yet adequately addressed / bridged in research, policy or practice.**
Global Issues: Opportunities for suspect practices

- Ethically suspect
- Socially suspect
- Morally suspect

The infamous 'Baby Gammy' scandal in Thailand (see BioNews 765/775) and a 'moral panic' about the rights and wrongs of commercial surrogate parenthood & monitoring (child molester).
A new kind of bio-power (Foucault, 1998) is in the hands of sufficiently wealthy infertile couples, LGBTQ and single men and women of all ages who can afford it.

- Eg. A 24 yr old wealthy Japanese man started a ‘baby factory’: fathered 16 children with Thai surrogates over 2 yr period. As soon as they got pregnant, he requested more; he wanted 10 to 15 babies a year, and wanted to continue the baby-making process until his death (Rawlinson, 2014).

The international market in fertility treatment, gamete donation and surrogacy is a multi-million dollar industry.

The ethics of international baby buying is rarely addressed (Qadeer, 2010)
Exploitation

- Informed consent
- Chemical abortions for which they are not fully prepared

- Paid minimal fees
- 6% and 26% of CC’s will not take a child born with abnormalities

- BOGOF packages apply
- Surrogates are removed from their families to prevent STI’s and to prevent the ‘stigma’ in their local communities of surrogacy (CSR, 2013)
Gender inequalities

- Discrepancy between female / male births

- Illegal abortions for sex selection
Psychosocial inequalities (UK data)

- Surrogate mothers are significantly younger and single
- Some surrogates had never before been pregnant
- 18% of genetic and 20% of gestational surrogates had experienced PND in a previous pregnancy
- Genetic SM and IM had significantly less time getting to know each other than gestational SM or IM’s

Parenthood inequalities

- In liberal, democratic countries – **non traditional is commonplace**

- Yet in Australia (see [BioNews 799](#)): since 1990 - In <30 years there were 27 public inquiries and >17 different laws passed (reacting to ‘difference’)

- Parenting is therefore still **contextualised in traditional nuclear family terms**.
Choice inequalities

- National statistics reflect behavioural, attitudinal and lifestyle choices (Barber, 2001).
- Survey evidence shows family building goals are not abating (Lee et al, 2005).
- There is not enough support for culturally sanctioned third party family building for people who need to use AC.
- Governments need to react to the lifestyle & attitude shifts they have encouraged because biologically time runs out & more people will need treatment (Hansen et al, 2009).
Consequences

1. It is relatively unsuccessful and can be associated with stigma and effects on work (van den Akker et al., submitted).

2. Uncertainty in medicalised conception.

3. Brings a third party into the process and can lead to psychological distress and disappointment (Levy-Shiff, et al., 2002).

In addition to psychological costs, it can be financially expensive.
Disclosure / career inequalities

• Conflict between public and private domains
  
  Disclosing time off from work
  – Disclosing ART use
  – Disclosing treatment effects
  – Disclosing pregnancy
  – Disclosing need for maternity/ paternity leave
  – Being judged as parent/ employee

• creating concerns about career prospects

• van den Akker, Payne, Lewis (submitted) Catch 22? Disclosing Assisted Reproductive Technology treatment in the workplace
Risks

Choosing gametes / embryos: LT consequences.

– A California clinic is creating embryos for multiple patients at a time using donor sperm and donor eggs from young, healthy anonymous donors.
– “anonymous donor embryos” offer infertile patients, especially those who spent thousands of $ on failed IVF attempts, an “excellent opportunity” to become pregnant.
– The program offers “minimal” wait times and a 100 per cent refund to qualified recipients.
– Egg and sperm donors are screened for infectious diseases, inherited disorders, mental illness and “other traits that would be undesirable to most parents,”

Multiple pregnancies: Mothers of AC twins & multiple births are significantly more likely to experience depression and stress - additional to maternal / infant health effects.

van den Akker, et al,(in press) Maternal psychosocial consequences of twins and multiple births following assisted and natural conception: A meta-analysis. RMBOline
Implementing national policies requires a full understanding of the consequences—such as non disclosure effects on child (van den Akker, 2013), yet:

- The UK legislated for anonymous mitochondrial donation (HFEA, 2015)
  - However, there is no reason to withhold health information from individuals (van den Akker, 2016)
  - It is a basic human right to have accurate and true information about one’s health (Gomes de Andrade, 2010)

- Particularly where medical intervention has brought the (third party conceived) children into the world (van den Akker, 2013)
Third party conception introduces difference and inequalities

- Adverse psychological effects in the triads have been demonstrated
- Research into the psychological consequences of kinship and identity is only scratching the surface
- Treatments are brought to society via policy and have implications at economic, cultural, social and psychological levels

Reproductive health planning should be a priority

Resourcing reproduction (micro)
Legislating for social change

Reproductive healthcare services require harmonious interactions between research, technological innovation policy and practice

Health care resources
Lifestyle choices
Fund (some) AC
Health inequalities
Success/Failure/No opportunity
Psychological support
National drives encouraging
Resourcing reproductive choice (macro) + Planning & preventing Reproductive ill health

MAR affects 10% of the population WW

Stressful (Cousineau and Domar, 2007)

Femininity/masculinity

Stigma/incompleteness

Treatment

Risks (Mathur, 2015).

New kinships


References

Shttp://www.canada.com/sale+Donor+embryos+newest+addition+world+artificial+procreation/7640996/story.html