Embryo donation parents’ attitudes towards donors: comparison with adoption

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BACKGROUND: Embryo donation produces a family structure where neither rearing parent is genetically related to the child, as in adoption. It is not known how embryo donation parents view the donors compared with how adoptive parents view the birth parents.

METHODS: 21 couples with an embryo donation child aged 2–5 years were compared with 28 couples with an adopted child. Parents were administered a semi-structured interview, assessing knowledge of the donors/birth parents, frequency of thoughts and discussions about the donors/birth parents and disclosure of the donor conception/adoption to the child. Comparisons were made between mothers and fathers to examine gender differences.

RESULTS: Embryo donation parents generally knew only the donors’ physical characteristics, and thought about and talked about the donors less frequently than adoptive parents thought about and talked about the birth parents. Embryo donation fathers tended to think about the donors less often than did mothers. Disclosure of the child’s origins in embryo donation families was far less common than in adoptive families ($P < 0.001$ for mothers and fathers), and was associated with the level of donor information ($P < 0.05$ for mothers, $P < 0.025$ for fathers).

CONCLUSIONS: Embryo donation parents’ views on the donors differ from adoptive parents’ views on the birth parents, with donors having little significance in family life once treatment is successful.

Key words: IVF / adoption / embryo donation / disclosure / donor conception

Introduction

Embryo donation is the process whereby an infertile couple receives an embryo created using gametes from another man and woman, with the intention that the recipient couple will raise the resulting child. First reported in 1983 (Trounson et al., 1983), embryo donation is one of the less frequently used assisted reproduction techniques in the UK with an average of around 35 children per year born following this treatment over the last decade. In comparison, there were ~800 children per year born following donor insemination and ~400 through oocyte donation [Human Fertilisation and Embryology Authority (HFEA), personal communication]. The low usage of embryo donation is partly because it is recommended only when either both members of the couple are diagnosed as infertile, or when previous IVF/ICSI treatments using the couples’ own gametes are unsuccessful. The small numbers also result from the scarcity of available donated embryos. In the majority of cases, the embryos used had been created by another couple in their attempts to conceive through IVF. The embryo donation child is therefore raised by two parents with whom they share no genetic relationship, as are adopted children. Moreover, like birth parents in adoption, the donor couple may still be together and may have other children who are genetic full siblings to the embryo donation offspring. In embryo donation, unlike adoption, there is a biological link to one of the rearing parents through gestation.

Since embryo donation and adoption families are undeniably similar in their genetic structure, the attitudes of embryo donation parents towards the donor couple can be compared with the attitudes of adoptive parents towards the birth parents. Potential adopters are specifically asked to consider their views on the child’s biological parents during the adoption preparation process (Triseliotis et al., 1997). Furthermore, over the last two decades, there have been moves towards encouraging openness in adoption. In the UK, particularly if relinquishment is voluntary, meetings may be arranged between the birth parents and the prospective adopters prior to the child’s placement. Social services can encourage adoptive parents to maintain contact with the birth family post-adoption, although this is most commonly done through the exchange of letters via the adoption service
rather than direct communication. Contact is seen by some adopters as an advantage in that it gives them much fuller access to the child’s history and provides reassurance ‘for children, adopters and birth families in relation to each other’s well-being’ (Ryburn, 1996, p. 636). Indirect ‘letterbox’ contact may trigger adoptive parents to think about birth family members when letters arrive, and to have greater levels of curiosity about them generally.

In comparison, the majority of donor conception treatment programmes run by fertility clinics in the UK have involved anonymous donors with no contact between donors and recipients. The change in UK legislation in April 2005 regarding donor anonymity, allowing donor offspring access to the identity of the donors when they reach 18, does not affect this structure since the recipient couple themselves will not receive identifying information on the donors. Thus, in adoption, the genetic relationships between birth families and children are considered highly important by the practitioners involved, whilst in embryo donation the child’s genetic links to the donor couple are considered much less so. The question is whether the varying significance placed on the role of the genetic parents in embryo donation and adoption will be reflected in the mindsets of the rearing parents.

Linked to the emphasis on genetic relationships is the question of whether parents intend to disclose the information about the child’s origins. The gestational link in embryo donation allows parents to keep the non-genetic relationship private if they so desire (Widdows and MacCallum, 2002). The issue of disclosure in donor conception has received a great amount of attention and debate in recent years, with particular concern over the adverse effect of secrecy on the child’s psychological well-being and the nature of family relationships (Daniels and Taylor, 1993; Shenfield and Steele, 1997; McGee et al., 2001; Patrizio et al., 2001). Results of this debate include the afore-mentioned legislation change on donor anonymity and the current advice given by the UK regulatory body, the HFEA, that ‘It is certainly best to be open with your child/children about the circumstances of their conception’ (HFEA, 2008). Despite this, a previous report on the present study sample found that only 9% of embryo donation mothers had already told their child about the donor conception, with a further 24% stating an intention to do so in the future (MacCallum and Golombok, 2007). In this respect, these mothers resemble parents seen in earlier studies of donor insemination and oocyte donation families, the majority of whom were not planning to tell their child about the lack of genetic link to one parent (Brewaeys, 2001; Murray and Golombok, 2003). Contrastingly, adoptive parents generally begin the process of disclosure when the child is aged 2–4 years (Brodzinsky et al., 1998), a practice strongly advocated by social workers. Comparisons between the stances of embryo donation and adoptive parents on disclosure could help explore why embryo donation parents may be more private. Interestingly, a study by Klock and Greenfeld (2004) of oocyte donation parents found an association for fathers, but not mothers, between information known about the donor and the decision to disclose to the child. Men who knew relatively more about the donor were more likely to be inclined towards disclosure. Thus, embryo donation parents’ disclosure decisions may be influenced by their levels of knowledge regarding the donors.

A further question is whether there is any discrepancy within the couple in their views towards the donors or birth parents. There is evidence of some gender differences in feelings arising from the experience of infertility generally. Women take infertility particularly hard, with 48% of women in one study describing it as the worst experience of their lives, compared with only 15% of men (Freeman et al., 1985). When preparing for infertility treatment, women are more likely than their male partners to express feelings of fear, sadness and anxiety (Merari et al., 2002). Women are also more prone to attributing the responsibility for infertility to themselves, even when the diagnosis is of a male problem (Robinson and Stewart, 1996). In contrast, men report less overt distress in response to fertility problems (Daniluk, 1988), particularly when the infertility is attributed to the woman or is unexplained (Nachtigall et al., 1992). It does not follow that infertility does not cause suffering for men, indeed studies have found strong negative reactions to diagnoses of male infertility (Webb and Daniluk, 1999), but men seem to demonstrate their concerns less openly. This gender disparity in expressed affect may arise from the use of different coping styles. In an examination of coping strategies of infertile couples referred for IVF treatment, women used techniques involving admission of distress such as directly challenging the problem, seeking social support and accepting responsibility for the problem, relatively more frequently than men (Peterson et al., 2006). Meanwhile, men used proportionately higher levels of strategies involving denial of distress, such as distancing from the problem, or keeping feelings to oneself.

These differences in outlook on, and coping with, infertility may result in embryo donation parents showing gender differences in their views of the donors and the disclosure of the donation. The distancing and denial adopted by men may make them likely to wish not to think about or discuss the issue. Support for this comes from a Dutch study of couples with donor insemination children which found that mothers more often disclosed the conception to others, and in four of the 38 couples interviewed the mothers were in favour of telling the child whilst their partners were against this (Brewaeys et al., 1997). Furthermore, young adults who were aware of their conception through donor insemination reported that their fathers showed more avoidance of the topic than did their mothers (Paul and Berger, 2007). It has been suggested that men feel more threatened by the acknowledgement of their infertility than do women, due to the association between fertility and masculinity, and that it is this stigma that deters men from disclosure (Nachtigall, 1993). Indeed, men who report fewer concerns about stigma related to the use of donor insemination are more likely to disclose the child’s origins to others (Nachtigall et al., 1997). However, research on oocyte donation parents in the USA found a higher percentage of women than men had told others about the donor conception, even though the infertility here is a female problem (Klock and Greenfeld, 2004). This suggests that it is not only the stigma of their own infertility that determines attitudes towards disclosure, but may be linked to men’s more general feelings regarding infertility and the use of donor gametes. It would thus be interesting to examine the viewpoints of embryo donation fathers, where both members of the couple may have infertility problems, and to assess whether they differ from those of embryo donation mothers.

In light of issues explored above, the primary objective of the present study was to compare and contrast the attitudes of a sample of embryo donation parents towards the donor couples with
those of a group of adoptive parents towards the birth parents. A second goal was to compare the responses from mothers and fathers and explore whether there were any differences between genders.

**Materials and Methods**

**Participants**

*Embryo donation couples*

The embryo donation couples were recruited from three fertility clinics in the UK. All two-parent heterosexual couples with an embryo donation child aged between 2 and 5 years inclusive were sent a letter from the clinic’s Medical Director, inviting them to participate. Of the 29 families who were known to have received the letter, 21 agreed to take part and 8 declined, giving a response rate of 72%. Confidentiality regulations meant that no further information was available on non-participating families. Fifteen participating families had children born from singleton births, and six families had twins. All couples had concealed using anonymously donated embryos (i.e. prior to the UK legislation change in April 2005).

*Adoptive families*

The adoptive families were recruited through three local authority adoption services in the UK. The agencies contacted by letter all families with an adopted child aged between 2 and 5 years inclusive, who had been placed with the family at or below the age of 12 months. Forty-one parents were approached, and 28 agreed to participate, representing a response rate of 70%. All target adopted children were singletons.

**Procedure**

The families were visited at home by a researcher trained in the study techniques. Data were collected separately from mothers and fathers using systematic semi-structured interviews which were tape-recorded. Overall, 100% of the mothers, and 75% of the fathers were interviewed and there was no difference between the embryo donation and adoption groups in the proportion of fathers participating. The sections of the interview relevant to the current report focused on areas relating to the experience of going through the embryo donation treatment or adoption. The questions were based on those used in previous studies of assisted reproduction families (e.g. Golombok et al., 2004), and each variable was rated according to strict standardized coding criteria. Ethical approval for the study was obtained from the ethics committee at City University, where the researcher was then based.

**Measures**

Embryo donation mothers were asked what information they had been given by the clinic about the donors. This was coded thus: 1. no information; 2. physical characteristics only and 3. physical characteristics and some demographic information. Both mothers and fathers of embryo donation children were asked how often they individually thought about the donors, and how often the couple talked together about the donors. Frequencies of thinking about, and talking about the donors were rated on a 4-point scale from 0 (never) to 3 (frequently). The opinion of embryo donation mothers and fathers as to the optimum level of information available about donors was ascertained and was classified into one of three categories: (i) donor should remain anonymous; (ii) some non-identifying donor information available and (iii) donors should be identifiable. In addition, both mothers and fathers were questioned as to whether they had told their child, or planned to tell them, about the method of their conception. The extent of this disclosure was rated as: 1. plans not to tell; 2. uncertain; 3. plans to tell and 4. told.

Adoptive mothers were questioned about whether they had met the birth parents prior to the placement, and about the frequency and type of contact between the adoptive parents and the birth parents since the adoption placement. Contact was rated on a 6-point scale from 1 (meet 4–12 times a year) to 6 (no contact), with a regular exchange of letters between adoptive parents and birth parents through the social services classified as ‘letterbox’ contact and rated as 5. Adoptive mothers and fathers were questioned as to how often they each thought about the birth parents and how often they talked about the birth parents to each other, and these variables were rated on a 4-point scale from 0 (never) to 3 (frequently). As for embryo donation, systematic information was obtained from both mothers and fathers as to whether or not they had told or planned to tell the child about the adoption, and this was classified into four categories from 1 (plans not to tell) to 4 (told).

**Statistical analyses**

All statistical comparisons between groups, i.e. either mothers versus fathers, or embryo donation versus adoptive parents, were made using chi-square analyses. Analyses were considered to be significant at the level $P < 0.05$.

**Results**

**Demographic characteristics**

The two family types did not differ with respect to the target child’s gender, age ($M = 43$ months), birth order or the number of siblings present in the household. Regarding the parents, there was no significant group difference for marital status (one embryo donation couple and no adoptive couples had divorced), or for the age of the mothers ($M = 41$ years) and fathers ($M = 42$ years). However, the two groups did differ in the length of time for which the couple had tried to start a family before succeeding, $t(47) = 2.70, P < 0.05$, with the embryo donation couples trying for longer on average ($M = 15.5$ years) than the adoptive couples ($M = 12$ years). A significant difference was also found for social class $\chi^2(3, N = 49) = 10.67, P < 0.05$, measured by the highest ranking occupation of either parent on the Registrar General’s classification (Office for Population Censuses and Surveys and Employment Department Group, 1991). This reflects the relatively high socio-economic status of those who become adopters in the UK, with a higher proportion of adoptive parents (36%) in professional occupations compared with the embryo donation parents (5%).

**Knowledge about donors/birth parents**

Considering the embryo donation families first, 67% ($n = 14$) of embryo donation mothers reported that they had been given information on the donors’ physical characteristics only. Only 9% ($n = 2$) received more detailed information including some non-identifying demographic details, and 24% ($n = 5$) had no information on the donors at all. However, embryo donation couples did not seem to desire further information on the donors. The majority of both mothers and fathers were not in favour of donors being identifiable (see Table I). For embryo donation mothers, 38% ($n = 8$) expressed a preference for completely anonymous donation, and 52% ($n = 11$) considered the policy of providing solely non-identifying information
to be optimal. Only 10% of mothers (n = 2) favoured the option of having identifying information about donors available to recipients and/or donor offspring. Fathers largely preferred complete anonymity of donors with 56% (n = 9) choosing this compared with 25% (n = 4) who opted for non-identifying information only. Similarly to mothers, just 13% (n = 2) of fathers would have liked the donors to be identifiable, and one father expressed no particular preference. The difference between mothers and fathers in the level of information seen as optimal was not significant, \( \chi^2(2, N = 37) = 2.39, P = 0.30 \).

Adopted parents had far more direct knowledge about the birth parents than embryo donation parents did about the donors. Over half of the adoptive mothers (57%, n = 16) had met the birth parents prior to the placement. In terms of current contact, only 7% of the adoptive mothers (n = 2) had no contact at all with the birth mother. The large majority of adoptive parents (86%, n = 24) were involved in ‘letterbox’ contact schemes. Seven per cent (n = 2) of adoptive mothers had been in direct contact with the birth mother, either meeting her or speaking to her on the telephone once or twice a year. No adopted child themselves currently had direct contact with his/her birth parents.

### Table I. Embryo donation parents’ preference for information about donors.

<table>
<thead>
<tr>
<th></th>
<th>Mothers (n = 21)</th>
<th>Fathers (n = 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Complete anonymity</td>
<td>8 (38.1)</td>
<td>9 (56.3)</td>
</tr>
<tr>
<td>Non-identifying info</td>
<td>11 (52.4)</td>
<td>4 (25.0)</td>
</tr>
<tr>
<td>Disclosure</td>
<td>2 (9.5)</td>
<td>2 (12.5)</td>
</tr>
<tr>
<td>Do not know/no pref</td>
<td>0 (0.0)</td>
<td>1 (6.3)</td>
</tr>
</tbody>
</table>

### Disclosure of the donor conception/adoption to the child

Only 2 (9%) of the 21 embryo donation mothers had already told the child about the method of conception. A further five mothers (24%) reported that they were planning to tell in the future. Forty-three per cent of embryo donation mothers (n = 9) had definitely decided they would never tell the child, and the remaining 24% (n = 5) were uncertain. Of the participating embryo donation fathers, the majority (56%, n = 9) were not planning to tell the child, with 19% (n = 3) uncertain, a further 19% (n = 3) intending to tell the child at a later date and one father (6%) who had already told his child. There was no significant difference in the proportion of mothers and fathers choosing each disclosure option, \( \chi^2(3, N = 37) = 0.67, P = 0.88 \).

Where both parents participated in the study, the disclosure decision of each individual was compared with that of their partner. The mother and father disagreed on this issue in three of the couples (19%).

To examine the relationship between information known about the donors and parents’ disclosure to the child, mothers and fathers were separately divided into two groups. The first group comprised those who were inclined towards non-disclosure and included parents who had definitely decided against telling or were undecided (14 mothers, 12 fathers). The second group comprised those who were in favour of disclosure and included parents who had already told the child or were planning to tell them in the future (7 mothers, 4 fathers). Comparisons of these two groups on their levels of knowledge about donors found that, for both mothers and fathers, the higher levels...
of information they had, the more likely they were to be inclined towards disclosure (mothers: $\chi^2(2, N = 21) = 6.54, P < 0.05$; fathers: $\chi^2(2, N = 16) = 7.47, P < 0.025$). All mothers and fathers who had no information about the donors were inclined towards non-disclosure, whereas in the two couples who had the most detailed information about the donors, mothers and fathers were in favour of disclosure.

The inclination of the majority of embryo donation parents against disclosure contrasts sharply with the adoptive parents. Both adoptive mothers ($\chi^2(3, N = 49) = 30.38, P < 0.001$) and adoptive fathers ($\chi^2(3, N = 37) = 24.64, P < 0.001$) were significantly more inclined to be open about the method of family creation than were their counterparts in the embryo donation families. All of the adoptive parents had either told the child about the adoption already or were planning to tell them in the near future (mothers: 79% ($n = 22$) told, 21% ($n = 6$) planning to tell; fathers: 67% ($n = 14$) told, 33% ($n = 7$) planning to tell).

**Discussion**

As expected, the embryo donation parents had far less information about the donors than did the adoptive parents about the birth parents. This can be explained by the procedures regarding information release followed by the fertility clinics at the time of treatment. Interestingly, the large majority of embryo donation parents did not want to know any more about the donors. Fathers, in particular, would have been happy with complete anonymity. In line with their levels of knowledge, embryo donation parents reported significantly less thinking about and talking about the donors than adoptive parents did about the birth parents. Embryo donation parents were grateful to the donors for allowing them the chance to have a child but their feelings did not go any further. In comparison, adoptive parents often talked about the birth parents, and mentioned especially thinking about the birth mother when it came time for their regular letter or telephone call, suggesting that contact prompts consideration of the role of the birth parents. It is important to note that this acknowledgement of the relevance of the birth parents did not seem to undermine the quality of parenting provided by the adoptive parents, which a previous report found not to be inferior to that of the embryo donation parents (MacCallum et al., 2007).

Since embryo donation parents seem to view the donors as relatively unimportant to their family life, it is perhaps not surprising that only 33% of participating mothers and 25% of participating fathers reported having told or planning to tell the child about the donor conception; a distinctly different pattern from the full disclosure by adoptive parents. Non-disclosure in adoption can be virtually impossible when the child is of a different ethnic origin to the adoptive parents. However, in the current sample this was the case in only one family, where the child had been adopted from China by Caucasian parents. In all other families, the child’s ethnic background matched that of at least one of the adoptive parents. Therefore, obvious

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**Table II. Comparison of thoughts and discussions about donors/birth parents by family type.**

<table>
<thead>
<tr>
<th></th>
<th>Embryo donation ($n = 21$ mothers; $16$ fathers)</th>
<th>Adoptive ($n = 28$ mothers; $21$ fathers)</th>
<th>$\chi^2$</th>
<th>$P$-value</th>
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</thead>
<tbody>
<tr>
<td><strong>Mother’s thoughts about donors/birth parents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>6 28.5</td>
<td>0 0.0</td>
<td>15.61</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Rarely</td>
<td>9 43.0</td>
<td>6 21.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasionally</td>
<td>6 28.5</td>
<td>13 46.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>0 0.0</td>
<td>9 32.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Father’s thoughts about donors/birth parents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>10 66.7</td>
<td>1 4.8</td>
<td>15.01</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Rarely</td>
<td>2 13.3</td>
<td>7 33.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasionally</td>
<td>3 20.0</td>
<td>11 52.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>0 0.0</td>
<td>2 9.5</td>
<td></td>
<td></td>
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<tr>
<td><strong>Mothers’ discussion about donors/birth parents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>12 57.1</td>
<td>0 0.0</td>
<td>27.04</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Rarely</td>
<td>4 19.0</td>
<td>9 32.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasionally</td>
<td>5 23.9</td>
<td>16 57.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>0 0.0</td>
<td>3 10.7</td>
<td></td>
<td></td>
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<tr>
<td><strong>Fathers’ discussion about donors/birth parents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>11 68.8</td>
<td>0 0.0</td>
<td>20.70</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Rarely</td>
<td>2 12.5</td>
<td>11 52.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasionally</td>
<td>3 18.7</td>
<td>10 47.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>0 0.0</td>
<td>0 0.0</td>
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</tbody>
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physical dissimilarity of the child does not seem to be a key factor in openness about adoption.

There is evidence of a relationship between information about donors and disclosure, with higher levels of donor information associated with inclination towards disclosure. This supports the findings by Klock and Greenfeld (2004), and Scheib et al.'s (2003) proposition that donor information is one factor taken into account in the disclosure decision. The implication for practice is that providing as much information as possible, even if non-identifying, to recipients during the treatment process could promote later disclosure to offspring. However, it is not known whether parents always take up the full extent of donor information offered to them by clinics. Those parents who are generally in favour of disclosure may be more likely to ask for further information than those who are inclined towards privacy.

To some extent, these attitudes towards birth parents and donors are reflected by, and may stem from, the perspective taken by the agencies involved in arranging adoptions and assisted reproduction treatments. The British Association of Adoption and Fostering (BAAF) states unequivocally in its information for those interested in adoption that ‘Children should be raised knowing they were adopted. Adopted parents should give appropriate information from the time the child is little and as they grow up’ (BAAF, 2008). Regarding the birth parents, BAAF makes clear in its information that contact of some kind with the birth family is common and can be expected. As mentioned earlier, preparation training for adoptive parents includes consideration of contact arrangements and how these might be handled. Bearing in mind that the current sample of embryo donation parents received treatment before the 2005 legislation change, they were not expecting access to any identifying information about the donors or for their offspring to be able to do so in the future. With respect to disclosure, advice given by the HFEA and by individual fertility clinics is much less absolute than that of BAAF on adoption. Statements to parents such as ‘it is certainly best to be open’ (HFEA, 2008) or ‘you will be encouraged to consider telling your child about his or her origin’ (London Women’s Clinic, 2006) make it clear that the disclosure is preferred but still leaves the final decision to the parents’ discretion.

The differing perspectives may also be related to the gestational link present in embryo donation and absent in adoption (Widdows and MacCallum, 2002). Firstly, this means that the embryo donation parents are registered as the child’s legal parents at birth, and the donors have no rights or responsibilities, whereas in adoption, legal parentage must be transferred from the birth parents to the adoptive parents; a process which is not finalized until the child has lived with the adopters for a minimum period (usually 3 months). Thus, from the outset, birth families have a role in the child’s life, whereas donors do not. Psychologically, the experience of pregnancy and birth allows embryo donation parents to feel that the child is ‘theirs’ from the outset. This can affect the disclosure decision, with many parents feeling that since the mother has carried the child, and both parents have reared the child since birth, there is no need to disclose the donor conception since they are the ‘real’ parents to all intent and purposes. Interestingly, the attitudes of embryo donation parents are in line with the attitudes found in some studies of couples who have donated embryos and who viewed the donation on a par with blood or organ donation (Soderstrom-Antilla et al., 2001). The donation is recognized as an essential component of treatment but is seen as unimportant to the rest of the child’s life. Therefore, the gestational link has an impact on parents’ perception of the processes of family creation; embryo donation parents are to some extent able to forget that they even used donor conception, whereas adoptive parents include the adoption as part of the family history.

Considering discrepancies of attitudes within the couple, few gender differences were found in the embryo donation parents. Embryo donation fathers did tend to think about the donors less often than did embryo donation mothers. This adds some support to the proposal that men are more likely to cope with infertility by distancing themselves from the problem or denying it exists (Peterson et al., 2006). Although in most cases, both embryo donation mothers and fathers were infertile, the fathers seem more reluctant to acknowledge their infertility by considering the role of the donors, in line with previous findings (e.g. Nachtigall et al., 1992). However, fathers were not significantly more reluctant than mothers to disclose the donor conception to the child. This may be because disclosure rates overall were low, because embryo donation mothers are particularly private, or because mothers were going along with their husbands’ wishes. In addition, the size of the sample led to small cell magnitudes for comparisons between men and women, reducing the statistical power and possibly resulting in some gender differences not being detected. Nevertheless, only three couples disagreed about disclosure intentions; a similar proportion to the 18% of couples found to be inconsistent on this issue in Klock and Greenfeld’s (2004) study of oocyte donation parents. Thus, these findings suggest that the disclosure decision is no more contentious for the couple when neither is genetically related to the child than when one partner alone lacks a genetic link.

The degree to which findings from this study can be generalized to a wider population is limited by the small size of the embryo donation sample. This was caused in part by the relative infrequency of use of embryo donation treatment in the UK. In light of this, it is encouraging that response rates were moderate to high, but no conclusions can be drawn as to how the attitudes of parents who refused to participate may diverge from those reported here. Replication with a larger sample would be useful, as would an examination of parents who conceived with treatment after the new legislation was introduced in 2005. It may be that knowing their offspring will be able to trace their donors will have an impact on embryo donation parents’ attitudes towards these donors, and increase the relevance of the donors to their view of the child’s life story. A survey of the extent of donor information supplied by clinics to embryo recipients could help establish whether some clinics routinely offer more information than others, and what influence this has on parents’ future thoughts and feelings about the donors and their plans for disclosure.

Although the genetic family structures of embryo donation and adoption are similar, the processes differ in many aspects, including social, legal and psychological factors. These differences may mean that consideration of the child’s genetic background is simply more necessary in adoption than in embryo donation. Since there were no problems in the embryo donation families regarding child adjustment or parent–child relationships (MacCallum et al., 2007), the lack of communication regarding donors does not seem to be adversely affecting family functioning. Nevertheless, problems could arise if the child later becomes aware of the facts of the donor conception and deems
the level of communication unsatisfactory. Research on adult and adolescent sperm donation offspring who know their origins suggest that the majority express curiosity about their donor and desire further information about him (Turner and Coyle, 2000; Scheib et al., 2005). Providing such findings to donor recipients during the treatment process may encourage them to take into account whether the role of the donors could seem relevant to the child; however light signifi-
cance they themselves feel it has in their family life.

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