



VRIJE  
UNIVERSITEIT  
BRUSSEL



Universitair  
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Brussel

# RETHINKIN EXPERT SEMINAR: COUNSELING INTENDED PARENTS WHO CONSIDER USING DONOR GAMETES

Dr. Julie Nekkebroeck - Psychologe

Centrum voor Reproductieve Geneeskunde - Centrum Medische Genetica

# CONTENT

- Patients in need of donor gametes and type of donation
- Counseling trajectory
- Egg and Sperm donation at UZ Brussel in numbers
- What is counseling?
- What do we offer during counseling?
  - ▶ Access to treatment?
  - ▶ Provision of information
  - ▶ Assess readiness
  - ▶ Guide decision making on (non-) disclosure and provide psycho-education
- Conclusions

# PATIENTS IN NEED OF DONORGAMETES AND TYPES OF DONATION

- **Patients:**



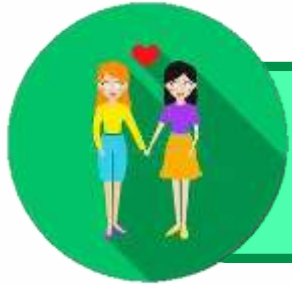
- **Types of donation:**

- ▶ Anonymous
- ▶ Known donation

## COUNSELING TRAJECTORY



2 consultations with the psychologist → fertility doctor → fertility counsellor



only in case of egg donation within the couple

→ 1 consultation with the psychologist → fertility doctor → fertility counsellor



at least one consultation with the psychologist → fertility doctor → fertility counsellor

## EGG AND SPERMDONATION AT UZ BRUSSEL IN NUMBERS

- IUI with donor sperm: **432** patients  232 -  138 -  62
- IVF with donor sperm: **267** patients
- N° **patients** requesting for anonymous egg donation:
  - ▶ 2019: **263** - 2020: **157** - 2021: **75**
- N° of thawing **cycles** for anonymous egg donation:
  - ▶ 2019: **177** - 2020: **155**
- N° **oocyte pick-up's** of anonymous egg donors:
  - ▶ 2019: **86** - 2020: **84** - 2021: **37**

# WHAT IS COUNSELING?

- Information gathering and analysis
- Implications and decision-making counseling
- Support counseling
- Crisis counseling
- Therapeutic counseling

patient-centered care

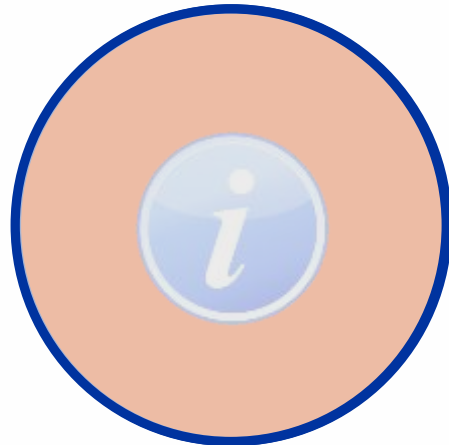
→ NON-DIRECTIVE COUNSELLING with respect for PATIENT'S AUTONOMY!

infertility counseling

psychotherapy

Counseling within infertility (Strauss, B., Boivin, J. 2002)

# WHAT DO WE OFFER DURING COUNSELING?



## ACCESS TO TREATMENT?



### ■ **2007: Law Medical Assisted Reproduction**

- Art. 5: De fertiliteitscentra zorgen voor een grote transparantie van hun opties in verband met de toegankelijkheid van de behandeling: ze kunnen ten aanzien van de tot hen gerichte verzoeken een beroep doen op de gewetensclausule
- No treatment obligation (*Oath of Hippocrates*)

### ■ Quality handbook

### ■ Welfare of the child (Pennings 1999, 2007)

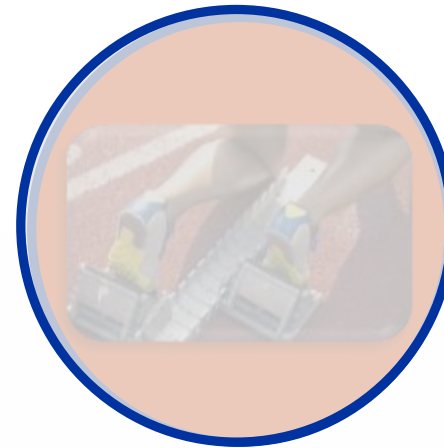
- **The reasonable welfare principle:** the future child has the possibility :
  - to develop normal human interests
  - to achieve life goals, which are generally considered to make human life worthwhile

### ■ Ethical committee CRG/CMG





# WHAT DO WE OFFER DURING COUNSELLING?



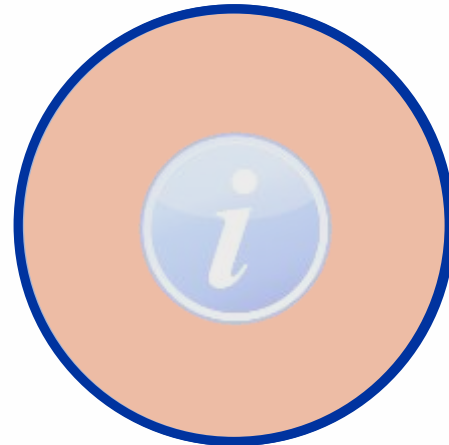
## PROVIDE INFORMATION



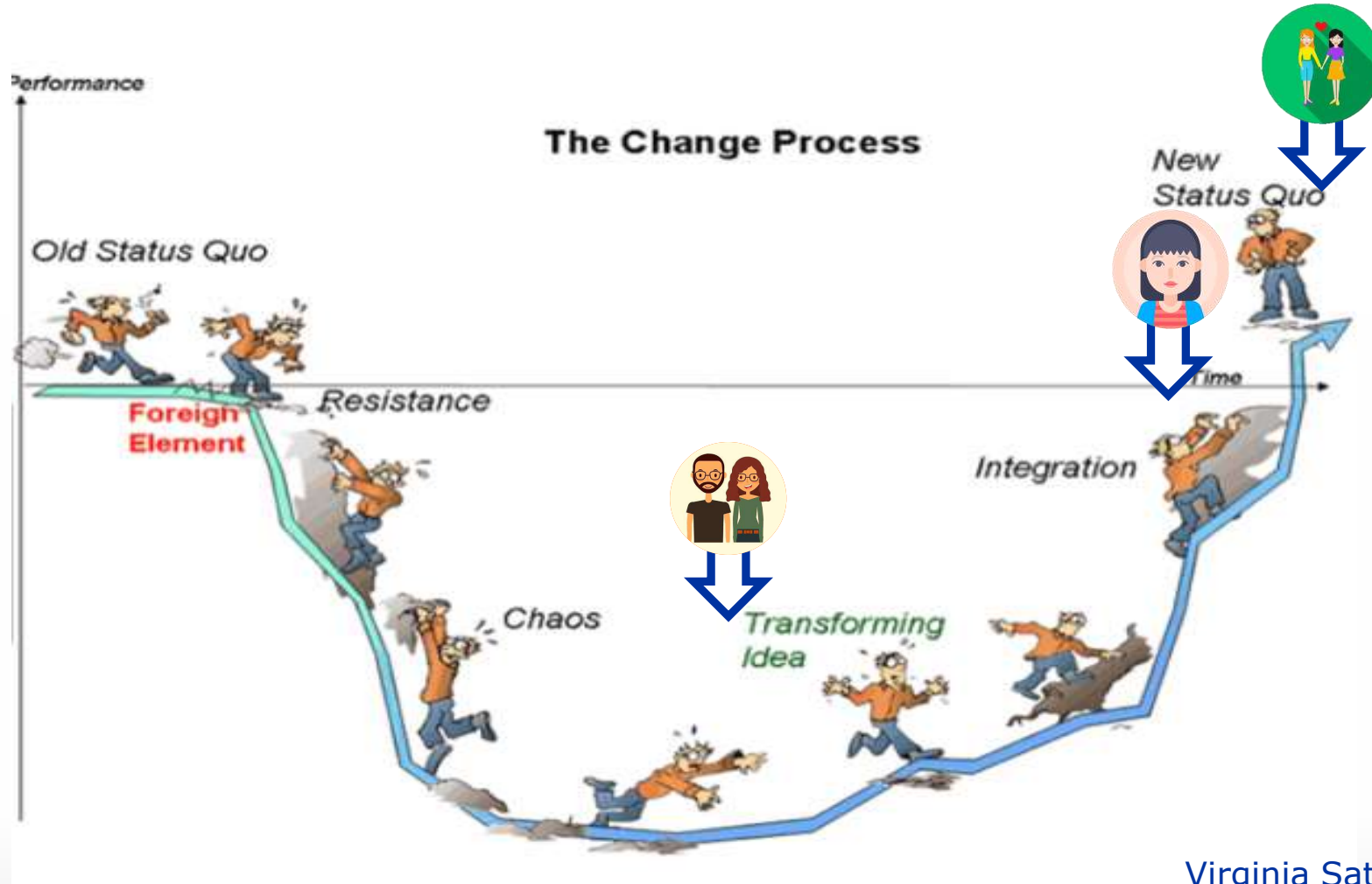
- Type of donation? Anonymous vs known donation
- Implications of types of donation
- Medical information on use of donor gametes
- Legal information on use of donor gametes
- Donor assessment and selection?
- (Non-) Disclosure practices after use of donor gametes



# WHAT DO WE OFFER DURING COUNSELLING?



# GUIDE THE TRANSITION TO PARENTHOOD WITH USE OF DG



Virginia Satir's Change Model

# GUIDE THE TRANSITION TO PARENTHOOD WITH USE OF DG

## IN HETEROSEXUAL COUPLES

- Infertility history of the couple: experience and their motivation/reason to use donor gametes?
- Grieving process concerning infertility and the inability to have a child biologically related to both parents
- How and when did they decide to use donor gametes?
- Feelings and Comfort level with use of donor gametes (e.g. biological inequality and attachment concerns)
- Explore the meanings both partners attribute to the donor
- Explore disclosure intentions (towards significant others? towards the child?)



(Covington & Hammer Burns, 2017)

# GUIDE THE TRANSITION TO PARENTHOOD WITH USE OF DG



## “Making the child mine”

- **Preconception strategies**
  - ▶ Decisions about the type of donor
  - ▶ Minimization of the donor’s contribution
  - ▶ Normalization of family diversity
- **Importance of Pregnancy ‘central role in the ownership of the child’**
- **Establishing a bond**
- **Child as wanted**
- **Mothers’ influence beyond genetics**
- **Physical resemblance**
- **Managing reminders of egg donation**
  - ▶ Comments about the child’s appearance
  - ▶ Other reminders
- **Finding a place for the donor**

(Imrie et al., 2020)

# ASSESS READINESS



## ▪ Heterosexual couples

- ▶ Convinced that treatment option with own genetic material are exhausted
- ▶ Idea they tried everything with own material
- ▶ Time to adjust
- ▶ Switch from not ideal way but can give us our ideal family
- ▶ Focus on the desire to have a child ↔ focus on achieving a pregnancy
- ▶ Feeling at ease with their CHOICE to use donor material to conceive a child ↔ no choice
- ▶ Open attitude (to information, open for discussion)
- ▶ Awareness of a family building process = a continuous process

# ASSES READINESS



## ▪ **Lesbian couples**

- ▶ Stable relationship and who gets to go first?
- ▶ Openness towards network
- ▶ Usually enough time to accept the idea of use of donor gametes
- ▶ Reflection on the type of donation and donor as a person in the child's life
- ▶ Feeling confident on how to explain donor conception



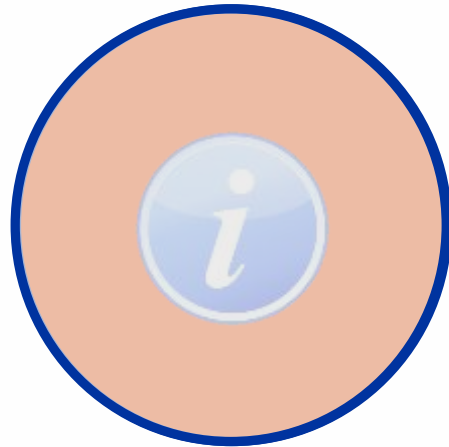
# ASSES READINESS



## ▪ **Single motherhood**

- ▶ Desire for a child > desire for a partner
- ▶ Significant others know and are supportive
- ▶ Emotional, professional and financial stability
- ▶ Experiences with partner relationships
- ▶ Not an impulsive decision!!
- ▶ Feeling at ease with use of donor material
- ▶ Feeling confident on how to explain donor conception

# WHAT DO WE OFFER DURING COUNSELLING?



## TO TELL OR NOT TO TELL?

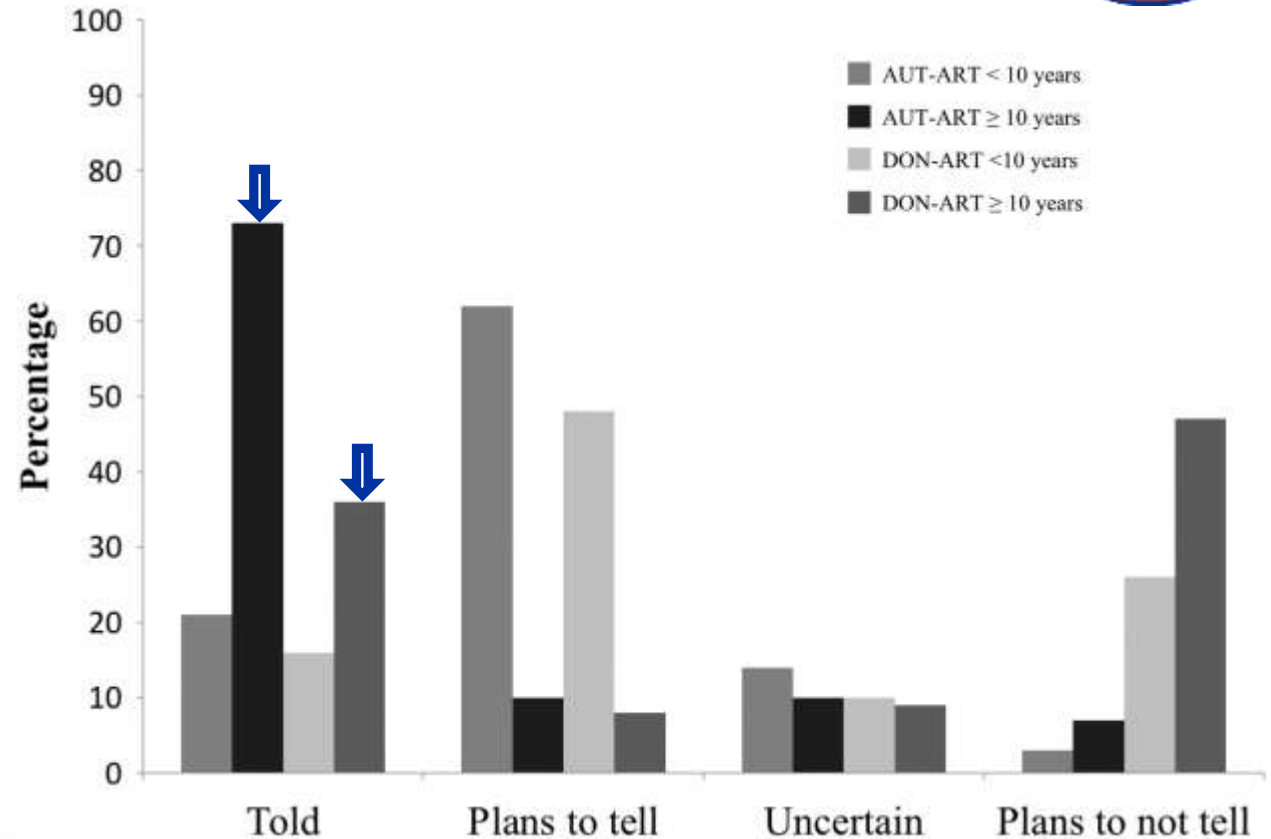


	Openness	Secrecy
<b>Single women</b>	YES	NO GO
<b>Lesbian couples</b>	YES	NO GO
<b>Heterosexual couples</b> spermdonation	OPTIONAL	OPTIONAL
<b>Heterosexual couples</b> eggdonation	OPTIONAL	OPTIONAL

# DISCLOSURE PRACTICES: PAST AND PRESENT



- Times have changed!
  - ▶ Before: Disclosure is harmful!!
  - ▶ Nowadays: Openness is still not a 'done deal' (Nordqvist et al, 2014)
- 61% revealed OD and 58% revealed SD (Sweden) (Lampic et al, 2020)



(Tallandini et al., 2016)

## WHY OPT FOR SECRECY?



- No 'need' to tell because there is a pregnancy (<> adoption)
- No 'need' to tell because it will be "our child" / the child will reject me
- It will undermine my relationship with the child or disturb the child's development
- Religious, cultural beliefs make disclosure 'impossible'
- To protect the child (and oneself as a parent) from stigmatization
- It is considered a "private" matter e.g. infertility raises questions on masculinity/manhood
- ▶ **Fear of stigmatization = justification for non-disclosure**



## ARE SECRETS HARMFUL?



- Secrecy = Often rooted in shame of broken rules, taboo subjects
- With the aim to prevent embarrassment, protect a family (member) from judgment or avoid punishment
- Negative impact on family dynamics!
  - ▶ Unequal division of power
  - ▶ Coalitions and therefor 'distance' between those aware and the unaware
- Internal trust issues, increased anxiety and shame
- Motivation to keep a secret?

(Karpel, 1980; Vangelisti, 1994)

## IS NON-DISCLOSURE OF DC HARMFUL?



- Disclosed (too) late in life, in anger, by the inappropriate people
- Children feel betrayed by their parents rather than have problems with their donor conception!
- Genealogical bewilderment and identity problems or frustration when no information is available on the donor
- Hard to measure

# WHY OPENNESS IN HETEROSEXUAL COUPLES?



- Alleviates the stress that secrets induce
- Avoids the (psychological) distance between those who know and those who may not know
- The child has the right to know his mode of conception
- Finding out late in life or by chance (<> via parents) causes trust issues between parents and children

HEALTH MATTERS | SCIENCE | 05.01.2016 07:00 AM

## Spit Kits, Sperm Donors, and the End of Family Secrets

At-home DNA testing is more accessible than ever. In *The Lost Family*, Libby Copeland learns how genetic revelations are upending lives.



## The end of donor anonymity: how genetic testing is likely to drive anonymous gamete donation out of business FREE

Joyce C. Harper ✉, Debbie Kennett, Dan Reisel

*Human Reproduction*, Volume 31, Issue 6, June 2016, Pages 1135–1140,

<https://doi.org/10.1093/humrep/dew065>



# WHY OPENNESS IN HETEROSEXUAL COUPLES?



- CHILDREN who are informed ARE DOING FINE!
- Children who know before age 7 show more psychosocial wellbeing at age 14 and have better family relationships (Ilioi et al., 2017)
- Early disclosure shows that (Jadva et al., 2009):
  - Children accept the information
  - Integrate it into their life story
  - Children have themselves positive reactions toward the disclosure decision of their parents



## WHEN IS THE RIGHT TIME TO TELL?



- Lesbian Couples: strait away!
- Single mothers: strait away!
- Heterosexual couples: 4, 5, 6 years of age certainly < age 7!
  - <> “the right time strategy”: When the child is old enough to understand
  - A joint decision made by both parents (Lampic et al, 2020)
  - Not a single occasion
  - Continuous process with several layers of information
- **AVOID:** anxiety-driven disclosure and move towards a conscientious choice for disclosure (Zadeh et al, 2016)



## OPENNESS VS SECRECY?

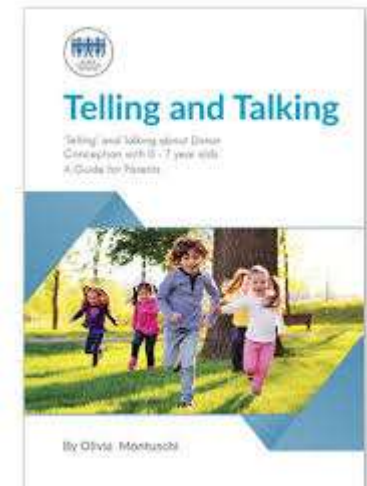
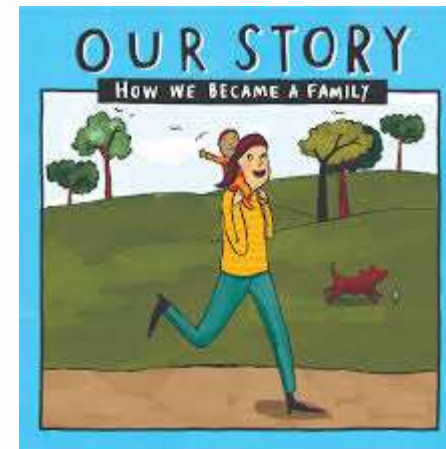
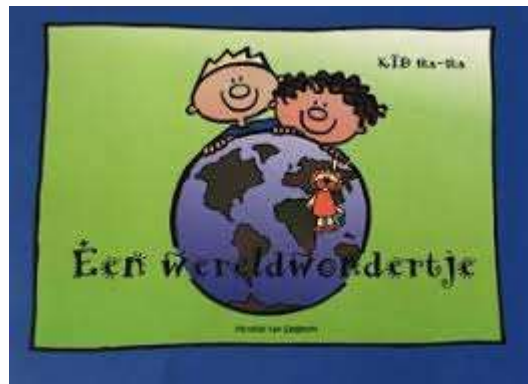
### What do patients need to take into account?

- Use of donor material = major life-event to be managed an entire life-time for the parents and the child!
- Environment focused on physical resemblance
- Environment will confront you with the use of donor material
- Openness is a continuous process!! <> tell it only once
- Hiding the truth = lying in the long run



# BOOKS, STORIES, VIDEO'S

- For heterosexual couples, lesbian couples and single mothers



# CONCLUSIONS

## **Counseling intended parents who consider use of donor gametes:**

- Times have changed!
- Counseling has evolved!
- Screening as well as providing information, preparation for DC, psycho-education
- Initiating a family building process (<> a solution to one problem)
- Guide decision making regarding (non-)disclosure
- Providing a professional network and long term follow-up
- Challenging

THANK YOU



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