



TALKING WITH CHILDREN ABOUT SPERM DONATION

This article, which is part of a series of conversations, includes an adaptation of our earlier article, "Talking with Children about Ovum Donation" and is written primarily for heterosexual couples. We will be publishing separate articles addressing the concerns of single women and LGBT families.

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HISTORY

Donor insemination or DI has been performed for more than a century in the United States and is the oldest form of assisted conception. Historically, the use of donor sperm triggered debates among ethicists, theologians, and medical practitioners. Initially, physicians presented DI as a medical treatment that could conceal the father's infertility. DI was practiced in secrecy, in the doctor's office with fresh semen, and destruction of donor records.¹

Over time, the nature of DI and society's attitudes toward it has changed. These changes include the use of frozen semen; the emergence of sperm banks; more evaluation of donor candidates; more donor medical history, more personal background information; availability of identifiable donors; and clearer legal status for donors and parents. These changes reflect increased openness and parents' desire for information about donors. Over time, these changes have enabled DI to emerge from the shadows and become recognized as a complex form of family building with psychosocial meaning for the family.

The exact number of children born from DI is unknown. Unlike egg donation, where egg donor IVF statistics are reported to SART (The Society for Assisted Reproductive Technologies) and the CDC, there is no central mechanism for documentation of births from donor inseminations. The current system that relies on treatment providers, sperm banks or parents to report births, has resulted in spotty and unreliable records. There are estimates that the number of donor conceived children born over this last century in the USA is well over two million.

CONSIDERING SPERM DONATION

For over a century, donor sperm was the only alternative for couples impacted by male factor infertility. Currently, intended parents choose sperm donation for several reasons including male factor infertility, a desire to avoid passing on a genetic disorder, or because of the husband's previous vasectomy. Male factor infertility can be the result of childhood disease, cancer treatment, genetic disorders, structural abnormalities, or unknown reasons.

Couples deciding to use sperm donation confront choices that are both similar and different from ovum donation. The cultural elements that make sperm donation different include the much longer history of secrecy and stigma compared to egg donation and that male infertility is hidden, less acknowledged and less discussed in society than female infertility. The silence about male infertility occurs despite the reality that male infertility affects close to 40% of the millions of couples struggling to conceive. In recent decades, reproductive medicine has developed a number of treatments to help men with poor sperm production, poor sperm quality and even absent sperm. The decision to use one of these treatments can be difficult because the treatments are not always successful, are often expensive, and usually require the wife to undergo an IVF cycle. Thus, despite the increased number of couples opting for these technologically complex procedures, many will prefer the use of donor sperm.

In general, we see much more openness about gamete donation than in the past. However, both men and women are still likely to view donor sperm with more apprehension or doubt than donor eggs. Parents fear that creating a child using donor sperm causes more problems emotionally for the father, the couple, and the offspring. For one, the use of donor sperm may carry a sexualized connotation even in the absence of intercourse.² Second, there is a cultural myth that women are naturally maternal and nurturing, while men do not have an instinctual desire to parent. Although women who use egg donation generally establish a bond with the child through pregnancy and birth, people fear that men will not be able to bond with a non-genetically related child. The fears can be confounded by the fact the men use different coping mechanisms for dealing with infertility compared to women. Men are less likely to seek social support, more likely to cope by problem solving than problem discussion, and to use emotional distancing.³ However, both men and women are still likely to view donor sperm with more apprehension or doubt than donor eggs.⁴ The mythology around men's parenting instincts can lead others to question the father's parenting ability, see him as not the "real father" and assume that his child would not love or feel connected to the father without a genetic connection. Research in sociology and psychobiology has shown that a man can be attached to and be a nurturing parent of children who are important to him. Mothers and fathers learn parenting on the job day by day. Nonetheless, the mythology persists and can make it more difficult for intended fathers to proceed with DI. Eric Schwartzman, a father via DI, addresses this fear:

*"When I was diagnosed with non-obstructive azoospermia 12 years ago, I was told that I should expect to never have children of my own. The fact that my children are not biologically linked to me has never lessened my love for them nor my belief that they are indeed my children". He adds, "When I look at my kids I don't see neon DI signs on their foreheads I just see them."*⁵

The process of becoming a parent through sperm donation entails multiple decisions. These decisions include reaching a level of acceptance of the loss of the father's genetic connection, selecting a donor, and deciding whether to disclose donor conception to others. For most parents the decision to use a sperm donor is not an easy one. This is compounded by the fact that very few couples using DI are urged or required by their medical providers to meet with a mental health professional, specializing in donor insemination, who can help them explore their options, their feelings and the long range significance of using donor sperm.

In our clinical experience, we find that parents are often uncertain about disclosure. They wonder if they should tell family and friends that they are considering using sperm donation. And, if they do tell, parents wonder what others will think. Probably the most difficult decision for parents is whether to tell their children they were born with the help of sperm donation. One mother said,

*"Not having all the answers stops me from telling my child. What if they become upset? I can't take back their genetics. I just don't know how to start and then what to do next. I know I'm stuck, but do you blame me?"*⁶

Parents want to know how and when to discuss donor conception. They want to know what language to use, how they will feel, how their children will react, how it will affect their marital relationship and their relationship with their child.

We hope that our fact sheet can be a resource for you both before conception and after.

DISCLOSURE: The Decision

Many elements influence the decision whether to disclose your child's donor conception. These include personal history, the community's acceptance of "alternative families", values and beliefs about parenting, comfort with "openness" in discussing family and personal matters in general, feelings about a child's right to know his/her genetic origins, whether you think you can keep it secret, and the risk of inadvertent disclosure. The influence of others also plays a part, including family, friends, mental health practitioners, medical professionals, religious leaders, the media, the internet, and books. Many parents have told us that they consider their choice not to disclose a private family matter. They do not feel anyone has a right to know his or her genetic origins, that there is "nothing to tell," because the "donor just gave some cells". They may also believe that not telling their donor conceived child or others provides protection for the parents, the child, and the family unit.

Sometimes fear can lead to non-disclosure. These fears include fear that the donor conceived child will not accept the father as the **Real Father**; fear that the rest of the family will not accept the donor conceived child; fear about how the child will feel about their conception; fear that knowledge of the donor conception will harm the child's self-esteem and fear that the child will want to find the donor.

For those who are afraid, they expect their donor conceived child will feel bad about their donor conception, and not accept the father. Other parents are concerned that their child might share the

information indiscriminately with others who may then say hurtful things to their child. Because some religious faiths oppose reproductive techniques or the use of donors, not telling may also provide a safeguard against ostracism. One researcher concluded⁷ that although parents most often expressed concern about their donor conceived children's reactions, the overall secrecy was sustained because of the benefits it would bring to the parents, and in particular to the father. Another researcher found that in non-disclosing couples, the mother usually deferred in this decision to the father.⁸

We obviously do not know how all parents feel years later after using sperm donation. However, some parents tell us that they regret the decision not to tell. They feel isolated and have no one with whom they can discuss their feelings. The non-disclosure feels harder to carry on over time. For example, questions from their donor conceived children and others about whom the child looks like are uncomfortable. Some parents imagined they would tell when their child was old enough; now, many years have gone by, they do not know whether they can do it and the secrecy remains unresolved. In a recent New Zealand study researchers re-interviewed DI couples 14 years after treatment, and found that several families still wanted to disclose; but were struggling with how to do it, felt a need to talk about it to the researchers and had not had access to infertility counselors.⁹

At first glance, non-disclosure may seem easier. It seems to avoid a range of potential negative consequences. However, keeping the donor conception a secret from your child does not necessarily make it easier. As one parent explains:

"It was the elephant in the room. We did not talk about the donor but it was always there, particularly when our kids would ask us questions about how they 'got' something."¹⁰

Non-disclosure might have seemed easy in the beginning but you might begin to feel that the secret could have negative consequences for you, your marriage, and your child. One donor conceived person reported:

"My parents were told to pretend that the donor insemination never happened. But the secret was a terrible burden on them. They had no outlets, other than each other, and felt trapped and alone in keeping the secret. My mother confessed to me that it was an underlying source of tension within the marriage."¹¹

One of the factors that parents do not consider is the risk of inadvertent, unintentional, or accidental disclosure. For example, many parents have told someone else, in the family or outside the family, about using a donor, thus raising a serious possibility the donor conceived person would find out from someone else. As one donor conceived person stated, *"Telling the truth from the onset gives parents great freedom from the burden of secrecy."¹²*

We raise the following questions and encourage you to discuss them with your partner and possibly a mental health professional who specializes in third party reproduction:

- Do you and your partner agree about your decision not to disclose? If not, will having this disagreement cause growing problems in your relationship? Is there a risk one partner will tell anyway, without agreement from the other? A recent study discovered that more than 20% of the donor conceived knew about their donor conception, but no one had told the father that they knew.¹³
- What are the medical implications of secrecy? When parents consider sperm donation, they believe that they can control the information about using a sperm donor. However, the secrecy may require lying about your child's "family" or genetic medical history. Will you tell your pediatrician? If you do not tell, are there implications for your donor conceived child's medical care? What will happen if the donor conceived child or adult could access their medical record or notices discrepancies in family medical history? What will happen if there is a genetic illness in your family and the donor conceived person then believes that he is at risk for it? What if you learn that the donor passed on a risk of inheriting an illness?

"At 13 I was seeing my pediatrician for an asthma attack and inadvertently was alone in the examining room with my chart. I innocently started reading and discovered I was donor conceived. I read as fast as I could and became so uncommunicative with my parents that after two weeks we went to see a therapist. When I told them what I had discovered my mother burst into tears but it was my dad who appeared relieved that the secret was out. I saw how torn up and scared they were and fearful that I would hate them. I love my dad and my mom. It was amazing how many other things we could talk about after this came out but the lies are what I hated. With help, they saw that I was not going to change how I loved them but that I needed the truth. It was amazing how many other things we could talk about after this came out."¹⁴

Increasingly, students are learning a great deal about genetics and inherited characteristics. A recent science exhibit for children gave out a list of physical characteristics that are inherited directly from a parent. If your child has this characteristic, then one of the genetic parents will always have this trait: widow's peak hairline (dominant), dimples (dominant), cleft chin (dominant) and ability to roll the tongue. Imagine your child coming home from a science project and asking why she is the only one in the family who can roll her tongue/has a widow's peak/or has dimples. How do you answer your child's questions about who they look like or who they resemble in the family? In addition, it is going to become even easier in the future to obtain "over the counter" DNA testing to determine whether the child and parents are genetically linked.

RISKS OF NON-DISCLOSURE

Many adult donor conceived who were not told during childhood have reported that they always sensed something was different and sensed that the parents were hiding something from them. Sometimes this reflects the family's use of "topic avoidance". As Benward explains,¹⁵ research about topic avoidance in families formed by sperm donation shows that "Parents withdraw from conversation or omit discussion of issues, by, for example, changing topics, looking away, or becoming silent. Non-genetic parents, in particular, avoid discussion about resemblances, traits, genealogy, and medical history. Children are attuned to non-verbal communication from parents and are likely to notice this avoidance." When couples do not agree about disclosure, "not telling" becomes the default agreement between them. This "non-agreement" can cause tension between parents and be misinterpreted by their child, who may feel that there is something wrong with them.

"It also created an inequality in their parenting relationship with me, which I detected in innumerable ways--through subtle clues, innuendos and vague responses that human nature couldn't disguise." (K, who learned about her origins at age 18)¹⁶

The circumstances of disclosure influence how the donor conceived feel about their donor conception. Not disclosing or postponing disclosure until the donor-conceived are adults carries a greater risk for family dysfunction and psychological distress. By contrast, one study found that when family members communicate more openly with one another about donor conception, families might function better.¹⁷

DISCLOSURE

More experts feel that disclosure of donor conception is the better choice. An Ethics Committee Report, from the American Society of Reproductive Medicine in March 2004, "supports disclosure from parents to offspring about the use of donor gametes in their conception."¹⁸ What the committee report did not clarify is how and when parents should begin sharing this information with their children.

In general, disclosing parents feel that their donor conceived children have the right to information about their genetic origins, that secrets in families can be harmful, and the potential harm from non-disclosure outweighs any risks in disclosing. Those who do disclose believe that they can continue to have a close relationship with their children after disclosure, that they can explain donor conception in a positive way, and that disclosure does not threaten the family. Research tells us that parents engage in different strategies for managing information about their child's donor conception; for example, by engaging in different levels of openness with different people.¹⁹

Parents favoring disclosure consider the possibility that children might learn about their genetic origins from someone else or by accident, damaging their relationship with their child. From this perspective, parents gain greater control and protect their families better by sharing. Parents who decide to tell their children when they are young are in a position to shape the initial disclosure, using language that is comfortable to them, and to create their own unique family story.

Current research and our experience as therapists lead us to conclude that:

- Parents who use gamete donation are increasingly choosing to be open with their children about the use of a donor.²⁰
- Parents report feeling anxious about how and when to tell their child their conception story.
- When children learn at a young age, they do not typically have a negative response and deal well with the information.
- In a recent study of children's reaction to being told about their conception the vast majority of children responded to disclosure in a neutral way or had no reaction at all.²¹
- Disclosure does not lead to rejection of the non-genetically related parent or damage the relationship.

- Parents rarely regret disclosing.
- Parents frequently report feeling relieved after disclosing genetic origins information with their children.

TALKING WITH CHILDREN

Parents who choose to talk with their children about their genetic origins must decide when and how they will do this and what they will share. We know that this is a difficult decision and process for most parents. In fact, many parents may engage in “layers” of disclosure about their child’s conception both with their child and with family and friends.²² Some parents will tell their children they were conceived with IVF or with “help” but not tell them about the use of a donor, for example.²³

We often hear parents say that they would wait “until the child is old enough to understand.” More often than not, they mean that they do not want to discuss it until the child can understand the biological facts of reproduction. Many recipients have told us that they think of adolescence or even young adulthood as a time when their child will be old enough to understand. Given the challenges of the teen years for both parents and children, this is probably not the ideal time to first disclose. If children learn before puberty, they can incorporate their donor conception into their developing sense of self; later disclosure will require a greater adjustment to the established identity and sense of self.

Some parents have postponed telling because of uncertainty or worry about what to say and when. In a recent study,²⁴ Golombok reported that the more uncertain parents are, the more likely they are not to disclose or postpone it until they feel it is too late. Some have postponed because they do not have much information about the donor or were not sure how to share it. Once the “early” window has passed, parents fear that if they tell late they will cause even more harm and thus never tell. However, it is never too late to talk to your child about their donor conception. It may be more emotional or challenging but with patience, older and adult donor conceived persons can work through their feelings about their donor origins.²⁵

This is really a discussion and sharing of the way you became a family. While genetics play a role in what your child is like, genetics do not define who you are as a family and disclosure is about how you came to be a family. Our belief is that children should ideally first learn about their donor conception in the early years. It is important for parents to understand that disclosure is not about a child’s accurate grasp of the biology of conception or the facts of IVF. In addition, sharing is not dependent on your child’s intellectual development. As parents, we can find ourselves discussing complex concepts with young children, prompted by their questions about death, loss, and religion, for example.

So, as with other complex issues, we can start talking with the young child in simple terms. With young children, there is no reason to expect the child to get the facts right. Children will re-ask the same question at a later time as if they had not discussed it before. This represents the changes in a child’s cognitive development and ability to understand the same facts with a different level of understanding. Sharing information is a process that evolves as children’s needs and ability to understand grow.

“I told my child when she was six that a nice man helped dad and I create her by donating his sperm since her dad had no sperm. Several months later when my husband was walking with my daughter she asked him, ‘so what is sperm and why did you not have any?’”²⁶

The casual discussion and re-sharing of the information over time in the context of family life gives parents and children an opportunity to revisit and expand the story. Over time, as the child becomes older and more verbal, a shift happens for parents and the story becomes one that belongs to the child as well as the parents; the language may change as the child shapes and tells the story.

TELLING THE STORY

The following discussion is adapted from a workshop given by the authors in 2010, entitled:

Conversations for Parents: Families Created through Donor Donation and Surrogacy

Researchers have found that individuals tend to remember facts in a more meaningful, relevant and empathic way if they encounter them in a story. A story is the structure that allows information to bridge from the abstract external world into the human internal world.²⁷ We offer some ideas and suggestions for sharing your family story with your child based on the experiences of families who have gone before you. Use language you are comfortable with, create “your story” and remember that the only “correct script” is the one that works for your family.

A story that refers to others who helped so that the child could be born is well within the grasp of a

preschooler's understanding. You can present the story in a positive way so that donor sperm will seem normal to your child. Early stories can introduce the concept of help from a donor, and begin to normalize donor conception. As one exuberant young child said, "I'm sure glad you and dad live in modern times, so you could have ME!

By the age of three or four, young children often understand that babies grow within the mother's body, so

A simple story might include the following:

- Mommy and daddy wanted a baby and were not able to make one.
- They then decided that they would ask for help.
- They found caring people who gave them a lot of help.
- They found a special man who gave his sperm.
- They used clinics and doctors to help them.
- The result was the special baby that made mom and dad very happy.
- What language to use:

The language we use in discussing donor conception has a powerful impact in part because it describes how the donor conceived are related to their parents and to the donor. When sharing your story with your children keep in mind that the donor is NOT

- The genetic parent
- The other father
- The "real" father
- The birthfather

One adult donor conceived person put it this way:

"Whenever you do it, do not say that the child's father is not their father- my mother has never, ever said that to us, because it is not true. My dad is my dad, genetics or not. They explained that he was there when I was conceived, born and for every important thing since."²⁸

You are THE parent; you are not the "social" parent, you are the DAD and the MOM. The man who helped you have a child is the donor or the sperm donor. He is a "very kind man" who gave you "seeds" or "sperm" or "sperm cells." Why? Mommy and Daddy couldn't make a baby because dad's sperm couldn't start a baby/couldn't get to mommy's egg. The donor "wanted to help Mommy and Daddy have a baby; he gave us a special gift/he donated his sperm." What happened: "the doctor put the donor's sperm cells inside mommy."

Don't worry if you say too much or the information is too complex. Children remember the information that makes sense at that stage of development. Also, do not expect them to be accurate or reliable in understanding the facts. One mother and father, who were determined not to have secrets from their children, had told the twins their conception story: that their son and daughter had been created with the help of a medical procedure IVF and a sperm donor. The parents found themselves surprised to overhear their son telling one of his friends:

"I know that my mom had two good eggs, but I am not sure what this donor did for my dad to help make us....I don't really know what a donor does?"²⁹

When a child wants to understand something in more depth, they will usually ask questions. At other times, you might overhear them explaining something that you need to clarify or correct. Their questions will tell you something about their thinking process. Nonetheless, children's questions can be pointed and catch us off guard. One mother noted that her young daughter "started asking questions as we were driving to the grocery store". As Mikki Morrisette states in her book *Behind Closed Doors*:³⁰

"Children go off script. Off Script is the uncomfortable or surprising or profound moment when your child asks questions or makes a comment that you didn't expect."

Be prepared for questions such as:

- What is sperm?

- How does it get out?
- How does the sperm get to the egg?
- How did they know which sperm was me?
- What's a donor?
- Do I know him?

Although it is our experience that young children can begin to make sense of sperm, eggs and uterus in their conception story, some parents have chosen instead to elaborate with details that are more factual at a later age. In a study of California parents,³¹ many of the parents who had decided that they would tell their children at "the right moment . . ." "around 9 to 11 years of age" found themselves disclosing to their children at an earlier age, around age six. In our clinical work, we find that many parents have chosen to elaborate on circumstances of their child's conception in the early primary school years around age seven. Parents have found this is the stage when they really begin to feel the importance of disclosure if they have not done so before. This seems intuitively to be a good time as they see their child moving out of the stage of magical thinking and increasingly using rational ideas to explain things. Children at this age have established a sense of security and a sense of self and are adaptable and resilient. Children in their elementary school years can express a widening range of emotions and a desire for more information. For example, an eight-year old boy asked, "Is it right what that book says, that I don't come from daddy's seeds? It was somebody else?"³² Children in the elementary school years tend to be problem solvers and matter of fact. One six-year-old boy said, "I've got a good idea, daddy. If you have not got any sperm, you can have some of mine"³³

Those who communicate openness and interest in their children's feelings and questions are better able to help their children figure out the personal meaning of their conception story. You can help your child by listening to their curiosity about the donor and sharing all the information you have. For your child, all the details about the donor can matter. Talk about why you chose your particular donor, for example.

Children will often ask a question again, in a different way because they forgot what was said, want to know more, or want to hear you say it again. Sometimes it is hard for a parent to know if their child's question is about donor conception or something else. As one father told us:

"My son asked me whether his ability to play baseball was due to me since I was a good baseball player. I instinctively answered that it was from me and then thought that maybe he was really asking me about the donor. When I asked him if he was asking me about the donor, he looked at me and said why would I want to know about him? You're the baseball player. Sometimes it is hard to know what is and what is not about donor conception and to realize that it isn't always about the donor."³⁴

As they work on understanding what a donor is, children are capable of responding with acceptance and insight. Older children are attuned to their parent's feelings about the donor conception. As one 11 year old boy said:

"At times I would like to ask questions about the man who gave my dad sperm to have me. But, my mom, when I ask her about it tells me it makes my dad sad to hear me talk about this man. I don't get it, why should dad be sad that he helped us have me."³⁵

Feelings when sharing the story

Questions about donor conception can make parents uncomfortable. Some research indicates that often it is the mother alone who begins to talk to the child about sperm donation.³⁶ Some adult donor conceived have expressed sadness and regret that their father could not bring himself to discuss it. As hard as it might be, it is important that the father is involved in the sharing and telling process and be available to the child to answer questions. One adult donor conceived person described her painful experience:

"For 16 years, I have known. My mum told me, my dad was embarrassed, and no one other than my parents knew. The topic was taboo and I was not to tell friends or family. To this day, I still have not been able to discuss it at all with my dad..."³⁷

Remember, it is normal to be nervous about discussing donor conception with your child. Even parents committed to disclosure have anxiety and ambivalent feelings about it. Many parents dread the first time. It can be a tremendous relief to have that first step over. Do not worry if you feel you did not say it quite right the first time. You will have more opportunities.

Parents can find to their surprise that discussing donor conception with their child brings up their own feelings of sadness and anger about infertility. This is natural. It gets easier with time. Remember that

being comfortable with disclosing is a work in process. If parents waited to be totally comfortable with telling their child there would never be a “perfect time” to disclose.

ADOLESCENCE

While telling your child that he/she was a “precious gift” will delight young children, it will not answer all the questions of your older child and adolescent. Moving into adolescence, children begin to think about themselves and their families in greater complexity; they are likely to have more questions.

Issues of identity become important to adolescents, as does the ability to make sense of their worlds for themselves. To make these developmental leaps, adolescents can desire more information about the donor in order to understand the unique aspects of their own identity. A good relationship with parents can coexist with donor conceiver’s interest in the donor. With parental disclosure becoming more common, donor programs are responding by providing a great deal more information about donors. While you might not want to think about the donor now as you are starting your family, you might later wish you had received and kept the donor information. Your adolescent will be grateful. Donor conception, however, is unlikely to be the single defining factor in your child’s personality and identity.

“Does this mean you’re not my real parent?” Many parents through sperm donation fear these words. In fact, there is little evidence that teens actually say this to their parent. We have rarely heard of cases where teens, through gamete donation or adoption, actually feel this way. They are likely to work at the meaning of their genetic connection to the donor and the meaning of genes in a family, but they do not reject their parents. They are unlikely to see the issue as “real parent” vs. “Not real parent”.

As award winning filmmaker Barry Stevens puts it:

“Throughout life when people ask, ‘Who’s your real father?’ I ... stop ... and say, ‘My real father is the man who raised me’. That’s real to me... There’s a sperm donor and a ... father and these roles both exist.”³⁸

All parents share similar worries about how their child will react to disclosure. It is our belief that knowledge of one’s donor conception does not inflict psychological damage. Donor conceived who have known of their origins from the beginning have said that they are glad their parents are open with them and always ready to answer their questions.

SUMMARY

Your child’s understanding of their donor conception is a process that occurs over many years. They reflect on what they have learned, ask questions, and come to understand the role of genetics, the meaning of family, and their thoughts about the donor. We believe that your children can grow up confident and comfortable with their donor conception. As one donor conceived person said:

“Yes, I was grateful to know the truth about myself. My mother knew that it would create as many questions as it answered, but respected and trusted my ability to decide what this meant to me.”³⁹

It is important that parents keep in mind that your child’s questions about a donor are not abnormal or a rejection of you as their parent. Instead it should be seen as healthy and a natural part of their development and understanding their identity (who am I?).⁴⁰

To review

- Disclosure occurs in stages, sometimes with planned conversations and sometimes in response to children’s questions.
- Young children (age three or four) usually know that a baby comes from a mother’s body.
- Most children around age seven can understand concepts that are more complex.
- Older children and adolescents may want more information about the donor to help them better understand their own identity, personality and appearance.

FREQUENTLY ASKED QUESTIONS FROM PARENTS

How will I feel as if I am the dad? Attachment and bonding between both parents and infant start during pregnancy and grow from birth on. Your child’s attachment to you is a powerful force that cements the relationship. Developing your confidence as a FATHER is a process that happens over time for all new

fathers. It may also be true that at times you feel sadness out of a longing to have this child that you love come from your genes and look like you.

Won't my child be confused if he knows about the donor? Children are able to understand that individuals have connections with all different sorts of people. They understand the difference between Dad, Uncle, and Grandfather. Contrary to one's fear, children understand the difference between donor and father at a young age.

What if I don't have any information about the donor? Offer to share all information you have about the donor at any age. The donor conceived are usually interested in what the donor looks like, and his personality. The information you do have can matter a great deal to your child. Talk about why you chose this donor, for example. If they have not asked, let them know you have information. Make a copy of your donor information and give it to your child when he or she starts showing interest in more information. You can also contact the sperm bank you used to see if they can send you information.

Social science researchers have reported *that* what is most important is the extent to which parents are open with their children regardless of how little or how much information they may have about their children's origins. "Communicative openness" is associated with more positive child and family functioning.⁴¹

What if my child wants to meet the donor? There is no way of predicting which donor conceived person will want to know or meet his/her donor. In addition, interest in the donor can change over time. All donor conceived are going to have some curiosity about the donor. The donor conceived want to know more about the donor to consolidate their identity by filling in missing information. Desire to know the donor is not associated with problematic family functioning or rejection of the non-genetic parent. Donors who were formerly anonymous sometimes change their minds. Other donors sign up for an internet based registry that matches donors and offspring. Contact the sperm bank, ask if there is updated information, and ask if they will pass along a note from your child. Many donor conceived are very interested in genetic siblings. Ask if the sperm bank has a family contact or sibling registry. Be persistent.

*"If the desire for a biological connection is strong enough to make adults choose donor conception over adoption then ...it is possible ... to imagine that the desire for a biological connection will be felt ...by the donor conceived" offspring.*⁴²

*"It can be terrifying for the non-biological parent to think about a child having contact with the donor..... have faith that your children know the difference between real and biological." When donor conceived children search out their roots, it is not to find replacement parents; it is to complete their own identities."*⁴³

SOME QUESTIONS CHILDREN MAY ASK

Preschoolers might ask, "Where did I come from?" Mommy and Daddy wanted to have a baby very much. We tried and tried but we couldn't. Then we went to a doctor who helped Daddy and Mommy with the help of a sperm donor create you. "You then grew inside Mommy (me), in her/my uterus, for nine months, until you were ready to be born. Then when you were ready to come out, we went to a hospital where the doctor or mid-wife helped us have you. Mommy and Daddy were so excited when we got to see you for the first time. We knew you were the baby for us. Finally we could hold you."

One dad said:

*"My son age 5 never stops asking me about how he was created and how he was born. He is so funny because he can't believe how many people it took just to make him. He first thought that all kids took a lot of people to be made but now he gets it, he is special. He told me now that he is almost 6 that I must of really wanted him if I did all that. I told him you bet."*⁴⁴

Some children ask, "How did the sperm get inside you?" The doctor helped place the sperm inside Mommy's uterus where babies live after they are made.

Most young school-aged children are ready to learn more about their genetic origins and might ask, "How was I made?" To make a baby you need an egg from a woman and sperm from a man. The sperm

and egg grow into a baby. We couldn't use daddy's sperms (you may want to give a reason) so we went to see a doctor who helped us.

“What's a sperm donor?” A sperm donor is a MAN who gives his sperm to a couple who want to have a baby. You can add whatever adjective to describe him such as nice, special, kind, caring, helpful, etc.

“Why would someone give his sperm?” The donor is someone who likes to help others. And he feels good about helping a couple like us become a family.

“What made you pick this donor?” When children ask questions like this, it provides an opportunity to share how you chose your donor.

Explanations may include:

- the emotional connections you made to a donor
- personal statements a donor wrote
- family background or personal characteristics
- you wanted an open identity donor

What's a gene? And who do I look like? Genes are an important part of the sperm, just as they are an important part of the egg. Genes determine things like the color of our hair or eyes, whether our hair is straight or curly, and how tall we are. Genes influence how we will look and grow. Some of your genes are from the donor and some are from mother (if this is the case). Sometimes you look like Mommy because you came from her egg and sometimes you look like our donor because you came from his sperm and sometimes others may think you look like daddy because the donor looked similar to Daddy.

I want more info. “Can I meet my donor?” The following suggests a possible response to a child or adolescent who asks to meet the donor:

We understand your curiosity. Many donor conceived want to know more about their donor or meet him. We are grateful to the donor. At the time we chose him, he wished to be anonymous. We do not know how he feels now. There are some things we can do, such as send a note to the sperm bank asking if they will contact him or join an internet group that helps donor conceived connect with their donors and genetic siblings.⁴⁵

If you have a picture or more in-depth information on the donor, you may want to ask the child if he or she wants to have more information.

SEEKING COUNSELING

The counsel of mental health professionals and support from organizations such as The American Fertility Association can be a helpful resource both before conception and after a child is born. Speaking with a mental health professional with expertise in reproductive issues can help resolve impasses and help in making important decisions about choosing sperm donation. In one study researchers suggested that many couples would benefit from an opportunity in counseling to work through and reconcile their different views about disclosure.⁴⁶ The counselor provides the support that helps recipients explore a fuller range of feelings and concerns. For example, often a partner's actual view about disclosure might be different from the other partner's perception.⁴⁷ Many mental health counselors report a growing number of parents returning for counseling, seeking help with disclosure. With the help of organizations such as The American Fertility Association, parents may also develop a network with other families who have chosen sperm donation.

Attain Fertility™ Centers, an IntegraMed Specialty and provider of the Attain® IVF Programs, is a proud sponsor of The American Fertility Association's commitment to fertility education and community support. Talk to a fertility expert at an Attain Fertility Center: 800-649-5315.
www.attainfertility.com

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