

Embryo Adoption Education

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Embryo Adoption Education Outline

Nightlight Christian Adoptions
Snowflakes® Embryo Adoption Program

The following educational components must be included as a part of home studies for couples planning to adopt through the Snowflakes program. Social workers should include a paragraph in the homestudy which states each issue that was discussed as well as the couples' response to and understanding of each of the issues involved.

1. Unique way to become a family. It indicates a resolution of the infertility experience.

- a. Explore reasons for choosing embryo adoption vs. seeking a donor which incorporates one of the parents' genetic gametes
- b. Discuss grief issues over loss of adoptive parents' ability to have their mutually genetic child

2. Communication

- a. All children are curious as to how they came to be
- b. Early honesty leads to trust
- c. Need to be prepared to explain to the child the complex nature of technological conception in simple, age appropriate terms
- d. Review outline of embryo adoption 'Lifebook' story provided by Nightlight
- e. Read packet of articles regarding disclosure provided by Nightlight

3. Genetic Siblings

- a. Acknowledgement that there are other children that are genetically connected to your child
- b. Do they perceive a possible meeting as beneficial? If not, what are their concerns?

4. Genetic Parents

- a. Reasons for establishing contact
Issues of loss and resolution; creating a positive relationship; health and social communication sharing
- b. Level of comfort with contact with genetic parents
Explore their issues and resistance
- c. Explore preference for contact
Most genetic parents require notification of pregnancy and birth. Some prefer photos and letter updates throughout the child's life. Some are open to emails, phone calls, and visits or a family reunion at some point. Some desire no contact for any reason. How would parents accommodate these different scenarios?

5. Advantages of embryo adoption

- a. Experience pregnancy and gestational bonding with adopted child
- b. Control over developmental gestational exposure
- c. Selection of family
- d. Multiple sibling pregnancy
- e. No finalization process required by law

6. Disadvantages of embryo adoption

- a. Multiple sibling pregnancy
- b. Embryos may not survive thawing process
- c. Transfers may not result in pregnancy
- d. May not successfully carry pregnancy to term

7. Support

- a. Caring for multiples
- b. Grieving loss of embryos who do not survive thawing, implant, or are not carried to term

8. Matching & Transfer Considerations

- Have a discussion with the adoptive family about how many children they are comfortable parenting. Is this reasonable given their home, financial situation, work schedules, ages, etc? It is important that they feel moral and legal responsibility for the embryos they adopt. These are now their unborn children and should be treated with as much care and faithfulness as a pregnancy. They should be aware of how large or small a family they want to have and then be dutiful and faithful to thaw and transfer all of the embryos that they adopt. Adoptive couples should only adopt the number of embryos that they truly feel that they will thaw and transfer and not plan to replace any embryos. They should be educated that they are adopting embryos, humans in their smallest form, unborn children, and they should be treated as such.
- Educate the adoptive couple on the issues for the Genetic Parents (and possibly the adoptive parents' children) when the adoptive couple does replace embryos. Genetic Parents are once again faced with the emotional stress of making a decision about their embryos and finding a second or third family for them. The adoptive parents' children may have genetic siblings in two or three different families. How will adoptive parents discuss their decision with their child or children? Will the adoptive parents choose to have a relationship with the second or third adoptive family? We know that circumstances arise which prevent the adoptive couple from thawing and transferring all of the embryos, such as a hysterectomy, advanced age, or risk of carrying another pregnancy. Decisions should be based on the needs of the children, born and unborn. If it is determined by the adoptive family that the needs of the children, born and unborn, would be best met by replacing the embryos, it is important that they realize the impact this decision has on everyone involved.
- It is important to discuss the financial aspect of embryo adoption with the adoptive couple. Do they have the finances to pay for one transfer? Two? Three? Make sure they are realistic. If they know they can only afford one transfer, then they should not adopt a large number of embryos, but should opt for a smaller number. Again, it is important that they thaw and transfer all the embryos they adopt if at all possible and not go back on their commitment to adopt them and be their "forever family."

Infertility: A Survival Guide for Couples and Those Who Love Them

Excerpt from Chapter 6: Grief: Wandering Through the Maze

By Cindy Dake

When I wandered out of the bushy path, I looked up to see a much higher level of the gardens. From this vista, someone could sit and watch people meandering through the maze. In some ways, it must have offered a sense of superiority to sit there and talk about which way someone should have turned to get out of the maze easier. From high up, the intricacies of the maze were inconsequential, the height of the hedges didn't seem problematic, and the whole maze itself was seen in a different perspective.

The grief of infertility

The grief you experience during your infertility journey is so very much like that maze of hedges. As you wander your way down its narrow path, you can't see which direction leads to the way out of your pain. All you can do is make a choice here and there and continue trudging along.

Shelves of books have been written on the various ways we encounter grief, the ways we handle grief, the ways we respond to grief, and the ways we suppress grief. One online bookstore had over 2,600 titles under the topic. Plenty of stuff is out there to read, but when grief slaps you face down into the mud, you just don't feel like pulling yourself up and finding a book about how to get through it.

Ideally, the best option would be to educate yourself ahead of time for what the tumultuous ride will be like. But since almost no one *expects* to be labeled infertile, the onset of grief is fast and furious. Hopefully, during one of the breaks in the storm, you have encountered this chapter and can assess where you are in your grief journey, how you're doing, and how you need to take care of yourself to survive the storm effectively.

Every person's experience with grief is unique, because every person and every situation is different. As Thomas Attig wrote in *How We Grieve: Relearning the World*:

No two of us engage in the same pattern of activities, projects, and commitments. No two of our life stories are identical. No two of us remember the same past, live the same present life, or share the same expectations, hopes, and dreams for the future. Each of us experiences the world from a distinctive perspective in life circumstances uniquely our own. Because this is so, no two of us experience bereavement in identical ways. Each loss affects us in a particular time and place in our lives, shatters our distinctive daily living patterns, and disrupts our unique life stories. ...In turn, no two of us face the same challenges in moving beyond our grief emotion, putting our lives together, and going on into the next chapters of our life stories. Because each of us faces unique tasks, no two paths of grieving are identical.(1)

Two women in infertility treatments may both experience miscarriages, but their grief journey will not be identical. They have different backgrounds, expectations, temperaments, and outlooks. We must never say, "I know exactly how you feel" when someone has experienced loss, because we cannot know exactly how *they* feel. A better response would be: "I remember what it felt like when I (had a miscarriage, learned I was infertile, etc.). I'm so sorry you've experienced the loss of ----."

Philosophers, scholars, therapists, and counselors have studied grief throughout the ages and have identified some areas of common ground in how people walk through grief. Though grief is *expressed* with individuality, some common themes exist in each grief experience: shock, denial, anger, depression, bargaining, and acceptance. Originally, these were considered the *stages* of grief, but *stages* proved too static, too defined for a process that was not predictable for each person.

Nowadays, counselors more accurately describe the grief process as a journey where we move in and out, back and forth, across and over these phases as we work our way toward a new emotional balance. Each phase is not characterized by a clear beginning and ending, but rather a blending from one to another, overlapping and intertwining along the way.

The journey may have a specific beginning, such as a miscarriage or a specific test result, but the grief of infertility doesn't have a specific ending. The loss of a child, a pregnancy, or the loss of your dreams is something that you weather and survive, but it's not something you forget and never revisit. It's a part of what defines your life story.

The grief of miscarriage

Infertility's web of grief begins when you realize you're not getting pregnant or not staying pregnant. The web is complicated by the grief of actual loss. Unless a person has experienced a miscarriage, they cannot understand that miscarriage brings with it all the feelings of grief associated with a death in the family. What people don't realize is that you have already bonded with the baby! You already considered yourself a mom (or a dad) when you learned you were expecting. You can't just erase all the anticipation and joy you felt.

You have the added pain of not having a clue whether the baby was a boy or a girl. You don't know what you would have named the baby. You don't know what went wrong and that brings about some fear for future pregnancies.

Celeste has battled infertility for years. With her first pregnancy, she miscarried. In her second pregnancy, she bore Briley, and then, with her third pregnancy, she miscarried again. Here are her thoughts on what she's lived through.

Survivor's Quote: *I've been on both sides of the fence: hoping and praying for a pregnancy, and then losing it. It is so much better to never become pregnant than to have all the hopes and dreams of feeling a life inside of you, and then, for whatever reason, have it all ripped away from you at six weeks or even four months. It is a pain you never get over. Some people have said that since I have one child, I should be happy with that, and that it couldn't hurt so badly the second time I lost a baby. Wrong again. I think my miscarriage after Briley was far more painful than the first one. The reason is because when I lost the first baby, I lost the "thought" of what being a parent would be like. When I lost my third pregnancy, Briley was two years old, and I knew exactly the joy that I was losing.*

My husband works with a friend who has had two miscarriages in the last year. She told him, "I feel like we're building a family in heaven, but I want to be building one here! We won't be able to see those children until we die."

Though a measure of medical progress has been made to determine why some women miscarry repeatedly, it is still considered the most common complication of pregnancy. One source reported that 10-15 percent of all first pregnancies miscarry and that about 2 to 5 percent of couples suffer from recurrent pregnancy loss, usually involving 3 or more miscarriages.(4)

The grief of neonatal death

I once worked with a woman who was elated to be pregnant with her first, and then was beside herself to learn she was carrying twins. She was the epitome of a beaming, pregnant woman. But her little boys died at birth, and instead of having two bassinets to stand over and whisper lullabies, she and her husband had two tiny graves to cry over. Years later, I sat at a church retreat in a discussion group with a woman who opened her heart to us. I listened and wept, as most of the other women did, as she described the death of her newborn son thirty years ago.

The pain of losing an unborn child or a newborn child is just as full and real as the death of a person we've known and loved for years. And that's precisely what most people don't understand. Comments like, "It's better that you didn't have time to bond with it," trivializes the significance of this little person. Bonding with your baby happens long before she's born.

A stillbirth is defined as the death of an unborn child between week 20 and birth. Neonatal death includes babies who survive birth, but die soon afterward. Some questions may never have answers—what went wrong, what could I have done differently, what warning signs did I miss. But parents encountering

neonatal death have decisions to make that parents of miscarriages do not: whether they will see the baby and whether they will have a funeral.

The parents should be able to choose whether or not to see their infant after birth. Even if a doctor or other staff recommends against it (due to physical abnormalities, etc.), the parents can request the opportunity. Putting a face on their child, holding him in their arms, can help immensely with closure, with putting an identity to this little one they were awaiting. Giving the baby a name helps, too. This little one is an important person in your life, even though their physical presence was shortened. Having a name for your deceased child helps you to attribute personhood to him. The woman whose story I heard during the church retreat explained that she had just begun to find closure to her son's death by giving him a full name and having it engraved on the headstone...thirty years after his demise. Some people choose to have a memorial service or a family prayer time to commemorate their baby's life. Whatever is most comforting for the parents is what should be done.

Finding ways to remember the baby helps parents to feel that the child's influence, though brief, is not forgotten within the family. My sister-in-law lost twin girls, and because of surgical complications, she and her husband were unable to see the babies. But they decided to give them names, Stephanie and Chelsea, and they have an angel ornament for each girl on the Christmas tree every year. Finding ways to remember a baby's life can help parents move forward.

The grief of losing embryos

Technology has increased our options in infertility treatments, and with it comes a wave of ethical implications—and grief possibilities. Infertile couples a generation ago may have had inseminations available to them, but they never knew if actual fertilization of the egg occurred unless a pregnancy resulted. Now with IVF, ICSI, and ZIFT procedures, couples know if eggs are fertilized, if embryos are healthy or if they die.

Survivor's Quote: *We were thrilled when I had 7 eggs to retrieve! We tried to fertilize all of them, and four "took." Only two survived, and they were implanted. I imagined two little lives floating around inside of my body. I prayed for them, wondering if they were little girls or boys, or one of each! It was incredible to ponder. But in a few weeks, it was clear that neither implanted, and the IVF was a failure. (Casey)*

Another ethical labyrinth is selective reduction (SR), a procedure which eliminates embryos already in the womb during a multiple pregnancy in an effort to improve the survival rates of the remaining embryos. Hoping to come out of this pregnancy with healthy twins or triplets, instead of losing quads or quintets, a couple may make the difficult choice to terminate the least viable embryos. The procedure is controversial from moral and spiritual perspectives, and those who choose it grapple with its implications. They may feel grief at eliminating one or more embryos, but don't give themselves an opportunity to process that grief because they are overwhelmed by the consequences of what they chose to do.

The grief of losing fertilized embryos, whether naturally, in the lab, or through SR, is rarely discussed. Embryos are so early in the game that most people outside the realm of infertility have a hard time recognizing their loss as a valid reason for grief. But what everyone else thinks doesn't matter. The degree to which you connect with your embryos is entirely up to you. If, besides grieving a failed IVF, you need to grieve the deaths of embryos, do it. Find a meaningful way to remember that those microscopic dots of life represented the combined genes of you and your spouse. Would it help you to try to assign a gender to them and a name? Some couples pray about it and ask God to give them peace one way or the other as to their potential child's gender. Does it help to imagine that they, tiny as they were, are just as precious in God's sight as any other baby? Well, it's true.

...

Grief and loss

"Grief comes from loss. You can grieve job loss, loss of a position, relocation, loss of a loved one," Beth said. "But with infertility, you've lost not only the child you may have carried, but the dream of the child you want to carry, the child you can't conceive."

God can be trusted with your unknown reality

Grief and grieving have taken on negative connotations in our language because their very mention brings up dark, dismal images of sad scenes, of encounters with death or tragedy. But the experience of grieving is actually a path toward healing, of coming to terms with the loss in your life. It's not just important for you to grieve your loss; it's vitally necessary for you to do so.

Grieving is the active effort on your part to process the loss you've experienced—"active" in that you let yourself experience the pain and sadness, come face to face with the reality of what is lost (or is being lost from month to month), and honestly assess your feelings at a hundred points along the way.

Grief protracted, expanded, and elongated

Infertility is a war against the circumstances and conditions that keep you from bringing forth *life*, and ironically, most people characterize infertility's grief as a series of *deaths*—the death of your dreams, your hopes, your desires. Your loss is not a one-time event, like the death of an elderly relative, but a series of experiences over a period in your life. Grieving through your infertile years means coming to terms with any number of losses along the way—month after month of not getting pregnant, miscarriages, failed inseminations, failed invitros, failed adoptions, and more. The events often tumble on top of each other so you don't have the luxury of grieving one loss before the next one hits.

How to handle your feelings of shock and denial

It's not unusual to go through a period of numbness when you're first discovering you're infertile. For some of us, it's like a slow dawning, realizing that pregnancy is not happening as quickly as it should. For others, it's the shock and disbelief that comes from the result of one test that shows an inadequacy. Surely this can't be happening to *you*! We may deny this new reality by trying to prove it's wrong: *We'll work really hard in the next few months and we'll get pregnant, you just wait and see.*

How to handle your feelings of anger

Your anger may be directed in several ways: at yourself, at others, and at God. First of all, *own* your anger. Admit that you're angry. Beth believes that anger that's not dealt with, that gets turned inward, can turn into depression.

How to handle feelings of bargaining

When someone in grief tries to find ways to negotiate the situation into a more positive resolution, that's bargaining. We try to bargain with God, with ourselves, and with others.

How to identify feelings of acceptance

Eventually, after bouncing around in a myriad of feelings described in the categories above, most couples who have not conquered infertility will work their way toward feelings of acceptance in regards to their infertility. Acceptance doesn't mean they *like* this new reality they're in. But they can consider the change with more emotional balance than before.

Make the pain go away

The only way to feel better after experiencing loss is to allow yourself to feel horrible for a while. The grief process is one that must be walked through fully. Too many people squelch their pain because they think it's going to overwhelm and destroy them. Too many people stop the grief process because they fear it will destroy their faith, rather than rest in the truth that their faith will survive. Too many people just don't trust themselves to survive grief.

Disclosure Issues

FACT SHEET 61A

DISCLOSING ORIGINS: CHILDREN BORN THROUGH THIRD PARTY REPRODUCTION

by Madeline Feingold, PhD

In my capacity as a clinical psychologist with a specialty in reproductive medicine, infertile couples entrust me with their personal reproductive struggles. My first visit with a couple is often following a heart-shattering consultation with their Reproductive Endocrinologist. After many tests, medication trials, and perhaps several in-vitro fertilization procedures, these couples are given the devastating news that they cannot have a child that is genetically related to them both. However, in the same medical discussion, these couples are presented with the good news that they can possibly have a child by using donor egg or donor sperm, depending upon the nature of the reproductive problem.

Initially, many couples view the option of using donor gametes as part of a reproductive continuum, and subsequently wonder why they have feelings of depression in the face of receiving hopeful news about having a child. In fact, the use of donor egg or donor sperm is not a treatment for infertility, but rather an alternative way of family building. Nonetheless, these couples must grieve their losses.

Acknowledging and grieving the loss of a genetic child, who is tremendously longed for and desperately desired, is the first step to becoming parents through the use of donor egg or donor sperm. It is only after this period of mourning that couples are ready to make the decision to parent a child using such alternative methods as donor gametes. Parenting is a verb, and not inherently related to genetics. However, couples must grieve so that the loss of their genetic child does not cast a shadow that negatively interferes with parenting and loving the child that will be their own.

After couples embrace the idea of becoming parents through donor gametes, they invariably ask this crucial question, “Do we tell our child?” Many couples’ first reaction is to keep the use of donor gametes a secret from their child. They worry that the child will become confused about his/her identity, that he/she may be stigmatized by relatives and others in the community, and further, that the child will fail to bond with, or reject, the non-genetically related parent.

While it is easy to empathize with these concerns, couples must also examine their reasons for wishing to keep their child’s origins a secret. Feelings of shame and humiliation associated with the inability to have a genetically-related child often emerge. I remind couples that as a species we announce loudly to the world our accomplishments and victories while we hide our embarrassments. If fear and shame are at the root of not informing a child about his/her origins, there is much emotional work to do before conceiving a child with donor gametes. Every child deserves to be loved and celebrated for who he or she is, and a cloud of shame should not surround his life or a couple’s parenting efforts.

Secrecy, once the standard practice in donor insemination and adoption, has shifted toward an attitude of openness. Although both nature and nurture affect the developing child, current scientific advances demonstrate the powerful effect of genetics on our unfolding character and physiology. For example, several mental and physical illnesses are linked to heredity and knowing the correct genetic heritage may affect one’s ability to prevent or rectify a medical condition. Another push towards disclosure comes from the belief, shared by many, that all people have a basic right to know their genetic heritage. Withholding factual genetic information will cause children and their descendents to go through their life with inaccurate medical knowledge. Imagine the pain that could be prevented to a girl born through ovum donation whose mother is diagnosed with an inheritable form of ovarian

or breast cancer. Without the truth, this girl might spend her life worrying about getting a disease that she is not genetically prone to inherit. Finally, proponents of openness point to family therapy and adoption literature, which detail how secrets destroy trust and intimacy in relationships.

When I first started working with couples who were considering building a family through the use of donor gametes, I observed an interesting phenomenon. Very few couples actually thought about their future baby as growing into a toddler, child, adolescent and adult. Couples are so traumatized by the losses associated with their infertility, that they often guard themselves from the prospect of yet another loss. Couples can scarcely let themselves believe that they can have a baby. It is far too frightening to daydream about their child's first birthday, entrance to school, graduation and adulthood. Many people have told me, "I am scared of jinxing myself."

Issues of disclosure often are influenced by the sense of deprivation that couples bring to their efforts to have a child with the assistance of a third party. It is rare for a couple to think through the implications of a child's innocent question, "Where did I come from?" When couples think of a baby, this question is abstract, as babies cannot talk. However, when they think of this query as coming from their own child's lips, they must think in terms of telling their child a truth or a lie. In addition, because having a child seems like a distant dream, couples customarily do not recognize that years later they may be the proud parents of an intelligent and thoughtful teenager who takes high school biology, learns about human reproduction, and quite possibly studies a segment on the assisted reproduction technologies. Far from a couple's consciousness is the thought that their teenager may ask, "Mom, how could you have had me when you were 46?" In addition, as couples struggle with their grief and try to embrace a sense of hope, they typically are not thinking about the ease with which their teenager may be able to check all the family's genotypes in a future science class. (In fact, many teens currently participate in science labs that determine their blood type, and through this educational exercise may learn they do not share a blood type with either parent and are not genetically related to either parent.) We must all remember that the field of genetics is growing in leaps and bounds and that our children's education and fund of knowledge will be affected by these changes.

The weighty discussions of grief, loss, secrecy and disclosure naturally lead a couple to this important question, "If we did tell our child he was born through donor gametes, how should we tell him?" First, it is helpful to un-

derstand a child's normal cognitive development. All children move from an egocentric and concrete understanding of the world to an abstract comprehension of events and ideas. Anne Bernstein, in her informative book, *The Flight of the Stork: What Children Think (and When about Sex and Family Building)* (Perspectives Press, 1994), details children's cognitive development, with respect to reproduction, from the concrete idea that they have always existed, to an appreciation that they are created from genetic material.

According to Bernstein's research, the first question asked by a child is one of location, "Where did I come from?" This inquiry typically springs from the lips of a two to seven year old who believes he has always existed. The correct answer is something akin to, "You've come from a special growing place inside Mommy called my uterus." The child has asked a question, and it has been honestly answered.

Four to 10-year-olds view their origins in an increasingly complex fashion. Unlike younger children, they realize that babies have not always existed, that they must be made, and that an action must occur to initiate the "manufacturing" process. These children can be told that the baby-making process begins when a mommy and a daddy love each other, and they want to share their love with a baby. They can also be told that women and men have special things in their bodies—eggs and sperm—that make babies. When the sperm and the egg are combined, they grow into a baby inside the mommy's body.

The very challenging question to the parents of a child born through donor gametes arrives when the child reaches the age between 7 and 12. This child is a fact finder. This child appreciates that the sperm and the egg that created him must come from somewhere, and he wants to know where. This question defines a crossroad in family development because it notifies parents that their child can appreciate the contribution of a donor. In answer to this question, parents will have to decide whether or not to reveal the existence of a donor. In short, will they honestly answer their child's inquiry or will they attribute the sperm to dad and the egg to mom?

Following the discussion of normal child development, the typical response is, "So, if we are going to tell our child about the use of a donor, it seems like we should wait until he is seven." Although a child can comprehend the idea of donor at approximately age seven, seven years is a long time for a parent to wait before sharing such fundamental information. The longer one waits to impart this knowledge, the more monumental and frightening it may feel. Once "the cat is out of the bag," everyone

tends to breathe a sigh of relief. Couples often feel joyful when their child climbs into their lap calling them “Mommy” or “Daddy,” even after learning about the existence of a donor. This demonstrates that children inherently feel the difference between their parents and their genetic origins.

One term to think about regarding the relationship of a gamete donor to the child is, “Helper.” A donor is a person who *helps* a mother and father have a baby. Even a very young child can understand the concept of a helper, and parents are free to express their happiness and love for their baby and their good fortune that there were many people who helped them in their efforts. As a child’s thinking expands and his questions become more complex, the nature of the helper and the significance of the contribution can be explored. Answering the very important question of genetic origins is a process, not an event. The notion of a helper lets a parent tell a child about their origins from the very beginning: There is never a secret between parent and child.

The decision to have a child with donor gametes is an emotional journey that begins with a profound experience of loss, and culminates with a couple’s determination to build a family. Talking with a child about his third party origins commences from a young age and proceeds over a lifetime as the donor is woven into the fabric of the family and becomes part of the child’s story. A family created with donor gametes has one mother, one father, and many helpers.

Suggested Books for Parents to Read to or with Their Children:

Gordon, E.R. (1992) *Mommy, did I grow in your tummy?: Where some babies come from.* Santa Monica, CA: E.M. Greenburg Press

Schaffer, P. (1988) *How babies and families are made: There is more than one way!* Palo Alto, CA: Tabor Sarah Books

Schnitter, J.T. (1995) *Let me explain: A story about donor insemination.* Indianapolis, IN: Perspectives Press, Inc.

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TO TELL OR NOT TO TELL: ISSUES OF DISCLOSURE IN DONOR CONCEPTION

By Carole LieberWilkins, MA, MFT

The single biggest concern of individuals pursuing donor conception (donor egg, donor sperm, donor embryo, RESOLVE Fact Sheet Series

surrogacy) continues to be that of the impact on the children conceived through this family building choice. Patients want to know what is best for these children in terms of disclosure. Simply put, parents want to know whether to tell their children of their genetic origins and if they do tell their children, how to talk to them about this complex subject.

With very few exceptions, the best interests of children and their families are served by children growing up with the knowledge that they are not genetically related to one of their parents. Some reasons for this include:

- Secrets in families are damaging.
- Adoption has taught us a great deal about how children feel in families where there are genetic secrets.
- Children often sense there is a secret; sense there is “something wrong.”
- Children who sense there is something wrong in their family usually assume it is about them and assume the worst.
- Secrets almost never stay secrets forever.
- When secret information finally comes out, the feeling of betrayal can be overwhelming.
- Feelings of betrayal in families often lead to issues of trust.

The first step in addressing the disclosure issue is for parents to examine their own feelings about the donor conception. Did the couple agree on the path to take to parenthood? Did they grieve the loss of the child they thought they were going to parent? Parents can get a feel for their comfort level about how their children came into their lives by asking themselves how it feels to imagine talking to their kids about it. This disclosure involves the acknowledgement that there is a third person or another family that is connected to the child. Some feelings of being threatened by this are normal, particularly before infertility is resolved and before parents are comfortable with using a donor. As the infertile partner comes to terms with their own infertility and grieves the loss of the genetic child they will not have, they will feel more empowered, indeed entitled, to be the parent of a child whose “blood” they do not share.

How Young Children Think

Children are naturally curious about everything. A child of average intellect will ask questions about anything that comes into their head: “Where did the first tree come from?” “Where does the sun go when it’s nighttime?” The degree to which those questions will be raised will depend on the responses the child gets from parents and the atmosphere created by parents to encourage chil-

dren's inquiries. Sometimes questions arise about their birth story, or why they do not look like daddy or mommy, and a parent's discomfort may give the message that it is not a subject open for discussion. The meaning they draw from the message not to ask those questions could be damaging to the way in which the child perceives their entrance into the life of mom and dad.

When and How to Talk with Children

To understand how to talk to children about conception, we might first look at how children think. While they often sound like miniature adults, they think differently from adults. Our best efforts at explanations may be thwarted by the limitations of their developmental stage.

Parents may begin talking to children early on about their conception or how they arrived in the family. In most cases it is not conception the parents are communicating about as much as the unique path by which their child has entered their lives. Thus, the intent is for parents to begin to practice talking about the presence of the other people in that child's life to whom they may be genetically related, before the child is old enough to ask questions. One of my clients had her support group laughing when she immodestly shared that while feeding her infant daughter one morning, she asked her, "So, how do you like being adopted so far?" She was practicing, normalizing language not used in daily parlance, playing with words she knew were awkward, but taking advantage of her daughter's infancy to work her way into the kind of casual conversation about adoption (gamete donation, etc.) that would eventually be part of their conversations in the future. Parents may want to tell their children how glad they are that the donor gave what was needed so that their child could be in their life. Children may be told they have the donor's hands, or their birthmother's toes. They may say how grateful the parents are to the doctor (and donor, surrogate, birthmother, etc.) who made it all possible and how precious the child is to mom and dad.

Books can be an extremely useful tool for introducing the subject of conception and birth when it might otherwise seem awkward to do so. Books that can be helpful are those written specifically about adoption or how babies are born—of which there are many available for preschoolers—or books written for children in which the theme is adoption or blended families or the way babies become part of families.

Parents need to reflect on what feelings may arise after making these comments or after reading certain books. Is the language too awkward? As parents do they feel threatened by mentioning the third party involved in the

child's conception? The pre-verbal months provide a perfect opportunity to try on the various ways of talking to your child about their conception. Children will pick up on the non-verbal—the touch, the affect, the giggle.

What to Say

Parents should always speak the truth, but not necessarily the whole truth every time. They should use accurate, positive language. Babies are made from sperm and ova, not seeds and eggs. Babies grow in a uterus, not a tummy or a stomach or a belly. Couples are infertile for many reasons, not because mommy's tummy was broken and the doctor couldn't fix it. In spite of the value of using accurate language, my own son who was conceived through ovum donation finally told me that the words he most understood were those his dad used in a car analogy to explain his conception. People are like cars. They need all their parts to run. We were missing a part needed to make a baby.

Whether through adoption, surrogacy, gestational carrier or gamete donation, children should ideally start hearing the words related to their conception and birth by the time they are three-years-old. The reason for telling a child about third party reproduction is not because they need to know the technical details of how in vitro fertilization (IVF) or inseminations were actually performed; it is because children need to begin the process of acknowledging that there is another person or people in the world to whom they are connected in a significant and lasting way. It is normal for children to fantasize about the pieces of the puzzle that may not be filled in for many years; this is not sufficient reason to delay talking to them even though they may not yet fully understand. To tell a child of age nine or ten, essentially pre-adolescence, that they are not genetically connected to their mother or father in the way that their friends or other family members are related to their parents would be a tremendous shock, indeed perhaps perceived as a betrayal. Speaking about third party reproduction casually, early and often normalizes it. It makes the information simply a part of the family story.

Children hear words all the time they do not completely understand. They want to know how they can hear grandma's voice on the other end of the telephone. We can explain to them what we understand about sound being carried through wires. They can hear sound and see wires but that is as abstract a concept as a microscopic sperm and ovum meeting, growing inside a place we cannot see and ending up being the baby they once were. My son was told there was a part of my body that did not work. Eventually part of the telling became the labeling. The part of my body that did not work was

called my ovaries. My ovaries did not make the thing I needed to make a baby. That thing I needed is called an ovum. So another woman gave me her ovum so that he could grow inside me and be my son.

Children need an environment in which they can feel safe to blurt out their questions and thoughts. This can provide the parents opportunities to clarify misconceptions, build upon prior knowledge and gradually increase understanding. This will occur when parents bring children into their lives with pride, not shame, and resolution, not unhealed wounds. In an open, sharing atmosphere, this weighty subject need not be a burden to children but part of the multi-faceted journey of childhood and parenting. Sometimes the children will follow our lead. Sometimes the children are our guides. When we listen to the questions they ask, the path becomes clearer.

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Let the Offspring Speak: Letters

Bill Cordray, who refers to himself as a "DI Adoptee", asked others conceived through donor insemination about their experiences, thoughts, and feelings related to DI. Following are excerpts from their letters.

"My mother told me and my brother that we were the products of artificial insemination when we were about ten and eight, respectively...I don't remember being either particularly shocked or surprised at this revelation. Perhaps I already knew it on some level...As I enter the middle of my life - I'm now 36 - I wonder about what it means for me...Perhaps it is difficult for people who have not come into the world this way to understand exactly what my feelings are: they may feel that a parent who has been present since birth is essentially the same as a biological parent. The more I learn about genetics, however, the more I recognize that heredity determines some important part of character...I would like to know what the missing fifty per cent of my gene pool is like. I would, of course, also like to know whether there are hereditary illnesses to which I am prone. And on some level, most of all, I would like to meet an older man who looks like me.

I believe that we, the offspring, should have the right to know. Often, I imagine, following up on the information may lead to disappointment: we all create family romances, and the truth of our lives may be less rosy than we imagine. But truth has great power. Donating sperm is not the same as donating a pint of blood or even an organ, since the latter two form part of a person already in existence, whereas the former brings the person into being...I believe that wanting to know who my father is is not a great deal to ask." *P.A.*

"I found out [that I was conceived through DI] on my 28th birthday. I reacted with disbelief, but I was also relieved to find out the truth. I always thought I was adopted. My life had never made any sense up to that point. I also felt betrayed and lied to by my parents, but they were told by the doctor to never tell me...Would it have been better to have found out earlier? Absolutely. Honesty never hurts. Especially in the development from a child to an adolescent to a young man. I would have tried harder to find a niche in life. I would have known and understood myself better, and I would have had a greater appreciation for my father and what he had to go through...This guy [the donor] has passed his genetic traits to me and my offspring for generations to come. I really don't care about who he was, but more about what he was. What are a parent's responsibility to a child conceived through donor insemination? To accept the truth. To tell their children the truth, thus upholding family values and ethics within the realm of human dignity. We must remember that fear is the great enemy of truth...I feel that a child should be told anywhere between the ages of five and twelve...Both parents should be present to share this special story of conception with their special child." *G.W.*

"Last year my father died. Three days later, my mother told my sister and me that 'Your father may not be your real father'. She explained that he had a low sperm count and that they were unable to achieve a pregnancy with only his sperm. So they mixed his sperm with anonymous donor sperm. She believes the sperm donor is my biological father. She had wanted to tell us this since we were teenagers, but my dad made her promise not to tell.

At first it was a relief to hear this information. It explained a lot of confusing feelings and interactions in the family. Since then, my feelings have been very intense. I have felt intense rage at my father for not wanting to tell us about our roots. I feel that he used me for 35 years to cover up his infertility. I try to understand that he comes from a different generation which did not talk about such matters. Yet it hurts me deeply that he wasn't able to overcome that and talk to us about it later on.

...The intention of the secrecy was to make him believe he was our true father. In fact, the result was that we were painfully distant, and my sister and I struggled emotionally because we didn't understand why. I think that if we had been able to know the truth and talk to him about it, we might have felt closer, rather than being so baffled.

I have been experiencing some depression lately and have recently started seeing a social worker to help me sort out all of the issues. I know a big part of my feelings now have to do with grieving for the loss of two fathers (the death of my social father and not being able to know the identity of my biological father) grieving for unknown siblings, and also the fact that my relationship with my mother is changing as a result of this new information. My anger at my parents is not because they did the donor inseminations. My anger is because I was lied to for 35 years about such vital information about myself...I am angry because I don't know my family medical history. This could affect my health care and lifespan in the future. I am angry because I don't know who my father is - what kind of a person he is, what are his interests and talents, his looks, his ethnic and religious background, etc.

...I certainly understand the desire to have children, and feel that DI shouldn't be stopped altogether. But I think the rights and feelings of the parties involved need to be reconsidered. Secrecy leads to strained relationships in families and traumatic tellings of the secret. I believe knowledge of the means of their conception is a right of every individual...We turn out to be real people, and have feelings too. We strongly desire to know our roots, so that we can complete our sense of identity." *L.S.*

"I was 33 and about two months pregnant with my second child when I learned that I was a donor offspring...my terminally ill godmother told me what I had figured was a wild tale about my mother having me through 'artificial insemination'. I hadn't wanted to believe it. My mother had been outraged at the notion. My godmother persisted, on grounds that I should now know the truth, and my oldest brother finally corroborated her story...I was at once shocked, and strangely, relieved. I grieved to learn that my beloved dad was not my biological father. I felt utterly betrayed that my mother

had failed to come clean when my godmother first revealed the secret...My mother wishes the whole DI business would go away. She feels intense loyalty to my dad. She is very upset that I would like information about the donor. My mother says that the DI 'was nobody's business but mine and my husband's'.

...Before conception even occurs, people who intend to use DI should plan to tell their child. I wish my parents' attitude about it had been health enough that they could have spared me the anguish of having it sprung on me by a third party. I am sure that the 'secret' would have surfaced eventually, because it turns out that most of my extended family had known about it from the very start. I cannot adequately describe how it feels to discover that everyone except me had known.

...I think it is preposterous that anyone would expect me not to wonder about and want to know who this man [the donor] is. Further, I wonder about and want to know who my other relatives and ancestors are. There's nothing new or obsessive about this curiosity - I've always wanted to know these things about my family and had thought, in fact, that I did know them. This does NOT mean that I desire a personal relationship with the donor or his family members...I do not imagine or wish for a 'replacement' father. I do not want any material goods from my donor father nor do I fantasize about socializing with him and his family. My curiosity is mainly genealogical in nature; a 'family tree' project.

DI parents must plan before conception that they will tell their child. The child's true biological and genealogical legacy is his or hers alone. It is not the 'private business' of the parents. I firmly believe that parental desire to keep DI secret stems in large part from the fear that the child will think less of or reject the social father. I think the advice given today for adoptive parents would apply, which is that children be told as early as possible. The parents should tell the child, together. Parents of adult DI offspring cannot count on the secret dying with them. There is substantial risk that they will find out from a family member or friend, after it is too late to get any answers from the mom or dad who raised them. I hope that DI parents will find the courage to shield their offspring from learning their birth secret under needlessly shattering circumstances." *M.W.L.*

"I was 15 [when I was told about the DI]. I was kind of delighted at the time because my parents were getting divorced and my father had left a seemingly picture-perfect family without any notice. He was beginning to look pretty evil to us and at that time I was happy to know that I wasn't actually physically related to him.

...It is hard to say how much I was affected [by the secrecy]. Definitely there is a big history of secrecy in our family. This is just one more thing." *M.K.*

"I was 23 or 24 years old when my mother informed me that my existence was to be partially credited to a man whose identity was unknown to her...When she informed me that 'my father was not my father', that my biological father was an unknown sperm donor, I was not shocked by the news...I had never felt connected with my social father.

In fact, at times I would look at him and think to myself when he had done something that seemed to me to be rather childish, 'this person's genes contributed to my being?' We were very much opposites...I had up to the point of being told this news attributed this lack of connectivity to my parents' divorce when I was eight or so. The fact that my DNA was in no way tied to his resolved these discrepancies more clearly for me. Moreover, I found it rather exciting that my biological father had very likely been a Harvard med school student...I began to wonder who he was, what kind of person he was, what had I inherited from him?

...Although I don't feel that the secrecy which existed regarding the circumstances of my birth did ME any emotional or psychological harm, I can see where it could be harmful to another child depending upon the circumstances. I think children in general are very perceptive and can sense when something is not quite as it appears. I think it is the parents' duty to never MISLEAD a child regarding the circumstances of his/her birth, and to ultimately make it clear to the child at some point exactly what the circumstances were.

...If I could obtain my biological father's medical background and other information about him pertaining to his character, interests, etc., I would be satisfied. I do not need to know his name and address, but the medical information may prove critical in my later years, and the personal information may provide me some insight into my character and personality." *E.C.*

"I was 21 years old when I found out in a telephone conversation with my mother. In response, I was first angry. I was bitter at my mother for being so secretive and cheating me out of a 'past'. However, in the long run, I respect her choice to have DI. I feel as soon as children can understand how babies are made, they should be told. They should be told that they were created and raised out of love from the parents that are raising them - but should have access when they are 18 to their biological father's 'make-up'.

When a family lives in secrecy, it breeds dysfunction - an open, loving communication can do nothing but bring a family closer together. I feel that I did experience genealogical bewilderment because I neither look nor act like my mother, I also harboured a lot of anger towards my mother for keeping who I was from me. To this day our relationship still struggles because of my lack of trust in her. I feel that she is the one who created the distance - and now I'm not comfortable with the idea of getting any closer." *A.*



PERSONAL PERSPECTIVE

POSITIVE REFLECTIONS: GROWING UP AS A D.I. CHILD

Karen Topp

Karen Topp is the first child of Clarke and Ellie Topp who discovered nearly 30 years ago that they could not have children, and so decided to try the then unusual method of donor insemination. This technique was offered in the U.S. where Clarke and Ellie were in graduate school, but they returned to Canada in time for Karen to be born in Ottawa, where she spent her first 19 years. After receiving a B.Sc. at Queen's University in Kingston, Ontario, Karen decided to pursue a Ph.D. in experimental physics at Cornell, where she has spent the last four years. Karen, now 27, and two decades older than most children conceived by donor insemination, shares here her thoughts and feelings on being born of this reproductive technique, and on whether this has in any way affected her as an adult.

My parents are great. They didn't make a big deal about how or when to tell me about my origins — there was no big session where they sat me down and told me I was different. Instead, their method seemed to be simply to wait until I asked questions and then tell me the whole truth. What could be more natural? Luckily for them, I was an inquisitive kid, but I believe it was my parents' forthright but casual attitude that made this completely a non-issue for me.

I distinctly remember the first time I asked my mother where I came from. I was about five years old. She answered (making use of the fact that our family did a lot of gardening) that normally the daddy plants a seed in the mommy's stomach where it grows into a baby, but in our case, Daddy was out of seeds so we had to borrow some from somebody else. Well, that must have satisfied me at the time, since I don't remember asking any more details then. (I recall wandering off to think about how a seed would fit into a bellybutton which, at that time, was the obvious entrance to my mother's stomach...)

In fact, I don't remember thinking about it again until I was in grade 5, when we girls got the "menstruation talk" at school. (What do they do with the boys during these things?) As the teacher told us that our bodies would soon be preparing to have children, I remember thinking that somehow I

was special in this regard. I don't recall between ages 5 and 10 discussing my birth with my parents, but we must have, because I felt in that classroom that I had always known. So then I asked my parents lots of details — did they know the donor, did they know what he looked like ("no" and "no"), where did this happen, how did the doctor do it, how did they know Dad couldn't have kids, what did a sperm count mean, could I find the donor, and so on. My parents were forthcoming and matter-of-fact. I remember thinking that I would just like to see a picture of the donor, to see if I looked like him (my scientific curiosity already in place), but I certainly didn't obsess about finding him. I also remember thinking that it was pretty cool that I wasn't conceived like everybody else. Unlike the outward show of uniformity and normality necessary in a school playground (like the right brand of jeans), I knew this was something different and even special about me that I could keep inside and share or hide as I wished. Instinctively, I guess, I didn't talk much about it, since it fell under the same taboo category as thinking about your parents having sex.

I do remember, however, a sleep-over party towards the end of grade 5 where I did tell about a half dozen or so of my best friends. Of course, *boys* were the number one topic after the lights went out, and maybe because I had no exploits with boys to report, I decided to tell them about my father having a zero

sperm count and my being the result of another man's sperm being injected into my Mom. Well they thought that was "neat-o", and they asked me a few questions, but either it wasn't a big enough deal for them to remember through the excitement of the sleep-over, or I had basically thoughtful friends, because they never mentioned it again. If they told anyone else, the news never got back to me.

During my teens, I guess there were a few times when I had a healthy curiosity about who the donor was (and is...), but I wouldn't dream of calling anyone but my Dad my "real" father. I love my parents both dearly, but in many ways I am closer to my father. He and I share the same bizarre sense of humour, the same scientific curiosity, and we both interact with people in similar ways — open and direct, but gently fun-loving. The donor was just some stranger (probably a financially strapped grad student). Maybe I would be more interested in him if there were any way to find him, but I gather at that time no records were kept at all. The donor was supposedly screened for hereditary diseases, and they picked one with my Dad's hair colour, but nothing else is known. If he were easy to find, I might be curious to meet him, but I can't see myself putting any effort into arranging such a meeting, and I don't feel any psychological "loss" for not knowing the source of half of my chromosomes. In a way, I actually had an advantage over some friends at school who joked about being their parents' "accident" (for example, one friend was born 6 months after her parents' wedding, and another was considerably younger than the sibling his parents had intended to be their last.) I *know* my parents wanted me very much.

As an older teenager, I don't recall ever thinking about the donor or my father's infertility. My life was pretty busy and exciting in late high school and into university. So when my parents phoned me in my third year at Queen's to ask if I were willing to speak to an Ottawa infertility support group with them, I was surprised — mostly because I hadn't thought about it in so long, but also because I didn't know what on earth I would have to say, other than "No, this hasn't affected me." As an example of my father's openness, he actually volunteered the information about himself, and then agreed to speak to

this group when he heard from a friend and co-worker that she was involved with it. At that meeting, people seemed interested in how and when my parents told me, whether I felt psychologically damaged by being "different" (no) and if I thought much about the donor (no). Mostly they were fascinated that my parents were so open about the whole topic. Yes, they had told the family and close friends (and obviously me), but they didn't offer the information to broader circles unless their story might help others in situations similar to the one they found themselves in nearly three decades ago.

Through this meeting, it became known that my parents and I were quite willing to discuss the circumstances of my birth, and in the last few years we have been asked to speak at an infertility conference (where I felt a little like Exhibit A), and have been interviewed for a TV Ontario special. I have had to think about the "issue" of my birth more in the last couple of years than I did in the previous ten years put together. Although I don't mind, it is a bit weird to be asked questions about who I am, instead of what I've become or accomplished. Oh well — it's also flattering to publish an article about myself.

Even though my parents and I are not shy when asked to share our story, my brother and sister are not very comfortable with our openness. This, I have learned, is probably the more typical attitude toward issues of reproduction and infertility. They are two and five years younger than I, and both adopted — not because my parents wouldn't have used donor insemination again, but because at that time there were many infants in the adoption agency who needed homes, and DI wasn't readily available in Ottawa. They are in every respect my siblings and equals, and my parents respect their wishes as much as mine. Since secrecy is not part of our lifestyle, however, they understand that our sharing might be helpful to others.

The most amusing thing I've been asked is about my sexuality. As with the rest of my life, I think I'm honest and straightforward with my feelings and desires. (My boyfriend of three years, as he looks over my shoulder, agrees...) Incidentally, this is not a function of my parents' openness. I would say they're as uncomfortable as anyone of their genera-



tion in talking about sex. I learned about the birds and bees through some well-taught public school health classes, and from a book called *The Facts of Love* which my mother gave me when I started menstruating. My openness is most likely due to a reasonable degree of self-confidence and some university buddies who were easy to talk to.

Anyway, now that I'm at the age where many of my friends are having children, I've been thinking more about eventually having my own family. I would like to be a mother, and if I should find myself or my partner unable to have children, I think I would be receptive to whatever technology were available to us at the time. I certainly would have no problem with DI! And yes, I would be completely honest with my children as well. I realize with a method

like this that it's quite possible to keep the whole thing a secret. But, on the rare chance that my grown child would find out on his/her own that I had lied, I'm sure the repercussions would be infinitely more harmful than telling the truth from the beginning. (For the mathematically minded, I'm saying "infinite" because I believe we're dividing by the zero repercussion of continual honesty.) Can you imagine finding out, now that you're an adult, that your mother or father is not your biological parent?

I'm not sure what to say in summary, other than I hope my rambling here has been helpful. I'm normal. I'm relatively happy and well-adjusted (for a grad student...) And, if I hadn't written this article, DI would be the furthest thing from my mind. After all, how often do most people think about their birth?

DC, friends and family – telling them and how they feel

How DC parents Karen and Robert Farr told their friends and family – and how friends and family felt about their news.

At a recent DC network meeting Robert and I met a couple who were considering donor conception treatment. They had not yet discussed their situation with their friends and family and were anxious about who to tell, when to tell or whether to tell at all. They were very keen for us to share our experiences of telling others with them and Robert and I found ourselves transported back, as we told them our own personal story.

As a result of that conversation I thought it might be helpful if I asked Robert's parents and two of our closest friends to talk about their thoughts and feelings at the time we told them about Robert's infertility and our plans to consider donor conception.

Our Experience of Telling Others

It is now four years since we received our infertility diagnosis. We were fortunate in some respects that it did not take long for us to be referred to the Chelsea and Westminster Hospital for tests by our GP, after a short period of trying to conceive naturally.

The tests and biopsy confirmed that Robert, my husband, was infertile and we discovered that our only chance of having a baby in the future was through donor conception.

At this point in time we had taken two close friends and Robert's parents into our confidence about our fertility problems and the investigations at the hospital. Other friends simply knew we were having problems in that area, assuming that the fertility problems were with me (rather than Robert) and it seemed easier to leave it at that, rather than explain further.

When we were given the very last diagnosis of complete infertility, it seemed such a harsh and final fact that we felt unable to discuss it with anyone until we had a chance to fully understand and begin to come to

terms with the implications of our situation.

It was then that telling friends and family became an issue for us and I remember numerous very helpful calls to Olivia at the Network, as we tried to wrestle with this important area. So many questions presented themselves.

My immediate need and instinct almost, was to talk about it to those people in my life who I trust, but because Robert didn't share this view, I held back. He felt that if we progressed to DC treatment and it was unsuccessful, there would be no point in anyone knowing. He was also concerned, as I was, about what other people's reactions might be, to being told this news.

We were anxious that people might react negatively towards us, or make some personal comment or joke to upset Robert. Our imaginations went into overdrive thinking of all the ways we could become social outcasts!

Eventually we came to the conclusion that anyone close to us, who truly cared for us, would be supportive and trusting, and if there was anyone who wasn't, we would just have to accept that fact. We also came to the conclusion it was best to take things slowly.

So, fairly soon after hearing the news ourselves, we decided to tell Robert's parents. We talked to them together, very honestly and openly about what had happened and any initial nervousness we may have felt disappeared, as they showed their concern and care for our situation. It was a huge relief and we felt soothed and supported.

At about the same time I told a close girlfriend of mine, whose reaction again was overwhelmingly positive. I felt so relieved that I would now have someone to talk to apart from Robert, particularly whilst I was having the treatment.

Getting a little bit braver now, but still nervous, we told a couple who have been good friends for years who already had one child. We arranged to meet them separately on the same evening, as we felt that such an intimate conversation would be better on a one to one rather than with the four of us together. We openly discussed the implications of our situation for us and our families and also our own sadness and anxieties. Robert and I were delighted that our friends felt able to ask us questions about our plans (or lack of them at that point!) and also any aspects they found confusing or they wanted to know more about. It was a wonderfully frank discussion and was definitely a friendship affirming experience.

As time has gone on we've told more close friends and members of our immediate family. Particularly when I became pregnant through DC and eventually gave birth to our daughter Isabella (2 years ago), the need to tell more people increased – complete secrecy about her conception was never a considered option for us.

Undoubtedly for us, telling someone now is so much easier than it was in those early days and I am still so grateful to those whose positive kind words helped us along.

Reactions to the news continue to be positive, but I never get blasé in the telling. We decided to tell a fairly new friend who we met through the National Childbirth classes and although I felt quite relaxed about telling her about Isabella's conception, I remembered the enormity of what I was saying.

We all have to find our own comfortable level of openness, but I hope like us, others will find that their worst nightmare never materialises, and in fact they end up having a positive experience of telling others.

A Friend's Point of View

Good friends should be there through thick and thin!

When Karen and Robert told us they couldn't have children, we were really sorry, especially as we had already experienced the joy of our first child. We wanted to know if there was anything they could do to become parents. They told us what the problems were and discussed the options open to them.

Over the coming months, as a friend who knows the decision to have DC, you share the roller coaster of emotions, the disappointment of menstruation for example and the hope after each hospital visit.

I was really pleased Karen had shared their decision with us, so that I could understand her different anxieties and moods. If I hadn't known what was going on, I might not have been helpful or just felt confused.

When the news was of success, the joy brought more complications. Robert was really worrying about genetic ties and bonding and the relationships between the baby and other family members. My husband was able to discuss this and offer a more objective view, which helped.

Having gone to such lengths to become pregnant, all the injections and investigations and scans take on greater significance and again we shared in the debates, as they approached the birth and the labour.

After Isabella was born, I particularly remember Robert's delight when all the nurses commented on how like him, Isabella looked.

Sometimes when a baby is born, the father can feel left out, a situation which could be heightened by sperm donation. However, after a post caesarian infection developed and Karen had to return to hospital for a prolonged stay, Robert found himself straight in at the deep end, looking after Isabella day and night. The amazing care and love that he bestowed on his pride and joy meant that there was no thought of "bonding issues" – they were together for always!

Perhaps all friends may not understand, but for us, we are really pleased Karen and Robert told us. Our delight in their sharing our experiences of parenthood- good and bad- increases our friendship "through thick and thin".

A Mother's Feelings on D.C.

When my son told me that he wouldn't be able to father children, I felt so incredibly sorry for him. He is such a loving person and I had always felt that one day he would be a wonderful, caring father.

It was flattering to feel that he and his wife could tell me about the problem and discuss with me the options open to them and when they told me about D.C. I was thrilled, this option seemed to me to be so much better than adoption because his wife would have the joy of being pregnant and be the natural mother to the baby.

They were very fortunate they didn't have to wait too many months, although it must have seemed a long time to them and then success, they were to become parents. The pregnancy went well and my beautiful longed for baby granddaughter arrived.

My son bonded with her immediately and several people commented on how much she looked like her daddy. I must admit I searched her face looking for my son, knowing she wasn't his, but it made no difference to how I felt about her. She is his daughter, she is my granddaughter and I love her very dearly and he is a wonderful caring father, as I always knew he would be.

A Father's Feelings on D.C.

When I first heard that it was virtually impossible for my son to father children I felt extremely sorry for him and his wife and started to think along the lines of adoption as a way of achieving the much wanted family which they both were desperate to have. This seemed to me quite acceptable, as they both would have an equal relationship to an adopted child.

When I heard that the chosen option was to go for D.C. I was worried for a time as it seemed that it could lead to an unequal relationship between Mother and Child and Father and Child but in the event this worry has been proved to be completely wrong. From the moment she was born all worries about relationships disappeared.

The relationship or bonding between them all is as strong if not stronger than I have seen in any conventional family.

As far as I am concerned, from the moment she was born she became my son's daughter and my granddaughter who is loved as such.

Siblings of a Sort

Before these look-alike children were born, their parents had never met. Now, thanks to reproductive technology, they are creating a new kind of family tree.

When 4-year-old Annabelle MacMillan's grandmother invites her to peek inside the big box she has lugged out of her niece's green truck, the little girl lifts the top for a nanosecond, then drops it and hides her eyes. Annie's twin, Chloe, has a quick look, too, before taking cover behind her grandmother's thigh. Soon, the other children — Chase and Jack Lindeman, 5, and Samantha and Mitchell Lyons, 6 — approach, clutching their moms' fingers, and cautiously peep in. Finally, Matthew Lyons, 10, marches across the lawn, sticks a hand in the box, and shrieks, "Ow!"

Grammy Sharon, her deep Maine roots showing, reaches inside, grabs several lobsters, and lets them loose on the flagstone walk. Within two minutes, all trepidation evaporates as the seven kids try to turn the crustaceans into pets. The three dads laugh, the three moms cluck to "keep your fingers away from the claws," and the lobsters seem to look longingly at the big box.

Genetically, these seven kids with chocolate-brown or hazel eyes and light- to-dark-brown hair are as close as children can be — full-blooded siblings. Legally, they are not related at all. The emotional connections lie somewhere in between.

This pan-family picnic, held last August in Thomaston, ME, really started six years before, in 2002, with a form letter from Glenda and Scott Lyons's fertility clinic. The Eau Claire, WI, couple had conceived their first child, Matthew, the old-fashioned way. But when a sibling didn't follow within two years, they consulted doctors, who gave the couple painful news: Because of a perfect storm of reproductive problems between them, Matthew was "a miracle." The only chance they had at ever conceiving again was in vitro fertilization (IVF).

They started immediately. In her very first IVF cycle, Glenda, then 32, produced nearly two dozen eggs. After doctors introduced Scott's sperm, 18 embryos formed. Three days later, two of the embryos were successfully transferred into Glenda's womb (two others were lost during the process).

The form letter arrived in January, three months before Glenda gave birth to Mitchell and Samantha on April 14: The fertility clinic wanted to know what the Lyonses wanted to do with their 14 remaining embryos. They offered three options: donate the embryos to research, donate them to an anonymous pool to be matched with infertile couples, or pay a few hundred dollars to leave them frozen.

Glenda, an accountant with corkscrew curls that evoke a grown-up Little Orphan Annie, read Scott the clinic's letter while they were driving to look at a Trans Am the couple was thinking of buying. (A heavy-equipment operator, Scott, 41, restores and races vintage cars.)

Keeping their embryos frozen indefinitely did not seem a viable option to Glenda. And they were not the kind of people who'd throw money away on things they weren't going to use. She didn't have a moral objection to donating to science. However, she and Scott had not made the embryos for research.

"We made them to be kids," Scott reminded Glenda.

While the couple agreed they could not personally raise a village, they were hesitant about donating their would-be children to complete strangers.

"I just can't do the anonymous option," Glenda told Scott. "Everywhere we'd look it'd be like, 'Oh, that could be one of ours. Maybe that's one.' I can't live with not knowing." Neither could big-shouldered, gentle-eyed Scott. He told Glenda, "Three children is plenty [for us]. They're going to have to be somebody else's kids. You just go find somebody."

While many couples in their position would find reaching such a decision a torture, that was not the case for her and Scott, says Glenda. "We'd been through the pain of infertility. So we know how hard it is to get an egg and sperm, and then to get them both in the same place doing what they're supposed to do." And looking around the waiting room at her fertility clinic, Glenda could see "so many empty arms out there."

By the summer of 2002, Susan Lindeman, a then-41-year-old marketing executive in Richmond, VA, had aching empty arms. In her seven-year quest to become pregnant, she'd spent 13 months on Clomid, endured seven cycles of injectable hormone-boosting drugs, undergone one diagnostic laparoscopy, and tried three cycles of IVF. Her results: one miscarriage, one tubal pregnancy, and one so-called chemical pregnancy, meaning she had lost it within a few days of missing her period, too early for anything to show up on ultrasound.

Susan — a pageboy blond whose optimism brings to mind *South Pacific's* heroine Nellie Forbush (you really wonder if she's going to break into song sometimes) — felt lucky in a way. Her health insurance had covered 85 percent of the cost of her treatments; only about 10 percent of infertility patients are that fortunate. So Susan and her husband, Bruce, an IT consultant, had spent only \$16,500 in their unsuccessful attempts to start a family. But the next step — a donor egg fertilized by Bruce's sperm — would have cost them \$25,000 out-of-pocket, and her

reproductive endocrinologist put Susan's odds at carrying the baby to term at 60 percent.

"I started thinking, If I were in Vegas and I had \$25,000 and I had to put it on red or black, what would I do?" Susan says. Even though the Lindemans knew that adoption could easily take another several years, they began to explore that option. It would also cost a lot — between \$5,000 and \$40,000, depending on the type of adoption. "But most people who commit to that process do eventually succeed," Susan says.

"And all we wanted was to be parents," says Bruce, 48.

Just as they were emotionally preparing themselves for the adoption journey, Susan saw a curious post on an in vitro fertilization message board. A Wisconsin woman named Glenda and her husband had embryos they wanted to give away. The only criterion for the recipients: They needed to live far away from Wisconsin, so the kids could all have their own lives. It would also make it much less likely, Susan thought, that any of these full biological siblings would someday meet and marry. Susan contacted Glenda, who wrote back in a subsequent e-mail:

"We don't want to be part of your lives or the lives of any children that you have. So you won't get any interference that way. Our object is to donate them to another couple who will give them life. They are too precious just to throw away or donate to science. Any embryos you don't thaw, we would prefer to be placed for another donation. And we trust your judgment in this, since once we give them to you, they are yours to do with what you decide is best. I understand your struggle and the pain of infertility, so I know in my heart you will make the right choices."

That night, Susan told Bruce about the offer and asked, "Is there anything weird in it for you?"

Bruce, a bearish man whose cool manner and loping gait hint at the competitive athlete he once was, has a biological brother and an adopted sister. Bruce thought about his siblings, both of whom he loves, and decided that making a family by embryo donation was sort of midway between. "Sounds nice," he said.

Susan was glad. "Because it felt pretty good to me."

As Glenda had said, she and Scott didn't want to be "part of the lives" of the family they gave the embryos to. But she did want to feel like they were "our kind of people." She did not have that sense about most of the 20 or so women who'd responded to her post. "I felt like those who didn't tell me much maybe had something to hide," she says.

But she was charmed by Susan's chatty e-mail. And the posse of photos she attached — of their house, their pets, their favorite vacation spots, their favorite friends, even their favorite restaurant — put Glenda at ease. She could see that the children raised in this household would be surrounded with fun and love.

She showed the pictures to Scott. "They drive a Ford," he said with a groan. He flipped through a few more. "But it's a nice Ford and a nice house, and they do have dogs. If it feels good to you, I guess it's OK."

OK, but not that easy. As the families learned, you can't just "give" embryos away. You can't even put them up for adoption. In many states, embryos are treated as personal property, and ownership of them has to be legally transferred — but the law around that varies by state. For instance, an attorney told the Lyonses and Lindemans that in Minnesota, where the Lyonses' clinic was located, the birth mother — not the genetic mother — is the legal mother of children. But if she divorced her husband, there was a possibility that the birth mother could sue the genetic father — in this case, Scott Lyons — for child support. Hearing this, Glenda's first thought was: *So ain't nothing happening in Minnesota.*

Assisted-reproductive technology (ART) has developed so quickly that the law is playing catch-up with medical reality. The first IVF baby was born in 1978; the first baby produced from a frozen embryo (the couple's own, not a donation) was born in 1984. Yet "most states don't have a single law with the word 'embryo' in it," notes Lori Andrews, director of the Institute for Science, Law and Technology at the Illinois Institute of Technology.

Fortunately for the Lyonses and the Lindemans, a Virginia lawyer counseled that in that state, the only legal mother of a child is the person who gives birth to him, and the only legal father of that child is the husband of that mother. So the Lindemans drafted a one-and-a-half-page document with their lawyer in Richmond, and in early November 2002 the Lyonses' 14 frozen embryos, packed in liquid nitrogen and encased in metal canisters, arrived in two FedEx packages at Susan Lindeman's clinic.

Her doctor thawed six. Three did not make it. Three did. Susan's doctor transferred all three viable embryos into Susan's womb. Seven days later, Susan started using her cache of home pregnancy tests. One after another, they turned positive. Two of the embryos had implanted.

While they were working out all of the legal issues, Glenda and Susan e-mailed each other several times a week — and they never stopped.

"I held her hand," Glenda says of their correspondence, "and knew everything that was going on with her all the time."

By the time Susan was showing, Glenda felt she had a new sister. Scott, on the other hand, was not feeling the love. "We're going to stay out of their lives," he would say whenever Glenda brought up the subject. "We're not sticking our noses in it. Let them raise their kids."

Scott was utterly immersed in raising his own. Matt was turning 5. Scott taught him to ride a bike, identify the parts of a car engine, and skip stones in his favorite creek. With the twins he played games, cuddled, and read books to them.

If he'd been having any second thoughts about giving away his and Glenda's embryos to another couple, now that those embryos were growing into actual children, he would not have been alone. A study published in the *New England Journal of Medicine* July 2001 found that 71 percent of couples change their mind about their embryo disposition — usually before they have gone down a path of no return.

On July 1, 2003, Susan gave birth to a son and a daughter, Jack and Chase. Bruce e-mailed Glenda right away, attaching photos.

After a momentary hesitation, Glenda opened them. "You're afraid you're going to get attached," she says, about seeing the pictures. But she'd been through so much with Susan — Susan's morning sickness; Susan's elation at the first kicks; Susan feeling, as she put it, "like a pinhead whale" at seven months; Susan's joy (and anxiety) when her cesarean section was finally scheduled — that the babies felt like Susan's babies to Glenda, not hers.

Seeing them in Susan's arms in the photos, Glenda thought the Lindeman babies looked like their parents, too. It wasn't that Chase and Jack didn't resemble the Lyons children — they did. Rather, it was the way Susan and Bruce held the infants' gazes, touching noses to their own, cradling them in every single shot.... *Well*, thought Glenda, *you could just tell that these were the babies' parents.*

But how would Scott feel? Glenda felt she had to tell him the Lindeman twins had been born.

"Oh, yeah?" he said. Huge pause. Glenda wondered what he was thinking. Maybe how overcome he'd been 15 months earlier when his own twins were born? Suddenly Scott spoke. "How do they look?"

"They're good," Glenda said. "They've got 10 toes and 10 fingers. You want to see?"

"I don't know," Scott said.

Glenda explained, as best as she could, as honestly as she could, that while Chase and Jack resembled their own kids, they really looked part and parcel of the Lindeman family. Scott decided to take a quick look at the photos Susan had sent. He lingered. An easy smile grew across his face. "Oh, they're really cute," he said. Then he got dressed for work.

"Maybe we disconnected the minute FedEx took them away," Glenda explains.

While Susan was still breast-feeding, she knew it was her time to "pay it forward." The plan had been for her and Bruce to choose the next family for the embryos, but Susan now wanted to do it with Glenda. With everyone OK with the new arrangement, Susan posted a version of the embryos-available-for-open-adoption message in the fall of 2003.

She had to be a bit cryptic — "I have something you may want..." began her post — because the Website operators did not want the site to be used as a "trading post" for would-be parents and would-be donors on the ethical and legal frontiers of eggs, sperm, embryos, and surrogate transactions. Susan and Glenda — who were communicating by e-mail several times a week — did not know how to find a new family any other way. So they bent the rules, a little.

Susan was turned off by those who seemed to brag about their wealth, and those who tried to impress with their faith. But she and Glenda liked several of the families who e-mailed, and decided not to do in-depth interviews or home visits. In fact, their main goal was to keep the selection process moving along very quickly because, Glenda says, "we knew it was killing" everyone who responded.

"In the struggle with infertility," Susan explains, "you find yourself wishing your life away one month at a time. Every month your cycle starts again and you're in tears and you spend the next 30 days hoping your cycle won't start again, and then it does. Literally, you live your life in 30-day increments, wishing away the next 30 days."

One of the women who wrote to them, from California, then-40-year-old graphic designer Dana MacMillan, felt she had fallen to a point of desperation below even that. Three years earlier, she had begun infertility treatment "where they just time your period," Dana recalls. "Nothing. Then I went through inseminations. Nothing. I went through an IVF cycle, but I only got two follicles" — developing eggs — "and it was pathetic so I got canceled. Then we did a donor-egg cycle. Again, nothing. Not a blip. By that point we were out of options."

The MacMillans' insurance had not covered the treatments, and they had already spent \$35,000 trying to start a family. "The only reason we had been able to do it

at all was because my grandmother died and left me a small inheritance," Dana recalls. "My mother scraped together money, too."

But the MacMillans were now out of savings and could not afford to adopt in any traditional way. By the time Susan and Glenda began their search, Dana and her husband, Cliff, a home-video marketer, were looking into becoming foster parents.

About five days after receiving Dana's first e-mail, Susan and Glenda decided on the MacMillans — because they had "empty arms," because they had exhausted every option they could to become parents, and because it was easy to imagine the kind of life the children would have with Dana and Cliff. The thing the MacMillans valued most was building a family, Susan and Glenda both say. And they had the support of their families to do that.

The two mothers didn't care at all that the quest for a baby had left the MacMillans flat broke and that Dana would need to continue working. Glenda and Susan are working moms, too. "We weren't looking for the children to have a life of privilege," Susan says. "We were looking for the children to have a life of love."

From her office in Virginia, Susan called Glenda in Eau Claire, then conferenced in Dana on the West Coast to give her the news. The eight remaining embryos were hers.

"It was the most amazing conversation I don't remember," Dana says. "I really don't have a clue at all what they said, just this sudden knowledge that I had a chance to be a mother. This intense excitement that I would really, finally be pregnant. And gratitude so overwhelming it hurt."

The only snag was that they now had to legally transfer ownership of the embryos from the Lindemans in Virginia to the MacMillans in California. Whereas the Virginia contract was one-and-a-half-pages long, the California contract was half an inch thick. Because California had no specific law pertaining to embryo adoption, the MacMillans' lawyer told them that in order to transfer ownership of the embryos they would need to "make payment in consideration" to both the Lindemans and the Lyonses.

"It felt like such an insult to what we were doing," says Glenda. Many experts in the field believe that such payment does not constitute parentage, but the lawyer said there was no way around it. So Dana and Cliff wrote \$1 checks to the Lyonses and the Lindemans, and both families cashed them.

When FedEx delivered the embryos to Dana's clinic, she went to say hello. Her doctor put her on a cycle of hormones to prepare for implantation. A month later, he thawed four of the embryos and implanted all of them in Dana's womb,

because her history had been so bereft of success (the usual number is no more than three, for the health of the mother and growing fetuses). Two of the implanted embryos did fail. Still, Dana, too, was pregnant with twins.

The pregnancy, however, was anything but uneventful. One month into the first trimester, Dana felt "dripping" in her socks. She was bleeding profusely from an enormous clot she'd developed in her uterus. "I was crying and crying because I thought the worst had happened," she says. "They rushed me in to do an ultrasound, and there were those two flickering heartbeats — the most beautiful thing I'd ever seen."

Dana was immediately put on bed rest, first at home and then in the hospital. Over the next five months, she developed HELLP syndrome (a rare pregnancy disorder affecting the liver and circulatory system) in tandem with preeclampsia. "My blood pressure was at stroke level, and in one week I put on 22 pounds of fluid," Dana says.

In addition to being sick and afraid, she was embarrassed. *This should be my glory. This is a thing women everywhere do,* she was thinking. *And instead, this is what my body does to me even now. I'm terrified that it's going to let me down, and my children aren't going to make it.*

At 31 weeks, Dana collapsed on the way to the bathroom. Her doctor immediately delivered her twins, Annabelle and Chloe ("Coco"). The babies were small — three and four pounds — but otherwise fine. Dana, however, was in the maternal intensive care unit, too unstable to even see them. "My mom and Cliff would bring me the clothes that they wore, so I would have their scent."

Dana wound up hospitalized for another two weeks and was ill with elevated blood pressure for another six months. Still, she knew she had two important jobs: caring for her baby daughters, and finding a home for the four remaining embryos. She offered them to a beloved cousin.

"But," says Dana, "my cousin decided it was too much pressure." She didn't want to be the one woman who failed to make babies out of the Lyonses' embryos. In turning them down, she asked Dana, "Does lightning really strike four times?" In the end, it did not. Together, Dana, Susan, and Glenda gave the last four embryos to a couple in Texas, but the transfer failed. The Lyonses' embryos were finished.

"We were all sad," Glenda says. "Especially for the couple. But it also felt good to be done with it. The wild emotions of looking for a good family, feeling terrible to let so many people down." Susan adds, "It also felt right to turn all of our attention to raising the kids we were so fortunate to have."

From the moment Susan gave birth, she felt an intense need to meet Glenda. "I had to thank her in person for giving me my family," she says. So as soon as she and Bruce were up to braving airplane travel with twins — which Susan is slightly embarrassed to admit was not until their twins were 13 months — they packed up Jack and Chase and went to Wisconsin.

Even Scott was eager for the visit. Seeing the dozens of photos Susan e-mailed Glenda — of Susan with her twins on their first birthday, of Bruce showing them their first snow, of both parents' thrill at their first steps — had made the Lindeman kids, well, seem like Lindemans, not Lyonses. For Scott, the family had come to feel like people who should be in their lives — like long-lost relatives.

Before Bruce had parked at the end of the Lyonses' country road, Susan leaped out of their rental car. She pulled Glenda into a fierce hug and sobbed, "Thank you. Thank you." Then, Susan pulled her children out of their car seats and pressed them into their biological parents' arms.

"They really, really looked like our kids," Glenda recalls, describing her first encounter with Jack and Chase. "They had very similar smiles. But they didn't feel at all like our kids because we didn't know them and they didn't know us. They had other people's mannerisms. They looked at us like, 'Who are you?'"

But later, Glenda and Scott confided to each other that the Lindeman kids really did feel like family. And it was a pleasant, not painful, feeling. "Like nieces and nephews," Glenda says. Perhaps anticipating this, the Lyonses had told their sons and daughter, before the visit, that the Lindeman children were their new cousins — in kidspeak, family that doesn't live with you.

Susan and Bruce both thought that Glenda's explanation made emotional and age-appropriate sense, and went with it, too. Throughout the weekend, Susan watched the affection flow fast and free — "Glenda's mom just scooped Chase right up," she recalls — yet she remained confident of her twins' attachment to her. She was equally confident of Glenda's absence of maternal feelings toward them. So, Susan says, she was free to "discover connections" among the kids beyond honorary cousinhood. Her first: that her daughter, Chase, and Glenda's daughter, Sami, both have Glenda's mother's smile. Her second: that Glenda and Scott's parents consider all of the embryo children their grandchildren. Susan was thrilled.

"My dad died recently, and my mom is elderly," Susan says. "I like that the kids have all of this love."

"It really is like family," her husband, Bruce, adds. Then he smiles slyly. "Just without the baggage."

Dana wished to believe that introducing her twins to their genetic siblings would be so simple. "I wanted to meet the Lyonses." She felt her daughters had a right to hug the nice lady who, as she had told them since they were capable of understanding, "was so generous she gave me some of her baby parts" because her own baby parts hadn't worked. At the same time, she was terrified that fostering a connection would come with an emotional load she could not carry. "I had a lot of anxiety," Dana says. "Fear that Glenda was going to be a better mother than me, fear that my children would be drawn to her."

"I wasn't worried at all," says Cliff. "It was obvious from the day the girls were born they were completely attached to us. The only thing I've ever worried about [during this process] was Dana's health."

In March 2007, when Annie and Coco were 3, the MacMillans invited the Lyonses to visit more "cousins" in California. They decided to meet at the Lyonses' hotel. Dana insisted on driving her family. "We were running very late, and I missed the turn into the driveway. [I thought] here is this amazing woman, and I can't even get into the right lane in time to make a turn. [At that moment,] I was nervous that she wouldn't think we were good enough to deserve her babies."

The Lyonses were waiting at the curb, holding presents. The MacMillans had brought giant Easter baskets for the three Lyons kids. So the meeting began with an exchange of thank-yous, and you're-welcomes, and then-9-year-old Matt Lyons cooing at the two MacMillan babies, "My sisters! My sisters! My sisters!"

Glenda had warned Dana that her kids had recently seen a video of a TV interview Glenda had given about embryo donation. In it, the newscaster referred to all of the children born from the Lyons embryos as "siblings." Glenda had told Matt that just as she sometimes donates blood, she also "donated some cells that [the other parents] needed and didn't have. That's why [the other kids] look so much like you. Because you all come from the same cells."

Matt had said, "So we're brothers and sisters?"

And Glenda had answered, "Genetically yes. But they have their own family."

Dana found Matt's petting and cooing "a little surreal" but also "so sweet and tender." More important was the thing Dana could see — and intensely feel — between her daughters and Glenda: They were strangers. Glenda was gentle and sweet in greeting them, but the girls were at an age when familiar is always better, and they wanted their mom: Dana.

Emotions in families created by assisted-reproductive technology are often not so

simple, says lawyer Lori Andrews. Many attempt to stave off trouble — for the parents and the kids — by keeping facts about a child's conception secret. As many as 90 percent of children conceived through sperm donation are never told, Andrews says. But often the truth comes out in anger, during a divorce (when a dad doesn't want to pay support for children who are "not his") or during an argument (when a child is accused of acting like the "stranger" she is). Couples who are open about their use of a donor face other emotional challenges. For example, a child may feel an intense need to know about, or even meet, his donor or donors. But if it was an anonymous donation arranged by a fertility clinic, privacy laws can prevent that from happening.

The Lyonses, Lindemans, and MacMillans have routed both of those predicaments. If it had been up to nature, they might have lived out their lives without so much as crossing paths. That changed when reproductive science crashed into parental realism, and Glenda and Scott Lyons opted to find an infertile couple to take their remaining embryos.

As things turned out, the Lyonses cannot fathom that they will ever face the most common crisis for donor couples: changing their minds. They have met all of the children. Held them. Changed them. Kissed them. Left them.

"Donating embryos isn't for everyone," Susan Lindeman says. "Some people are just too confused, freaked out at the idea of their children running around somewhere else in the world."

"That's totally understandable," Dana MacMillan says.

"For me," Glenda Lyons adds, "bonding happens at birth."

After the Lyonses' visit to California, someone proposed organizing what would be the first gathering of all three families. The Lindemans and the MacMillans would also be meeting for the first time. Through a family friend, Dana had access to a trio of beachfront cottages near her mother's childhood home on the coast of Maine. And everyone could get time off in late August.

So in the waning days of summer 2008, everyone flew to New England. Although it was their first in-person meeting, Susan and Dana, especially, already felt close — through four years of shared e-mails, phone calls, photos, friendship with Glenda, and, of course, their shared motherhood of biological siblings.

In addition to those striking eyes and that hair, the seven children in this extended biotech family have similar features and gangly limbs, like their biological parents. Yet each has an utterly distinct personality — maybe because of what nurtured

them in the womb, what nurtures them daily in their homes, or maybe just because nature, even when science intervenes, makes all creatures unique.

As the sun sets on a postcard-perfect afternoon, the adults laugh, trying to imagine how their children will draw family trees. It will certainly be a knotty mess — parents unrelated, offspring who could not be more connected. Parents who in case, God forbid, something horrible happens to them, have designated their own siblings (for the Lindemans and MacMillans, their children's nonbiological aunts and uncles) as legal guardians. Parents who promise that if, God forbid, something horrible happens to the other parents, they would "look out for" any or all of the children.

Nearly a dozen grandparents lay claim to every single kid — literally, seven snapshots on every refrigerator. Yet, for the parents who have made wills, only their legal offspring are designated beneficiaries. Frankly, they are in an emotional frontier and none of them knows where the boundaries lie.

As the afternoon shadows lengthen, a few early maple leaves fall, and the children continue making pets of the lobsters intended for dinner, Bruce Lindeman is trying not to cry. His one terrible fear about his brave-new-world journey into parenthood emerges as the sun touches the sea.

"I waited so long to be a father," he says. "I'm 48 now. I'm afraid I won't be around long enough to enjoy it. And I really want to walk my daughter down the aisle."

—*Susan Ince*
Good Housekeeping

ART families without genetic or gestational links are still doing well

07 July 2008

By *Dr Kirsty Horsey*

Appeared in BioNews [465](#)

Researchers from the Centre for Family Research at Cambridge University in the UK say that families created by the use of [sperm](#) donation, [egg](#) donation and [surrogacy](#) are doing well, particularly in terms of their psychological well-being.

The data, presented at the annual meeting of the European Society of Human Reproduction and Embryology, come from the fourth phase of a longitudinal study in which 43 donor insemination families, 46 egg donation families and 39 surrogacy families have participated, along with a control group of 70 families where the children were naturally conceived. The first data on these families was taken when the children were nine months old - they are now seven years old.

Mothers, fathers and teachers were each independently given questionnaires to assess the child's wellbeing, as well as give individual scores on things like behavioural problems and emotional difficulties. Mothers and fathers were also separately interviewed about their relationship with their children. Children were asked to fill in a blank 'map' of concentric circles, assessing their relationship with family members and friends, placing the name of those with whom they believed they are closest in the innermost circle, and so on.

In terms of the psychological well-being of the parents, the quality of parent-child relationships and the psychological adjustment of the children concerned, more similarities than differences were found among the three assisted conception groups, said Polly Casey, who presented the research to the conference. Children from all family types placed their mother or father in the closest circle with the same frequency. However, there was some difference shown in the perception of emotional difficulties in the children, as reported by parents and teachers, with parents reporting no significant difficulties, but teachers (who did not know whether or not a child was born using assisted conception) indicating that children born from assisted conception having some more emotional difficulties than the control group.

Miss Casey also told the conference that only 29 per cent of [donor insemination](#) (DI) parents, 39 per cent of egg donation parents and 89 per cent of surrogacy parents had told their children how they were conceived by the time they reached the age of seven. All of these figures were markedly less than the numbers who said they would tell their child of its origins in the first phase of the study. When the results on psychological well-being and parent-child relationships were broken down by those children who had been told of their origins and those who had not, some differences emerged. 'Those mothers who had told their children about their conception showed higher levels of sensitivity to the child and, although there was no statistical difference, we also found that fathers in disclosing families tended to show greater warmth towards their children', she said.

In the groups who had been open with their children, mothers also reported greater 'marital satisfaction' and, furthermore, teachers reported lower levels of emotional and behavioural difficulties among the children who had been told of their origins. 'We were particularly interested to find that, according to teachers, those children who had been told of their origins tended to do slightly better emotionally than those who had not', said Miss Casey, adding that 'of course this may simply be due to better communication within the family generally'.

Resources for Perspective Adoptive Families

Books:

Exploring Your Options:

Adopting After Infertility

Patricia Johnston (1994)

Adopting Sound Choices, Strong Families

Patricia Johnston (2008)

Choosing Assisted Reproduction: Social, Emotional, & Ethical Considerations

Susan Cooper & Ellen Glazer (1999)

Internet:

www.cedaeducation.org/embryo-adoption-education.html

Online e-learning curriculum

www.embryooption.org

Frequently Asked Questions, Personal stories of embryo donors and adopters, short videos, and 1-hour webinars on topics such as “The Fundamentals of Embryo Donation and Adoption”