

a photograph album with the baby's beginnings. For example, it would be good to have a photo of the clinic that assisted in conception, and then the hospital, as well as the usual baby photographs and birth details.

Preparing the child for dealing with insensitive comments from others is useful too. Just as many parents help their children who are hurt by thoughtless comments relating to their race, religion, colour, etc., preparing the child for dealing with donor issues is useful too. It might be wise to remind young children that other young children may not understand about donors, so may make an insensitive or hurtful response if the information is shared with them.

It is important to be prepared for the children's responses, which could range from no interest, to specific questions. They may say that they had a sense that something was different. It is also important to know where and how much information is available about the donor/s, if and when the child requests to know more. If there is likely to be little or no information available, make this clear to the child and explain why.

### **Human Reproductive Technology Act 1991 (WA)**

Under this Act, the Director General of Health must establish and maintain registers of information about all assisted reproductive technology treatments including when donated eggs, sperm or embryos are used. These must include named information about donors and recipients. The Act gives an unfettered right of access to non-identifying information held on the Reproductive Technology (RT) Register. Where all parties to the donation give their consent, nothing in the Act would rule out access to identifying information about each other, or contact between the participants to the donation.

The information held on the RT Register dates back to 8 April 1993, when the Act came into operation. Before that date, any information about donor treatments is only held by the doctor or clinic that provided the treatment.

### **Comments that have been made by donor offspring**

*'Parents who have told their children ought to be commended. They now have no secrets in their family and can proceed to have an open, honest and healthy relationship.'*

Lauren, Victoria, Keeping Secrets and Telling Stories – SA Council on Reproductive Technology – May 1998.

*'It wasn't my choice to be born through artificial insemination by donor, I'm only the product of it, although I'm a real human. It marvels me how science made this possible, but what really marvels me is how a man donated his gametes to help infertile couples despite all of the complications of artificial reproductive methods, and make me'*

Bridgitte, WA, Life after ART, Developing Families, Perth, November 2001.

*'I sometimes sit in coffee shops and gaze at men who would be old enough to be my father'. I fantasise about being told that the man sipping the short black, with the beard and the glasses, reading a paper, is my father.'*

Nicky, Let the Offspring Speak, Discussions on Donor Conception, 1997.

### **References used for this pamphlet and useful reading for parents**

*Donor Conception – Telling your Child*, South Australian Council on Reproductive Technology, Supported by Department of Human Services, 2001.

*Families Following Assisted Conception What do we Tell our Child?* Alexina M. McWhinnie, University of Dundee, Department of Social Work, 1996.

*Let the Offspring Speak: Discussions on Donor Conception*, Donor Conception Support Group of Australia, Inc. 1997.

*Talking to Children about Adoption*, Suzanne Midford, 1988.

This document can be made available in alternative formats on request for a person with a disability.



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# Talking to Children about Donor Conception

Information for parents raising children born as a result of the use of donated eggs, sperm or embryos

**Donated eggs, sperm or embryos are sometimes used in artificial fertilisation procedures. Parenting a child born as a result of such a treatment includes telling about his/her biological origins.**

## Deciding to tell or not to tell

All parenting is both a rewarding and a challenging process. People who have had difficulty in conceiving and giving birth to a child and finally achieve parenthood then discover that the challenges of having children are replaced with the challenges of raising them. One such challenge is if, when, and how to tell them about their origins, especially when the child/ren are genetically related to another person. Another is how do you help your child adjust to this new information? Or what do you or your child do once the information is shared?

Parents can be confused about whether or not it's best to tell a child about their biological origins. It appears that, in the past, parents were encouraged not to tell, as anonymity was often thought to be best for all involved in this conception process.

Now, based on research and information obtained from donor conceived adults directly, it is known that keeping children's origins a secret from them is generally not considered to be in their best interests. All people should be able to find out about how they were conceived and about their genetic history. Many now believe that open communication as early as possible is in the best interest of the children.

The best preparation parents can bring to raising their children, including telling them about their origins, is to have tried to resolve their own feelings towards their infertility. The way they do this will be as individual as each family. Dealing with their grief at not being able to have their 'own' children, their sense of guilt and failure, anger at self and each other, are some issues which may surface. These issues may take years to be addressed and this may delay the process of telling children.

The timing of the telling will vary from family to family. Some parents want to tell as soon as possible and build on the initial information as the child matures. Other parents may be concerned that telling their child/ren may place an added burden on them and delay the telling. It is very reasonable and understandable if parents have not told their children in their early years. However, they need to prepare well before telling an adolescent or adult, as that usually requires more sensitivity and skill.

It is very important that the parent/s do the telling rather than relying on another relative or a professional. They may seek advice or support before proceeding to check out that they have considered most of the issues.

Telling a child usually means that grandparents and other relatives are also made aware of the child's origins (if this was not known already). And this could involve redefining the kinship network and accepting the children as part of that network, even though they are 'not fully related'.

## Why it is best to tell

A person's life story begins with their genetic history. Knowing this history helps in understanding who one is and in developing a personal identity. Knowing his/her genetic history can enhance a person's level of self-esteem.

Protecting secrets of such magnitude for a long time is also very difficult. It is possible that the secret will be divulged at some stage, and this in itself can be distressing. The sense of trust and stability of family relationships could be damaged if important personal information is inadvertently obtained through medical tests, through documentation, or accidentally through other people.

There are compelling medical reasons why it is best to tell. Prevention or early diagnosis of diseases or medical conditions could be facilitated if one knows of inherited

tendencies to these conditions. Through DNA or blood group testing, people could find out about genetic relatedness or lack of such relatedness.

There is also a small risk of intermarrying of donor offspring and accidental incest, although this is not of great importance for a population the size of WA. The possible personal and social factors associated with a person coming to terms with the likelihood of having half-siblings in different families could be of greater concern for children. For example, the Directions under the Human Reproductive Technology Act stipulate that the donations from any one donor must only be used for a maximum of five (5) recipient families.

## When to tell

It is best to tell children the truth. At a very early age, even before they understand, a photo album of the child's earliest days can be shared with the child and the word 'donor' can be introduced into that conversation. Then, when they start asking questions, like 'where did I come from', at three or four years, they can be given honest answers in simple language that they can understand. As children grow older they can be given further information as their level of understanding and maturity grows.

## How to tell

It is best if the child is told by the parent/s, rather than from careless whispers or through overhearing a conversation. They should be told in a loving and caring way, rather than by accident or in anger. If the telling is in response to a child's question, it is best if the parent has prepared a simple answer. Then a more detailed follow-up can be given at a more convenient time.

The telling is a dual process. Whilst explaining the existence of the child's biological parent/s, parents

must also reinforce the child's place – physically and emotionally – with them as loving parents, thereby strengthening rather than undermining the stability of the child within the family.

The telling should be as relaxed as possible and discussed as a normal part of the life of the child and family. Using the word 'donor' from as early as possible in normal conversation helps the child to become familiar with the word long before they understand what it means.

It is best for parents to become comfortable with words they plan to use before they decide to tell, so that when the time comes they are prepared and comfortable. Having an understanding of the child's development stages can also help in deciding which words to use and how much information to tell. Alexina McWhinnie's booklet (see over), has a useful chart of child development phases and the kind of questions children may ask during these phases. For example, a three to four year old may ask, 'how was I made?' or 'how was I born?' The five to seven year old will ask, 'what was the exact time of my birth?' and 'what hospital was I born in?' The eight to ten year olds may fantasise that they are a prince/princess, and that these people are not really my parents. The older child will be concerned with 'who am I?' as they form their personal identity.

Simple explanations of the way families are formed are important for all children, like 'to be born there is a joining of woman's egg and man's sperm, and then the baby grows in the woman's body'. Then parents can talk about the different ways families are made, like families with lots of children, families with one child, families with adopted children, foster children, and so on. Then the parents can add, 'in our case we needed a doctor to help us for our family to come together'. Then they can add that another man or woman helped by giving us an egg or sperm, as applicable. The article by Suzanne Midford (see over), suggests keeping