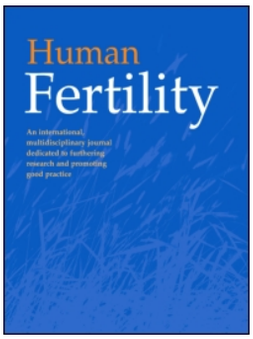

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RESEARCH ARTICLE

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From clicks to creating kin: how Australian online egg donors craft relationships with recipients and donor-conceived children

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ABSTRACT

Anonymous egg donation is prohibited in Australia, with all states allowing donor-conceived people (DCPs) to access their donor's identity at age 18 or 16, depending on the state. However, early contact, well before age 18, is becoming more common. A key driver of this trend is recipients' and donors' use of online platforms (OPs) like Facebook to find one another, enabling donor-recipient contact before donation and/or after the donor-conceived children are born. This study reports on interviews with 24 egg donors who met recipients via OPs and had early contact post-birth. Using reflexive thematic analysis, the study found that donors were primarily motivated by empathy and saw donation as a relational act. They selected recipients with shared values around early contact and negotiated post-birth relationships. Early contact often led to meaningful kinship connections, with relationships described using extended family terms. The donor-recipient relationship unfolded as a progressive relational model: motivations informed recipient choice and contact expectations, and early contact deepened relational bonds. However, some donors experienced relationship breakdowns with recipients, illustrating the emotional complexity of (early) contact, even when agreed to. Findings underscore the importance of psychosocial support to ensure donor conception practices promote the wellbeing of all parties involved.

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Introduction

In Australia, all states, as well as the federal guidelines that regulate assisted reproduction (National Health & Medical Research Council [NHMRC], 2017) in the absence of state or territory legislation, ban anonymous sperm and egg donation, and enable DCPs to access identifying information about donors, typically at age 18. Internationally, DCPs have asserted their rights to be made aware of their donor conception and have access to identifying information about their donor(s). Research suggests that some DCPs find it very important not only to know they are donor conceived and to have access to identifying information about their donor and donor siblings, but also to have the opportunity to meet them (Adams & Lorbach, 2012; Blyth, 2012; Jadva et al., 2009, 2010).

A small but growing body of literature has examined the experiences of DCPs who engage in 'donor linking', that is, the process by which they become aware of the identity of the donor(s) and/or donor siblings and potentially have contact. This is typically achieved by using statutory registries, clinic-based databases or socio-digital networks, including direct-to-consumer genetic testing websites and other social media platforms (Beeson et al., 2011; Hertz et al., 2013; Jadva et al., 2010; Kelly & Dempsey, 2023). The limited research on donors' experiences of contact with DCPs has mainly been with donors registered with the US-based Donor Sibling Registry (DSR), a privately managed OP connecting donors, recipients and DCPs, and has primarily involved previously anonymous sperm donors who have sought

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contact with adult DCPs on a USA based online voluntary registry (Daniels et al., 2012; Jadva et al., 2011; Nelson & Hertz, 2017) or in the UK with (mainly sperm) donors registered with UK Donor Link, a voluntary DNA-based contact register (van den Akker et al., 2015).

These studies found that such donors were often motivated to seek contact by concern for their donor-conceived children as well as for their own children, and expressed a desire for identifying information (Blyth et al., 2017; Jadva et al., 2011). They generally reported positive, emotionally meaningful contact experiences in cases where both donors and DCPs were on the platform to have contact with one another, although some donors found relationships with recipient parents challenging, or donors worried about their own families' reactions (Daniels et al., 2012; Jadva et al., 2011). A significant number wanted ongoing communication, with 33–35% in one study seeking daily contact (Nelson & Hertz, 2017). While the sample may not reflect all donors, as DSR participants tend to be those open to contact, similar findings related to donors' interest in information about, and contact with, DCPs have also been reported in other contexts (Kirkman et al., 2014; Nordqvist & Gilman, 2022).

In Australia, DCPs have been particularly active in lobbying for donor linking, engaging with law reform initiatives and, more recently, by establishing lobby groups such as Donor Conceived Australia (DCA). DCPs have spoken at state and federal inquiries into law reform around DCPs' right to know of their donor conception, and their interest in learning their donor's identity and having contact. The testimony of adult DCPs (some of whom learned only as adults that they were donor conceived) and accompanying prominent media coverage have played a pivotal role in shaping public opinion and driving legislative reforms in Australia that have ended anonymity, in some cases applying the law retrospectively, and have established donor registers that facilitate donor linking between DCPs and donors. In recent years, Australian 'DCP discourse' (Volks, 2025), DCPs' belief that contact with donors and genetic relatives helps DCPs understand their identity through their genetic heritage, has expanded to include the belief that early contact, before the legal age for accessing donor information, is also in the best interests of DCPs.

There is a dearth of research on early contact, in part because it is such a new phenomenon. The minimal existing research on early contact focuses on post-birth contact, and usually from the perspective of parents. It suggests that parents may make early contact with donors to normalise donor conception for their children, 'pave the way' for future relationships between donors and DCP and establish sibling connections – especially in the case of single mothers by choice and same sex couples (Kelly et al., 2019; Kelly & Dempsey, 2016; Millbank, 2014; Tasker et al., 2018). Previous research on egg donors has shown that while donors are aware that DCPs may want future contact (Gilman, 2020; Nordqvist & Gilman, 2022), and may be interested in contact themselves, rather than initiating contact, they tend to adopt a 'neutral' stance, remaining available should recipients or DCPs choose to reach out to them (Nordqvist & Gilman, 2022). Donors appear to position themselves on standby in case contact is desired by recipients or DCPs (Goedeke et al., 2023a).

The context of donation is changing, however. In Australia, finding an egg donor is a complex process and demand outstrips supply, with limited numbers of clinic-recruited donors (Gorton, 2019; Hogan et al., 2022). Most egg donors in Australia are now recipient-recruited (Victorian Assisted Reproductive Treatment Authority [VARTA], 2024), with recipients recruiting donors either previously known to them, such as family members or friends, or recruiting 'previously unknown' donors, i.e. donors not known to recipients before they embarked on the donor conception journey but who become known to the recipients through the donation process. Because of the recipient-led recruitment process, early contact may thus be more common in Australia than some other jurisdictions.

Recruitment of 'previously unknown' donors in Australia is increasingly occurring online (Volks & Kelly, 2023) through egg donor-recipient OPs such as Facebook groups. These platforms have been set up by egg donors as sources of information and places of connection for recipients and prospective donors. OPs have clear group rules, including that while recipients searching for a donor can post an advert, no recipient may directly message a donor asking if they will donate. It is up to donors to approach recipients with an offer to donate, and moderators tend to actively moderate groups, monitoring compliance with the group rules (Volks, 2025). The OPs enable prospective donors to 'meet' recipients through online interactions, following which the donors decide to whom they wish to donate. Note

that in addition to introducing potential donors to intended recipient parents online, OP administrators and moderators may also facilitate in-person gatherings for parties to meet one another.

Interaction between prospective donors and recipients thus occurs outside of the formal fertility sector, and donors and recipients can interact with each other before agreeing to donation. Previously unknown donors and recipients become known to one another prior to donation, potentially creating a different context for donation than clinic-recruited donation, where donors and recipients are less likely to meet, or meet only at a later stage e.g. when the child is 18. In this paper, we consider egg donation facilitated through the use of OPs, exploring donors' motivations for using OPs to find a recipient and their expectations and experiences of early contact with donor-conceived children and recipients.

Materials and method

To recruit participants, a search was made of OPs and a request was made to OP group moderators to post on their Facebook page an advertisement about participating in the research. In addition, an advertisement was placed on the Facebook group of the Victorian Assisted Reproduction Treatment Authority (VARTA), the statutory authority in the state of Victoria which facilitated donor linking at the time. Twenty-four OP donors who had met recipients on OPs and had early contact with recipients, were recruited. Five of the participants had also donated to a friend or were recruited by a clinic to donate in addition to meeting recipients on an OP. Participants were assigned a pseudonym.

Most donors had donated between 2013 and 2018 and described themselves as Caucasian. All participants identified as cisgender and used she/her pronouns. One donor identified as lesbian and one as bisexual, while the rest identified as heterosexual. All participants except one had donated to more than one family.

Data collection occurred via in-depth semi-structured interviews that ranged from 40 to 90 mins and were conducted by the first author as part of a PhD. Interviews explored donors' motivations to donate on OPs and their expectations and experiences of early contact. Interview data were transcribed and analysed thematically by the first author following Braun and Clarke's (2021) protocol for reflexive thematic analysis, including familiarisation with the data, generating initial codes, identifying and reviewing themes (with supervisor discussion and input), defining and naming themes, and producing a final report. Themes are outlined below along with illustrative quotes. Ethical approval was granted by the La Trobe University Human Research Ethics Committee in May 2020 (HEC 20097).

Results

Participants' motivation to donate: empathy and identification with recipients

Donors expressed a strong sense of empathy for, and identification with, the women to whom they donated, which motivated them to donate. Frequently they described their empathy for recipients as stemming from their own personal reproductive difficulties (e.g. their partner had infertility due to sperm factors), observing close contacts struggling to conceive, or by considering the value that they attributed to motherhood and imagining others who were unable to achieve motherhood without egg donation. When asked why she became a donor Tara, for example, described her personal journey as a potent catalyst:

> *I would have been influenced by having gone through that infertility stuff* [sperm factor]… *by the time I fell pregnant … we had done nine or 10 months of embryo transfers back-to-back … I was pretty broken. … We got the positive result, and within a couple of days I was bleeding, that just tipped me over the edge. I considered killing myself because I thought, "If I've miscarried, there is nothing left". We had no embryos, I was done, completely broken. I swerved in front of a truck one day, not intentionally to hurt myself, but when he honked his horn, I thought, "What could you do that would hurt me more than the pain I'm feeling right now?" … So then when* [my child] *was born, as probably* [with] *many IVF parents, you feel so grateful for the baby that's in your arms …* [and] *if I'm done having babies … and every month I'm getting a reminder that I'm fertile, so "What do I do with this store of eggs that I seem to have?" and "Can I help somebody else?"*

Tara felt a deep sense of gratitude for her opportunity to have a child and a deep understanding of the pain involved in not being able to conceive, with her shared experience with a potential recipient

creating a sense of common ground and connection. Similarly, Meg's personal experience – of being in a same-sex relationship and struggling to find someone to help her conceive – helped her identify with potential recipients' desire for parenthood and need for donor gametes, commenting,

> *I look at my own* [children] *and I think "Well you wouldn't be here … without that person* [a sperm donor]" … *and realising that I have the ability physically to donate, I just felt that it was something that I really needed to do.*

While Mary had not experienced assisted reproduction herself, observing a close friend's struggle in accessing donor sperm developed her understanding of, and empathy for potential recipients' needs. She described how her friend wanted to donate to 'give back' but was not a suitable candidate due to her gynaecological condition, and how thus Mary felt moved to donate in her stead. She commented,

> *My godson, his mother … she had an ovarian cyst rupture … she found out that she's probably not all that fertile. … The ovarian cyst rupture … was like a bit of a wakeup call. I've got two healthy kids, and my fertility has been fine …* [so we decided*] it will be better if I did it.*

Donors' personal experiences created a desire to help alongside a sense of identification with, and connection to, those needing donor gametes, potentially contributing to them selecting particular recipients, and setting the scene for an interest in ongoing contact and a relationship with the recipients.

Selecting recipients with whom they identified and could have a relationship

Donors' experiences of their own or others' reproductive journeys influenced their identification with those struggling and their interest in helping. OPs provided a mechanism for donors to connect directly with potential recipients, where they were able to hear their stories, often reinforcing their sense of identification with, and connection to them. Leticia, for example, explained,

> *Their ad in general … so she had just similar interests in life as to me …* [and] *it wasn't really full on and intense. So, as you read, "I was born a mother", "I'm this and that and I'm going to love this child". And it feels really like, "Woah". Even though I understand that is actually how they all feel, I get that, obviously it's a very emotional thing, it's your child, having a child, but I find those, when I start reading them, I get a little bit turned off. … And hers wasn't. She obviously made a small reference to wanting to be a mum. The rest of the ad was really just about her and her partner and their lives and what they do.*

For Letitia, both her empathy for the recipient and their perceived similarity, which enabled her to identify with her, was meaningful in influencing her decision to choose this recipient. Many OP donors communicated with potential recipients through instant messaging, and this direct communication created the possibility for a rapid progression in the relationship after initial contact. Lenny, for example, described how she felt empathy towards an intended recipient and through their online conversation swiftly developed a relationship with her:

> *I read an ad by a lady* [on the OP] … *I contacted her straight away … fairly late at night, maybe ten o'clock … I just said, "Look, … I know I shouldn't jump in or jump the gun, or whatever, but I can't go to sleep tonight without just messaging you because I'd really like to get to know you with a view to potentially helping you". She responded immediately … We ended up chatting back and forth for a fair while that night, and then the next couple of days it was many, many, many messages just getting to know each other.*

By allowing the women to communicate significant personal information in a short space of time, establishing connection and getting them to a point where they decided to proceed, instant messaging enabled a donor-recipient relationship to develop prior to having face-to-face contact. Having established a close connection, donors often expected such relationship to continue after the donor-conceived child (DCC) was born. Most study participants chose to use OPs precisely because it afforded them agency in selecting and getting to know their recipients prior to offering to donate. This is in contrast to clinic donation, where the clinic provides recipients with a limited amount of non-identifying information about possible donors that the clinic has recruited, and the recipient selects a donor based on the information provided, but donors and recipient do not necessarily have direct contact prior to the donation. For donors, the selection process via OPs was rooted in relational practice, in that the

donors chose recipients with whom they felt a sense of compatibility and with whom they could envisage future relationships.

The donors were also conscious of wanting to make a 'good' choice of recipients to be assured of the child's wellbeing on an ongoing basis. Quinn commented,

> *This child is genetically part of me, so I don't feel comfortable just giving* [donor eggs] *away with no understanding of where the child is going … What I wanted was an open donation and to know the people that were going to be having the child.*

Donors were aware of the needs and rights of DCPs to access donors' identities, and the frequent reinforcement of this on the OPs shaped their selection decisions. Billy said,

> *It's really important that it's going to be that connection for everyone involved.*

In this context, early contact increasingly became an expectation of donors.

Negotiation for early contact

OP donors have agency in the pre-donation negotiation stage to influence the intended post-donation donor-recipient relationship. However, most participants were influenced by the Australian DCP discourse that dominated Facebook groups for donors, recipients and DCPs. Discussions in the groups reinforced the importance of early disclosure, access to identifying information, and the opportunity for DCPs to have contact with their donor(s) and others genetically related to them. Raya described how over time she became increasingly aware of the DCP discourse through Facebook groups with DCPs and recipients:

> *I joined a donor conception page. It's on Facebook. It's for people who are donor-conceived, recipients and donors … I read these donor-conceived adults' stories and thought "Oh my god, they're angry" … Some of them were finding out* [that they were donor-conceived] *when they're 30, and a lot of them, they want to meet their donor because they don't know who they are.*

Raya thus wanted to donate in a way she believed was in the best interests of DCPs. Similarly, Emma explained how her understanding of the DCP discourse as supporting reproductive relationships informed her negotiation for early contact:

> *A lot of donor-conceived adults feel as if they've missed out on having that connection from a young age, and it's hard to start a relationship when you're an adult.*

Similarly, for Olive it was important that the DCPs could have access to her when and as they desired, commenting,

> *For me it was important that any children resulting* [from] *the donation were aware of how they came about, so if they had any questions at any point they could always come and ask …. … I wanted it, yeah, just to be easy.*

Raya not only negotiated early contact between herself and recipients, but also advocated for this model when she attended in-person meetings between donors and potential recipients, saying,

> *Through a lot of meetups, I will speak to* [recipients] *and talk to them just about the ethical things like, "You're cutting your child off from their biological heritage" … educating them.*

Donors thus tried to create bonds with recipients that would enable early and ongoing contact, drawing on the DCP discourse on the OPs to emphasise the importance of connection between donors, recipients and DCPs. Tara, for example, after hearing the stories of DCPs who had not known who their donors were and who had made comments such as 'I don't know if the man on the street is my father or my sperm donor or whatever', decided, 'Well, that's not me, my donor-conceived children will know who I am, my children will know who they are' and negotiated specifically for early and ongoing contact.

Early contact as crafting kinship bonds

Having early contact provided most donors with the opportunity to experience the relationships they had negotiated for in the pre-conception stage. Donors, however, tried to balance interacting with the

DCC without infringing on the parental autonomy of the recipient(s). For some donors, early contact with the DCC involved donors arranging or attending family gatherings that included their own family as well as the recipient families to try and cultivate meaningful connections. Alex, for example, explained how she would invite the recipients to her house, commenting that,

> *I'll organise* [with the recipient family] … *"Hey guys, why don't you all come to my house for lunch?" And so, we've met each other that way.*

Lenny described how she invited her own extended family to join the donor-recipient meetings:

> *So, my brother and my niece also came over because then the kids could all play. … We went out to a park, and everything, and it was actually very cute.*

Donors aimed to educate the DCC (and their own children) about how they were related to one another in order to potentially mitigate identity-related challenges as they grew up. The donors reported that they frequently reminded their own children how they were related to the DCC and checked their understanding about this. The family gatherings were also designed to help the DCC feel that, while the recipient parents were their immediate family, the DCC were part of an extended family consisting of the donor and the donor's own children. Extended family terms were used to construct relationships. Raya said,

> *For me it's like having my nieces and nephews. It's the same kind of love … that I have for them.*

Similarly, Keely felt that positioning her relationship with the DCC as being like that of an 'aunt' communicated the appropriate degree of closeness and significance, without imposing on the recipient parents' role.

> *You don't feel this parental pull … you have that love like "I love you like an aunty loves their niece or nephew".*

In the early contact stage, donors were thus at pains to communicate that they did not see themselves as the parents of the DCC so as not to threaten the parental role of recipients. Rather, they positioned themselves as aunts whose own children and the DCC were like cousins. Their experience of early contact in this manner reinforced their decision to donate and led to the donors articulating that they experienced meaningful and ongoing kinship connections. Quinn, watching the development of the DCC and noting the DCC's early use of language, which she believed was a family trait, expressed, 'I feel really proud that that's passed on.'

Relationship breakdown was reported infrequently by donors, but where it occurred, it typically related to a failure by recipients to maintain contact with donors as agreed. Keely said that after the donation and birth of the DCC, the second recipients she donated to disengaged from their relationship with her. After the DCC's birth, she described how she noticed that the recipients had posted a picture of the child but had not contacted her. Keely tried to message them through Facebook Messenger so that she could have in-person contact, but the recipients failed to open and answer her messages:

> *Like I've said, "Let's catch up". And she just doesn't even open my message.*

Even in cases where donors negotiated for early contact with recipients and had post-birth ongoing contact for a period of time, donor-recipient relationships could still break down over time. Billy described a scenario where recipient parents, with whom she had had contact for a year post-birth, ceased contact with her. Billy was devastated, as she experienced the bond with the recipients as significant and was distressed that her recipients may not have felt the same way. She was concerned about the consequences of losing contact both for herself and the DCC, including the child's access to information about their genetic background.

> *If your child is growing up … they want to know about their origins and their roots … They're going to go and search for the person who is related to them because they want to know where their traits come from … And this is the thing that I find difficult because I said to them, "You promised me that we would have an ongoing relationship" … Yeah. I just had to let it go. It caused me lots of issues and I got really upset.*

These experiences underscore that when egg donation is approached as a relational act, the continuation of the relationship depends not only on initial agreements but also on the sustained willingness of

all parties to uphold the connections over time. Donors highlighted how often they felt that the power to sustain or end the relationship rested in the hands of the recipients.

Discussion

Participants' experiences of early contact in this study suggest that OP egg donation in Australia can be understood as a progressive relational process spanning several stages: (1) motivation to donate; (2) selection of recipients; (3) negotiation of contact; (4) early contact as crafting kinship bonds; and (5) a range of outcomes (see Figure 1). In this model, each stage builds on the preceding stage and involves specific processes that are geared towards creating kin. While reciprocal relationship in egg donation has been described elsewhere (Goedeke et al., 2023a), the extent to which new kinship formations are actively created by previously unknown Australian donors with their recipients and DCC through OPs at each stage of the donation process has not previously been described.

As with egg donors in other research, the egg donation process for the participants in this study began with their experience of empathy for recipients struggling to conceive (Bracewell-Milnes et al., 2016; Fielding et al., 1998; Goedeke et al., 2023a; Graham et al., 2016; Hogan et al., 2022; Kirkman, 2003; Purewal & van den Akker, 2009; Skoog Svanberg et al., 2020). Donors' empathy for and sense of identification with the recipients facilitated their interest in the recipients and the outcomes from the outset, rather than regarding donation as a one-off biological event.

OPs provided a convenient mechanism for donors to connect directly with recipients in a moderated environment. On these OPs, donors could also interact with adult DCPs and donors were exposed to DCP discourse around the importance of disclosure, access to identity and contact, and the value placed on early contact. Unlike clinic recruitment, where donors and recipients do not necessarily have direct contact with each other prior to donation, OPs provided donors with agency in selecting their recipients, enabling them to choose those with whom they felt a sense of connection and with whom they could imagine the potential for an ongoing relationship. OPs also allowed donors to 'know where the child is going', from which donors drew reassurance that the DCP would be well-cared for, since as in other research (Goedeke et al., 2023a), donors in this study appeared to have a sense of ongoing responsibility towards the children born from their donations, even though they distanced themselves from a parenting role.

In the next stage, donors directly negotiated with recipients around their expectations of early and ongoing contact, with some making the donation conditional on post-birth early contact. Prior research with UK-based known and identity release donors found that these donors also valued contact, but that they attempted to balance the relational imperatives of making themselves available for early contact with not wanting to intrude on the recipient(s)' parental role. Instead, they deferred 'relational authority' to the recipients and DCPs to make decisions around contact (Nordqvist & Gilman, 2022). Similarly, in their research with previously unknown egg donors in New Zealand, Goedeke et al. (2023b) found that the donors expressed attachment to both the recipients and the DCC, but also respected the relational boundaries of recipient parents and positioned themselves as being 'on standby', communicating that they were available for information provision or face-to-face interaction, should the recipients or DCC request it (Goedeke et al., 2023b).

In contrast, most donors in this study were active mediators in shaping how they believed the donor-recipient relationship should be enacted, and their selection of recipients was based on the premise of early contact in line with the DCP discourse that early contact is considered 'best practice' for DCC. This shift in focus may also reflect the needs of donors, who value the reciprocal relational practice that early contact provides them. In previous research, donors who had post-birth contact with recipients and DCC expressed satisfaction in meeting the families that their donations had supported and witnessing first-hand the beneficial impact of their donations (Gilman & Nordqvist, 2023; Goedeke et al., 2023a; Goedeke & Daniels, 2017; Shaw, 2007). In the current research, early contact was also generally positively experienced by donors, leading to strong connections and kinship relationships.

Yet, while donors had negotiated for and often initiated early contact, they were also sensitive to recipients, positioning themselves not as the parents of the DCC (so as not to threaten the recipients' parental role), but as extended family members. Consistent with previous research in the UK and New

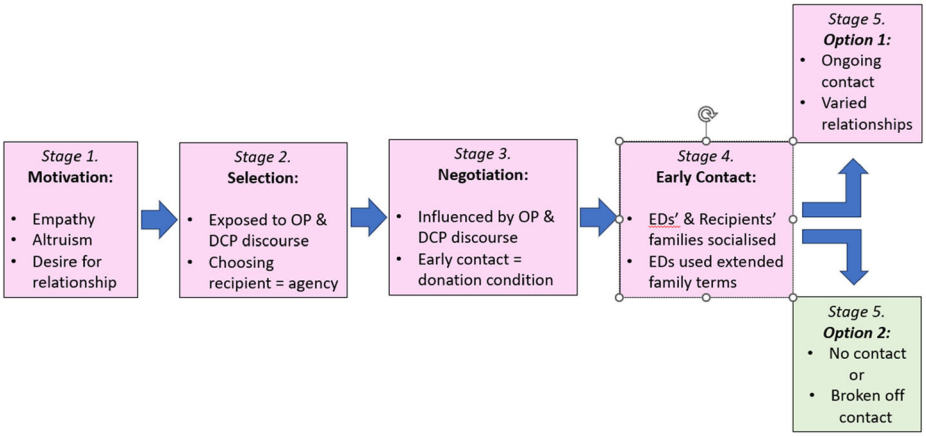

Figure 1. Model of progressive stages of early contact donor-recipient relationships.

Zealand (Gilman, 2020; Goedeke et al., 2023b; Nordqvist & Gilman, 2022), the use by donors of extended family terminology (e.g. aunts and cousins) to describe the relationships created via early contact allowed them to establish and maintain these relationships in a way that did not usurp the recipients' parental role, but allowed them to play a role in the children's lives and experience reassurance around the DCC being able to know the donors. Donors attempted to achieve a balance between being involved in the life of the DCC, so that the DCC knew them well enough to ask questions, and 'knowing their place' within the donor-recipient-DCC triad.

Figure 1 presents a visual representation of how donor identification with and empathy for recipients fosters connection, which creates an expectation of relationship with recipients. Donors use the OPs to select recipients open to an ongoing relationship, and negotiate early contact, not only because donors value the connection, but because these connections are believed to be in the best interests of DCPs. Early contact reinforces and strengthens the relationship, crafting new forms of kinship connection. Donors thus carefully cultivate meaningful kinship relationships with their recipients, with these relationships perceived to be important to facilitate ongoing contact with the DCC.

In a few cases, tensions in the donor-recipient relationship arose primarily when expectations around early contact and relationship were misaligned. Even when donors engaged in explicit pre-donation negotiations around early contact, where relationships broke down, donors felt unable to enforce informal agreements or to easily repair relationships when the recipient parents disengaged. This led to donors feeling disempowered, exploited and/or concerned about the DCCs' wellbeing. Donors' frustration with their limited rights in relation to DCPs has been noted in previous research in other jurisdictions (Goedeke et al., 2023a; 2023b). It must also be noted that under current provisions in Victoria, donors are able to apply to know the identity of the donor-conceived adult or to know the identity of the recipients if the DCC is under the age of 18. The donor-conceived adult or the recipients are then able to decide whether or not they wish that information to be released.

Our research has a number of implications for egg donation policy, practice and further research. Firstly, while the present study explored experiences of donors who create early contact kinship connections, the research is not longitudinal. It remains to be seen how these new kinship formations will play out over time, as well as how they are experienced by the DCCs who, when they become teenagers and adults, will be in a position to articulate their experience of early and ongoing contact. This may include the ways in which DCC understand their relationships with donors and donors' own children, including the effects of recipient parents' and donors' framing of those relationships. The current Australian DCP discourse about early contact being 'best practice' for DCC is in part informed by the opinions of adult DCPs, some of whom gave evidence at state inquiries or have spoken in the media about their experiences. Many grew up not knowing they were donor-conceived and most did not have contact with their donors until adulthood. Research with adult DCPs who had early contact with their donors as children will help us understand the impact of these new kinship relationships on their identity and wellbeing, and contribute to the debate about

whether early contact is 'best practice'. Secondly, the findings of the present study may also inform fertility clinic practice. Given the increasing popularity of OPs to recruit donors, it is clear that some donors (and recipients) are seeking a process through which donation as a relational act can be enabled (i.e. they want to meet and get to know each other prior to donation), and where post-donation contact can be negotiated. As suggested in other research (Goedeke et al., 2023a), fertility clinics may consider whether this is something that could be facilitated by their counsellors, helping both parties to consider the implications of contact for themselves and their families and supporting them to consider this in a regulated environment. Further, clinics may offer post-birth support to parties, helping them to negotiate challenges if and when they arise.

Donors who reported a breakdown in relationships with recipients in this study often did not know where to seek help. There appears to be a significant gap in formal support infrastructure in Australia available to donors and recipients after DCCs are born. While mandatory pre-treatment counselling can assist with initial decision-making, it has limitations in addressing the evolving and often complex psychosocial needs that can emerge post-donation, particularly when contact relationships are established. As the NHMRC ART Guidelines (NHMRC, 2017) state (at 4.3.1), fertility clinics are required to provide counselling 'before, during and after' treatment, but interpretations of the extent and duration of this responsibility vary across clinics. The Australia and New Zealand Infertility Counselling Association (ANZICA) Donor-Conception Linking Counselling Guidelines (Australia & New Zealand Infertility Counsellors' Association, 2024) similarly recognise that clinics may continue to provide support beyond the post-birth contact, while the International Infertility Counsellors' Organisation (International Infertility Counselling Organisation, 2024) and the Ethics Committee of the American Society for Reproductive Medicine (Ethics Committee of the American Society for Reproductive Medicine, 2014) both urge the fertility sector to take greater responsibility for providing psychosocial support to stakeholders beyond the pregnancy. Collectively, these guidelines point to the need for a more structured and sustained system to support stakeholders over the course of the DCCs' childhood for all parties involved in donor conception, particularly in models involving early contact and relationship-building, as highlighted in this study.

Finally, this research supports the creation of uniform laws in Australia to support the donor linking practices of donors and recipient parents, including provisions that support early contact. The inconsistent nature of state and territory laws create a level of unnecessary complexity, and potentially deter donors and recipients from pursuing contact.

Conclusion

This study demonstrates that egg donation in Australia for OP donors is not merely a clinical act, but a deeply relational and emotionally invested process. Donors' experiences illustrate how they actively cultivate relational bonds that echo kinship ties of extended family, informed both by their personal values and an evolving awareness of the needs and interests of DCC/DCP. This study contributes new insights into how Australian OP donors navigate relationship building and co-create novel kinship structures. The research highlights the central role of relationship in Australian egg donation and that donors are reconfiguring family in ways that challenge traditional boundaries, driven by empathy, perceptions of best practice for DCC and the desire for meaningful connection.

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Authors contributions

CRediT: **C. Volks**: Conceptualization, Investigation, Writing – original draft; **S. Goedeke**: Supervision, Writing – review & editing; **L. Griffin**: Supervision, Writing – review & editing; **F. Kelly**: Supervision, Writing – review & editing.

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Data availability statement

The data is not publicly available as the institutional ethics granted for this research did not include sharing the data outside of the research team. This is to protect the privacy of the research participants.

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