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## Early contact experiences between embryo donors and recipients (parents) in Aotearoa New Zealand

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### ABSTRACT

In New Zealand, embryo donors and recipients meet in a joint counselling session before donation where their needs and expectations for future contact are discussed. However, the extent and experience of contact - including that occurring before the mandated age of identity release at 18 - has received little international research attention and has not been explored in New Zealand. This study, based on interviews with nine participants who had donated or received embryos, examined donor and recipient expectations and experiences of early contact, including the nature of their relationships, how boundaries and expectations are managed and their role in each other's lives. Thematic analysis identified that contact was experienced as overwhelmingly positive, with many participants describing strong, meaningful connections between families. Relationships between children in both families were particularly valued, and extended family often became part of these networks. Contact arrangements were flexible, combining in-person and digital communication. Joint counselling was viewed as instrumental in establishing contact expectations and fostering positive relationships. Although participants were satisfied with the pre-donation counselling process, findings suggest the value of ongoing access to support for issues which may emerge after donation.

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Donor conception; donors; recipients; embryo donation; early contact

## Introduction

Embryo donation (ED) refers to the donation of embryos which remain following one couple's in vitro fertilisation (IVF) treatment to another individual or couple. Unlike egg or sperm donation, where donor-conceived people (DCP) share a genetic link with one parent, ED creates families without genetic links between parent/s and children and may result in full genetic siblings raised in separate families. These differences may introduce unique challenges for all parties beyond those typically seen in gamete donation.

Donors, who created embryos for their own family-building, not for donation, may feel attached to the embryos, experience grief when relinquishing them, and carry an ongoing sense of responsibility for any children born from the donation even if they do not regard them as their children (Goedeke et al., 2015). Recipients may worry about how the donors' full genetic ties to the child might influence parent-child and wider family relationships, and how donors will be perceived by the DCP (Davis et al., 2020; Goedeke et al., 2015). DCP may have questions about the donors' motivations and feel grief related to lost connections with full genetic siblings.

Research on ED outcomes remains limited however, and is complicated by variations in practice, including differences in disclosure of donor conception and access to donor identifying information. However while some have raised concerns about the impact of embryo donation on child development and family functioning (Guichon et al., 2010; Huele et al., 2020), current evidence indicates that

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ED-conceived children are doing well and are not at greater risk of psychological difficulties than children conceived in other ways (Kaveh et al., 2025; MacCallum et al., 2007; Salari et al., 2024). Research on the experiences of ED conceived adults is not yet available.

Studies also show that genetic links are not necessary for loving parent–child relationships (Golombok, 2020; Huele et al., 2020; Kaveh et al., 2025). Although ED parents have been reported to show higher emotional involvement with their children, they do not differ from IVF parents in couple relationship quality, parenting stress, anxiety, or depression (MacCallum et al., 2007). Nonetheless, parents also report challenges in negotiating their awareness of their child’s connection to another family and may describe ED as having been their ‘last resort’ in building a family (Goedeke et al., 2015). For donors, research suggests they are generally satisfied with their donation decisions, though they may find ED emotionally challenging and have concerns about parental disclosure of donor conception and their lack of rights regarding the donor-conceived child and their wellbeing (Goedeke et al., 2015).

ED is permitted in at least 29 European countries and several others including the UK, USA, Australia, India, Nepal, New Zealand, Singapore, Thailand, and Vietnam. However, it remains the least common form of donor conception, potentially reflecting perceived challenges and its ethical and relational complexity (Human Fertilisation and Embryology Authority (HFEA), 2022; Lee et al., 2023; Li et al., 2018; Matteo, 2023). In New Zealand, ED has been available since 2005 under the Human Assisted Reproductive Technology (HART) Act 2004 but is also not common, with only 67 live births recorded between 2005 and 2023 (Ethics Committee on Assisted Reproductive Technology, 2024). The Act mandates the recording of donor identities for all gamete and embryo donations and allows donor conceived people (DCP) to access this information at age 18 (or earlier on request i.e. parents may request donor identifying information from the birth of their child either from clinics or from ‘Births Deaths and Marriages’) The Act also requires consideration of the needs, values, and beliefs of indigenous Māori, including the right of individuals to access their whakapapa (genealogical or ancestral lineage), a principle which has informed both legislation and practice (Webb & Shaw, 2022).

In addition, ED has some requirements over and above gamete donation, with all ED procedures needing to comply with guidelines stipulated by the government-appointed Advisory Committee for Assisted Reproductive Technology (ACART) and being approved by the Ethics Committee for Assisted Reproductive Technologies (ECART). Requirements include that donated embryos must be ‘surplus’ to their reproductive needs, and can be used to create full genetic siblings in no more than two families [Advisory Committee for Assisted Reproductive Technology (ACART), 2020]. Both donors and recipients must undergo implications counselling, in which their motivations for, feelings about and expectations of donation; grief and loss around genetic connection; and the needs and rights of children are explored. Donors and recipients draw up profiles, from which donors may select a recipient they would like to meet, and in turn, recipients are shown the donors’ profile and are able to decide if they wish to proceed. Note that given the small number of both embryo donors and recipients in New Zealand, donors are typically shown only up to three profiles by their counsellors (Goedeke & Daniels, 2018). In some identity-release jurisdictions such as Australia, Ireland and the Netherlands, donors and recipients in *known* ED arrangements must complete both individual implications counselling and a joint session before proceeding with ED (ISB, 2024; Pieters & Van Miltenburg, 2022). Uniquely in New Zealand *all* embryo donors and recipients (regardless of whether they were known to each other before the donation) must engage in joint implications counselling. In this session, the parties meet to discuss their motivations for choosing ED, disclosure plans, expectations for contact between donor and recipient families, and the rights of DCP, including access to information and connection (Advisory Committee for Assisted Reproductive Technology (ACART), 2020; Australian and New Zealand Infertility Counsellors’ Association (ANZICA), 2023).

Globally, a shift from anonymous to identity-release donation for both gamete and embryo donation reflects a growing recognition of DCP’s rights to information about their genetic heritage. Research shows that many adult DCP born from gamete donation seek not only information however, but also contact with donors and genetically related siblings, for reasons including curiosity, access to medical knowledge, identity development, and the desire for familial connection (Goedeke, 2025; Zadeh et al., 2024). Gamete donors, too, may welcome contact out of curiosity, empathy for the DCP, or recognition of their own children’s potential interest (Indekeu et al., 2021; Nordqvist & Gilman, 2022). Likewise,

parents of children conceived through gamete donation often value contact with donors to support their child's identity and facilitate future relationships (Dempsey et al., 2019; Goedeke, 2025; Indekeu et al., 2021; Kelly et al., 2019).

Recently, attention has turned to early contact, defined as interaction between (mainly gamete) donor and recipient families before the mandatory age of access by DCP to donor identifying information. Some have questioned the current arbitrariness of age restrictions in accessing information, arguing that early access may benefit children by enabling them to grow up with awareness of their genetic and relational origins (Bolt et al., 2024). Similarly, parents, in particular same sex and single parents, may believe this to be in the DCP's best interests, allowing them to potentially connect with donor siblings, grow their extended family, and helping DCP understand themselves and their identity (Goedeke, 2025; Goldberg & Scheib, 2015; Indekeu et al., 2021). On the other hand, a recent UK study by Zadeh (2024) found that some adult donor-conceived people view the current age of access to donor-identifying information as appropriate. They consider 18 to be sufficiently mature to handle this information, believe the donor's role should not extend into family life, and feel that lowering the age would mean the information no longer 'belongs' to the child. Most research on contact involves contact between adult DCP and their sperm or egg – rather than embryo - donors, and generally reports positive experiences where donors are supportive (Jadva et al., 2010; van den Akker et al., 2015). Similarly, research suggests that experiences of adult DCP meeting their same-donor peers are largely positive, although challenges include unmet expectations and difficulties managing relationships with larger groups of siblings (Blyth, 2012; Bolt et al., 2023; Frith et al., 2018; Indekeu et al., 2022; Rothblum et al., 2025; Scheib et al., 2020). Research on gamete donors' contact experiences with adult DCP also suggests these are mainly positive, including where the donation was anonymous, although establishing boundaries in relationships has been reported to be difficult for some (Hertz et al., 2015; Jadva et al., 2011).

Early contact between gamete donation parties is becoming more common. Direct-to-consumer DNA testing may identify those genetically connected to each other, even where anonymity remains or before the legal age of access, with social media often facilitating contact (ESHRE Working Group on Reproductive Donation, Kirkman-Brown et al., 2022; Gilman et al., 2024; Ishii & de Miguel Beriain, 2022). Early contact may also occur in informal arrangements where recipients recruit and meet donors prior to donation (Volks, 2022). In New Zealand, parents can apply to access information with donor consent prior to age 18. The limited existing research on early contact in egg and sperm donation suggests parents and donors often report positive experiences and strong connections, alongside complexities such as managing expectations, negotiating boundaries, and addressing perceived threats to parental roles (Goedeke et al., 2023; Nordqvist & Gilman, 2022; 2024).

Evidence on embryo donation contact remains even more limited but also largely positive. Donor and recipient families often describe forming extended-family-like bonds, using terms such as siblings, cousins, or aunts, and donors value reassurance that children are well cared for (Bartholomaeus & Riggs, 2019; Blyth et al., 2019; Davis et al., 2020; Frith et al., 2017; Hertz, 2021). Providing the opportunity for contact was often seen as being in the best interests of the child (Frith et al., 2017), and where early contact did not involve the child, was seen as a way to create the possibility for future contact (Davis et al., 2020). Challenges reported include negotiating boundaries, managing contact across distance, and balancing differing expectations or concerns about being judged (Blyth et al., 2019; Davis et al., 2020; Frith et al., 2017). Previous local research on ED suggests donors and recipients view ED as establishing enduring social ties and consider openness essential for children's wellbeing, with many expecting some level of early contact (Goedeke et al., 2015; Goedeke & Daniels, 2017).

Despite growing international interest, little research has examined early contact between embryo donors and recipient parents however, and none has explored it in New Zealand. Given the country's mandatory joint counselling where donors and recipients have already met each other – even if in a de-identified/no full names context – and given the emphasis in policy and practice on openness, such contact may be more likely to occur. Early contact in the context of ED is also of particular interest, given that unlike in gamete donation, the donor conceived child may share a full genetic link with the donor couple and may have full genetic siblings in the donors' family – factors which may present challenges and complexities over and above those associated with gamete donation. This study therefore explores embryo donor and recipient/parent expectations and experiences of early contact, including the nature

of their relationships with each other, how they manage boundaries and expectations, and their role in each other's lives. Findings may inform psychosocial practice and policy and offer insight to prospective embryo donors and recipients.

## Materials and methods

A critical realist ontological and epistemological standpoint informed this research, where access to reality is always influenced by sociocultural forces, and by the participants' and researchers' interpretations (Terry et al., 2017). Data were collected via semi-structured interviews, which explored participants' views on their decision to engage in ED, their expectations and experiences of contact, the perceived nature of the relationship between the two families and support available or desired. Nine participants were recruited through an advertisement shared by the consumer group FertilityNZ (who provide support, information and advocacy in relation to fertility and family building). Snowball sampling allowed for participants to share the advertisement with their networks. Participants were invited to take part if they were living in New Zealand and had donated or received embryos through fertility clinics resulting in the birth of a child/children. Additionally, participants were required to have had early contact before the age of 18 – the legal age of access to identifying information in New Zealand.

Six semi-structured interviews with nine participants (two embryo donor couples, one embryo recipient couple, three embryo recipients) were conducted by the primary researcher between June and September 2025. Following informed consent, two interviews were conducted face-to-face and four were conducted online. Couples were interviewed together. All participants were living in two-parent households and were part of heterosexual couples. The age of the children of recipients ranged from 2 to 8 years old, with a median age of 4. Most participants had tertiary level qualifications and were not religious or considered themselves to be agnostic. Further demographic data on participants is not provided given the small community of donors and recipients in New Zealand and their potential identifiability. Interviews were audio-recorded and transcribed verbatim, with identifying information removed and pseudonyms assigned. Data were analysed thematically by both authors independently drawing on Braun and Clarke (2006) six-step thematic process, with any differences resolved by discussion. Ethical approval was obtained from the Auckland University of Technology Ethics Committee (AUTEC) on 5 May 2025 (AUTEC Reference number 25/121).

## Results

Themes are presented below alongside illustrative quotes.

### *People we connect with: setting the scene for contact*

When selecting a couple to whom to donate or receive embryos from, participants tended to gravitate towards people with similar values and lifestyles. For many, this set the scene for developing ongoing close relationships. Donor Lisa explained:

If you looked at our profiles side by side, you would think that we've both written each other's... everything kind of overlapped and matched, and that was really important to us. (Lisa)

For donors Angela and Frank, the importance of shared values and lifestyles was evident when they explained why they had decided against an earlier potential recipient couple. As Frank explained:

They weren't sporty and they're very religious and they're just different to us, not really the type of people that we'd hang out with. (Frank)

Given they believed they would be forming a lifelong connection with the recipients, it was important for them to choose a couple with whom they felt aligned, with the recipient couple they selected described as a 'lovely couple' who had 'become good friends'. Embryo recipient Jane shared that she and her partner felt strong positive feelings when first meeting their donors, commenting that:

I actually feel like even if we didn't have [donor conceived child - DCC], I feel like they're people we would be friends with. (Jane)

Recipient Susan also formed a connection with the donor woman early on, sharing that 'We really got along really well, and we connected quite quickly.' Over time they became closer, and Susan now thinks of the donor as like a sister. For recipient Rose, the connection to the donor woman was formed through having similar personalities and careers. While there were some differences between the two couples, they also connected through their shared struggle of infertility, as her partner Aaron outlined:

I remember looking at the way the two women related to each other. with tears in their eyes. You sort of know that we are different, but we are also very alike in many ways. (Aaron).

### ***Not the donors' child***

Donors emphasised that they did not view the DCC as their child and did not want to intrude on the recipients' roles as parents. As donor Lisa explained:

At the end of the day ... it was going to be their child and is their child, and I didn't want to put any unrealistic expectations onto them that they couldn't manage. (Lisa)

Similarly, her partner Paul shared that once the embryo had been donated, it became the recipients' child:

Once the embryo is transferred, we have no say, no rights, nothing. And that's absolutely how it should be, because it's their baby. (Paul)

Donor Angela shared that while she was unsure about how she would feel when meeting the DCC for the first time, her experience was that she viewed the child as the child of the recipients:

I sort of wondered what I'd feel like when I saw him for the first time. And then to be honest with you, I just felt nothing ... he's [recipient's] child. (Angela)

Her partner Frank similarly commented:

I guess for us it's just been, well, he's your child, you know, we're not gonna tell you how to bring him up. (Frank)

While one recipient couple had some initial fears around the donors' roles in relation to their DCC, this tended to pass quickly. As Jane commented, there was, 'just that initial kind of worry'.

### ***Getting the balance right***

Both donors and recipients spoke about wanting regular contact but wanting it to be appropriately bounded, neither considered 'too much' or 'too little', or as recipient Jane commented, 'as long as it's not, for example, every weekend and they're not like, that we have no contact.' Recipient Mary thought her family had the 'right' balance, with the donors 'really keen to be involved, but not in our face.' Similarly, donor Frank felt the two families had the ideal frequency of contact by connecting in person several times a year. Both donors and recipients thus seemed to want and maintain regular, but not frequent, contact.

Donors were conscious of respecting the space of the recipients, particularly following the birth of the DCC. As Lisa explained, 'We weren't expecting to meet [DCC] straight away.' Similarly, Angela and Frank were mindful about giving the recipient couple space to settle in after the birth of their child, commenting:

They wanted us to be there right away. We said no, no, that's your personal thing. (Angela)

Susan, who received an embryo donation from a geographically distant couple, explained that in some ways the distance between the two families helped to create a balance of contact:

I think they probably feel the same as us about this. We're close enough, but not too close in terms of proximity. We don't live in the same city. (Susan)

Relatedly, recipients Rose and Aaron shared that their donors had purposely chosen recipients who did not live close to them:

On purpose, they donated to a couple who live far away. That was a conscious decision on their behalf, and I think a part of that is that they didn't want a lot of contact. (Rose)

Rose reflected however, that arrangements could change over time, with the connection envisaged to deepen:

... there will be opportunities to deepen that contact in the future, if that's something they're also interested in. (Rose)

This flexibility around contact was echoed by many participants, as described below.

### *Flexible contact arrangements: going with the flow and giving up control*

Participants described how while they had agreed in their joint counselling session that they would have contact, they had generally been flexible about the nature and frequency of contact. Jane, a recipient, commented that prior to donation:

We were happy just to kind of see how things go over time, whether that's maybe a few times a year as an example, would be fine. We were quite flexible as to what the donor couple wanted ... (Jane)

Similarly, donor Angela shared:

It was flexible because none of us knew how it was going to pan out. It was like, ideally, we'd like to have the baby to know biological family, but yeah, it's just winging it from there. (Angela)

This 'go with the flow' approach was reported to have continued over time. Recipient Mary, for example, describing their arrangements post donation, explained, 'It wasn't planned at all, it just sort of flowed naturally', and donor Lisa said: 'It's just been a let's catch-up type of scenario ... there was never any set arrangement.' Similarly, Aaron explained their donor couple's flexible approach:

They basically gave us a carte blanche and said do as much or as little as you need to, they are your children. (Aaron)

Both donors and recipients were aware of the potentially dynamic nature of contact, with some sharing that there was a sense of giving up control when discussing contact arrangements prior to ED commencing. This could be emotionally challenging especially for donors. Donor Paul, for example, while accepting of the situation – possibly because he had experienced a positive outcome, commented:

People can make all the promises in the world to you but, once you've crossed the point of no return then, those promises mean nothing until they're delivered.

### *Connecting online; in-person for occasions*

Many participants described seeing each other several times each year, particularly around milestones, and communicating digitally in between. For example, Jane, a recipient, shared:

Often things like Easter and Christmas, school holidays, and things like that we'll go and meet up with them. (Jane)

In between these events:

We just kind of keep them up to date if anything happens, just kind of life things and birthdays ... When we haven't heard from them for a while I'll send a message and just kind of check in. (Jane)

Donors Lisa and Paul shared that they met the DCC shortly after they were born and then continued meeting with the recipient family around two to four times per year. Similarly, Mary, a recipient, shared that the two families are also in contact around milestones including Christmas and the DCC's birthday, with occasional catchups in between:

We'll be like, oh, we haven't seen you for a while. Should we meet for brunch? I would say it probably averages to be about every two or three months, like face to face. (Mary)

As her donor family lived further away, recipient Susan was more regularly in contact digitally with the donor woman, as she explained:

[Female donor] and I communicate with each other every two to four weeks. Just life updates, birthdays, milestones, stuff like that. (Susan)

Similarly, recipient Rose keeps in contact digitally with the donor woman, who lives far away:

At the moment, most of the contact is just through texting... with exchange of photos probably two to three times a year, and exchange of news, what they've done in the holidays, or anything significant as well as from our part. (Rose)

She shared that sharing birthday greetings was also an important way to stay in touch. In many ways, contact mirrored the arrangements typical of extended families, a concept which was drawn on by donors and recipients to describe their relationships, and as is detailed further below.

### *Like extended families*

Many participants used extended family terms to describe the relationship between the two families. Recipient Mary, for example, explained:

It's kind of like you're the 'in laws', you know, like you've got an arrangement that you're connected with forever. You didn't necessarily choose them specifically... but they really feel like extended family. (Mary)

Donors Lisa and Paul described how in their initial meeting with the recipients, extended family terms helped to set expectations of the type of relationship that would ensue, with Lisa commenting:

We didn't want to go in and go, oh, yeah, we want to see you every weekend you know, but I quite liked what you proposed, Paul, which was the distant cousin relationship. (Lisa)

Recipient Jane shared that she considered the donor family to be part of the extended family:

We don't have our family because they're all back in [home country], so they kind of feel like an extended family. (Jane)

### *'Sibling' relationships are important*

Interestingly, while extended family constructs were frequently drawn on to describe the nature of the relationships between adults in the two families, sibling terms ('brother', 'sister') were used by participants to describe the relationships between the children and in recognition of the fact that DCC's are full genetic siblings. Their full genetic connection was valued and seen to bestow a social relationship, with relationships regarded as important by participants. Recipient Mary explained that her donors had wanted any DCC to know their own children, and she became equally aware over time how important this would turn out to be:

They were really keen for the children to know each other. I didn't really get that at the time because I hadn't been a parent; I didn't appreciate what a big deal it was... but that 100% has been the case. (Mary)

Mary shared that for her child, 'it's the best thing in the world' to spend time with his brother in the donor family. Similarly, donor Lisa shared that her children love catching up with the DCC, who they call their sister:

They love catching up with [DCC]. They talk about [DCC] a lot. They, you know, incorporate play and stories. (Lisa)

Recipient Jane shared that it was comforting to know that her only child had the donors' children as siblings:

It's really nice to know although she is our only child, she actually does have three brothers, so she's not really an only child. (Jane)

Another recipient, Susan, shared that she wanted her children to have relationships with the donors' children:

They are like a brother and sister I guess you could say, they just haven't been raised together. So, we want them to know that and to be able to have a relationship with them. (Susan)

### *Extensions of extended family connections*

Many participants shared that the connections between the donor and recipient families also included extended family members. For example, donors Lisa and Paul shared that the DCC knows both of their parents, with Lisa explaining that her mother appreciates spending time with the DCC, while understanding the boundaries between them:

My mum describes it as, she knows that [DCC] is not her grandchild, but biologically, there's a connection there. And she just loves being able to meet with her and just have that connection. (Lisa)

Recipient Mary shared that her child especially enjoys the connection with the donor couple's wider family, explaining:

What he is really chuffed about is the amount of cousins he has, because they're from a really big family. (Mary)

Recipient Jane valued the connections her child has with the parents of both donors (biological grandparents), explaining:

I'm gonna say how lucky she is. I'm like, you know, how many sets of grandparents you've got, who give you presents and check in on you, you're so lucky. (Jane)

The connections between families thus extended beyond simply their two nuclear family units.

### *A complex new kinship: explaining, normalising, judgement*

Embryo donation created a complex new form of kinship and could be complicated for donors and recipients to explain to others. Recipient Mary, for example, commented:

It was exhausting having gone through this whole massive, long process to then say, oh actually I am pregnant and but by the way it's not biologically mine or [partner's]. And then having to explain it, that was exhausting. (Mary)

Similarly, donor Angela had difficulties explaining ED to friends and family:

It's really hard for even adults to understand let alone kids. When we explain this whole, you know, fully biologically, but, you know, brought up in a different family - it is hard to get your head around. (Angela)

Recipient Rose shared while she is usually happy to explain she used ED to create her family, she chooses with whom she shares this information:

I mean, today the cleaner was like, it was so lovely to meet your family. They're so blonde. I didn't go into the detail. I was like, you're the cleaner, you don't need to know. But usually, actually, I have no trouble. (Rose)

Occasionally, some participants experienced judgement from others, especially older people, about the embryo donor/recipient relationships. Mary shared:

We've kind of had a little bit of like, 'I don't know why you want to all know each other, like why you're just not keeping it quiet and isn't it personal to you?' ... and I think perhaps that's a generational thing. (Mary)

Similarly, recipient Susan reported that acceptance of ED varied between relatives. She commented:

Our families approached it in variously different ways, like my parents were very open and very comfortable with it, but my [partner's] parents were slightly less so. (Susan)

Explaining ED to children was described as a complex process, requiring ongoing developmentally appropriate communication. For example, recipient Susan shared that as her children grow up, the conversations about ED will change:

I'm aware of the fact that they'll get taught how babies are made at school when they get older and maybe we have to have a conversation with the school around you know, how do we phrase that so they don't feel like out of the ordinary or not normal. (Susan)

Participants spoke about normalising ED and the relationships between families as much as possible with their children. As recipient Mary explained:

We've talked about it all the way from the very beginning, he just gets it cause he's grown up with it. (Mary)

Children outside the donor/recipient families were reported to sometimes struggle with understanding the connections between donor/recipient children. Donor Frank shared an example which occurred with his son:

I was driving him on a school trip, and he said something about his brother, and his friends in the car said, 'oh your brother? I thought you only had [sister's name]' ... I said to him a bit later, some people might not sort of understand what you're talking about. (Frank)

Several participants used photos to help their children get to know the other families, while books were also useful for explaining the concept of ED.

### ***Counselling is important (even if awkward and emotional)***

All participants spoke of recognising the value of pre-donation counselling and finding it to be helpful and necessary, even if at times, awkward, uncomfortable, and emotional. Recipient Mary shared that at the beginning of the initial meeting with the donor couple she was nervous, but this resolved quickly:

I was so nervous meeting them, it was like a first date, and a job interview times 10 ... but as soon as you rocked in, you knew the counsellors already and like they (donors) were just normal people you know. (Mary)

The emotional aspect of counselling involved discussions about the journeys of infertility that had led donor couples to IVF and/or recipient couples to seek out embryo donation. Donor Frank explained:

It sort of just brought back all these memories of what we went through to get pregnant and all the heartache, you know. (Frank)

Participants described the benefits of counselling as being able to discuss expectations and plans around contact, discuss what would happen if there was any breakdown in the relationships, and receive advice around how to talk to children about ED. Lisa reflected:

I remember they'd talk to us about if things get messy, you know, what mediation would look like if we got to that stage and how the clinic would help. (Lisa)

Participants said counselling helped them feel confident in their decision to go ahead with ED, knowing they had support. Mary shared, 'they absolutely would have been there if we needed to talk about anything.'

## **Discussion**

This study adds to the limited body of research on early contact between donors and recipients in gamete (e.g. Volks, 2022) and embryo donation (Blyth et al., 2019; Frith et al., 2017; Hertz, 2021) which has reported largely positive meetings and enduring bonds between families to date. Similarly, early contact between embryo donors and recipients in this study was described as overwhelmingly positive, with strong, kin-like connections forming between most families. Given the potential additional challenges associated with embryo donation, where the DCC is the full genetic offspring of the donors and there are full genetic siblings raised across two families, this can be an encouraging finding. Participants did acknowledge occasional challenges however, including achieving a balance in contact frequency, concerns around a lack of control related to agreed-upon arrangements - especially for donors, and the need to explain embryo donation to others who were unfamiliar with the concept, issues also noted in prior studies on ED (Bartholomaeus & Riggs, 2019; Davis et al., 2020; Frith et al., 2017; Goedeke & Daniels, 2017). Research on other donor-recipient relationships (e.g. in egg donation), where early

contact has similarly been initiated suggests that difficulties may emerge over time (Volks et al., 2025), which may of course also be the case for the participants in this study, where the relationships between the two families are in the early stages given the young age of the children. Indeed, Frith et al. (2017) study of relationship and contact arrangements among families formed through the Snowflakes embryo adoption programme found that initial intentions regarding the type and frequency of contact were not always carried out in practice. On the other hand, the lack of significant challenges described by participants in this study may also partly be due to the pre-donation joint meeting and counselling, which emphasises the importance of disclosure and the rights of children to contact, and was described as helpful by participants in establishing shared expectations around contact and fostering mutual empathy.

Professional and advocacy groups (Australian and New Zealand Infertility Counsellors' Association (ANZICA), 2024; Donor Conceived Aotearoa, 2022) however recommend that systems that enable and support contact between donor and recipient families are available both prior to *and* following donation. While the participants in this study appeared to be confident that they could access counselling post donation, currently counselling for embryo donation in New Zealand is required only prior to donation. Access to counselling following donation is limited and at the discretion of clinic providers or accessed through private practitioners who may not have experience in the field (Goedeke et al., 2026). Given that the children of the recipients in this study were still quite young, and contact was thus in its early stages, we would suggest that further post donation and donor linking support be provided. Recent research in New Zealand on parent disclosure patterns and experiences of linking with (mainly gamete) donors has similarly underscored the need for post donation support (Anderson et al., 2026). Further, given that many relationships in this study extended to wider kin, and in line with Nordqvist and Gilman (2024) call to acknowledge the often-neglected potential impact of donation on the relatives of the wider families, involving or providing information to extended family members could also be beneficial. In addition, public education about embryo donation may help reduce misunderstanding and support open communication about origins.

As in previous New Zealand and Australian research in egg (Goedeke et al., 2023; Volks et al., 2025) and embryo donation (Goedeke & Daniels, 2018), participants typically selected those with whom they felt aligned in values and outlook. While there are concerns about the potential for discrimination when donors may set conditions or identify specific recipients (Jenkins & Moorlock, 2023) in the current context, embryo donors and recipients to some extent 'choose' each other and do so in line with their perceived alignment or similarity. This was seen by both donors and recipients as providing a foundation for ongoing close and trusting relationships (as also noted in Goedeke et al., 2023; Goedeke & Daniels, 2018; Volks et al., 2025) although this can of course, not be guaranteed. Previous research also suggests that embryo donors may experience an ongoing sense of responsibility towards the children born from their donation. They may thus be invested in choosing recipients they feel will make 'good' parents, which may include particular characteristics and an honouring of agreements to disclose donor conception and facilitate contact, both of which are perceived to be in the best interest of the child (Goedeke & Daniels, 2018). While being able to choose recipients (and donors) may not necessarily guarantee successful outcomes (de Lacey et al., 2015), our findings underscore the potential value of choice in donation practice and offering donors and recipients the opportunity to meet each other prior to donation.

New Zealand's practice of joint pre-donation counselling for embryo donation, which explores possible future contact and the interests of donor-conceived people (DCP), alongside the country's cultural emphasis on whakapapa, is unique and may have primed participants to expect a degree of contact between the two families. Indeed, while much of the existing research on sperm and egg donors suggests that donors tend not to initiate contact but rather make themselves available if requested by the DCC or their parents (Goedeke et al., 2023; Kirkman et al., 2014; Nordqvist & Gilman, 2022; Rubio & Rubio, 2025), both embryo recipients *and* donors in this study had expected contact between the two families from the outset. Consistent with previous studies on early contact (Volks, 2022; Volks et al., 2025), this was often viewed as beneficial for the wellbeing of donor-conceived children and provided reassurance to donors that the child was thriving.

Aligning with previous findings on embryo donation in New Zealand (Goedeke et al., 2015), donors emphasised that they were non-parents. However, the relationship between the children in the two

families was described as full siblings which underscored the value of contact. Donors and recipients in turn described each other in extended-family terms, such as ‘in-laws’, a concept which appeared to enable the families to express closeness while maintaining clear roles (as also noted in other ED research, such as that of Bartholomaeus & Riggs, 2019; Blyth et al., 2019; Collard & Kashmeri, 2011; Davis et al., 2020; Goedeke et al., 2015). Contact patterns then mirrored those of typical extended family relationships, with a degree of flexibility around contact, and a mix of in-person gatherings for celebrating milestones and ongoing digital communication. These arrangements allowed donors and recipients to achieve a balance between connection and privacy, echoing earlier findings on the importance of boundary negotiation for positive ongoing relationships among embryo donors and recipients (Blyth et al., 2019).

In conclusion, while this study focused on families who had early contact, and the voluntary nature of recruitment may have attracted those with more positive experiences, it adds to limited international research by illustrating how flexible, relationship-centred approaches to contact can foster ongoing, supportive connections between donor and recipient families. As the first detailed exploration of early contact between embryo donors and recipients in New Zealand, this study highlights that these relationships were typically described as positive and kin-like particularly when built on shared expectations, clear boundaries, and opportunities to connect prior to donation. Despite occasional challenges, participants generally navigated contact with ease, and it is possible that New Zealand’s practice of joint pre-donation counselling and the ability to select donors or recipients with shared values may help establish trust and set clear expectations for future relationships. At the same time, as children grow and relationships evolve, families may face new complexities that require guidance, particularly in negotiating contact, responding to children’s questions, and involving extended family. Strengthening post-donation counselling and donor-linking services, alongside wider public education about embryo donation, would better meet these emerging needs. Ultimately, the study reinforces the value of relationship-centred, flexible approaches to donation, while recognising that outcomes will naturally vary as contact arrangements unfold over time. Longitudinal, larger-scale research, within and beyond New Zealand, will be essential to understanding how these relationships develop as donor-conceived children mature, and to informing best practice across diverse donation contexts.

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## Author contributions

CRediT: **Emma Hurley**: Formal analysis, Investigation, Methodology, Project administration, Resources, Validation, Writing – original draft, Writing – review & editing; **Sonja Goedeke**: Conceptualization, Formal analysis, Investigation, Methodology, Supervision, Validation, Writing – original draft, Writing – review & editing.

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## Data availability statement

The data collected for the purposes of this study is not available for access to protect the privacy of the research participants.

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