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## Extended families? Contact expectations and experiences of egg donors donating to previously unknown recipients

Sonja Goedeke, Heather Gamble and Rebecca Thurlow

Department of Psychology and Neuroscience, School of Clinical Sciences, Auckland University of Technology, Auckland, New Zealand

### ABSTRACT

In New Zealand egg donation is identity-release, and donors may be known to recipients, e.g. family members/friends, or previously unknown e.g. clinic-recruited or sourced through advertising. In the case of unknown donors, New Zealand practice allows donors and recipients to meet face-to-face prior to donation in a joint counselling meeting. While contact details may not necessarily be exchanged in counselling, information-exchange and contact expectations are usually addressed. In previous papers, we explored donors' motivations and experiences of donation. In this paper, we explore donors' ideas around their role in relation to the donor-conceived person (DCP) and their expectations and experiences of information-exchange and contact. While donors did not see themselves as parents and were aware of appropriate boundaries, they described a sense of ongoing connection to DCP, often framing this in extended family terms. They desired to be kept informed about DCP, considered themselves 'on standby' for information requests or in-person contact and valued the opportunity for connection between their children and DCP. Donors were, however, cognisant of the limits to their ability to ensure information-exchange and contact and sometimes struggled with their perceived disempowered position. Meeting prior to donation may both clarify and reinforce expectations of information-exchange and contact.

### ARTICLE HISTORY

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### KEYWORDS

Egg donation; identity release; unknown donors; information exchange; contact

### Introduction

Identity-release egg donation has become possible in many jurisdictions e.g. the United Kingdom, Australia, the Netherlands, Sweden, France and Germany (Indekeu et al., 2021) mainly in recognition of the importance of access to genetic knowledge for donor-conceived persons (DCP), not only for medical reasons, but also for identity and psychological wellbeing (Golombok, 2020). In New Zealand, gamete donation is regulated under the Human Assisted Reproductive Technology (HART) Act (2004) and requires donors to record their identifying information (including full name and contact details) on a donor register, with this information becoming available to DCP at the age of 18 or earlier by request, e.g. where parents request information on behalf of their children. Donors may donate to recipients previously known to them e.g. to family members or friends, or to those previously unknown to them prior to the donation. In the latter case, donors may be clinic-recruited (sometimes

through general or specific advertising), or recipients may have recruited donors online or through networking. What sets New Zealand apart from many other jurisdictions, however, is that in the case of clinic-recruited unknown egg or sperm donors, donors and recipients may ask to meet each other prior to the donation occurring, although this occurs less commonly for sperm donation. Typically, clinic-recruited donors and recipients each draw up profiles, which donor coordinators and counsellors then use to link donors and recipients. Both donors and recipients are required to have counselling, which includes their partners (where applicable), and explores their motivations and expectations of donation as well as the implications, including legal provisions. Clinic-recruited donors and recipients are also able to meet face-to-face with each other prior to donation in a joint meeting facilitated by clinic counsellors, although this is not mandatory, while privately recruited donors found online or via networking and their recipients are

**CONTACT** Sonja Goedeke  [sonja.goedeke@aut.ac.nz](mailto:sonja.goedeke@aut.ac.nz)  Department of Psychology and Neuroscience, School of Clinical Sciences, Auckland University of Technology, Private Bag 92006, Auckland, 1142, New Zealand.

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required to have a joint counselling meeting. The pre-donation joint meeting provides an opportunity for donors and recipients, and if desired, their partners and families, to discuss attitudes towards disclosure and expectations regarding information-exchange and contact. Either party may elect not to proceed with the donation following the meeting, and donors are able to withdraw consent until the sperm and eggs come together in IVF or donor insemination (Fertility Associates, 2021).

New Zealand law does not entitle donors access to the identifying information of recipients and DCP. However, all egg donors may request information from the fertility clinic such as the number of embryos formed through their donation, whether or not a pregnancy has occurred, and the sex of any children born (Fertility Associates, 2021). If meetings between clinic-recruited donors and recipients are held, first names may be used, but further identifying information, such as last names and contact details, are not necessarily made available either. However, joint meetings introduce clinic-recruited donors and recipients to each other and may make it more likely that identifying and contact information will be exchanged even prior to donation. In the case of privately recruited, previously unknown donors, donors and recipients will have had some contact and shared information prior to their clinic-facilitated meeting, and in the clinic meeting they will discuss their information-sharing and contact expectations going forward. As we reflected in our previous papers (Goedeke et al., 2023a; Goedeke et al., 2023b), the contact and joint meeting between donors and recipients makes the distinction between known and previously unknown donors somewhat blurred, but in this paper, we use the term 'previously unknown' to refer to donation arrangements where there was no relationship between the donors and recipients prior to the donation process.

Historically, donors have been encouraged to regard donation as a one off and even secret transaction and to remain 'invisible' and disinterested in the result of the donation process, not disrupting the lives of recipients or DCP (Indekeu et al., 2021; Kirkman et al., 2014). Research on donors' experiences suggests most donors, however, even those donating under anonymous conditions, may be interested in the outcome of donation and may have ongoing thoughts about DCP (Bracewell-Milnes et al., 2016; Indekeu et al., 2021). Anonymous donors' motivations to become identifiable e.g. by placing their information on voluntary registers, typically centre on their belief

in the rights of DCP to have access to their genetic knowledge, although for some curiosity about the DCP and their wellbeing and particularly for egg donors, a sense of 'concerned responsibility' may also be relevant (Indekeu et al., 2021; Nelson & Hertz, 2017). Anonymous donors have also been reported to have varying desire for and experiences of contact with DCP ranging from no contact to close relationships (Indekeu et al., 2021; Kirkman et al., 2014), with anonymous egg donors apparently more open to future contact with DCP than anonymous sperm donors (Bracewell-Milnes et al., 2016). In interpreting these findings however, it is important to note that anonymous donors who register their details on voluntary registers and those that respond to open-call advertisements to participate in studies may represent a particular subset of donors more curious about DCP and more interested in contact. Lou et al. (2023) emphasise this point, highlighting that in their recent study on anonymous donors who were approached for study participation through a sperm bank, donors reported sperm donation to be a closed chapter for them, and that they did not desire future contact with DCP, a finding which was also mirrored in Pennings et al., 2021 study of sperm bank donors comparing anonymous and identity-release donors' views. Research on identity-release donors is less common, given its relative recency, but reports that both egg and sperm donors have open or neutral attitudes towards future contact with DCP (Lampic et al., 2014; Skoog Svanberg et al., 2020).

Early research on known egg donors (e.g. where the donor is a family member or friend) suggested that donors tended to 'screen out' their significance and that they were often encouraged or preferred to minimise their role in relation to the DCP (Kirkman, 2003) or have minimal contact with the DCP (Bracewell-Milnes et al., 2016; Yee et al., 2007). More recent research, however, suggests that known egg donors, such as family members or friends, are readily incorporated into the family narrative, that donation strengthens positive and close relationships with the recipients with the relationship to and contact with the DCP defined with reference to the donor: recipient relationship (Martin et al., 2020; Yee et al., 2011). Research on known sperm donation, especially in the context of donation to lesbian couples, suggests that donors are open to contact and that some may seek to make arrangements to play some type of role in relation to the DCP (Côté & Lavoie, 2019; Dempsey, 2012).

In this paper, we explore donors' expectations and experiences of information exchange and contact in the context of identity-release egg donation to recipients unknown prior to donation, but where donors and recipients may meet before the donation in a facilitated clinic meeting. While in other jurisdictions clinic-facilitated meetings between donors and previously unknown recipients may not be common, the experiences of the donors in this New Zealand-based study may offer some useful insights into the viability of and any issues associated with this form of identity-release donation practice. Given that early disclosure is frequently recommended (Glidden et al., 2022), understanding how donors experience donation in this context and how it influences their ideas around openness to information-exchange and contact may provide useful insights around outcomes and possible support needs which may shape practice and policy going forward.

## Materials and methods

Advertisements promoting the study were placed on the social media pages of major fertility providers and the consumer support group, FertilityNZ. The aim was to invite women who had previously donated their eggs to participate in interviews and share their motivations for and experiences of donation. Snowball sampling was possible in that women were encouraged to share the advertisement with others in their social circles. Interviews were conducted with participants from across New Zealand either online or via telephone between July 2019 and January 2020. The interviews delved into women's motivations to donate, their experiences during the donation process, their expectations after donation, and their interactions with the donor-conceived offspring and recipients. In total, 21 donors were interviewed, all who donated to previously unknown recipients i.e. people they did not know prior to embarking on the donation process. The donors were ethnically New Zealand European and ranged in age from 23 to 38 years at the time of their donation, with eighteen having their own children. Twenty of the 21 participants had met their recipients before the donation, and in one case, the participant had met one of the two recipients to whom she donated. The 21 donors in the study had donated a sum of 40 times. Of these, 26 of the donations were clinic-recruited (23 through clinic lists and 3 through advertising), 14 were privately recruited (11 found online/social media, 3 via a friend or acquaintance). Donations had resulted in 26 children (aged

between newborn and 14 years at the time of the study) and 8 pregnancies, one donation was in process, seven had been unsuccessful and in two cases, the outcome was unknown. Table 1 (reproduced from Goedeke et al., 2023b) provides an overview of how donors and recipients were linked, the outcome of the donation (child, pregnant, unknown, unsuccessful, in process), whether or not the donors and recipients had met prior to donation, were in ongoing contact, and if they had met the DCP.

The interview data was transcribed verbatim and subjected to thematic analysis using Braun and Clarke's (2006) guide. The process involved familiarization with the data, generation of initial codes, grouping of codes into potential themes, reviewing and defining the themes, and producing a report that included data extracts to exemplify the themes. Ethical approval for the study was obtained from the Auckland University of Technology Ethics Committee (approval numbers 19/147-149).

## Results

Five main themes were identified. Firstly, donors constructed themselves as not the parents of the DCP but framed their connection as akin to extended family. This construct influenced their ideas around information-exchange and contact, with further themes being contact through information-exchange; openness to in-person contact: being on standby; the need for boundaries and respecting the recipients' authority; and being disempowered.

### *We are not the parents, but connected as extended family?*

Participants were very clear that they did not regard themselves as parents of the DCP, as is reflected in the quotes below:

Andrea: Yes, it's my egg, but it's not my child. It's her [recipient's] child.

Isabelle: I don't think of them as my babies or my children or anything like that.

Brianna: I never, never at any stage felt like it was my baby or anything. It was just always, 'this is their baby.'

Anne: I don't feel like this is in any way my child.

Nonetheless, most donors spoke of feeling a connection to the DCP. For example, Tanya spoke of feeling 'strongly connected to any children that are born from my donations.' Rowan commented that:

**Table 1.** Participant List- Recruitment, outcome and contact.

	How linked*	Outcome	Met prior to donation?	Ongoing contact?	Met donor offspring?
Alice	1. Clinic	1. 1 child	1. Yes	1. Yes	1. Yes
	2. Clinic	2. Pregnant	2. Yes	2. Yes	2. n/a
Andrea	Clinic	1 child	Yes	No	No
Anne	1. Clinic	1. Pregnant	1. Yes	1. No	1. n/a
	2. Facebook	2. In process	2. Yes	2. Yes	2. n/a
Bobby	Clinic	Unknown	No	No	n/a
Brianna	Online	1 child	Yes	Yes	Yes
Bridget	Clinic	2 children	Yes	Yes	No
Charlotte	1. Clinic	1. Unsuccessful	1. Yes	1. No	1. n/a
	2. Clinic	2. Pregnant	2. Yes	2. Yes	2. n/a
Ellie	1. Clinic	1. 1 child	1. Yes	1. Yes	1. Yes
	2. Clinic	2. 1 child	2. Yes	2. Yes, limited	2. Yes
	3. Friend of client	3. Pregnant	3. Yes	3. Yes	3. n/a
Emily	Clinic	1 child	Yes	Yes, limited	No
Georgie	Facebook	Pregnant	Yes	Yes	n/a
Isabelle	Magazine ad	2 children	Yes	Yes	No
Johanna	Clinic	1 child	Yes	No	No
Lisa	Online	1 child	Yes	Yes	Yes
Maggie	1. Clinic	1. Unsuccessful	1. Yes	1. No	1. n/a
	2. Online	2. 2 children	2. Yes	2. Yes	2. Yes
Michelle	1. Through acquaintance	1. 1 child	1. Yes	1. Yes	1. Yes
	2. Facebook	2. Unsuccessful	2. Yes	2. Yes	2. n/a
Nina	1. Facebook	1. Unsuccessful	1. Yes	1. Yes	1. n/a
	2. Through friend	2. 1 child	2. Yes	2. Yes	2. Yes
	3. Clinic	3. 1 child	3. Yes	3. Yes	3. Yes
	4. Clinic	4. 1 child	4. Yes	4. Yes	4. Yes
	5. Clinic	5. 1 child	5. Yes	5. No	5. No
	6. Clinic	6. Pregnant	6. Yes	6. Yes	6. n/a
Rachel	1. Facebook	1. Child	1. Yes	1. Yes	1. Yes
	2. Facebook	2. Child	2. Yes	2. Yes	2. Yes
Rowan	1 Clinic	1. 1 Child	1. Yes	1. Yes	1. Yes
	2 Clinic	2. Unknown	2. Yes	2. No	2. n/a
Sally	1. Newspaper	1. Child	1. Yes	1. Yes	1. Yes
	2. Clinic	2. Unsuccessful	2. Yes	2. No	2. n/a
	3. Newspaper	3. Unsuccessful	3. Yes	3. Yes	3. n/a
Scarlet	1. Clinic	1. Child	1. No	1. No	1. No
	2. Clinic	2. Unsuccessful	2. Yes	2. No	2. n/a
Tanya	1 Clinic	1. Child + Pregnant	1. Yes	1. Yes	1. No
	2 Online forum	2. Child	2. Yes	2. Yes	2. Yes
	3 Online	3. Pregnant	3. Yes	3. Yes	3. n/a

\*All participants' donations facilitated by clinic regardless of how donors were recruited.

I do care about her, you know. I want their child to know that I still care about them. I don't want to just be the source of genetic material, some weirdo who thought that this would be a fun way to spend the month or something.

This connection was largely ascribed to the genetic links shared between the donors and DCP, or the DCP and their siblings in the donor family. For example, Tanya put her connection to the DCP down to regarding herself as 'the biological mum.' Similarly, Brianna commented that:

You've kind of got that link to them [DCP] because you're genetically linked, but you're not their mother.

For Bridget, it was the shared genetic link between her children and the DCP that was important. She commented that:

While it's just genetics and they're [eggs] not mine anymore, they [DCP] still are connected to me through my kids. And that's important to me, that I keep that connection. I guess that impacts me and my

emotions about it [for] my own kids. So, yes, they [DCP] are theirs [recipients] and I don't see them as my children ...but I am still aware that there is a connection to my own kids.

A connection was also often described in relation to the recipients though this genetic link, with Tanya commenting that she felt connected to her recipient family 'because your genetics are in their child.'

The nature of these connections was sometimes difficult to define, however participants often drew on extended family metaphors to make sense of their connection to the DCP, as is reflected below:

Rachel: They're special babies to me but they feel more like my sister's kids; they're like family but they're not my kids.

Brianna: I really just think of her [DCP] more like I would think of a niece or nephew, so more than just a friend's child but, but not as much as my own child.

Michelle: I do have a place in her [DCP] life. I get all care and no responsibility. I get to look at these kids

and I get to love them, and I don't have to do anything.... It's like extended family relationships.... I guess my role is just as 'Auntie X'.

While the relationship to the DCP was often framed in family terms by virtue of the genetic link, the relationship to the recipients proved more difficult to define, as is reflected below.

Brianna: It was just like a very good friend that was having a baby. Possibly the [DCP] had more meaning to me than they [recipients] did but just in the sense like....the baby sort of felt like a niece, whereas they [recipients] ...like I call them friends, somewhere between friends and acquaintances, not good friends you know ... ..but friends and people that you know, are new, and we were hoping that we would be able to remain friends with for life because we're always going to have that link. Yeah, .... the baby had the link or gave the link really.... there's no name for it you know.

Lisa: It's a difficult relationship to describe because it's sort of like a sister, but not like a sister, if you know what I mean.

Nonetheless, these links and sense of connection influenced their ideas and expectations with respect to contact between them and the recipient family.

### **Contact through information-exchange**

Most participants had ideas around what they hoped for prior to the donation, with the majority wanting information-exchange to be possible. This didn't necessarily equate to wanting face-to-face contact with the DCP or recipients, as some donors expressed wanting semi-regular updates, some wanting a degree of face-to face contact, and others being satisfied with more limited information or being open to see how things evolved over time.

At a minimum, however, the majority had clear expectations about receiving information about the DCP and their wellbeing. For example, Tanya wanted 'some kind of updates'; Isabelle, 'a little yearly update'; Sally, 'just yearly emails and photos, just as an update' and Rowan, 'occasional updates.'

This degree of information exchange was often qualified and expected to be sufficient for several of the participants. For example, Johanna went on to say that 'we don't want to do 'meets and greets' or be godparents or anything like that' and Isabelle that, 'I didn't feel like I needed to see them.' Michelle framed her contact as similar to that of extended family, where 'I don't have to be part of their everyday world'.

These expectations were mostly realised, as is reflected below:

Rachel: At the moment ... I just see what they're up to with photos on Facebook, so I can see as little or as much as I want and that kind of works for me.

Michelle: I love the fact that we [she and the recipient] still have the conversations and get the updates from how he's going and growing. I'll hear from them, probably ... like between three to six months. It's not all the time. But just randomly, she'll send me a picture of him and just be like... I'm friends with her on Facebook. So, I get to see all the pictures that she posts of him and stuff like that. So yeah, pretty lucky.

Regardless of the nature of it, participants were clear that this information-exchange was important so that knowledge of the donor conception didn't come as a surprise when the DCP reached adulthood.

Tanya: But definitely not unknown, or, like you don't hear anything until the kid is 18, and they decide if they want to meet you.

### **Openness to in-person contact: on standby**

While non-face-to-face information exchange was the most common in terms of expectations and experience, the majority of participants were open to face-to-face contact, either if desired by the DCP or by recipients, as is illustrated below:

Georgie: I was pretty open about the level of contact they wanted ... I said ... I'm totally open for more contact but I'd want to leave it in your court.

or at the request of their own children. For example, Anne said:

I don't want to disregard what my children want out of the process. I mean they are genetic half siblings. So, if they [Anne's children] feel they want contact, then that is their decision. And I did make that quite clear with [recipients], that while I'm not interested in having a lengthy, in-depth relationship, I'm not taking that away from my children.

Donors regarded themselves as 'on standby', always available for contact at the desire or need of the DCP or recipients. This is reflected in the comments below:

Isabelle: I would happily meet them and answer questions or whatever, you know. I didn't want them to feel that they were missing or.... wanted answers to something.

Andrea: I'm definitely going to be there to answer questions.

Maggie: I want to be accessible so that if they ever have questions, they can ask me.

Rowan: I guess the biggest thing for me was, I really didn't want the kid to feel like I'd somehow, like, abandoned them, you know, I didn't want to feel like

I had given an egg and then was never going to think about them again.

A few donors had hopes and expectations of a closer relationship from the start, as indicated below:

Lisa: I think it was really important that the children grow up knowing me, and knowing where they've come from and how they were created. And so, it was always going to be that the relationship that I had with the egg donation baby was going to be a close relationship.

Some, like Brianna and Rachel, assumed there would be a relationship, but were open to seeing how it would unfold over time.

Brianna: I'd always assumed that we probably would have some sort of relationship, but I didn't ever have an idea that you know, we need to meet every year and we need to do this. It was just always we'll see what happens as the years go on.

Rachel: We also want the relationship to just kind of develop naturally as well. I don't want to put any kind of like, you know, 'we'll have contact once a month or whatever'.

Where there was a closer relationship involving face-to-face contact, this varied from occasional e.g. either with the recipients alone or including the DCP, for example:

Ellie: I've met little [X -DCP] three times and she's eighteen months, and then I've met [Y - DCP] once but she's only a couple of months old.

to less commonly, a relationship described as a regular, close and rewarding connection with ongoing contact between the two families. Maggie described being invited to DCP's birthday parties, and commented that, 'I have just been lucky to be seen as an extended part of the family'.

Sally: I have a lot of contact with my recipients... My kids and their kid get on like brothers and sisters. We went down to [X] for my grandmother's birthday and stayed with them [recipients] for three days. And then as I say, they came up last year for my daughter's 21st. And it literally is just like having nieces who live in a different part of the country. And I know if anything is wrong with me, I can ring them and they are just always there and always a part of me, which is so nice to have.

In one case, this also extended to contact between children born to different recipients from the same donor.

Maggie: At Easter time, we all caught up... all of us [donor and recipients] with all of our kids. It's been huge. We just caught up in [X], which was really, really awesome. So, all the kids know that they've got siblings. We call them 'diblings' which is 'donor

siblings'. And we just all 'are'. So, it's really easy. So that was really cool. Got photos with all of the kids. They all know where they came from, and that they are all related to each other. And so, we have all maintained quite a good relationship.

For Michelle and Rachel, the contact, while not necessarily regular, was also framed with reference to extended family metaphors, which seemed helpful in terms of clarifying what could be expected in terms of contact, explaining it as:

Michelle: You think about your cousins that you've grown up with. You know they are there, and you run into them, and you catch up, like you've never been apart.

Rachel: It was open enough that it was, yeah like, they'd keep me in contact like they would any other friend or relative.

Participants expressed that having discussed and agreed on expectations with recipients prior to the donation in the joint meeting was helpful to circumvent future issues. For example, Sally commented that:

You have to know what the communication outcome is going to be for both the recipient and the donor before it goes ahead, because if one goes in with the expectation that they are going to get emails or phone contact weekly or whatever, and the recipient couple is going 'no', then that's probably not going to happen. You need to come to some negotiation point with that.

and Alice that in the joint counselling:

She'll [counsellor] ask like what we both want out of it and stuff like that. How any communication in the future would be done.

However, participants were also aware that it was difficult to discuss and agree on information and contact expectations prior to the donation when the donation outcome might not be a child, as expressed by Johanna:

At the meeting it was very much like we'll just see how you feel when things eventuate, because of course at the time there wasn't enough certainty that anything was going to come of it [the donation].

For one participant, expectations had also changed from what was initially discussed or anticipated. Anne reflected that:

I'm a little bit kept out of the loop, to be honest, but I didn't know I wanted more information until I was in the situation where I craved information... I would love to have access to more information.

For Bobby, who had not met her recipients prior to donation, she felt that had she had the opportunity

and taken the time to reflect what she wanted she would have specified contact arrangements.

Bobby: If I had been more patient with myself, I would have made sure that they would have been more accepting of actual contact.

Scarlet on the other hand, who had not met one of her recipients, had fewer expectations of contact.

Scarlet: The ball is in their court. But if they wanted to be in contact with me, I said, I was quite happy to do that.

### *The need for boundaries and respecting the recipients' authority*

Regardless of the nature and degree of the contact, participants were generally very aware of the need for boundaries and the need to respect the recipients' authority as parents, including in relation to the nature and frequency of the contact. For example, Ellie spoke of more frequent contact initiated by her as not fair on the recipients, saying, 'I don't always see them when I go down to [where her recipients live]. We go down to see friends.... and if you're always turning up on their [recipients'] doorstep it's not really fair'. Participants positioned themselves as in a subordinate position and were careful in their interactions with recipients, as is illustrated below.

Alice: I guess it's hard to get the balance right. ... I'm always really cautious of not overstepping the mark. I'd never want her to feel like she wasn't the mom or anything like that.

Brianna: If for whatever reason they didn't want to have contact I wasn't going to rock the boat and you know, make it difficult or anything like that.

Tanya: I feel like I don't want to step on toes, or over-impose or something, So I just try to, hopefully ... hear about the kids and have some contact but at the limits that they're [recipients] are comfortable with.

Nina: I always said ...it was up to them if they wanted contact and they could initiate, you know. I would always be curious and interested but I wouldn't, I didn't, want to push anything on them in terms of a relationship.

Donors indicated the need to adopt a position of neither 'too much nor too little'. Excessive interest could be interpreted as pathological or awkward, so participants were careful to present a measured front.

Charlotte: I'm trying to, like, be chill about it, but at the same time I am really excited! ... but I don't want to come across as, like, a crazy person!

In describing her search to find a suitable gift for the DCP, Emily illustrated the 'pressure' participants

faced in walking this fine line. Unable to find something 'special' but 'not too nice' that might 'step on the recipients' toes' she ended up sending nothing, about which she felt 'really guilty and like I stuffed it up.' Similarly, Bridget spoke of her dilemmas in working out with recipients what was appropriate.

We emailed back and forth. Sometimes I would be reluctant to email because I would want her to email me first, because I didn't want her to feel like I was intruding on their lives.

### *Being disempowered*

In addition to being aware of the need to respect boundaries, participants were however also very aware of the limitations of their role and their ability to influence information exchange and contact arrangements, something which some of the participants found challenging. Alice, for example, while reassuring herself that it would not happen, commented that:

[In the] worst case scenario, they could turn around and be like, 'we don't want anything else to do with you.'

Anne commented that:

I didn't realize how few rights I actually had to information until we sat down for our group [joint] counselling. And pretty much, you know, I have rights to find out when a baby is born from my eggs, and that's it.

Tanya reflected on how this precariousness of connection could impact not only on herself but also upon the DCP going forwarding, commenting that:

It's not really something that is focussed on enough within the whole industry, because they [the children] are the ones affected by the process, and they don't have any control over it. They don't get the choice to be donor-conceived or not, it's just what they are. Their parents are the ones who decide the relationship with the donor.

For Emily, her sense of disempowerment stemmed from a sense that the joint counselling meeting had focused on the recipients' and DCP's needs and had not adequately addressed her own needs in relation to information-exchange and contact arrangements. She urged others contemplating donation to:

Work out what your expectations are and think about all the different situations you could be in and what your reaction would be, and what you would hope their [recipients'] reaction would be, so that you can have that discussion.

Both Rowan and Maggie questioned if more formal arrangements recognising this different way of

building a family and the needs of all parties could be introduced, although it was difficult to work out what form this would take.

Rowan: I wonder if there is some way to make that arrangement with the prospective parents about what's going to happen in the future a little bit more formal?... I mean it wouldn't be a custody agreement, because they've got full custody. But you know, it'd be nice to have some sort of legal standing or some sort of right to information once they've agreed to give you information, which at present doesn't exist at all. I mean, I've got zero rights.

Maggie: I think [the current form of the birth certificate] is very out-dated, and it needs to be updated for the fact that sometimes it takes more than two people to make a baby.... I want it to be different, but I don't know how I want it to be different.

## Discussion

In this study, donors saw themselves as connected to the DCP through immutable genetic ties between themselves and/or their children and the DCP, and while they struggled to define the nature of this relationship, the construct of 'extended family' was often drawn on to describe their ties, a position also reported in previous research on identity-release donation in New Zealand (Goedeke & Daniels, 2017). However, in line with existing literature on both women donating as known donors (e.g. Acharya et al., 2017) and identity-release donors (Gilman, 2017; Graham et al., 2016) the women in this study also emphatically rejected any identification as mother to the DCP and were at pains to affirm the recipients as the parents. This suggested that they were aware of the threat that their 'automatic and enduring' biological connection presented to the recipient parents (Gilman, 2017).

Nonetheless, the ramifications of this genetic connection created expectations of a degree of kinship ties – including expectation that they would be kept informed about the DCP or involved in some way. While donors' desire for information about their recipients and DCP children varies in the literature (Bracewell-Milnes et al., 2016; Indekeu et al., 2021) the context in which donation takes place e.g. anonymous versus identity release, may shape expectations and experiences. For example, in their work on the 'Curious Connections' project (the first major study to explore the impact of donating on the everyday lives of donors and their families since the UK legislation moved towards identity-release donation), Burke et al.

(2020) suggest that many donors feel a strong personal connection with their recipients, even when they had never met - this potentially sets up a desire for ongoing information. In the New Zealand context of identity-release donation, and in this study where most of the donors had actually met their recipients in a joint, clinic-facilitated meeting prior to donation, this sense of personal connection with a follow-on effect of expecting a degree of ongoing contact may be enhanced.

Research on actual contact between egg donors and offspring is limited, particularly from identity-release donations, as many of the offspring from these donations have not yet reached the age of majority when contact is more likely. Research from known egg donation suggests that the relationship between egg donors and known recipients may be strengthened although the role donors play in the life of the DCP can still be tricky to navigate (Nordqvist & Gilman, 2022), and Martin et al. (2020) suggest ongoing access to counselling to help manage relationships. Extrapolation from data of anonymous donors who have joined donor registries, and from the experience of sperm donation which has had a longer history suggests that, as in this study, contact with donor offspring ranges from minimal to no contact to establishing an ongoing relationship (Blyth et al., 2017; Hertz et al., 2015; Kirkman et al., 2014; Pasch, 2018). This limited research has found that where contact occurs, this has generally resulted in positive experiences (e.g. Hertz et al., 2015; Jadva et al., 2011) although contact may be complex with challenges in terms of how the donor, recipients and offspring regard the donor and their role in relation to the family (Kirkman et al., 2014). Donors in the literature have expressed a desire to be responsive and responsible to the needs of the offspring but have also articulated that establishing boundaries and defining the relationship could be very difficult (Hertz et al., 2015) and that donor distress might result if contact was cut off by members of the DCP's family (Kirkman et al., 2014).

In our study, donors appeared to face pressure to both connect but also distance themselves from the DCP and recipient family and this resulted in quite deliberate positioning. While donors were hopeful for information exchange and open to contact, they were keen to avoid 'stepping on the recipients' toes' and consequently were very cautious about how they presented themselves and their own needs and wishes. To achieve this balance, they ultimately situated themselves as being on 'standby': connected and ready for information and contact, but mindful of the limits set

by recipients. This has some parallels with what Nordqvist and Gilman (2022) describe as 'neutral responsiveness', a position adopted by the donors in their study in order to achieve a balance between distancing themselves from the DCP (through neutrality) in order to make the recipients the 'proper parents', and allowing them as donors to meet the responsibilities (through responsiveness) they perceive themselves to carry in relation to 'making people' who have rights and needs in relation to their genetic knowledge. In our study, this position involved conciliatory behaviour towards recipients, letting decisions be guided by them and an apparent acceptance by donors of what was offered to them. This attitude of 'adaptability' (as also identified by Gilman, 2017), suggests that donors have heightened awareness of the delicate power balance between themselves and recipients (the legal parents of the DCP), in which any behaviour on their part interpreted as 'troublesome' might jeopardise their precarious privileges. Further, in positioning themselves as on standby and open to contact at request of the DCP, donors were also assigning what Nordqvist and Gilman (2022) have described as 'relational authority' to the DCP – in other words, seeing the DCP as the rightful leaders of the relationship. Nordqvist and Gilman (2022) reflect that the idea that donors might have their own wishes and preferences as to how relationships might develop is widely considered to be problematic. However, in our study, at least some of the donors voiced the difficulty of their positions and their sense of feeling disempowered by current donation practices which fail to consider their wishes, or potentially those of their children/family. Having been deliberately asked to talk through and clarify expectations, both those of recipient parents and their own as donors in face-to-face counselling, may have strengthened donors' expectations of information exchange and contact.

In this context, framing the relationship between donor and recipient families as that of extended families, as was the case in our study, may be useful for some. It allows kinship ties to be recognised and enables a position of interest on an ongoing basis. As also reported in our previous research on identity-release embryo donors who had met in a joint counselling meeting with their recipients (Goedeke et al., 2015), the construct provides donors the space to acknowledge their sense of personal connection and allows the recognition and actioning of the connection between the DCP and the donors' children. At the same time, however, it makes transparent the

limitations in the rights and responsibilities of donors. Extended families can express interest, but have no legal rights, and varying relationships may ensue. This may still of course, be tricky to negotiate, and as suggested by others (e.g. Gonzalo et al., 2019; Indekeu et al., 2022), donors may need support to explore and manage any issues which arise as they navigate these new forms of kinship and family building for which there are no scripts.

At the same time, as called for by some of the donors in our study, it may also be worth considering if legislative or practice changes are needed to include acknowledgement of their role and formalise information exchange arrangements. Historically, gamete donation has favoured recipients' rights to privacy. Whilst cultural and political change has since championed DCPs' right to access information, various scholars note that inequality of information exchange still exists, with the interests of donors (and we would argue, siblings) being overlooked (Graham et al., 2016). Is it time, for example, to adopt birth certificate annotation, which would at the very least make transparent the nature of the DCP's conception, provide guaranteed access to information about the donor, and formalise the donor's role? This would strengthen the chances of information-exchange and contact between donor and DCP and family, thereby also providing more rights to the donor. Alternatively, as suggested by Ishii and de Miguel Beriain (2022), could contact arrangements be formalised? These authors argue that such arrangements would be to the benefit of offspring too, as current systems (in which disclosure to DCPs by recipients regarding donor conception is not mandated) are insufficient to guarantee offspring access to information which they may regard as critical, and since later disclosure and meeting when the DCP are adults tends to be less favourably experienced (Dempsey et al., 2022). Gilman and Nordqvist (2023) similarly draw attention to the merits of agreements which formalise expectations in advance. While expectations typically are discussed in the clinic-facilitated meetings in New Zealand, information exchange and contact arrangements are not formalised, and donors' experiences of the joint counselling included that sometimes their needs were not sufficiently addressed. More formal arrangements could thus be made in the pre-donation meeting between donors and recipients, which could also draw attention to research on how donor-recipient relationships may evolve, and the relevance of such arrangements which allow DCP to contact and ask questions when they wish and need to, and not just as adults

(Gilman & Nordqvist, 2023). In the current climate of direct-to-consumer DNA testing and sophisticated internet technology, donor anonymity essentially can no longer exist, and we have entered a new world of family building (Braverman & Schlaff, 2019). It is critical that we put in place mechanisms from the outset to best support all the parties affected by such family-building.

This study has a number of limitations. For example, the participants identified as New Zealand European thereby limiting heterogeneity, and were self-selecting, recruited via clinic and patient organisations thus potentially giving them a particular view of donor-recipient relationships. Furthermore, given that donation in New Zealand takes place in a unique context of not only identity release, but with the possibility of clinic-facilitated pre-donation information exchange and contact, this may have potentially shaped study participants' expectations and experiences going forward. Nonetheless, with the ever-increasing likelihood of earlier contact between donor and recipient families, e.g. due to DNA testing, or in recognition of the benefits of early disclosure, the findings of this study have applicability to a wider range of donor and recipient families and offer useful insights to guide policy and practice, such as the possible merit of pre-donation facilitated meetings that formalise information-exchange and contact arrangements between donor and recipient families.

## Conclusion

Donation in the context of identity-release and with the ability to meet previously unknown recipients face-to-face prior to the donation, may set up egg donors' expectations of relationality. Donors construct their relationship to recipients and DCP as that of extended family, positioning themselves as connected to DCP and recipients and as available for information exchange and contact. Nonetheless, this position may be challenging for egg donors as they are mindful of the limits of their role and their ability to ensure that contact occurs. Counselling for both donors and recipients is essential to ensure that each party's needs and expectations are clearly explored prior to donation, and agreements which formalise contact arrangements could be considered.

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## Disclosure statement

The authors report there are no competing interests to declare.

## Data availability statement

The data that support the findings of this study are available on request from the corresponding author, SG. The data are not publicly available to protect the privacy of the research participants.

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