‘Daddy ran out of tadpoles’: how parents tell their children that they are donor conceived, and what their 7-year-olds understand

L. Blake*, P. Casey, J. Readings, V. Jadva, and S. Golombok

Centre for Family Research, Faculty of Politics, Psychology, Sociology and International Studies, Free School Lane, University of Cambridge, Cambridge CB2 3RF, UK

*Correspondence address. Tel: +44-1223-334510; E-mail: lb377@cam.ac.uk

Submitted on April 14, 2010; resubmitted on July 9, 2010; accepted on July 15, 2010

BACKGROUND: The present study explored the process of disclosure in gamete donation families in the UK.

METHODS: Interviews were conducted with 23 mothers and 15 fathers who had told their 7-year-old child about the nature of their conception. Twelve children were interviewed about what they understood and how they felt about their donor conception (DC).

RESULTS: The majority of families had disclosed by the age of four and mothers were found to be the main disclosers. Although some parents expressed concerns about the disclosure, the majority did not experience difficulties. No child responded to disclosure in a negative way. Seven-year-old children showed little understanding of their DC, despite parents starting the process of disclosure before the age of four.

CONCLUSIONS: In spite of mothers’ concerns about disclosing DC to their children, children responded to disclosure in a neutral way and most parents did not find disclosure to be problematic.

Key words: donor insemination / egg donation / disclosure / donor offspring / donor conception

Introduction

In families created by gamete donation, children lack a genetic link with the father in the case of donor insemination (DI) families, and the mother in the case of egg donation (ED) families. Parents can either choose to tell their child about their donor conception (DC), or to keep this information secret. In the past, gamete donation parents typically opted for secrecy, but studies conducted after the year 2000 reveal that more parents than ever before are deciding to tell their child about the nature of their conception (Baetens et al., 2000; Golombok et al., 2004; Hargreaves and Daniels, 2007; Mac Dougall et al., 2007).

Over the past decade, a small number of studies exploring the process of disclosure have emerged from New Zealand (Rumball and Adair, 1999; Gottlieb et al., 2000; Hunter et al., 2000; Scheib, 2003; Lycett et al., 2005; Hargreaves and Daniels, 2007). Mac Dougall et al. (2007) describe early disclosure as ‘seed planting’, as these parents want their children to have always known about their DC and for there never to be a time when this information was new or surprising. Conversely, those parents who tell their child when they are slightly older, around 7 or 8 years old, follow a ‘right time’ strategy, waiting until their children are old enough to have a basic understanding of reproduction and a sense of discretion. In Mac Dougall et al.’s (2007) study, the mean age of the child at disclosure was found to be higher in DI families (9 years old) than in ED families (6 years old).

The majority of parents who disclose do so before their children are 4 or 5 years old (Rumball and Adair, 1999; Gottlieb et al., 2000; Hunter et al., 2000; Scheib, 2003; Lycett et al., 2005; Hargreaves and Daniels, 2007). Mac Dougall et al. (2007) describe early disclosure as ‘seed planting’, as these parents want their children to have always known about their DC and for there never to be a time when this information was new or surprising. Conversely, those parents who tell their child when they are slightly older, around 7 or 8 years old, follow a ‘right time’ strategy, waiting until their children are old enough to have a basic understanding of reproduction and a sense of discretion. In Mac Dougall et al.’s (2007) study, the mean age of the child at disclosure was found to be higher in DI families (9 years old) than in ED families (6 years old).

The majority of adult offspring of DI report being told about their DC for the first time by their mother (Paul and Berger, 2007; Jadva et al., 2009; Mahlstedt et al., 2009). Only one study has explored who is typically involved in subsequent discussions about the DC. Mahlstedt et al. (2009) found that from a total of 85 adult offspring, only 13 reported that their fathers had been present when the DC had been discussed.
In adoptive families, fathers have been found to have little involvement in communication with their child about the adoption. Mothers have been found to be the main ‘communication brokers’ in the family, communicating more actively with their child across all ages of childhood (Wrobel et al., 1998, 2003; Freeark et al., 2008). The role of fathers in adoption-related communication appears to be more complex, with fathers being more involved when children are more curious about their origins (Wrobel et al., 1998), and better able to put their thoughts into words (Freeark et al., 2008).

Regarding how often the issue of gamete donation is discussed with the child, Rumball and Adair (1999) found that 59% of parents reported that they discussed their child’s DC ‘sometimes’, and that 17% did so ‘often’. Of the six disclosing families in Lycett et al.’s (2005) study, parents of children aged between 4 and 8 years old reported that between 1 and 4 discussions about the DC had taken place since the initial disclosure.

In addition to questions such as when to tell and who should tell, an important issue that gamete donation parents face is how to tell. Mac Dougall et al. (2007) found that DI parents typically used a ‘spare parts’ narrative, in which parents explain that a part of their body was broken and therefore they could not have children naturally. ED parents were found to use ‘the helper’ narrative most often, in which the parent explains that a part of their body was broken and therefore they could not have children naturally. ED parents were found to use ‘the helper’ narrative most often, in which parents explain that they needed help to have a baby by a doctor, a donor, or both. Some parents have emphasized that their child is particularly special, or a ‘miracle child’ (Rumball and Adair, 1999; Hunter et al., 2000). Books have been published over recent decades in order to help parents disclose DC to their children, such as ‘My Story’ (Cooke, 1991), which have been reported as being particularly useful (Rumball and Adair, 1999; Hunter et al., 2000; Lycett et al., 2005; Hargreaves and Daniels, 2007).

In Hunter et al.’s (2000) study of 83 parents who had disclosed the DC to their child, parents described the process of disclosure as sometimes being painful and difficult. Parents have also been shown to be concerned about the possible questions that their child may ask in the future, and about whether the disclosure may have negative consequences for their child (Rumball and Adair, 1999). Other concerns of both DI and ED parents include being rejected by their child, and whether they are conveying an appropriate level of information to their child at the right time (Mac Dougall et al., 2007). Nevertheless, most parents report feeling relieved and positive about having disclosed (Rumball and Adair, 1999; Lycett et al., 2005; Lalos et al., 2007; Mac Dougall et al., 2007) and report that they do not regret their decision to tell (Hunter et al., 2000; Linblad et al., 2000; Mac Dougall et al., 2007).

How do young children respond to being told that they are donor conceived? Previous studies have found children’s reactions to be that of curiosity (Rumball and Adair, 1999; Linblad et al., 2000), a neutral response, or no response at all (Scheib, 2003; Mac Dougall et al., 2007). In a Swedish study conducted by Lalos et al. (2007), parents reported that their children did not ask questions, but reacted with short comments, such as, ‘so what?!’. Some parents in Mac Dougall et al.’s (2007) study reported that their children expressed sadness, or asked: ‘Does this mean you are not my real mother/father?’ However, the parents in these families found that the impact of these statements was not as painful as they had feared.

In those families where parents disclosed in early childhood, it is not known exactly what children are able to understand. An American study conducted by Gregg et al. (1996) found that it is not until around the age of seven that children begin to show an understanding of biological inheritance. In the case of adoption, it is between the ages of 6 and 8 years old that children begin to understand the loss involved in adoption, and begin to ask questions as to why they were relinquished by their birth parents. It is usually at adolescence that they begin to explore their identity as an adoptee, and that some begin to search for their birth relatives (Palacios and Sanchez-Sandoval, 2005). It is not known what young children understand about being donor conceived, i.e. whether they understand that their mother, or their father, is not their genetic parent.

The present study explored the process of disclosure in gamete donation families with children aged 7 years old. Of the two existing studies that have been conducted in the UK, one has drawn on a very small sample of six families who had disclosed (Lycett et al., 2005) and the other from a sample recruited from a patient support group (Hunter et al., 2000). The families in the present study were drawn from a larger study of gamete donation families originally recruited from fertility clinics in the UK. The aims of the study were to explore the practicalities of disclosure, mothers’ and fathers’ feelings about disclosure, children’s reactions to disclosure and to attempt to explore how children understand what it means to be donor conceived.

### Materials and Methods

#### Participants

The families in the present study were interviewed as part of a longitudinal study of families created by assisted reproduction in the UK. They had been assessed previously, when the children were aged 1 (Golombok et al., 2004), 2 (Golombok et al., 2005) and 3 years old (Golombok et al., 2006). These gamete donation families were originally recruited from nine fertility clinics in the UK. The original study approached 100 DI and 68 ED families to take part, and 50% of DI (n = 50) and 75% of ED (n = 51) families agreed. At Phase 2 (when the children were 2 years old) the participation rates were 92% (n = 46) and 94% (n = 48), respectively, and for Phase 3 (when the children were 3 years old) the participation rates were 89% (n = 41) and 85% (n = 41). At Phase 3, parents were asked for permission to contact them again for a follow-up. Those who agreed were approached by telephone or letter as close as possible to the child’s seventh birthday. The participation rates were 88% (n = 36) for the DI families and 78% (n = 32) for the ED families. Rather than actively withdrawing from the study, the majority of those lost to follow-up had moved abroad or had moved house and could not be traced.

Data are presented from Phase 4 of the study, when the children were 7 years old. During this phase, 36 DI families and 32 ED families were assessed. At this time, 28% of DI parents (10 families) and 41% of ED (13 families) parents had told their child about their DC, and data from disclosing families are presented here.

The sample comprised 23 mothers (10 DI, 13 ED) and 15 of their partners (7 DI, 8 ED) who had told their children about their DC. Fewer fathers were available for interview due to work commitments, or because they did not wish to take part in the study. A similar proportion of fathers from DI (70%, n = 7) and ED families (62% n = 8) took part in the study. Children were only interviewed about their DC if their parents thought they would be comfortable talking about the subject, and if the child appeared relaxed. If the child was unable to answer the questions or seemed uncomfortable then the interviewer changed the topic of...
Disclosure of donor conception and what children understand

The child’s understanding of being donor conceived

The children’s interview lasted ~10–20 min and focused on their relationships with their parents, siblings and peers. Towards the end of the interview, once the interviewer and child had established a good rapport, children were asked questions specifically related to their DC. For example, children were asked: ‘Can you tell me a little bit about the way in which you were made?’ and ‘What do you think about the man/ woman who helped your mum and dad?’ Parents were asked for their consent for these specific questions to be asked, and were given the opportunity to edit the interview schedule beforehand, changing words and phrases so that the child would feel more at ease and would be more likely to understand what was being asked of them (e.g. adding the prompt ‘What happened in the hospital?’).

The following ratings were made: child’s understanding (understands genetic link, understands the basics of DC, confused response, creative response, no response) and feelings about the donor (a kind man/lady, special doctor, another father); use of books about gametes (seeds, eggs, sperm story-like description, detailed scientific explanation); description of donor (another man/ another lady, special doctor, another father); frequency of discussions (1–3 months) whereas a higher proportion of ED mothers discussed the DC to their child before the age of four. In both DI and ED families, it was the mother who typically carried out the initial telling (6 DI 60%, 12 ED 92%). In both DI and ED families, subsequent discussions about the DC were initiated by mothers, children, siblings or both parents together, and never by the father alone.

In DI families, four mothers (40%) reported that discussions were likely to involve the family as a whole (mother, child, father and siblings). In ED families, subsequent discussions typically involved the mother and the child, as reported by nine mothers (70%).

In terms of the frequency of discussions, a higher proportion of DI mothers reported discussing their child’s conception frequently (every 1–3 months) whereas a higher proportion of ED mothers discussed their child’s conception every 6–12 months.

The majority of both DI and ED mothers gave brief, story-like descriptions of how they had needed help to have a baby (9 DI 90%, 7 ED 54%). Other parents gave their child a more detailed and scientific explanation of the basics of reproduction, and how they had needed either sperm or an egg from another person in order to have a child (1 DI 10%, 4 ED 31%). Two of the DI mothers (20%) and three ED mothers (23%) emphasized how
special the child was and how much they were wanted. Examples of these explanations are shown below:

‘I didn’t have any eggs and that some very kind person very kindly gave them to us, because we wanted you so much and that we’ve, you know, got you, which is the most wonderful thing’ (Brief, story-like explanation, ED mother).

‘From Daddy you need the sperm and from Mummy the egg, and then we said that Daddy doesn’t make any sperm so we couldn’t manage to make you, we couldn’t manage to have a baby, so we needed help so we went to the hospital, and we had to borrow it from someone else’ (Detailed, scientific explanation, DI mother).

Parents differed in the terminology they used to refer to gametes. One DI mother (10%) and 4 ED mothers (31%) referred to ‘sperm’ and ‘egg’. Other mothers used more creative, less scientific descriptions to refer to gametes, such as ‘tadpoles’, ‘fish’ and ‘a special ingredient’ (3 DI 30%), or ‘Easter eggs’ (1 ED 8%). For example:

‘Daddy’s run out of tadpoles and that we had to go out and get some tadpoles from somebody else’ (DI mother).

The mothers described the donor to the child in different ways. The majority referred to another man/another lady (7 DI 70%, 7 ED 54%). One DI mother (10%) referred to the donor as ‘another father’ and one ED (8%) mother described being helped by ‘somebody else’.

To help explain to their child how they were conceived, 5 DI (50%) and 4 ED (31%) mothers had used books specifically written for gamete donation parents or about human reproduction in general.
Parents experiences and feelings about disclosure

Parents were asked whether they had talked to anyone other than their partner about their disclosure decision. Four ED mothers (31%) had talked to their friends or family for advice and none of the DI mothers had done so. Neither DI or ED fathers had sought advice from someone else about the disclosure decision.

Some mothers had participated in workshops held by a support group for gamete donation parents in the UK, the DC Network (2 DI 20%, 1 ED 8%) as had 1 DI father (14%), who described how he found attending DC Network meetings to be helpful:

‘I was very nervous, um probably about three or four years ago about the situation but I actually talked to a few people on the donor network, we get leaflets come through and that’s quite useful, with other people in the same situations. You know, it isn’t only me or us, you know, there are a lot of people out there like it…’

Mothers were asked how they had felt about telling their child that they were donor conceived and half of the mothers’ responses were neutral (4 DI 40%, 6 ED 46%). Other mothers described feeling anxious (1 ED 8%); disappointed by the child’s lack of reaction (1 ED 8%); proud and pleased (2 ED 15%); relieved (2 ED 15%); sad (1 DI 10%); uneasy/uncomfortable (1 ED 8%); that telling the child was making the DC more real (2 DI 20%); and mixed emotions (1 DI 10%). Examples of mothers’ feelings about disclosure are shown below:

‘I just feel, I don’t know, I feel a bit, like, sad usually, because if it was a normal conception we wouldn’t have anything I suppose, I don’t know. It’s another aspect I’ve got to worry about I suppose, it makes me sad’ (Sadness, DI Mother).

‘Perfectly fine, because it’s a part of our life. Without us going through that process, if I had been unable to conceive naturally, we couldn’t have had [child]’ (Neutral reaction, ED Mother).

‘How did I feel? I think I was sort of quite relieved to have made a start on it, whether he took it in or not… I think sometimes you have to say it yourself’ (Relieved, DI Mother).

Fathers were asked how they thought their partners felt about the disclosure and three of their accounts differed markedly from their partner’s response (1 DI, 2 ED). One DI mother described feeling sadness about the disclosure and her partner described her as feeling neutral, and another ED mother described feeling disappointed by the child’s reaction and her husband described her as feeling relieved. The third discrepancy was between an ED mother who described feeling fine and her partner who described her as having some issues about the disclosure, as shown in the following quote:

‘So, you know, I think in the past there’s probably been, well there certainly has been thoughts in my mind, because she’s mentioned on a couple of occasions that “He’s mine because I gave birth”. So without question there has been a slight issue for her to handle’ (ED Father).

The majority of fathers reported that they felt neutral about telling their child about the way they were conceived (6 DI 86%, 5 ED 63%). Others felt relieved (2 DI 14%, 2 ED 25%) or positive (one ED 12%). An example of one of the father’s responses is shown below:

‘I suppose maybe relieved to start with, to say that we did mentioned it. I couldn’t tell you in truth how I felt, I think just the relief that we’d started the process of explaining it to (child)’ (Relieved, ED Father).

Mothers were asked to describe how they thought their partners reacted to the disclosure, and four of these accounts were found to diverge (2 DI, 2 ED). Two ED fathers reported feeling neutral, whereas their partners described them as finding the disclosure process difficult and two DI fathers reported feeling neutral and their partners described them as being afraid of rejection. Six mothers whose partners were not interviewed (3 DI, 3 ED) were asked about their partner’s feelings about disclosure. The DI mothers reported that their partners found the disclosure to be difficult, with one mother explaining that she thought her partner was afraid of being rejected. The ED mothers described their partner’s feelings about disclosure as being neutral.

Although mothers were not specifically asked whether they had any concerns regarding the disclosure, these emerged during some of the interviews. Mothers mentioned that they were anxious about whether they were telling their child in the best way possible (1 DI 10%, 1 ED 8%); how much they should say to the child (2 DI 20%, 2 ED 15%); whether they were telling their child at the right time (1 DI 10%, 1 ED 8%); whether they discussed the DC sometimes (1 ED 8%); how their child’s friends would react (1 ED 8%) and what effect the disclosure may have on the child in the future (1 DI 20%). No concerns emerged from the fathers’ interviews.

The child’s reaction to disclosure

Once again, data are reported from the mother’s interview regarding the child’s reaction to disclosure as more mothers were interviewed than fathers and their interviews were generally longer and more detailed.

The majority of mothers reported that their children reacted to disclosure in a neutral way, or that they did not react to this information at all (8 DI 80%, 12 ED 92%). One ED mother (8%) described her child’s reaction as being pleased and 1 DI mother (10%) described her child as being amused. Twenty-three per cent of the ED mothers (n = 3) described how their child talked openly about their DC to their friends and school. Examples of mother’s reports of their child’s reactions are shown below:

‘I don’t think there was any great reaction, just kind of “Oh, that’s how it was”; do you know what I mean? No horror or no anything strange, because it’s just like telling anybody a story’ (Neutral/no reaction, ED mother).

‘But there was a lovely moment… they had a school assembly where everyone [was] talking about how you were special, what’s special about you, and she went quite quiet at that point and her hand shot up… and I thought to myself, “What is she going to say?”… and she said “I’m special because I come from my Mummy’s sister’s egg”… and they said, “Oh, did you? That does make you special”’ (Child talks openly about DC, ED mother).

The children’s interview

Of the 6 DI children who were interviewed, only two demonstrated that they had some understanding of their DC, or were able to repeat parts of the story that their parents had told them. One of
these children showed a rudimentary understanding of a having a genetic link with the donor:

‘Oh, um... a man not like mama’s husband like but a man gave a seed and we think that we are allergic to nuts because a man was allergic to nuts...’ (DI child).

Of the six ED children who were asked how they were made, only two children showed some understanding of their DC or could repeat the story their parents had told them. For example:

‘I was being made in my mum’s belly, but I wasn’t being born because she didn’t have enough seeds, so a kind lady gave her some seeds to grow me.’ (ED child).

Another child gave the following response:

‘A donor egg. And I don’t know the donor egg was, were, I would’ve had actually had another Mummy if I didn’t... if my Mummy didn’t buy me off her... Oh they got a big needle and put it in. And that was me! I was in the needle! I’ve been in a needle’ (ED child).

Another child added her own imaginary details to the story.

‘My mum needed help by a hospital. So, she needed help from the hospital in the first year she knew me. um, they cut my mum open, they decided, they got three eggs out... my mum’s tummy opened, so and they put the names on the eggs and that happened.’ (ED child)

Of the 12 children who talked about the person who helped make them, one DI child and one ED child said that they did not know the donor. Three DI children and one ED child described the donor as being kind or a nice man/woman.

**Discussion**

In this study, the process of disclosure was explored in both DI and ED families in the UK. In all but one family the DC was disclosed to the child by the time the child was 4 years old. Disclosure was typically initiated and maintained by the mother and despite mothers’ concerns, most did not find disclosure to be problematic. No children reacted to disclosure in a negative way, although interviews with children suggested that most had little understanding of what their parents had told them.

All of the parents in the present study wanted to gradually give their children age-appropriate information about their DC, following what MacDougall et al. (2007) referred to as ‘seed planting’. This seems to be the most popular approach to disclosure, also found in studies conducted in New Zealand, the USA and previously in the UK (Rumball and Adair, 1999; Hunter et al., 2000; Scheib, 2003; Lycett et al., 2005; Hargreaves and Daniels, 2007).

In both DI and ED families, mothers were most likely to have carried out the initial telling. This finding is in line with previous studies that have found mothers to be the main disclosers in DI families (Lycett et al., 2005; Jadva et al., 2009; Mahlstedt et al., 2009). After the initial disclosure, discussions about DC were typically initiated by the mother.

In DI families, subsequent discussions about the DC families typically involved the mother, child and siblings, or anybody in the family depending upon who was present at the time. ED fathers were less likely to be involved in conception-related communication; this may be because they feel that disclosure is primarily the mother’s responsibility, as she lacks a genetic link with the child.

Communication about DC, and indeed, adoption-communication, generally falls within the mother’s domain (Wrobel et al., 1998, 2003; Freark et al., 2008). This is in line with the findings of research on inheritance of disease in families that has found women to be the ‘genetic housekeepers’ of the family, as they are the most likely to initiate contact with clinics, collect information from family members, seek counselling and opt for genetic testing (Richards, 1996). More generally, sociologists have explored the practice of ‘emotion work’ in the family, referring to the management and display of ones feelings in order to influence the feelings of another. It has been concluded that the bulk of emotion work in families is conducted by mothers (Devault, 1999), and this too may explain why discussions about the child’s DC are most often led and controlled by mothers.

In the present study, father’s interviews were conducted in exactly the same way as mother’s interviews. However, father’s interviews were generally shorter and less detailed, often including responses such as ‘I don’t know’ or ‘I can’t remember’. For this reason, mother’s data have been reported more frequently used than father’s data. The differences in mothers and fathers responses are likely due to the fact that the initial telling and subsequent discussions about the DC were typically initiated by the mother. Even in those families in which fathers were involved, typically this was to a lesser degree than the mothers.

There was considerable variation between families in how often the child’s DC was discussed, from four times a year or more, to less than once a year. This may have resulted from parents’ desire to initiate spontaneous, relaxed and natural conversations with their children about their DC. This approach has also been described by parents in studies in the UK (Lycett et al., 2005) and Belgium (Vanfraussen, 2001). DI families were found to discuss the DC more frequently than ED families. It is possible that ED mothers feel less comfortable and less willing to initiate discussions as they lack a genetic link with the child. DI mothers are genetically related to their child and therefore may feel more comfortable raising this topic of conversation, and do so more often.

Although most mothers and fathers did not find disclosure to be problematic, some parents expressed feelings of sadness and anxiety about the disclosure. Once again, there was discrepancy between the reports of mothers and fathers as to how their partners felt about disclosure. Of particular interest is that four fathers described feeling neutral about the disclosure, whereas their partners described them as finding disclosure to be difficult (ED fathers) or as being fearful of rejection (DI fathers). Similarly, one ED mother described feeling neutral and her partner described her as having some unresolved issues about the disclosure. It is possible that discrepancies between the reports of mothers and fathers arose because they do not communicate about this issue often. It is also possible that some parents did not describe their deeper anxieties about disclosure during the interview.

The present study has highlighted the different ways in which parents tell their young children that they are donor conceived and how parents feel about this. This may be of particular interest to counsellors, psychologists and support groups working with gamete donation families. Some gamete donation parents, and DI fathers in
Disclosure of donor conception and what children understand

particular, have negative feelings about disclosure, which may make communication about DC a tense and difficult subject. As Wrobel et al. (2003) noted in her study of communication in adoptive families, disclosure is not simply a matter of information-sharing for family members, but has a strong emotional component.

Like studies by Hunter et al. (2000) and Rumball and Adair (1999), mothers reported feeling concerned about how their child would react when they had a more sophisticated understanding of the circumstances of their birth. The mothers in the present study were also worried about whether they had told their child at the right age, and were giving them enough information. In Mac Dougall et al.’s (2007) study, parents anticipated feeling devastated if children were to say, ‘You’re not my real mother/father’. Only one ED mother in the present study described an experience like this and it remains to be seen whether incidents like this will become more common as the children grow older.

The vast majority of children responded to disclosure in a neutral way, or had no reaction at all. This finding is in line with previous studies that have found children respond in a factual, non-emotional way to disclosure at a young age (Rumball and Adair, 1999; Hunter et al., 2000; Mac Dougall et al., 2007; Jadva et al., 2009). From the children’s interviews, it is difficult to discern exactly what they understand at the age of seven. The children’s responses may be a true reflection of their current level of understanding, in which case, few children seem to have even a basic understanding of their DC. It is also possible that the children may have felt uncomfortable talking about their DC to the interviewer, or about talking about this topic in general. Although children’s interviews yielded limited results, this in itself is important, revealing that few children understand their DC at age seven. Disclosing parents should be mindful that disclosure is an ongoing process and that children’s understanding of their DC in their preschool years is limited.

The size of the sample in the present study was relatively small, and ideally there would have been equal input from mothers, fathers and children. A common challenge of research in this field is that one does not know if those families who refuse to take part in the study are experiencing greater difficulties than those who do. Few families have dropped out since the families were first visited when children were 1 year old: this suggests that findings cannot be explained by those families experiencing difficulties having dropped out.

In the UK, more gamete donation parents than ever before are choosing to disclose, yet this is still a minority (Salter-Ling et al., 2001; Lycett et al., 2005). The families in the present study were taken from a larger sample of assisted reproduction families in the UK in which the majority of gamete donation parents had not disclosed (69% DI and 66% ED). Also, it is important to recognize that children in this study were conceived between the years 1999 and 2001, prior to the removal of donor anonymity in the UK in 2005. Those parents who conceive using an identifiable donor may feel differently about disclosure. Studies of parents who have conceived using identifiable donors in California and the Netherlands have found a high rate of disclosure to the child (Scheib, 2003; Breuweys et al., 2005).

It would be fruitful for future research to explore at what age parents begin to discuss the absence of a genetic link with their child, and its significance (or lack of significance). Another area to explore would be at what age families begin to discuss the donor in more detail, and the fact that they are anonymous and cannot be traced, and the impact that donor anonymity may have on family members and family relationships. Research focusing on donor offspring in early adolescence and beyond is particularly needed in order to discover how those who learn of their DC in early childhood will feel about their conception as they grow older and develop a more sophisticated understanding of the circumstances of their birth.

Acknowledgements

We are grateful to all of the families who agreed to take part in this study.

Funding

The project described was supported by grant number R01HD051621 from the National Institute of Child Health and Human Development. The content is solely the responsibility of the authors and does not represent the official views of the National Institute of Child Health and Human Development or the National Institutes of Health.

References


Linblad F, Gottlieb C, Lalos O. To tell or not to tell—what parents think about telling their children that they were born following donor insemination. *J Psychosom Obstet and Gynecol* 2000;21:193–203.


