Embryo donation in New Zealand: a pilot study

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**BACKGROUND:** In New Zealand, embryo donation to others was approved in late 2005 and follows strict guidelines. To date, few donations have proceeded. Given the novelty of embryo donation and New Zealand’s guidelines around donation, this study explores how potential recipients in New Zealand made meaning of embryo donation.

**METHODS:** Thirteen potential recipients were interviewed regarding decision-making around embryo donation. Data were analysed thematically, identifying the major concerns that shaped their perspectives and decision-making regarding embryo donation.

**RESULTS:** The concept of genetic lineage emerged as the most important consideration. Participants viewed the embryo as a direct and permanent link between the genetic parents and the child resulting from donation. The genetic link implied ongoing responsibility, interest, care and even ownership. Participants were particularly cognizant of the need for children born from embryo donation to have access to information regarding their heritage. Wider concerns around the quality of the embryo’s genetic material were expressed. Neither discarding surplus embryos nor embryo donation was seen as easy options. Participants found embryo donation to be a psychologically and morally complex issue and expressed some caution about pursuing this option.

**CONCLUSIONS:** The emphasis on genetic lineage as a priority in decision-making needs to be recognized especially within contexts where guidelines emphasize donor registration and cultures are shaped by open-adoption practices and the importance of knowing one’s lineage.

**Key words:** frozen embryo / embryo donation / discarding embryos / genetic lineage / decision-making

**Introduction**

An ever-increasing range of assisted reproductive technologies (ART) are available to individuals in their quest to have a child. Yet ARTs bring with them new social and moral dilemmas. One such dilemma is the fate of cryopreserved embryos formed during the IVF process, which may be ‘surplus’ to requirements once a couple decides that they have completed their family.

The increasing number of embryos in storage across the world has become a concern (Oghoetuoma et al., 2000; Hoffman et al., 2003). In 2000, in Australia and New Zealand combined, there were 71 776 frozen embryos in storage (Hurst and Lancaster, 2001). In 2004, there were an estimated 5000–7000 embryos stored in New Zealand (National Ethics Committee on Assisted Human Reproduction, 2005). In New Zealand, cryopreserved embryos may be kept for only 10 years (Advisory Committee on Assisted Reproductive Technology—ACART, 2007). Thus, the number of embryos reaching the storage time limit compels all couples who have embryos in storage to make the decision of what to do with them.

Up until recently, and unlike countries with longer standing practices of embryo donation, in New Zealand, the only option available to couples with frozen embryos was either to continue to store or to discard the embryos. In 2005, the ACART released guidelines outlining the practice of embryo donation to other couples affected by infertility. Embryo donation could occur only under specific conditions and after successful application to The Ethics Committee on Assisted Reproductive Technologies (ECART). Thus, the practice is highly regulated. ECART has considered and approved all the 10 applications for embryo donations since 2006 and notes that one birth has occurred although some outcomes have not yet been reported (ACART, 2008).

Even in countries with longer histories of embryo donation, research into embryo donation practices and the perspectives of donors and recipients has been limited.

This is particularly the case with research focusing on the recipients of donated embryos. Soderstrom-Anttila et al. (2001) carried out a quantitative study investigating the outcome and attitudes among embryo donors and recipients. They found that recipients wanted information about the genetic parents, including their age, medical...
history and phenotype. In addition they found that the recipients felt that the child should be informed about the donor couple and the manner of their conception.

However, the fate of cryopreserved embryos has received more research attention and has been identified as a problematic and contentious issue. Many couples appear to find the decision-making process particularly difficult and tend to delay making a decision as long as possible (McMahon et al., 2000; Nachtigall et al., 2005). In Australia, Kovacs et al. (2003) found that 89% of their participants eventually chose to discard. Most researchers, however, report that the decision to discard is not made lightly and that it may be accompanied by sorrow, uncertainty and concern (McMahon et al., 2003; Lyerly et al., 2004; Nachtigall et al., 2005; Hammerberg and Tinney, 2006; de Lacey, 2007). Several researchers have explored, as a factor influencing decision-making, the status given to the embryo (de Lacey, 2005; Nachtigall et al., 2005): whether or not the embryo is seen as a child or as a collection of cells capable of further development. For some who conceptualize the embryo as a child, discarding evokes issues of destroying ‘life’ and may be seen as akin to pregnancy termination (de Lacey, 2007). Those who see the embryo as a collection of cells may view discarding as less problematic. However, for many, the financial and emotional investment involved in the creation of their embryos, regardless of whether they are seen as collection of cells or potential children, makes discarding the embryos problematic (Cattoli et al., 2004; Lyerly et al., 2004).

The perceived status of the embryo may also come into play regarding decisions to donate to other couples. Again, the issue is not clear-cut. Paradoxically, those who see the embryo as a child may draw on this conceptualization to motivate both for and against donating the embryos to others. The motivation to donate may stem from seeing the embryos as children deserving of life, or the expansion of parenting to include helping others to achieve this status (Kirkman, 2003). Conversely, seeing the embryo as a child may also lead to a decision against donation because potential donors could not bear the thought of their genetic children being raised within another family, not knowing them or having them turn up unexpectedly (McMahon et al., 2000; de Lacey, 2005). Other researchers have suggested that those who emphasize the psychosocial dimensions for family functioning may be more inclined to donate in contrast to those who see genes as defining parenthood (Laruelle and Englert, 1995; Fuscaldò and Savulescu, 2005).

De Lacey’s (2007) study, however, found that all participants could see their embryos as a child to some extent, and that it was those who viewed the embryo as already a child, who were actually more likely to discard. In contrast, those who saw the embryo as having potential for becoming a child but not already a child were those who might go on to donate. This is supported by Hammerberg and Tinney’s (2006) study where those who wanted to give the embryo a chance at life were more willing to donate. Both de Lacey (2007) and Söderström-Anttila et al. (2001) found that those who framed the embryo as seeding material, or saw the practice as akin to tissue or organ donation, were more likely to donate. Participants did not want to waste the embryo but rather to preserve it.

Researchers have raised the question as to whether embryo donation can be seen as pre-birth adoption (Söderström-Anttila et al., 2001) with potentially similar dilemmas. Newton et al. (2003) suggest that most of those inclined to donate embryos to others held views congruent with a model of embryo adoption rather than organ donation. Yet in contrast, de Lacey (2007) found that participants were drawing on a range of metaphors, and their acceptance and resistance of the adoption metaphor influenced their decision-making. The discard group related to the adoption metaphor: seeing the embryo as ‘part of us’ and thus unable to be donated. To discard the embryo, on the other hand, was represented as akin to a natural process of miscarriage. The donate group resisted the adoption metaphor and emphasized social bonding over genetic roles and the gestational experience as important. De Lacey also identified that participants’ decisions around the fate of their embryos were often driven more by what they wished to avoid rather than active decisions in favour of a particular option.

Embryo donation in many countries is practiced quite differently from the approach adopted in New Zealand. In the USA and in some states of Australia, for example, either donor anonymity is permitted, and/or there is no provision for joint counselling or discussion of ongoing communication between donor and recipient families. In comparison, New Zealand policies regarding embryo donation to others have drawn substantially on adoption research and practice within the country. Through the passage of the Adult Adoption Information Act, adopted persons’ need and right to their kinship knowledge were recognized (Rockel and Ryburn, 1988) and pioneering open adoption practices ensued. Similarly, people working within the field of donor insemination also understand this need (Daniels and Taylor, 1993), subsequently the Human Assisted Reproductive Technology (HART) Act of 2004 requires that donor offspring are made aware of and can access information regarding their genetic origins (New Zealand Parliamentary Council office, 2009). Hence, the ACART guidelines for embryo donation specify the registration of donors’ identity to enable resulting child’s access to this information. Views regarding embryo donation are also shaped by the New Zealand Maori indigenous population that places enormous value on whakapapa, ‘a conceptual framework for considerations of relatedness, personhood and reproduction’ (Glover and Rousseau, 2007, p. 119). This concept, rather than conflicting genetic and social parenting, distinguishes between them and in so doing values each.

The 2005 New Zealand embryo donation guidelines specify that the donor and the recipient couple must undergo individual and joint counselling and discuss issues such as the child’s right to access information about his/her genetic origins, and expectations and plans about ongoing contact and information-sharing. How these policies and practices affect New Zealand couples’ decision-making has not yet been explored. Given the paucity of research that addresses decision-making around the fate of cryopreserved embryos, particularly in the New Zealand context, we sought to explore the perspectives of donors and recipients towards embryo donation. In this paper, we present the perspectives of potential recipients only.

**Materials and Methods**

Ethical approval for this study was obtained from the Auckland University of Technology’s Ethics Committee (AUTEC).

The study was advertised in the Fertility NZ’s newsletter, email network and website inviting members with frozen embryos or those who would like to be recipients of frozen embryos to participate. There were 18 participants (17 female, 1 male) recruited. Of these, five had
frozen embryos. The remaining 13 participants were potential recipients. Three already had at least one child (either through natural conception or adoption) and wanted more. The age of participants ranged from 30–45 years of age. Potential recipients had pursued treatment for an average of 5 years (range 1–10 years) at the time of the interview and had attempted various forms of ARTs, including donor insemination, oocyte donation and IVF. Potential recipients were or had explored most options open to them with adoption and embryo donation being among the remaining feasible options to have a child. Five were pursuing the possibility of adoption while simultaneously exploring the possibility of embryo donation.

Participants were interviewed either face-to-face or by telephone. The interviews were open-ended and participants were asked about their views regarding embryo donation. Interviews were conducted by both researchers. Interviews were audiotaped and transcribed verbatim. Identifying information was removed and pseudonyms, either chosen by participants or assigned to each participant, were used to ensure confidentiality.

An inductive thematic analytic method was used to analyse the data (see, for example, Braun and Clarke 2006; Pope and Mays, 2006). First, each researcher read and re-read each transcript to become familiar with all the data. Then, on subsequent re-reading, broad themes were identified and noted on each of the transcripts. Second, the researchers met and together worked through each transcript. Any disagreements regarding the initial themes were discussed and the transcript section was re-read. The themes that best fit the data were selected. Third, codes were then assigned to each of the themes, and finally themes were organized into categories.

### Results

Participants reported that initially when embryo donation became available, it had some appeal. As potential recipients, embryo donation gave them the possibility not only to become parents, but also to experience pregnancy, childbirth, and breastfeeding, as well as the opportunity to parent children from newborn age onwards. However, as the interview progressed, they described it as a far more complex, emotionally challenging and ethically problematic practice than it first seemed when it became available.

Three major themes were identified: the importance of the genetic make-up of the embryo, ownership of the embryo and embryo donation as embryo adoption (Table I). What became evident in our analysis of the transcripts was that potential recipients always considered embryo donation from the perspective of being donors and being recipients. We have thus presented the findings for each theme in relation to donating and receiving embryos.

### Genetic make-up/inheritance implications

**In relation to donation**

All but one potential recipient demonstrated a strong awareness of the importance of the genetic connection between the donors and their genetic child.

Sarah: There are women who donate eggs, but donating an embryo is kind of a whole person. I mean that’s your child . . .

The genetic connection between donor embryo and existing siblings was emphasized and prioritized. In addition, the embryo was valued as being the full genetic material of the donating couple. Consequently, participants emphasized the child’s right to access information about his or her origins. They believed that such knowledge was important to the child’s sense of identity and psychological wellbeing. Most participants thus stressed the need for potential donors and recipients to be informed about and to acknowledge this issue.

Marianne: I think people need to be educated about how a child born will be a full genetic sibling to other children, so the implications around all of that, emotionally, psychologically, those kinds of things, about how the wellbeing of the child is so important, and how the child’s sense of self and identity is tied to where he or she comes from and how that is handled.

Table I Key themes surrounding embryos and embryo donation for donors and recipients as perceived by potential recipients

<table>
<thead>
<tr>
<th>Genetic make-up/inheritance implications</th>
<th>Donors</th>
<th>Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Composition of embryo</strong></td>
<td>Full genetic material of couple (in contrast to oocyte or sperm = half of genetic make-up)</td>
<td>'Unknown' genes—thus recipients have little control, and genetically inherited traits may become evident as child develops</td>
</tr>
<tr>
<td><strong>Ownership of the embryo</strong></td>
<td>The embryo (child) as the donors’ child</td>
<td>Loss of relationship/bond</td>
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<td></td>
<td>Thus donors may have ongoing responsibility and connection</td>
<td>While ‘theirs’, child is ‘not completely theirs’—mourning the loss of genetic connectedness</td>
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<tr>
<td><strong>Embryo donation as open adoption</strong></td>
<td>Allows continued access (but seeing embryo donation as embryo adoption also makes transparent ‘giving up’/choice not to bear and rear this child)</td>
<td>Genetic parenting seen as ‘real’ parenting</td>
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<td></td>
<td></td>
<td>Anticipate involvement of genetic parents, thus incomplete or partial, shared parenting—difficult</td>
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<td>However, traditional adoption involves relinquishing a child out of necessity.</td>
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<td>Donation is a positive choice from a position of power—hence less future claim?</td>
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Embryo donation in New Zealand 1941
In relation to receiving

As potential recipients, the genetic composition of the embryo also translated to a concern about the biological inheritance of characteristics and problems that could have a genetic basis.

Sandra: I want ‘my’ baby, ‘my’ genes, ‘my’ personality traits and deficiencies. I want to know what’s inside it and where it came from. I don’t want somebody else’s stuff... Pretty fixated on that... the genetic creating of them; any lurking disease—you can’t tell by looking at somebody or even knowing them a wee bit... Are they some sort of carrier or something that’s going to pop out in your baby?... How can I get a CV of an embryo?

Linda: How would I feel if this child didn’t look anything like me or was a child delinquent? Then all those things come into play... what the family history is of illness and disease and mental health? And all those sorts of things which you think would determine what sort of child you might be getting.

Participants feared either the unknown nature of the potential child, or that the child could end up demonstrating qualities they were unprepared for. On the other hand, some participants also felt that since embryo donation in New Zealand requires contact with and information-sharing between potential donors and recipients, at least they would have some knowledge about possible characteristics of the potential child.

Another consideration was that the type of person donating an embryo might be positively different from those who might give up their child for adoption, for example, embryo donors might be more educated and affluent. Hence, the resulting child’s characteristics might be more ‘desirable’ than those of an adopted child.

Linda: The pool of donors is probably a pool of people that you’d rather choose from than people who are adopting out babies.

For five potential recipients, there was concern about the ‘quality’ of the embryos, as the couples presenting for fertility treatment cannot conceive without medical assistance. IVF was perceived to be a somewhat artificial, unnatural process that could be seen as a violation of nature, and as such, a creation of something that was never meant to be. In this way, embryos created from IVF were seen as of potentially poorer quality than embryos created ‘naturally’.

Sarah: Some say—let nature be. It’s not meant to happen... you shouldn’t force it. Survival of the fittest and all that....

Heather: When you are getting someone else’s embryos they’ve had some sort of fertility problem which isn’t a great starting point is it?

In addition, from these ‘artificially created’ embryos, the ‘best’ embryos are then selected by the donors for their own treatment. Donors would then choose to donate the remaining embryos, which may be of poorer quality. This was of concern to the recipients themselves in terms of the embryo quality, and also they worried about the future emotional implications for the resulting children.

Diane: It’s kind of like ‘yes I was only nine cells—my brother was ten cells. I was the reject’.

Several recipients expressed the concern that the children may come to see themselves as ‘second rate’ and the ‘less desirable’, the ones discarded by their genetic parents in favour of their first choice, ‘better quality’ sibling selected by the donating family.

Ownership of the embryo

In relation to donation

When asked about embryo donation, potential recipients discussed how, if they were donating embryos, they would regard the embryo as having their full genetic make-up.

Sandra: It would be really hard to give those away because they’re a bit of me and a bit of him—I wouldn’t trust somebody else’s parenting to bring up a half of me and a half of him.

Linda: I would just want to know the child is OK because genetically it is yours, but you wouldn’t feel like it ‘was’ your child. But even then you have a responsibility for just making sure that it’s happy and OK.

They anticipated that their association as genetic parents would have implications such as an ongoing sense of connection, even ownership, and thus an ongoing responsibility towards the child.

In relation to receiving

The ongoing genetic connection between the donor and the child and the loss of this connection between the recipient and the child were felt intensely and mourned.

Marianne: There was intense grief that came up for me around that loss of connection to my child; it’s just a huge loss of something my husband and I always dreamed we would share.

Sarah: It’s strange to think that I would actually be giving birth to a child that’s biologically nothing to do with me... that’s hard to accept.

Embryo donation as open adoption

In relation to donating

With the awareness of the child’s right to have knowledge about his or her genetic origins and the sense of ongoing responsibility, many participants constructed embryo donation as akin to open adoption (as it is practised in New Zealand). In this process, participants expressed the belief that some of the concerns and sense of loss and responsibility experienced by potential donors could partly be allayed, because open adoption can serve to formalize and legitimize an ongoing relationship and recognition of donors as the genetic parents.

Linda: I know if I donated an embryo—I would want some contact and just to know that the kid is okay and maybe see it every now and then, and just because genetically it’s yours, but you wouldn’t feel like it WAS your child... It’s probably for your own peace of mind. And there would be some benefit for the child, well, that’s sort of where I come from and there’s someone that I look like... all that sort of thing.

At the same time, portraying embryo donation as a form of open adoption also made transparent the potential donors’ choice to ‘give up’ and not to bear and rear their own genetic children. Participants raised the possibility that some donors would struggle with this, as there seemed some contradiction in valuing genetic relatedness but then being willing to ‘give it up’.

In relation to receiving

By constructing embryo donation as akin to open adoption, recipients then recognized the continued significance of the genetic parents and perceived them as potentially threatening in relation to their role as the social parents.
Melissa: With adoption it’s ‘well you abandoned this child, so here I am. I am going to be the saviour’, but with donation... what if when the genetic parents and child see each other, and when your child grows to be a teenager and says ‘you’re not my mother after all’. You wonder too what would happen, God forbid, if one of those children in that other family died or was killed or something and you’re remaining in contact and suddenly, you’ve got one of ‘their’ children.

In acknowledging the right of the child to have access to information about his or her genetic origins, potential recipients felt that this could imply that the genetic bond was a closer and, possibly, a more valuable link. The genetic parents would be seen by the child, and indeed by themselves, as the ‘real’ parents. Recipients were fearful of what the longer term implications would be of seeing the genetic parents as this. They anticipated possible threats to their own ongoing relationships with the children and expressed concern about the genetic parents’ rights to them.

As exemplified in Linda’s excerpt, the recognition of genetic connectedness, particularly if manifested through physical likeness, could have real consequences for the sense of identity and kinds of relationships formed between children and their extended donor/recipient families. For recipients, the loss of this physically manifested connection could also contribute to the loss of social connectedness and bonding.

Embryo donation policy in New Zealand is influenced by prioritizing the interests of the child: practices are in the best interests of the child. Potential recipients echoed this belief.

Claire: You’d have to have the connection for the sake of the child.

Marianne: It’s really important for the child’s identity, their sense of self.

For many, this extended the perceived threat of the child seeing the genetic parent as the ‘real’ parent because the ongoing connection could serve to further weaken the bond between the child and the recipient parent. Parenting of a child conceived through donor embryos was thus represented as a type of ‘shared’ parenting. Although potential recipients saw the resulting child as theirs, it was also ‘not entirely theirs’ and they envisaged their role as parent, as a shared or incomplete parent, similar for them to the concept of open adoption.

Heather: It’s not your unique family but it’s a shared family and I think that when you’ve gone through so many struggles that would be a bitter pill to swallow.

The perception of shared parenting was further threatening in that potential recipients felt their authority and parenting could possibly be undermined by the donating parents.

Claire: I wouldn’t like them to have an opinion about how I’m being as a mother.

However, some recipients were able to reframe this perceived shared parenting positively.

Marianne: I think the families will always be connected because of that, it’s a really unique bringing together and I think there’s potential for it to be really special. There is potential for it to go wrong, but I do think there’s potential for it to be a really special thing.

Although recipients drew parallels between embryo donation and ‘open’ adoption, they also saw some positive differences from traditional adoption.

Shelly: They would have a very clear understanding of what they’d entered into by giving up their embryo. So even though they may want to see the child—you wouldn’t have the whole adoptive parent scenario and the emotional scenario that went with that. So there would be a different mindset.

Marianne: For me it’s creating something from a place of choice and power and someone really wanting to do that, so I think it’s a lovely starting place... You have got a couple who can choose whether or not to donate their embryo, so therefore it’s a positive choice. Whereas with adoption it’s a giving up and there is a lot of sadness there.

Embryo donation was portrayed by some of the recipients as not being accompanied by the same sense of giving up of one’s child as in adoption. In addition, an embryo was ‘not quite’ a child. Therefore, embryo donation was seen as a more positive starting point than adoption. Donors of embryos were portrayed as making a less emotive decision, and making decisions from a position of power, rather than being forced into a need to give up a child. As a result, they might be less likely to want to make a future claim on the resulting child.

An impossible decision

Our participants spoke of the decision about the fate of ‘surplus’ embryos as being immensely difficult and struggled with the decision about accepting donated embryos.

Several participants pointed to their own treatment and they hoped that they would not be in a position to have to make decisions about surplus embryos themselves.

Sandra: I just hoped that there wouldn’t be any left over... because I truly didn’t know, and I don’t know how to make that call... .

However, several potential recipients pointed out that although they had reservations about embryo donation, constructing it as a ‘last resort’, they would possibly choose this option in the eagerness to have a child.

Shelly: You know, we wouldn’t care. We’d go the fastest track [to become recipients]. Anything that guarantees a baby, we’d be there. I know it sounds a bit excessive, but we’ve been through so much, so we’d be ‘just come on, let’s just do it’.

Discussion

As in other studies (Nachtigall et al., 2005; de Lacey, 2007), the link between conceptualization of the embryo and the decision regarding the fate of embryos was both important and complex. Although participants in our study could see the embryo as both child and ‘seedling’ material, their ideas regarding the embryo went deeper to prioritize and value the genetic make-up of the embryo as a full genetic replication of its genetic parents. Although the eventual child would be the recipient parents legally and socially through gestation, birth and rearing, it was not theirs genetically. The disruption between genetic and social parenthood thus created tensions for how future relationships between all the parties were envisaged.

The participants’ recognition of genetic parenthood is influenced by the New Zealand context, which makes transparent the distinction between genetic and social parenthood. Guidelines for embryo donation are drawn from New Zealand practices of adoption and, in particular,
the practice of open adoption (Coney, 1999; Else, 1999). The child’s right to know its circumstances of conception and birth has been of enormous significance in New Zealand (Else, 1999). Until legislation in 1985, ‘closed’ adoption had been the practice. The feelings of not knowing one’s parents, grandparents and family history may result in ‘genealogical bewilderment’ (Else, 1999). Embryo donation guidelines consequently stress the need for donor registration and disclosure of identity, as well as the child’s right to know the identity of his or her genetic parents. Similar to South Australia, where legislation is seen to prioritize the ‘best interests of the child’ (de Lacey, 2007), New Zealand legislation and guidelines encourage embryo donation to be viewed as embryo adoption. Daniels (2005) has highlighted how policies adopted by governments concerning access to genetic information for offspring can significantly affect families that are created with the assistance of donor embryos.

Although the participants did not view the practice of embryo donation negatively, they were aware of its implications for the future children’s relationships with their genetic and social parents. The participants were all too aware of the significance of genetic heritage. All but one were cautious about engaging in embryo donation and concerned about how the contact between two families, one genetic and the other social, would work out.

De Lacey (2007) commented that the ‘donate’ group in that study resisted the adoption metaphor and emphasized social, above genetic, parenting. They did not deny the genetic link but minimized it, seeing gestation, birth and the raising of the child as more important in the establishment of connections between the future child and the embryo recipients, and the recipients’ ownership of the future child. Her work extends comments made by Laruelle and Englert (1995) that it is how parents locate parenthood, as genetic or social bonding, which can partly explain donors’ choices either to donate or to discard. Our study’s findings would support these hypotheses, but it seems that, in New Zealand, these considerations are particularly important given legislation and public awareness of open-adoption issues.

In New Zealand within the ART environment, there has been significant work on sperm donation and the importance of children born as a result of sperm donation to have access to their genetic heritage (see, for example, Daniels, 2005). Many participants were aware of this right of the child to know its genetic parentage and felt that it emphasized the need for caution to be exercised in proceeding with embryo donation. As Daniels and Taylor (1993) found in relation to sperm donation, secrecy on the part of the receiving parents was harmful to family relationships and caused perpetual anxiety and fear. Anonymity privileged the donors and recipients and not the child. The nature/nurture debate is topical in New Zealand; there is an awareness of the genetic side of the equation in culture, in policies and in heritage, which all give value to nature, valuing genetic inheritance and not just environment in shaping development. Although these issues highlight the importance of genetic heritage within the context of embryo donation for New Zealanders, they are also relevant to other contexts and cultures. For example, Douthett and Bennett (1999) highlight that for Samoans and other Pacific cultures, the donation of gametes alone is more than just a physical donation of sperm or oocytes. It is also donating a part of their familial heritage and social standing. This may have implications for how other cultures view embryo donation.

Limitations

The limitations of this study were the small number of self-selected participants, a convenience sample recruited from Fertility NZ, which is a consumer support and lobby group for people who have experienced infertility. Because of the novelty of embryo donation procedures in New Zealand, none of the participants in our study had been recipients of donated embryos. However, although the majority of participants had vested interests in being embryo recipients, they had considered the issues related to embryo donation.

Implications

Although this is not the case in many countries, New Zealand guidelines on embryo donation specify individual and joint counselling for donors and recipients. Given that all participants in our study voiced concern regarding genetic connectedness and embryo donation and that the children of potential donors will have genetic siblings, the implications of embryo donation for not only both sets of parents but also for the siblings should be considered. Therefore, we tentatively suggest that both donor and recipient parents and any respective children may benefit from counselling to facilitate an exploration of the implications of genetic connectedness, ownership and openness, and the distinction and conflation of genetic versus social parenting. For the long-term benefit of the families and children involved, we suggest that it may be important that these issues are explored prior to donation and that the desire for a child not override full consideration of the possible psychosocial implications of embryo donation.

We further suggest, because of the potential for ongoing relationships between donors and recipients and the children born from embryo donation, that support following the embryo donation process may be useful for both donor and recipient families. Some may need counselling in managing and generating new relationships and networks.

Support may also be required following decision-making when treatment is unsuccessful, or alternatively, when treatment results in successful outcomes but with surplus embryos remaining even after donation to another family. New Zealand guidelines stipulate that donation may be made to one family only, with the possible results that embryos may remain after donation. Indeed, potential donors need to be made aware of this possibility as part of the process of informed choice in donating, and recipients need to think through what they would do should surplus embryos remain.

Longitudinal follow-up of donors and recipients in the New Zealand context may further be useful to explore how New Zealand’s unique practices around embryo donation translate into reality, how families negotiate their relationships with each other and how embryo donors and conceived children (and their families) make sense of their connection and how this affects their psychological wellbeing.

Conclusion

Embryo donation to others is still a novel practice in New Zealand, with only few cases proceeding, and so the unknown aspects of embryo donation further serve to position our participants in a place of uncertainty. For most participants in our study, embryo donation was problematic and not an easily chosen option.
New Zealand’s practice of open adoption has shaped the current practice of embryo donation; it has exposed the potentially fraught nature of embryo donation and the implications of genetic and social parenting. It has revealed embryo donation for the complex practice that it is: troubled with ambiguity and contradiction that need to be teased out and brought into the open. The act of donating or receiving has real implications. It creates and extends new social networks. Embryo donation has created new dilemmas and changing notions of what constitutes family, resulting in uncertainty around the practice.

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