

**United States Donor Conceived Counsel USDCC Stakeholder Meeting  
Oct 21-22, 2022  
Los Angeles, California**

I'll be focusing on the Intended Parent and then the Donor

I'd like to start off by telling you about a conversation I had with a woman on Monday who married to a woman, and they have 2 children with the eggs of her wife and a sperm donor. The person I spoke with was donor conceived and when she thought about expanding the family with her own DNA she decided against it, because of concerns over the potential size and scope of those that might be tied to the birth of her children.

I am working with a 22 y/o woman who is part of a close knit Sephardic community. She explained that most people who marry are related in some way. All take blood test prior to marrying. Family is central. Most get married young and start having babies young. Due to their religious affiliation many access the same banks.

These are just two stories that impact the everyday life of an intended parent.

For the intended parent to be able to fully understand the long term impact of the selecting a donor is an important part of this process, understanding that their child will have siblings that they may or may not know, along with other biological connections, requires supporting them through the process.

This recognition has a profound impact. It is beneficial for the INTENDED PARENT to pause, and consider their thoughts and feelings.

Please know that **many** have not considered the impact of multiple siblings and extended connections, and when they do, they experience and express levels of anxiety.

As family units and know donation expands, the intended parent's selection has gone from a desire to know information about the health, physical traits and resemblance to lifestyle intelligence, education, and personality with the thought that one day they will all connect.

When thinking about sibling groups it is important for the intended parent to know to report the birth of their child, to the bank to allow for tracking.

It has been noted that Intended Parent's experience real concerns about the relationships their child will have with the biological parent, siblings, other bio related individuals, society and what others will think, especially with large sibling groups.

The donor and recipient parent may have different feelings associated with the conception, but it is imperative to understand, and if possible embrace that once the child is here there is no turning back and this child will one day probably express a desire or curiosity to meet their donor. If family limits are too large the donor may not be prepared for this connection.

**Disclosure:** can be more difficult without an understanding of the donor or number of offspring.

Recipient parents who help their children search for their bio parent, siblings and other connections begins at different times.

Even with the best intentions some children experience pressure to be part of a group, especially if more than 10-15.

As professionals helping RECIPIENT PARENT navigate disclosure, especially with large family groups` **tools, or a road map** so to speak can be empowering. **Practice guidelines** for setting expectations and managing relationships and boundaries

Some recipient parents, in attempts to help their child understand the relationship consider naming the relationship, while caution is noted as to the ramifications of the name chosen.

Families and Partners of DCP also play a significant role:

A donor conceived women wanted her children to meet those she shared DNA with, her husband did not. Although she didn't agree she went along with her husband's wishes

In looking at the impact of family limits on minority groups.

[Jensses rasies](#) The idea of **Inadvertent vs deliberate** contact becomes clear, many with inadvertent contact stress **geography** as being more significant than the number of offspring.

A minority woman from a small town went to the clinic for insemination, there was another woman there of her background, she felt both would be using the same donor.

A lesbian women informed of having a very small pool of donors said "The thought of taking my child and having all these other lesbian couples who could've chosen the same donor. . . what do you say"

Intended parents wanting to grow their families report a desire to **cap families** as opposed to number of **offspring so that they are not limited in moving forward with their personal family building**. Many believe it's best for their donor conceived children to have a shared experience.

In a conversation I had Wednesday morning a recipient parent, she shared that since known donors is the focus, concerns center around the sibling size, noting if it is too large it can be overwhelming in understanding how to navigate for parents and their children. Going on to sheepishly say, it can feel like opening a Pandor's box.

Donor: A study by Ravelingien found recipients in favor of compensating donors, a symbolic acknowledgement to secure the type of relationship expected. While studies show that genes can be shared with many people, feelings do not automatically follow.

Comprehensive, physical, medical and social evaluations are crucial, yet studies reveal not consistently followed and **the mental health portion not always carried out**.

The mental health assessment and education helps the donor foster understanding of the role they play in the family building process. The donor's ability to understand and cope with the short and long term impact, including the number of offspring, relationships with the donor, dcp and their own family.

While the motivation to become a donor ranges from money, to desire to help build a family, knowing how to navigate family units must be addressed.

Increasing direct-to-consumer genetic testing and other entry points is facilitate connections, even for those who preferred anonymity. This is information that the donor should know.

Another important element in looking at family units is for the donor to be able to provide ongoing consent as their preferences to continue the donations

Two very different men, recently been brought to my attention, one in his 20's after making several donations not considering the impact is now shaken to learn of the amount of offspring, and unsuccessful in his effort to have the sperm bank stop further use of his sperm.

A physician in his 50's is suing a fertility clinic after discovering sperm he donated resulted in at least 17 births. His understanding was anonymity, no more than 5, and all to live outside his geographic area.

The short- and long-term implications of donation, needs to be explored and facility practices established to prepare and educate donors.

The family unit is something many donors don't think to ask about and if the number becomes to great, is overwhelming to manage for all parties, leaving everyone with many concerns about connecting and managing relationships.

I'd like to leave you with these thoughts;

- How can we, (I believe we must) recognize the meeting of the parent, donor and donor conceived person as we look to the psychosocial impact of family unit limits?
- Does the donor have an emotional responsibility to the offspring? if yes, what would it be?
- How can a donor of 30 plus, considered and connected to offspring?