

**Guidelines for psychosocial counselling  
in the area of gamete donation  
(GD-guidelines of BKiD)<sup>1</sup>**

Building a family with the assistance of donated gametes (semen, oocytes or embryos) is associated with specific issues which differ from building a family with the gametes of both intended parents. Third party reproduction impacts on family relationships. Parenthood based on biological origin as well as social ties results; the male biological genitor being a person who – in most cases – does not become a family member. This has far-reaching and profound implications for all parties involved: the intended parents; the children thus conceived; the donors and their partners; the parents both of the intended parents and the donor as well as (future) children of the intended parents and the donor. In order to protect the welfare of all parties involved, especially the welfare of the child to be born as he/she cannot be involved any decisions, the "Beratungsnetzwerk Kinderwunsch Deutschland e.V." (Infertility Counselling Network Germany - BKiD - German Society for Fertility Counselling) has developed the following guidelines for counselling in this area. These guidelines aim to contribute towards informed consent in the area of gamete donation by reflecting both short-term as well as long-term implications of third party reproduction. In Germany, legislation only permits donor insemination (DI). Therefore these guidelines are limited to this type of third party reproduction. If oocyte donation and embryo donation were permitted, similar issues for counselling would be recommended.

Counselling in the area of gamete donation should be carried out by qualified professionals (e.g. those who are accredited by BKiD) prior to medical treatment. There is no legal regulation for counselling in this area. However, BKiD considers it essential for medical professionals involved in gamete donation to ensure that intended parents take advantage of counselling and to provide a context for this, for example by establishing continued collaboration with psychosocial professionals. Counselling in this area involves sensitive and intimate aspects of life. Therefore, it is important to frame counselling as a constructive process of managing a family composed differently from the norm and for which, until now, little educational literature is available. Counselling aims to fill possible gaps in information and to support intended parents in their process of exploring and understanding social and biological parenthood so that they can develop their own short and long term management strategies.

Furthermore, BKiD recommends that medical or psychosocial professionals inform intended parents of the content of counselling. The decision of the intended parents regarding their take-up or refusal of counselling should be documented and BKiD counsellors should issue a written confirmation after counselling has been completed. Semen donors should also be made aware of the availability of counselling.

These detailed guidelines inform about the various areas pertinent to counselling. They comprise counselling issues for the intended mother and father as well as the semen donor.

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<sup>1</sup> © BKiD 2008, as of 02/10/2009

## **A      Counselling the intended mother and the intended father**

### **1      Provision of general information**

- 1.1 Information regarding the legal possibilities of gamete donation regulated in the Embryo Protection Act and the German Citizens' Code.
- 1.2 Information regarding the professional guidelines developed by the German Medical Chamber.
- 1.3 Information regarding medical treatment centres, basic information regarding medical treatment, success rates and fees.
- 1.4 Information regarding patient support organisations and professionally facilitated educational groups.

### **2.     Reflecting the infertility experience**

- 2.1 During the counselling process, efforts needed to fulfil the desire for a child should be adequately considered and acknowledged. Intended parents may need to mourn the fact that they have not been able to fulfil their wish for a child biologically related to both partners. The mourning phase can vary in length and intensity between both partners. Both should allow adequate time for this so that the decision to use DI is based on a conscious process.
- 2.2 In this phase, counselling also includes exploration of family building alternatives such as adoption, a foster child or living without children.

### **3.     Family building with the assistance of donor insemination**

- 3.1 The intended mother and father need to understand their emotional reactions towards building a family which comprises both biological and social parenthood. Such reactions may vary between intuitive rejection and uncritical acceptance.
- 3.2 Partners within a relationship may have different attitudes towards biological and social parenthood. These should be respected and explored. Building a family with donor gametes should be affirmed and desired by both partners. The decision for this different way of building a family should be allowed to mature and not be rushed because of the emotional distress of one partner.
- 3.3 The intended mother and father should reflect upon the conventional meanings of biological and social parenthood. Counselling can assist in the development of appropriate terminology for the donor and the intended father, for example by using "donor" for the semen donor and "father" for the intended father. This clarifies the different roles of the two males. Further interventions can help to reframe notions such as "conception", so that the intended mother and father understand their decision process towards DI as a symbolic "conception" of their future child.

- 3.4 The meaning of DI for relatives, especially for existing siblings and the grandparents-to-be should be explored.
- 3.5 If the intended mother and/or father are from a different ethnic background, counselling must respect her/his cultural values.
- 3.6 During medical treatment and pregnancy, both partners may develop ambivalent feelings towards the fact that the female partner carries the semen of an unknown man or has become pregnant with this semen. Counselling can contribute towards an understanding to such reactions and help in managing them.

## 2 The needs and welfare of the child

- 4.1 Research projects so far indicate that the psychological and social development of children conceived with the assistance of donor gametes (irrespective of whether they grow up in heterosexual or homosexual families and of the kind of donation) does not differ from the development of spontaneously conceived children. However, one issue parents must take into account during their life as a family is that of sharing information with the child. Even though, from the perspective of developmental psychology and family dynamics, early disclosure is recommended, this remains the parents' autonomous decision. If intended parents decide against disclosure, they should continue to have access to counselling so that they have the opportunity to reflect upon their decision with professional support after the birth of the child.

An increasing number of parents overcome their anxieties of rejection and stigmatisation and intend to disclose the use of donor conception to their child. However, when disclosing the nature of conception, the fertility disorder of the male partner also becomes known, an issue still associated with a taboo. It can be helpful for intended parents to know that, in many cases, the reaction towards DI is less negative than anticipated. Furthermore, parents may be uncertain how and at what age the child can be told of the nature of his/her conception. Intended parents can be made aware that, from the perspective of developmental psychology, early disclosure (between the age of three and six years) is appropriate. Talking to children can be made easier by providing educational literature or by developing a script that parents can use for telling their child. It is also important to know that disclosure is not a single event but a process. The older the child, the more complex the questions will be which the parents will need to answer at greater depth.

If parents prefer to keep the conception a secret, the potential implications for the family should be considered and reflected upon with the intended parents. It is helpful to explore whether this decision is in accord with parental values such as openness and honesty within the family.

- 4.2 Even if the donor remains anonymous, disclosure is recommended as parents avoid a family secret and do not endanger the trustful relationship between themselves and the child.
- 4.3 Counselling should also explore the meanings the child may attribute towards the donor. Intended parents may fear that the child feels drawn towards the donor once he/she is aware of the biological link, may consider the father to be secondary and eventually reject the father, say, during puberty. It is important for

the intended parents to know that the social father is the only actual father for the child as the donor is not a significant person who is present in the child's life. Furthermore, intended parents may fear that the method of conception impacts negatively on family dynamics resulting in problems in bringing up the child for the parents as a couple. It is important for intended parents to know that families built with the assistance of DI encounter all the typical stresses of family life and that not all conflicts may be associated with the nature of the child's conception. Successful psychological integration of the knowledge of the conception is closely related to the parents' open attitude and the avoidance of secrecy.

- 4.4 Teenagers and young adults may voice the need to have information about the donor or to meet him personally. This should be considered a natural need which does not imply a problematic relationship between the child and his/her parents.
- 4.5 As a result of progressive destigmatisation of DI, not only parents of young children, but more and more parents of teenagers and (young) adults are likely to inform their children of their conception. Late disclosure can result in an identity crisis and in more or less severe traumatisation, especially if disclosure takes places during unfavourable circumstances (for example during the divorce of the parents). Counselling can support disclosure under these circumstances, so that the (adult) child can manage the information regarding his/her origin and the meaning attached to it constructively.
- 4.6 In some cases, medical professionals are willing to facilitate contact between the donor and offspring. In order to explore and clarify the needs and attitudes of both, initially, prior counselling should be offered to both, donor and offspring individually. Subsequently, joint counselling sessions can be carried out. In this context counselling can mediate between the offspring (and his/her parents if applicable) and the donor so that contact between these parties is a positive experience.
- 4.7 Offspring may be interested in getting to know half-siblings. Medical professionals can be asked to support this by providing contact details of others conceived with the semen of the same donor if they consent.

### 3 Rights of the child

- 5.1 According to professional guidelines established in 2006 in Germany, medical professionals are required to retain documents regarding the semen donor and the recipient couple for a minimum of 30 years. Prior to 2006, documents had to be retained for a minimum of 10 years. As there is no legislation providing legal clarity in this area (apart from the documentation of semen donors regulated in the Act of Organ Transplantation), the right of the child to access these documents should be ensured by drawing up a legal document with a public notary and by retaining the documents regarding the donor's identity so that the child can access this information. Parents should be recommended to inform the medical professional who provided treatment of the birth of the child.
- 5.2 Documentation for a period longer than 30 years can be agreed upon and should be ensured by a contract drawn up by a public notary.

5.3 Currently, in Germany there is no legislation regulating the circumstances under which a DI offspring has the right to access the identity of the semen donor. As a result of a legal ruling by the German Constitutional Court and interpretation of German legislation, legal experts assume that every person has the right to know of his/her biological origin upon reaching legal age. However, if the documents have been destroyed after the legal period for documentation, this right cannot be exercised.

## 6. Non-anonymous semen donors

6.1 A semen donor can also be known to the intended mother or father, as is often the case if lesbian couples or single women carry out self-insemination. The role of the semen donor (and the biological and social mother, if applicable) in the future family should be explored. The meaning of the semen donor may change over time. Therefore, if necessary, the possibility should remain open to re-discuss and clarify the needs of the intended parent/s and the donor once the child has been born and at any time after this. Joint counselling should be offered to the intended parent/s and the semen donor prior to treatment, in addition to individual counselling.

6.2 Intra-familial donation (for example, using the semen of the brother or cousin of the intended father) results in complex family compositions which should be explored prior to treatment. If the familial relationship is not intended to be disclosed to the child, the underlying reasons for this should be explored. Whether secrecy in this case is realistic or advisable should be reflected.

6.3 In order to protect the ability of the donor to take an independent decision, it should be ensured that he does not donate as a result of emotional coercion or a feeling of responsibility.

## **B Counselling of the semen donor**

### 1 Provision of general information

1.1 Information about the procedure and time requirements for a semen donation.

1.2 Information about the financial compensation.

1.3 The donor is to be informed of current legislation and professional guidelines, especially regarding his legal responsibilities when donating for various recipient groups (married and de-facto couples, lesbian and single women).

1.4 He is to be informed of the duration and the scope of documentation of his data.

1.5 He is to be informed about the right of the child to access this documentation.

## 2 Psychosocial exploration

- 2.1 The donor should be given the opportunity to reflect upon his motives for donating. It must be ensured that his actions are based on a voluntary and autonomous decision and that he does not donate as a result of economic need or emotional coercion.
- 2.2 He should have the opportunity to reflect upon the meaning of a child conceived with his semen living in a different family. If he is in an on-going partnership, his partner can be involved in this reflection.
- 2.3 He should be able to determine which recipient groups he would like to donate for (married couples, de-facto couples, lesbian or single women).
- 2.4 He should be able to determine the number of offspring conceived with his semen. The maximum number of 15 offspring determined by the Arbeitskreis für donogene Insemination (German Medical Association for Donor Insemination) should not be exceeded.
- 2.5 If desired, the semen donor can be informed by the medical professionals or the semen bank about the number of offspring conceived with his semen.
- 2.6 In rare cases, offspring conceived with the assistance of donated semen are affected by genetic diseases that can be traced back to the semen donor. The semen donor should have the opportunity to decide whether he would like to be informed about such diseases so that he can use this information in his own family planning decisions.

## 3 Exploration of short and long term implications

- 3.1 Donating semen can be associated with a taboo for men. The donor should have sufficient opportunity to explore if he wishes to share information about his donation with significant others and what implications this may have.
- 3.2 The donor should be made aware of the fact that the meaning he attributes to offspring conceived with his semen may change over time, especially after he has fathered children within his own family.
- 3.3 His own (future) children are half siblings of the offspring resulting from his donated semen. He should have the opportunity to explore whether he would like to share with his own children the fact that he has helped to create other offspring.
- 3.4 If a man donates semen to a woman known to him, he should explore his role in this future family. In order to provide all parties involved with the opportunity to explore the meaning of the donor in such a family, joint counselling sessions should be offered (see A 6).
- 3.5 If an adult conceived with the help of DI is interested in meeting the donor, the donor should have the opportunity to use counselling to prepare for such a contact and to explore his needs and attitudes (see A 4.6).

## Appendices

### **A These guidelines are based on the following guidelines and legislation (last updated: 3. March 2008):**

1. Guidelines "Psychosocial Infertility Counselling". Beratungsnetzwerk Kinderwunsch Deutschland e.V. (2005) ([http://www.bkid.de/engl/bkid\\_pic\\_guidelines.pdf](http://www.bkid.de/engl/bkid_pic_guidelines.pdf))
2. Recommendations of the German Medical Association for Donor Insemination for safeguarding quality of treatment with donor insemination in Germany, updated 8. February 2006. (Empfehlungen des Arbeitskreises für Donogene Insemination (DI) zur Qualitätssicherung der Behandlung von Spendersamen in Deutschland in der Fassung vom 8. Februar 2006). Hammel, Andreas; Bispink, Gerd; Katzorke, Thomas; Schreiber, Gerhard; Thorn, Petra: Journal für Reproduktionsmedizin und Endokrinologie 2006, vol. 3, S. 166-174 ([http://www.donogene-insemination.de/downloads/Richtl\\_Druckfassung.pdf](http://www.donogene-insemination.de/downloads/Richtl_Druckfassung.pdf))
3. Embryo Protection Act, 13. December 1990. (Embryonenschutzgesetz) (<http://www.bmj.bund.de/files/-/1147/ESchG%20englisch.pdf>)
4. Children's Rights Improvement Act, April 2002. (Kindschaftsrechtsverbesserungsgesetz) § 1600 BGB (<http://dejure.org/gesetze/BGB/1600.html>)
5. (Model-) Guideline to carry out assisted reproduction. ((Muster-) Richtlinie zur Durchführung der assistierten Reproduktion). Deutsches Ärzteblatt, 103, 20, S. A 1392-A 1403 ([www.bundesaerztekammer.de/downloads/Kuenstbefrucht\\_pdf.pdf](http://www.bundesaerztekammer.de/downloads/Kuenstbefrucht_pdf.pdf))
6. Act for Donation, Removal and Transplantation of Organs and Tissue, 04.09.2007. (Gesetz über die Spende, Entnahme und Übertragung von Organen und Gewebe (Transplantationsgesetz – TPG). <http://www.gesetze-im-internet.de/bundesrecht/tpg/gesamt.pdf>)

Currently, the following psycho-educational literature is available in German:

1. Thorn, Petra: Die Geschichte unserer Familie – ein Buch für Familien, die sich mit Hilfe der Spendersamenbehandlung gebildet haben. FamART Verlag, Mörfelden, 2008
2. Thorn, Petra: Familiengründung mit Samenspende – ein Ratgeber zu psychosozialen und rechtlichen Fragen. Kohlhammer Verlag, Stuttgart, 2008

Further scientific literature can be made available by BKiD.

### **B Basic medical information**

Medical professionals carrying out DI can be accessed online via a list compiled by the German Medical Association for donor insemination (Arbeitskreis für donogene Insemination e.V.): [www.donogene-insemination.de](http://www.donogene-insemination.de). There are further medical professionals carrying out DI, who are not member of this Association and therefore not listed on this website.

In cases where the fertility of the female partner is unimpaired, pregnancy rates following DI are as high as in spontaneous conception; they are mainly dependent upon the age of the female partner.

Treatment costs of DI are separated into an initial fee of approx. € 1,500 to 2,000 and the costs for insemination of approx. € 250 to 400 (plus VAT). The initial fee covers recruitment costs for semen donors as well as the cost for their medical screening. In addition, there may be costs for medication as well as for monitoring the menstrual cycle.

C

## Information letter for intended parents

"Psychosocial counselling prior to treatment with donor insemination"



Dear Patient,

You have contacted an infertility clinic in order to carry out donor insemination (DI).

This is not the easiest way of building a family and you may have many questions.

The fact that a child conceived by donor insemination is not a biological child of his/her father, but has biological links to the donor has implications for the entire family. Many couples considering DI wonder how they can manage this issue within their family and their circle of friends and if and when they should talk to their child about the way he/she was conceived.

Psychosocial counselling prior to treatment can help you to find answers to these and to any other, more individual questions. It also helps you to take confident decisions that are in agreement with your values both in the short and the long term.

Your clinic can refer you to counsellors accredited by the German Society for Fertility Counselling who are qualified for counselling in the area of donor insemination. You can also find qualified counsellors online ([www.bkid.de](http://www.bkid.de)). Counsellors accredited for counselling for donor insemination are marked with .

*We are looking forward to your contact,*

*BKiD – the German Society for Fertility Counselling (Beratungsnetzwerk Kinderwunsch Deutschland e.V.)*

presented by:

(stamp infertility clinic)

(stamp counsellor accredited by BKiD with qualification )

sample

## D

### Letter regarding decision about counselling

"Psychosocial counselling prior to treatment with donor insemination"



#### Deciding about counselling prior to treatment with donor insemination

I confirm that I have been informed about the possibility of psychosocial counselling prior to treatment with donor insemination and that I have received the information sheet "Psychosocial counselling prior to treatment with donor insemination" of the German Society for Fertility Counselling e.V. (last updated October 2008).

I will take advantage of counselling

I do not wish to take advantage of counselling. I have been informed that I can take advantage of counselling at any later point in time.

*Place, date, name/s and signature/s of intended parent/s*

## E

### Letter regarding information about counselling

"Psychosocial counselling prior to treatment with donor insemination"



#### Confirmation of counselling prior to treatment with donor insemination

This confirms that Mr./Mrs. \_\_\_\_\_ living in \_\_\_\_\_ has undergone psychosocial counselling prior to donor insemination. The counselling contents are based on the information letter "Psychosocial counselling prior to treatment with donor insemination" and the "Guidelines for psychosocial counselling in the area of gamete donation" established by the German Society for Fertility Counselling e.V. (see [www.bkid.de](http://www.bkid.de), last updated October 2008).

*Place, date, name and signature of counsellor accredited by BKID (with qualification )*