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DRAFT PRE-DIGITAL DESIGN. IN PEER REVIEW

# Independent Family Planning: Choosing Solo Parenthood through Gamete or Embryo Donation

A guide for fertility healthcare professionals



## Introduction

Today, many women are choosing to have children on their own with help from sperm, egg and embryo donors. Since the establishment of the organisation 'Single Mothers by Choice' in 1981 by Jane Mattes, who conceived a son solo via sperm donation, the number of women choosing this path has increased exponentially.



Although fertility treatment is predominantly used by patients in heterosexual relationships, it is increasingly being used by those in same-sex relationships and by solo patients (HFEA 2021b). Fertility treatment using donor gametes is on the increase: in 2021, about three in ten UK fertility patients (which includes solo patients) had used donated gametes with donated sperm being the most common (HFEA 2022). Furthermore, according to one leading global sperm bank, about 50% of women ordering donor sperm from them are intended solo mothers (Cryos).

This booklet, created by a working group of members of the solo parents via donation community (SPD) (also known as solo mother by choice, SMBC, or solo parents by choice, SPBC), intends to help UK fertility clinics provide a more positive and inclusive treatment experience to women hoping to become SMBCs, and to enhance understanding of the people who are using their services.

## **Common false assumptions about solo parents**

Many SPD encounter a number of erroneous assumptions made about them, their social situation, and their fertility, which can often make them feel like they are being treated unfairly in clinic settings and are going through a process that was not designed with them in mind.

Certain media fictions suggest that women delay having children because they prioritise their careers or are unable to maintain a relationship (Allen 2022). In fact, some women delay having a family because they do not have a suitable partner or do not wish to have a partner. Some women may be in a relationship but intend to undergo fertility treatment alone and become a solo parent. Whatever the situation, for these patients solo parenthood is an active choice.

Remember that NOT all SPD are:

- Single
- Heterosexual
- Interested in romantic and/or sexual relationships
- Disappointed about their path to parenthood
- First-time parents
- Older parents
- Alone or without support
- Individuals who have put off having children
- Individuals who have prioritised their career over starting a family
- Individuals experiencing infertility

## **What 'family' can mean**

Solo does not necessarily mean alone. The family unit is changing and diverse family formations exist happily alongside more traditional heteronormative nuclear families. Although SPD usually intend to be the sole legal parent of their child, many are not 'alone' and their family may include their own parents, siblings, extended family members, friends, and other solo parents.



Over the years, new family forms, such as solo parents, same-sex parents, co-parents, and those created by assisted reproductive technologies including IVF, gamete donation, and surrogacy, have experienced prejudice, stigma, and various legal and financial barriers to parenthood. However, nearly 50 years of research shows that love, stability, and security can come in different family forms.

Extensive research shows that children born to SPD thrive and, when compared to offspring born within a nuclear family, they are not disadvantaged emotionally or psychologically (see: Parke 2013, p. 140; Golombok 2015; Golombok 2020; and Roth 2016, p. 42).

"Children do just as well in 'new family structures' as in the traditional family" (Golombok 2015).

"[n]ot only are many new families being formed that might not have been possible in the past, but the children and their parents who form these new families are thriving and flourishing just as well as naturally conceived families" (Parke 2013, p. 140).

"[p]arents pursuing these routes to parenthood often face many hurdles, which may include infertility, legal and/or financial challenges, and social disapproval, and their children are, by necessity, planned. When children are eventually born into or join their new families, they are very much wanted and may have been hoped for for many years" (Imrie and Golombok 2020).

## **Communicating with solo parents by donation**

There is no universally agreed or 'correct' language for communicating with an intended solo parent by donation when discussing their fertility, treatment, pathway to parenthood, or the wider donor-conception community.

Here, we are using the term solo parent by donation (SPD); however, many may prefer the term solo mother by choice (SMBC) or solo parent by choice (SPBC). Further, many patients may prefer 'solo' over 'single' as they do not wish to be defined by their relationship status or may be in a relationship but planning to parent solo. However, others may be perfectly happy with 'single'. Some individuals may be part of the LGBTQ+ community or may not identify as mothers and/or women. SPD, SMBC and SPBC are intended to be inclusive terms that should encompass people at every stage of the solo parenthood by donation journey.

Language should be carefully navigated to ensure that the terms 'fertility' and 'infertility' are used appropriately when treating an intended SPD. Some SPD like the term 'socially infertile' to refer to the inability to conceive owing to the lack of a partner (not because of medical infertility). However, others consider it to have negative connotations. Check with the patient and tailor language to their specific needs.

### **Language around donation**

- A family may refer to the donor as:
  - Donor/ sperm donor/ egg donor
  - Donor mum/dad/mother/father
  - Biological mum/dad/mother/father
  - By name (if known)
- Children who are biologically related may be referred to as:
  - Half siblings
  - Donor siblings
  - Diblings
  - Siblings

## Common fears of solo parents by donation



Although an empowering process for many, the pathway to becoming a solo parent can be confusing, traumatic, and anxiety-inducing. An intended solo parent may have spent many years considering this option but it is not always an easy process. Concerns may encompass fears about undertaking the treatment along with fears about raising a child. These fears may change and evolve as treatment progresses.

It is important to note that many of the anxieties experienced by solo parents are not unique to the solo pathway and are shared by many patients trying to conceive, undergoing fertility treatment, and raising children. However, some of these shared fears may be magnified for solo parents or unique to them (for example additional financial pressures, the stigma of being a solo parent, coping without a partner). Awareness and acknowledgement of the unique pressures facing solo parents and their unique fears is essential during consultations and treatment.

### **Some issues that may trigger 'fears' include:**

- Cultural, religious, social, and family pressures
- Finances
- Potential (perceived) social/psychological impact on donor conceived children
- Leaving it too late
- Medical procedures, especially intimate, invasive, or painful procedures
- That the mandatory implications counselling is an assessment or test of fitness to parent
- Information overload

- Using donor gametes
- Not knowing the child's full genetic profile
- Discrimination for choosing to be a 'single' parent
- Discussing pathway to parenthood with family, friends and colleagues

## Donors and choice

The choice of donor can be a major decision and is highly personal, potentially giving rise to complex emotions. For many, choosing a sperm donor can be an empowering and exciting time. However, for some, insemination with sperm donated by an unknown male can be unsettling. Further, the nuances of choosing an egg donor, embryo donor or having double donation may bring emotional complexities owing to the lack of a genetic relationship between the birth mother and the child. SPD may be interested in epigenetics research which suggests that the prenatal environment can impact foetal brain development, childhood metabolism and immune health. Research into “the long reach of the maternal intrauterine imprint” (Richardson 2021, 19) suggests that heritability is more complicated than just inherited DNA: epigenetics “challenges the concept of ‘genetic determinism’” (Li and Hopper, 2021, 3).

It is important that the donation process is explained clearly and transparently. Regulations for UK and imported gametes are not always clear to patients (for example, that in the UK a donor's sperm may be used to create up to 10 families but some gametes can be exported to assist additional families outside the UK). Patients may not be aware that donor anonymity is under pressure via informal sharing of donor information on social networks, home DNA testing kits and matching services through which genetically-related people (including donor siblings and extended families) can find and contact each other (Glazer 2019). Patients should be made aware that it is recommended that children are raised with knowledge that they were conceived via donation (Montuschi 2013).



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Fertility treatment can be extremely stressful so emotional support from professionals or others who can relate to their experiences is essential.

Some SPD may attend appointments alone by choice or by circumstance. Some may have the support of family/friends but some may not. It is important to establish with patients early on whether any additional support may be needed; for example, help getting home following a procedure or emotional support during treatment.

Furthermore, many SPD are open to connecting with the solo parent and/or donor conception communities and could be introduced to local or national support groups. Regardless as to whether SPD is 'Plan A' or 'Plan B', connecting with the SPD and donor conception communities can be empowering and important for SPD and donor conceived children.

### **Resources for SPD:**

- Donor Conception Network (charity network offering information, support, resources, and community to donor conception families and prospective families): [www.dcnetwork.org](http://www.dcnetwork.org)
- Human Fertilisation & Embryology Authority (the UK's independent regulator of fertility treatment and research): [www.hfea.gov.uk](http://www.hfea.gov.uk)
- Fertility Network UK (charity that provides free and impartial support, advice, information, and understanding for anyone affected by fertility issues): [fertilitynetworkuk.org](http://fertilitynetworkuk.org)
- Fertility Friends (infertility community): [www.fertilityfriends.co.uk](http://www.fertilityfriends.co.uk)
- British Infertility Counselling Association (professional infertility counselling charity): [www.bica.net](http://www.bica.net)
- Gingerbread (charity providing advice and practical support for single parent families): [www.gingerbread.org.uk](http://www.gingerbread.org.uk)
- Some clinics may also run local support groups
- Facebook groups for SPD, SMBC and SPBC
- Bespoke coaching services, e.g. The Stork and I
- Single Parents Rights campaign [www.singleparentrights.org/](http://www.singleparentrights.org/)
- Children's resources on donor conception



### **Suggested reading on lived experience for SPD**

- Brockes, Emma. 2019. *An Excellent Choice: Panic and Joy on My Solo Path to Motherhood*. New York: Faber and Faber.
- Engel, Emily. 2019. *Going it Alone: A Guide for Solo Mums in the UK*. [n.p.]: Emily Engel.
- Kowalski, Sarah. 2017. *Motherhood Reimagined: When Becoming a Mother Doesn't Go As Planned: A Memoir*. CA: She Writes Press.
- Mattes, Jane. 1997. *Single Mothers by Choice: A Guidebook for Single Women Who Are Considering or Have Chosen Motherhood*. New York: Three Rivers Press.
- Morrisette, Mikki. 2008. *Choosing Single Motherhood: The Thinking Woman's Guide*. New York: Houghton Mifflin Company.
- Roberts, Genevieve. 2019. *Going Solo: My choice to become a single mother using a donor*. London: Piatkus.
- Thorne, Liv. 2021. *Alone*. London: Hodder & Stoughton.

**Auditing your organisation's policies and practices to ensure they are fully inclusive for SPD, as well as providing training to staff on the needs and realities of SPD patients, can help to minimise the chance of discrimination occurring.**

**Works cited**

# DRAFT PRE-DIGITAL DESIGN. IN PEER REVIEW

Cryos International. [n.d.]. "Single Mother by Choice using a sperm donor". Accessed 05 December 2022. <https://www.cryosinternational.com/en-gb/dk-shop/private/about-sperm/why-use-a-sperm-donor/single-mother-by-choice/>

Glazer, E. S. 2019. "DNA testing forever changed donor conception". Harvard Health. Accessed 08 November 2022. <https://www.health.harvard.edu/blog/dna-testing-forever-changed-donor-conception-2019072317394>

Golombok, S. 2015. *Modern Families: Parents and Children in New Family Forms*. Cambridge: Cambridge University Press.

Golombok, S. 2020. *We Are Family: What Really Matters for Parents and Children*. London: Scribe.

Imrie, S. and S. Golombok. 2020. "Impact of new family forms on parenting and child development." *Annu Rev Dev Psychol* 2:295-316.

HFEA. 2021a. "Ethnic diversity in fertility treatment 2018." Accessed 08 November 2022. <https://www.hfea.gov.uk/about-us/publications/research-and-data/ethnic-diversity-in-fertility-treatment-2018/>.

HFEA. 2021b. "Fertility treatment 2019: trends and figures." Accessed 08 November 2022. <https://www.hfea.gov.uk/about-us/publications/research-and-data/fertility-treatment-2019-trends-and-figures/>

HFEA. 2022. "National patient survey 2021." Accessed 08 November 2022. <https://www.hfea.gov.uk/about-us/publications/research-and-data/national-patient-survey-2021/>

Montuschi, Oliva. 2013. *Telling and Talking: Telling and Talking with family and friends about donor conception. A Guide for Parents*. n.p.: DCN.

Parke, Ross. 2013. *Future Families*. West Sussex: Wiley Blackwell.

Roth, Amanda. 2016. "What Does Queer Family Equality Have To Do With Reproductive Ethics?" *International Journal of Feminist Approaches to Bioethics*, 9.1, 27-67.

**Contributors**

Working Group

# DRAFT PRE-DIGITAL DESIGN. IN PEER REVIEW

Dr Grace Halden  
Mel Johnson  
Shalaka Kamerkar

Nancy Milligan  
Genevieve Roberts  
Rebecca Ward

Illustrator: Ms Imogen Foxell  
Digital Designer: Ms Alice Smith  
Editing: Mr Lee Smith

Peer Reviewer: Dr Suzy Buckley  
Peer Reviewer: Ms Emma Ward  
Peer Reviewer: Ms Ruth Talbot  
Peer Reviewer: Ms Natasza Lentner

Consultant: Dr Thanos Papathanasiou  
Consultant: DCN

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