

How to counsel a Donor/Acceptor and Children

Role of the psychologist

BSRM Spring Meeting
20 March 2026



Psychosocial counselling is not optional – it's essential

- ▶ Rationale for pre-treatment psychosocial counselling
 - ▶ Psychological, ethical and legal implications
 - ▶ Child wellbeing as the central principle
- ▶ **Professional Guidelines** (e.g. ASRM Practice Committee, Guidance regarding gamete and embryo donation, 2024)

Good practice recommendations for information provision for those involved in reproductive donation (Eshre Working Group on Reproductive Donation, Human Reproduction Open, 2022)

32 recommendations for intended parents

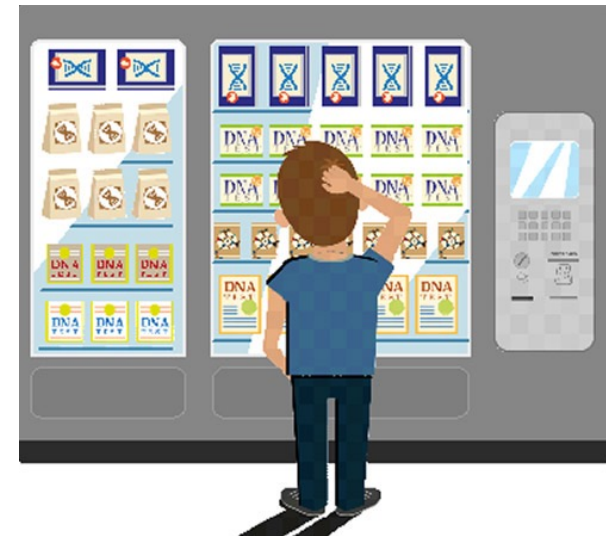
32 recommendations for donors

27 recommendations for donor-conceived offspring requesting information/support

Psychosocial counselling is not optional – it's essential

▶ Belgian context

- ▶ Anonymous and known donation (ART-law 6/7/2007)
- ▶ Availability of direct-to-consumer genetic testing
- ▶ Upcoming change in legislation



A journey through donor conception

This story did not start at age 14.....

I'm 14 years old

Who's my donor?

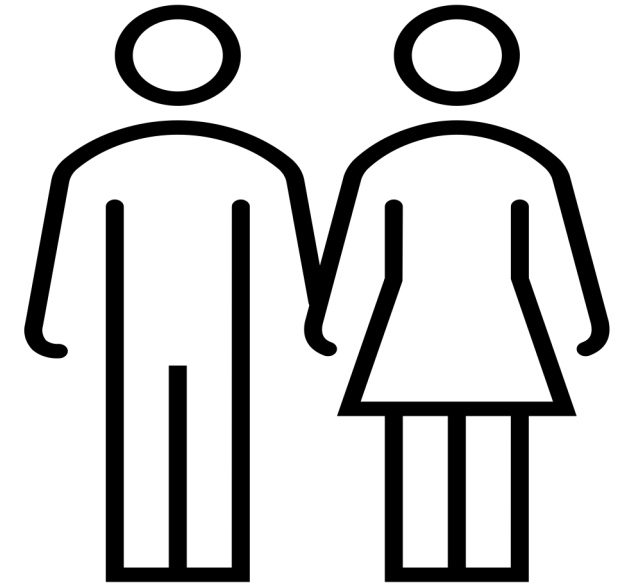
I have a donor family



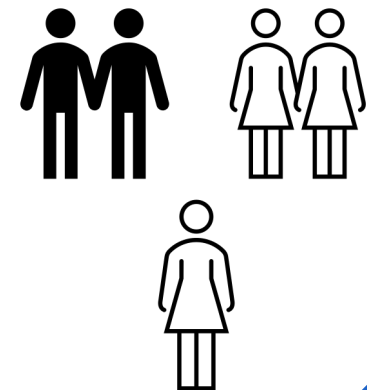
Counsel the acceptor

Pretreatment counselling

- ▶ Emotional preparation of recipients (1)
 - ▶ Grief related to loss of genetic parenthood
 - ▶ Adjustment to non-genetic parenting
 - ▶ Other pathways should be discussed
- ▶ Impact on partner relationships
- ▶ Extended family/environment reactions



Counselling should include exploration of how to handle questions from family, friends and others about their atypical road to parenthood.



Counsel the acceptor

Pretreatment counselling

▶ Decision-making counselling (2)

- ▶ Informing and decision-making about the different forms of donation available
- ▶ Long-term considerations
 - e.g. guidance towards donor identifying information
- ▶ Information about donor quota

Recipients should be informed about the legal regulations regarding anonymity and identifiability in their country

Recipients should be informed about the national limits on the number of offspring or families per donor

Recipients should be informed about the lack of international rules and quotas for the maximum number of offspring/families, and possible consequences of this.

Counsel the acceptor

Pretreatment counselling

Disclosure (3)

- ▶ Parents (after donation) show in the last ten years an overall move to increased openness, but anonymity comes together with non-openness.
 - ▶ True
 - ▶ False
 - ▶ I don't know



Counsel the acceptor

Pretreatment counselling

Disclosure (3)

- ▶ When should disclosure ideally begin? What do the recommendations and research say?
 - ▶ Disclosing is preferably done when children are young
 - ▶ Parents should preferably disclose donor-conception before the age of 10 years
 - ▶ Every age is appropriate



Counsel the acceptor

Pretreatment counseling

- ▶ **Preparing for disclosure (3)**
 - ▶ The family-building approach (Daniels and Thorn, 2001)
 - ▶ Ongoing narrative process
 - ▶ Guidance in age-appropriate communication
 - ▶ Language templates for early childhood
 - Simple, positive explanations

Recipients should be supported and informed on how they can talk age-appropriately with their offspring about their conception with donated gametes.

Counsel the acceptor

Pretreatment counseling

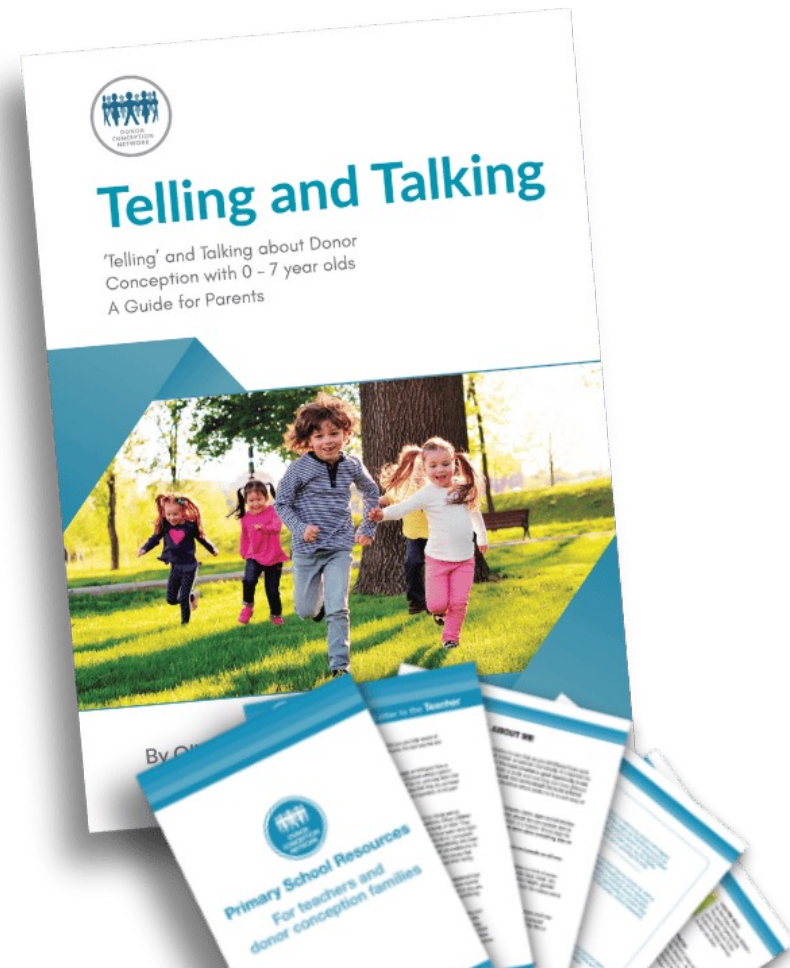
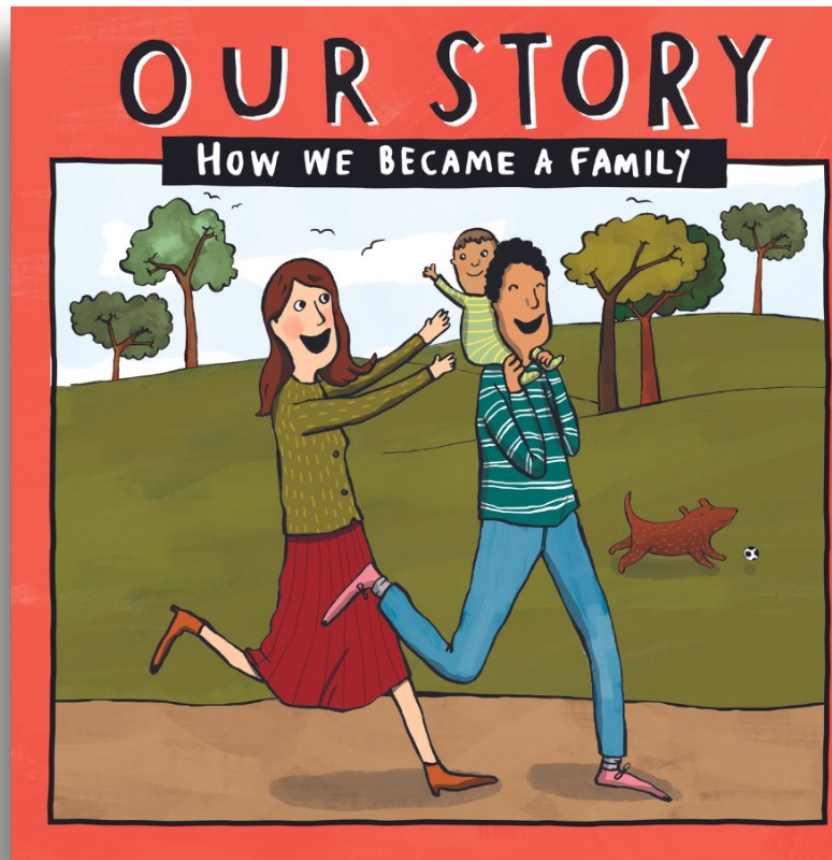
- ▶ Guidance on managing extended family disclosure
- ▶ Parents report using visual aids in the disclosure process

Recipients should be encouraged to reflect on informing these immediately around and close to their child about disclosing to the child.



Recipients should be signposted to available resources

Donor conception Network (UK)



Known donation

Pretreatment counselling

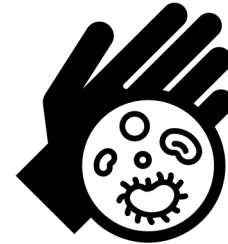
- ▶ Donor from family or close circle (free from pressure?)
- ▶ Donor recruited through other (e.g. social media) channels
- ▶ Topics:
 - ▶ Relationship between recipient and donor in the present and the future
 - ▶ Clarifying everyone's potential roles
 - ▶ Consensus about openness
 - ▶ Relationship between child and donor (agreements about the future)

In known donation, recipients (donors) should have access to counselling on their own and together with the donor (recipients) in order to clarify roles and relationships, boundaries and disclosure.

Counsel the donor

Pretreatment counseling

- ▶ Motivation assessment
- ▶ Psychosocial screening
 - ▶ Emotional stability
 - ▶ Coercion or financial pressure
 - ▶ Capacity for informed consent



- ▶ Views on anonymity vs identity-release
 - ▶ Expectations about anonymity/contact
- ▶ Impact on own partner/family
- ▶ Information about national legislation



Counsel the donor

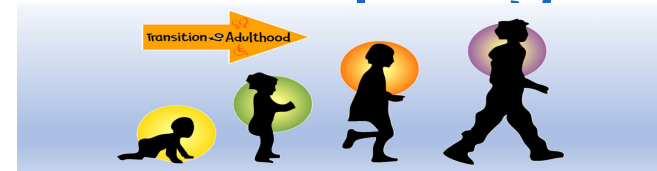
Pretreatment counseling

- ▶ Long-Term considerations
 - ▶ DNA era realities
 - Anonymity today does not mean anonymity tomorrow
 - ▶ Changing personal circumstances
 - ▶ Managing expectations
 - Possible future contact by offspring

Donors should be informed about the implications of direct-to-consumer genetic testing. The need to be fully aware that their genetic identity could be revealed at any point through DNA testing, even if they were granted anonymity by the legislation of their donating country.

In identifiable systems, donors should be informed at what age offspring can access their identity.

Counsel the donor-conceived offspring



- ▶ Developmental perspective from early childhood to adolescence to adulthood
- ▶ Counselling should be available at all stages
- ▶ Counselling and information provision to children and adolescents ideally involve the social parents

As reasons for wanting to search for donors change over the life course and vary according to the type of family, the child's age and the age which he/she learned about being donor-conceived, counselling should be available at all stages.

Counsel the donor-conceived offspring

- ▶ Common themes:
 - ▶ Identity questions (Who am I genetically?)
 - ▶ Feelings about anonymity or lack of information
 - ▶
- ▶ ART centres will have to manage the requests of donor-conceived offspring

Donor-conceived offspring should be informed about any donor registries that are relevant to their situation and jurisdiction

Donor-conceived offspring should be informed about the implications of using direct-to-consumer genetic testing

Key Takeaways

- ▶ Counselling is essential and evidence-based
- ▶ Donors, recipients and children have distinct needs
- ▶ Child wellbeing must remain central

Counselling should be available before, during and after donation

- ▶ Guidance is needed to help navigating the rapidly changing environment
 - ▶ Legal and technological changes require adaptive counselling





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