



How to create a family? Decision making in lesbian couples using donor sperm



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ABSTRACT

Objective: To describe the decisions lesbian couples make when creating a family through donor insemination [DI] and to explore the negotiations between the biological and the non-biological mother.

Methods: We included 18 lesbian parents (9 biological and 9 non-biological mothers) with at least one child (7–10 years old) conceived through anonymous DI. We conducted in-depth semi-structured couple interviews at the participants' homes or at the Department of Reproductive Medicine of Ghent University Hospital (Belgium) where participants were treated in the past. The data were analysed using step-by-step inductive thematic analysis based on Braun and Clarke.

Results: Lesbian couples were confronted with decisions related to two themes: (1) the fertility treatment and (2) the organisation of the family. In this paper we focused on three particular decisions: whether or not to go through treatment together, the acceptance of an anonymous sperm donor, and the celebration of Mother's and Father's Days. Several decisions were linked to the heteronormative social context. The lesbian couples seemed to want to adapt as much as possible to this frame.

Conclusion: Heteronormativity and the genetic link between parent and child influenced the decision making in lesbian couples creating a family through DI.

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Introduction

Lesbian couples are confronted with unique decisions in addition to the ones that all (aspiring) parents encounter [1]. First of all, they need to consider whether they want to become parents in light of the impaired social acceptance of lesbian motherhood [2–4]. Secondly, there are a number of decisions related to the family formation itself, including how to become parents (via adoption, bedside insemination or a clinic), who will be the biological mother, the choice of a donor, and – in case of a known or identifiable donor – the nature of the donor's involvement in the future family life and the upbringing of the child [4–6]. Thirdly, lesbian couples have to make decisions about the titles both parents will be given (e.g. mummy, mammy, mom) [3,4] and about the surname of the child(ren) [7]. A fourth set of decisions has to do with how the tasks and roles will be divided between the parents in daily family life [8,9]. Finally, legal arrangements, such as second-parent adoption, can be a point of discussion [10,11]. Overall, lesbian parents feel urged to negotiate parenthood because of the larger heteronormative context [2–6,8–10,12,13].

Although previous research has shed light on these decisions, this paper adds to the current knowledge by providing an in-depth exploration of three decisions that are largely absent from the literature: Will we go through treatment together? Do we agree on anonymous sperm donation? Who will be celebrated on Mother's Day? Moreover, we focus on the negotiations about these decisions between the biological and the non-biological mother when creating a family through donor insemination [DI]. What decisions do these parents have to make, how do they make them and does the difference in terms of a genetic link play a role from the parent's perspective?

The present study is embedded in an interdisciplinary qualitative research project, combining bioethical, psychological, and medical viewpoints. The project was set up to investigate the meaning of genetic and non-genetic parenthood for families using Assisted Reproductive Technologies [ART].

Methods

Participants

Nine lesbian couples (18 women) were included via the Department of Reproductive Medicine of the Ghent University Hospital (Belgium). The inclusion criteria were: they had given birth for the

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first time ever in the current relationship between 2002 and 2005 after a DI treatment with anonymous donor sperm (no intra-partner oocyte donation), they had Belgian citizenship, and were Dutch-speaking. We excluded couples in which both partners carried a child so to be able to focus clearly on the impact of the presence or absence of a genetic link between mother and child. The counsellor of the Department (who saw the participants at the time of the fertility treatment) contacted 15 couples to be able to include nine. Five could not be included due to inadequate contact information or language difficulties. One couple did not respond after receiving information about the study protocol. Throughout the paper, we refer to the parent with a genetic link to the child as the biological mother. The other parent is referred to as the non-biological mother.

Data collection

Between October and December 2012, in-depth semi-structured couple interviews were performed by two psychologists of the research team. The interviewers used an interview guide that was developed by the entire team and pilot tested in advance. It mainly consisted of open-ended questions. In the first part of the interview the couple's thoughts and experiences regarding their wish for a child, the fertility treatment, the donor and (family) communication about the conception were touched upon. The second part of the interview focused on moral reasoning. Interviews took place at the location the participants preferred: at home (8) or at the Department of Reproductive Medicine of the Ghent University Hospital (1). Each interview lasted between 90 and 120 minutes and had an average length of 105 minutes. The interviews were audio-taped and transcribed verbatim using pseudonyms. Transcripts were checked for accuracy by a team member and by the interviewer.

Data analysis

The data were analysed using step-by-step inductive thematic analysis based on Braun and Clarke [14]. The analysis was supported by MAXQDA qualitative data analysis software. To improve the validity and reliability of our research, an auditing process was conducted. A conceptual framework was built up by the first author and at several points in the analysis, the second and the third author were invited to challenge the way in which the themes were constructed. They gave suggestions and criticisms until consensus was reached [15]. As this was a qualitative study, it did not intend to produce statistically generalisable results but the aim was rather to maximise the transferability of the findings [16] to other contexts or settings, e.g. by providing sufficient information about the study sample.

Ethical considerations

Approval by the clinic's Ethics Committee was obtained. The anonymity of the participants was protected at all times. Contact details were only transferred to the interviewers once a couple agreed to participate. The participants gave written informed consent at the time of the interview. They were offered the possibility to contact the counsellor in case questions or psychological needs arose during or after the interview.

The legal framework in Belgium

In Belgium, the legal framework for ART was installed in 2007, allowing both anonymous and known donation. Known donation is possible when both the donor and the acceptor agree to be known to each other. However, at the Department where the study took place, known donation commonly only involves first-degree relatives. Intergenerational sperm donation is not performed. Recipients opting for anonymous donation do not receive information about

their donor; no donor identification number is provided. In case of anonymous sperm donation, however, prospective parents are allowed to state preferences for basic phenotypic traits: hair colour, eye colour, height and blood type.

Since 2003, marriage of same sex persons is legal in Belgium. Since 2006, the non-biological mother in a lesbian couple can obtain legal rights as a parent on the condition that she successfully completes an adoption procedure [17]. As the participants in our study were treated between 2002 and 2004, this option was not yet available when their first child was born. In January 2015, the legal framework changed again, giving the same status to non-biological mothers as to fathers in a heterosexual relationship. This means that a second-parent adoption procedure is no longer necessary. A non-biological mother can acknowledge a child born before this regulation came into force if she has not adopted the child yet [18].

Results

When talking about family building through donor conception, lesbian couples mentioned several decisions they were confronted with (see Table 1 for an overview). Based on the thematic analysis, these decisions were organised in two themes relating to two aspects of family life: (1) the fertility treatment as a first step in the family creation, and (2) the way family life was organised after donor conception.

We will go deeper into three decisions that are largely absent from the literature ("Going through treatment together"; "Celebrating Mother's and Father's Day") or provide underexposed insights ("Choosing an anonymous sperm donor").

Going through treatment together

Most couples organised their agenda so that both partners could be present during specific treatment interventions. When they were not able to go through all phases together, this was due to practical issues related to their work or care for other children in the family. Four couples always went to the clinic together, even if the non-biological partner had to take a day off or if it was "a big hassle". Couples chose to go to appointments together for different reasons. Lauren explained that it enabled them to experience the treatment together and to humanise a rather technical procedure. For Anni and Martha it was important to acknowledge the pregnancy as a joint project. This symbolised the shared venture.

Martha (biological mother): Even going to Ghent together, we never discussed that, but it is, it was the most normal thing in the world. You do it as a couple and then -. I wouldn't have appreciated it had she said: "You go". Then I would have said: "Hey, we're doing this as a couple".

Table 1
Overview of the decisions.

Theme	Questions addressed by the participants
1. The fertility treatment as a first step in the family creation	a. Will we become parents? b. Who will be the biological mother? c. Where do we go for treatment? d. Do we agree on anonymous sperm donation? e. How do we determine the phenotype of the donor? f. Will we go through treatment together?
2. Organising the family	a. Will the child be breastfed? b. How will the tasks and roles be divided? c. How will the parents be named? d. What surname will the child be carrying? e. Who will be celebrated on Mother's Day? f. What actions can we undertake to safeguard the legal status of the non-biological parent?

Rose (biological mother) referred to the treatment as the first time she and her partner were miles apart: they could not experience things the same way because she was the only one who physically underwent the treatment. Going through treatment together seemed to be a way of coping with this difference. She insisted that her partner was present, at least at the moment of the insemination:

So. In fact, I thought it was, uhm, really good, when we went the first time, that they said: “We will treat you as a couple”. So Liz needed to have a [hospital identification] card too. I liked that. But, in the end it came down to the fact that, yes, physically it, for the most part. It involved me. Uhm. Liz tried to come with me as much as possible. But you know, of course, well, that didn't always work out. I had also told her: “You have to be there for the inseminations”.

Another difference between the partners may have played a role here: it seemed that the wish to have a child was stronger for the biological mother compared to the non-biological mother. In order to avoid the feeling that it was “her own private project”, Rose wanted to involve Liz in the treatment as much as possible. One couple referred to the treatment as an intense time that was cherished between the partners. The wider social environment was only informed about the treatment once their pregnancy was confirmed.

Several couples mentioned the insemination as a highly significant moment during treatment. They perceived this moment in different ways. A few couples mentioned that the non-biological mother was offered the possibility to actively participate in the insemination act. Two couples highly appreciated this because it was seen as confirmation that the pregnancy was a joint project and because the non-biological mother felt more involved. Both non-biological mothers pointed to their role in establishing the pregnancy by injecting the sperm. Nicole and Angela described this as “nice” and “awesome” and they made fun of it by talking to their male friends, joking: “Hey, I can make my wife pregnant too”. For Jill (non-biological mother) it was important to be present at the moment of the insemination because she wanted to be part of the whole process. It made her feel more involved as a partner, and allowed her to compare herself to a male partner in a heterosexual couple:

Yes, I was there, I went through all of it, yes (laughs). That's the fun part of it, yes. That you are there from the moment that it's a little seed until what he is right now. Like a normal partner, yes. But that, I wanted that too. I mean uhm, yes, not like: “Yes, that's for you”. No.

In contrast, for Martha (biological mother), the insemination was just “part of the treatment”. She did not want to make a big deal out of it. One couple refused to perform the insemination because they did not want to attach value to this moment.

Beth (biological mother): For example, they ask, didn't they ask (Lydia laughs)? If you wanted to, with the syringe? The sperm?

Lydia (non-biological mother): ...Yes, do the insemination.

Beth: And then we were like: “Oh (sighs)”.

Lydia: (sighs) “No”.

Beth: ...”Just do it”, you know. We are very rational about it.

Lydia: Yeah, that was -. It is something technical and you don't have to romanticise it, because. It's so -.

Beth: Yes, and whether it was that doctor who injected it or her, we were like: “Pff”.

Accepting an anonymous sperm donor

The decision to go to the clinic for anonymous sperm donation was presented as straightforward for all couples, as they were

convinced that known donation had more disadvantages. In addition, the couples mentioned four specific reasons for choosing an anonymous donor. All the reasons were related to the protection of a person or an institution: (1) the family, (2) the non-biological mother, (3) the child, or (4) the donor. For the participants, protecting the family project implied keeping the donor at a distance. Three couples explicitly mentioned the donor and other people in general as not being a part of their family.

Nicole (biological mother): The intention was that it would be ours.

Angela (non-biological mother): And no one else's.

Nicole: And no one else's (both are laughing). It is like that. My mother always says, your family is a cocoon and no one can enter it. And that's how it is.

The couples in our sample were afraid that a known donor would get involved in the family. They thought that he would not be able to detach from the child. Moreover, as a known donor might change his mind over time regarding his involvement in the child's life, this type of donation would diminish the couples' sense of control. The use of an anonymous sperm donor reassured the couples: the donor could not claim the child or certain rights.

Rose (biological mother): You could have a young-, a donor who says: “Well, I'm young, I'm going to donate, uhm, we're going to keep quiet about it”. But, for example, uhm, if something happens to him later in life - he becomes infertile or starts a new relationship and cannot have children - and he suddenly thinks it is important. You know: “Actually, I have two children and I want to contact them, because I can't have any”. Yes, then what? We never wanted a third person, we don't want problems like that.

Furthermore, anonymous donation made it impossible for the child to be able to find or contact the donor, which was a comforting thought for some parents.

For three couples, it was important to protect the position of the non-biological mother as a parent. They feared that a known donor would get involved and thereby pull rank on the non-biological mother because of his genetic link with the child (a link that the non-biological mother does not have). The following statement shows that Beth (biological mother) saw an anonymous donor as a means to protect her partner's status as a parent:

I sensed very quickly: “Okay, I'm the one who had the child wish”. So I was like, she is not the biological mother and so I felt that, yes, then it's important to her that she's the only one, you know, who's there as the second person.

Anonymous donation was also chosen in the best interest of the child: to let him/her create a positive image of the donor; to protect him/her from disappointment (e.g. because a known or identifiable donor might refuse contact); and to involve him/her in a clear-cut situation excluding different options such as the possibility of future contact with the donor. One biological mother saw it as her responsibility to provide a good alternative for the lack of a father when appealing to anonymous sperm donation. After all, she and her partner worried about the children not knowing their donor. Yet, in the opinion of the biological mother, the non-biological mother would be a good replacement.

Rose (biological mother): We did, uhm, well, wonder whether, uhm, from the perspective of the child, would it be bad to not know your father? But then we were like, you know, you also have a mom so it is not like, like something is missing. It is just replaced by something else, you know. And we also, I also wrote that in that booklet: “I have a wonderful mom for you”. So, well, what could be missed?

One couple referred to the best interest of the donor, releasing him from any obligation.

Nicole (biological mother): He means a lot to us, but we're also glad that he is anonymous. You know, he has no obligations towards us, and we don't expect that either. It was really a deliberate choice to use donor sperm. And we don't expect anything from him, you know.

The process of the decision-making differed between the couples. Most of them easily came to a consensus about using an anonymous donor. In two couples, the biological mother suggested looking for a known donor before starting the procedure for anonymous donation. In the end, they did not go through with it so to protect the position of the non-biological mother as a parent.

Lydia (non-biological mother): Beth suggested it [a known donor] and I said: "Yeah, I prefer someone, someone anonymous", because, well, I saw a lot of situations and problems and-.

Beth (biological mother): And also partly because you, maybe "fear" is not the right word.

Lydia: Oh yes, otherwise I would be a bit excluded. Yes, it's true.

Beth: Yes, a sort of fear you had too that, you know, with a dad. Well, "dad". Then you're already calling him a "dad".

Lydia: Yes, then I'm actually third in line, uhm, well yeah, yeah.

Beth: It's particularly for you.

Lydia: Then it [the child] was just of the two of us; otherwise it was of three people.

Another couple saw known donation as a back-up in case they would not be allowed to start a treatment at the University Hospital. Three advantages of known donation were pointed out: (1) medical opportunities (for example, when the child would ever need a transplantation), (2) practical advantages (the donor could function as an extra caregiver, for instance during holidays) and (3) the opportunity for the child to have contact with the donor and build a good relationship with him.

Celebrating Mother's and Father's Day

In Belgium, mothers and fathers are celebrated once a year on respectively Mother's and Father's Day. On these days, children often give their parents presents made at school or bought. As the families in our study consist of two mothers instead of a mother and a father, society somehow forces them to handle Mother's (and Father's) Day in a certain way or give new meaning to it. During the interview, seven couples brought up this issue unsolicited. In most couples it seemed self-evident that Mother's Day was a celebration of the biological mother. None of the non-biological mothers claimed this day or expressed an equal right to be celebrated on Mother's Day. In doing so, the non-biological mothers in our sample seemed to take a one-down position towards their partners. For some non-biological mothers, Father's Day was very important while others attributed this day to a significant other "father figure" (e.g. grandfather, godfather). Monica (non-biological mother) for example, stated:

I'm not going to be difficult about it, he [son] doesn't have to make two things for Mother's Day. Well, if he makes something for Father's Day, and it's something I can use, well then, that's fine (laughs). And if I can't, well, it's for grandpa (laughs).

It seemed important for the parents not to burden their child with making two presents on Mother's Day while all other children made one. Some couples also took a one-down position towards society and more specifically towards the school.

Rose (biological mother): Like, with Mother's and Father's Day too. We've always let them do as they please at school. And if they ask, we are like: "Whatever is most convenient". Whatever is most comfortable for them.

The non-biological mothers who were celebrated on Father's Day really appreciated the effort the teachers made: "Instead of a label with 'daddy', they make something specially for mom." (Liz); "Yes,

and there are a lot of teachers who, who really, when they have a rhyme with 'daddy' on it, write 'mom' instead. So, that's really. Or, or cross it out and write 'mom'." (Martha). For Angela it was important to be celebrated on Father's Day, so she and her partner talked this through with the school teachers in advance. When the teacher of Lauren and Jill's son said that it was too much effort to adjust the present for Father's Day to a gift for one of the mothers, the couple easily accepted this and offered the gift to one of the grandfathers on Father's Day. In another couple, the fathers were invited to school for Father's Day. For the couple, it was really important that a man came to school instead of one of them because they found it too confronting, also for their son Kenny, to be there as the only female parent. The fact that no one would be there for their son was not an appealing idea either. They were well aware that the fact that his uncle attended 'Father's Day' also caused some confusion for Kenny, as afterwards he once stated that his uncle was his father.

Discussion

General discussion

Literature describes lesbian couples' commitment to equality in the relationship [19]. Although this equality is threatened by the transition to parenthood, lesbian parents still divide housework more equally than heterosexual parents do [20]. The difference between the biological and non-biological mother with regard to the presence or absence of a genetic link with the child through DI may also be a challenge for this ideal of equality [21]. One of the aims of our study was to explore the negotiations between the non-biological and the biological mother regarding the range of decisions they have to make when creating their family. The decisions made by the lesbian participants in our study were grouped into two themes: a theme that focused on the fertility treatment as a first step in creating a family and a theme that focused on the organisation of the family after donor conception. In the following paragraphs, we elaborate further on our findings.

For the participants, going through treatment together symbolised the shared family building. While the treatment involved only one person, the couples in our study experienced the decision to become parents as a joint project. This shared engagement and involvement was reflected in the decision to go through all steps of the treatment together. Similar to Nordqvist, we found that the couples particularly valued being together at the moment of the insemination. The fact that non-biological mothers were able to participate actively at that moment was important to many of them as it made the insemination comparable to the conception in heterosexual couples [22].

The choice for an anonymous sperm donor had to do with the protection of the family or one of the parties involved (the non-biological mother, the child and the donor). The protection of the family and the non-biological parent related to a focus on the – mainly legal – protection of the family (the donor cannot claim the child or certain rights) [23,24]. Previous research has shown that the choice for an anonymous sperm donor is a decision on the basis of a cost-benefit analysis [3,7,25]. The benefits of known donation (a child knowing his or her donor) did not outweigh the potential costs. The cost involved in having a known donor is that he is a potential threat to the family unit [25]. In particular the non-biological mothers in our study emphasised this point. A known donor (with a genetic link to the child) who would appear in the child's life would receive more rights or have more grounds for claiming parenthood than the non-biological mother who, even though she was more involved than the donor, lacked a genetic link to the child. Our participants also referred to the protection of the child and even the donor as reasons for choosing an anonymous donor.

In our study, the partners easily came to a consensus about the choice for anonymous sperm donation. This was also influenced by the fact that anonymous and known sperm donations were not equally available. Anonymous donation was the common policy in the hospital where the couples were treated; known donation was not presented as a standard option.

Finally, the decision about celebrating Mother's and Father's Days illustrates the relevance of the broader social context. The fact that most of the couples spoke about this spontaneously suggests that this issue occupied them. In most cases, Mother's Day was a celebration of the biological mother and – remarkably – this “choice” was taken for granted. In the view of the participants, the genetic link with the child entitled the biological mother to be celebrated on Mother's Day. Some non-biological mothers settled for celebration on Father's Day or not being celebrated at all. We referred to this as the non-biological mother taking a one-down position towards her partner. Ravelingien et al. explained this one-down position as a compromising, accommodating attitude. They described this in the context of lesbian couples being grateful towards the hospital for being allowed to become parents by DI [26]. For them, this felt as a privilege rather than a right. In a similar line of reasoning, several couples in our study adapted to the school organisation and showed their appreciation for efforts – no matter how small – to adjust the class activities around Mother's Day and Father's Day to their family situation. The non-biological parent was dependent on the goodwill of the school for her to be a part of the parent celebration. The school's efforts were sometimes minimal: crossing out “Daddy” and replacing it with “Mom”. Gabb also illustrated this point in her paper on lesbian motherhood. Her analysis was based on autoethnographic observation of her own lesbian family and informal interviews with other parents and children. She mentioned her child deciding to celebrate the non-biological mother on Father's Day. The non-biological mother “was not his mother” so Mother's Day could not be attributed to her [27].

In general, we found that heteronormativity was a challenge for the lesbian couples included in our study. Most of them wanted to conform to it as much as possible. For instance, “performing” the insemination was valued by a number of non-biological mothers and enabled them to compare themselves to male partners in a heterosexual relationship. Also, when explaining their choice for an anonymous sperm donor, the couples often mentioned their wish for a two-parent family, as in a conventional heterosexual situation. Couples also tried to fit into heteronormative traditions concerning Mother's Day and Father's Day, dedicating Mother's Day to the biological mother and looking for a meaningful way to dedicate Father's Day, rather than both parents having equal rights to be celebrated on one specific day in the year.

Limitations

The legal changes that have been implemented over the years in Belgium have helped lesbian couples to receive the same status as heterosexual couples. Non-biological mothers in a lesbian couple now have the same status as fathers in a heterosexual relationship, granting them the option to give children the last name of the biological mother, the non-biological mother or a double-barrelled name based on a combination of both.

When describing the results, we need to keep in mind the fact that the decisions were made years ago and that the findings have to be interpreted taking into account the changed policy. Since lesbian motherhood has become more acceptable over time and the legal framework evolved too, the decision-making of our participants could have been different had it been done more recently. The benefit of the large time frame between the treatment and the interviews is that the experiences of both the fertility treatment and the family organisation could be analysed.

As stated above, known and anonymous sperm donations were not equal options since the former was not presented as a possibility in the clinic where the couples were recruited. Furthermore, known sperm donation was only possible when the sperm donor was a first-degree relative. This means that if the non-biological mother had no brother (who wanted to be a known sperm donor), known sperm donation was not an option for the couple. The father of one of the lesbian partners could not act as a donor since intergenerational sperm donation was not performed. The setting of the study thus influenced the findings regarding the choice for an anonymous sperm donor.

Reflexivity has been considered. The first author worked as a midwife at the department where the participants were recruited, which could have influenced data analysis. However, a reflexive stance has been taken to obtain ‘neutrality’ of the results. Memo writing – the first step in data analysis – was included to be able to acknowledge the personal thoughts of the authors. The auditing process served as an extra tool to safeguard that the voice of the participants was used as the primary basis for the interpretation of the data. This way, the internal validity was improved. We used thick description to describe the stories and experiences of the participants to improve the transferability to other contexts (external validity) [28].

Recommendations for future research

Future research should focus on the decision making in lesbian couples in which both partners carried a child, as both parents will then have a genetic link to (at least) one of the children. Also in cases where partners use intra-partner oocyte donation, it could be interesting to investigate the different decisions and the negotiations between the parent who provided the oocyte and the parent who carried the child.

Conclusion

This study described the decision making in lesbian couples who created a family via DI. The idea underlying gamete donation is that non-biological parents are as much parents as biological parents are; the genetic link between parent and child is no requirement for parenthood. However, we found several indications that the genetic link between parent and child influenced decision making related to parenthood. Going through treatment together can be seen as a way of levelling the inequality between the biological and the non-biological mother. Furthermore, the choice for an anonymous sperm donor was sometimes made in an effort to protect the non-biological mother's position as a parent and to compensate for her lack of a genetic link with the child. Finally, based on this difference in genetic link, the biological mother was often more entitled to being celebrated on Mother's Day. Besides the genetic link, the heteronormative social context also influenced the decision making: the lesbian parents in the study mostly wanted to conform.

These findings offer important insights for professionals involved in counselling, making them aware of the different decisions lesbian couples are faced with both at the moment of treatment and later in life. This way, professionals can bring these aspects up during the counselling session. They can also help lesbian couples in making decisions about constructing and organising their family.

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