



VOICES FROM THE FIELD - Fertility Clinic Counselling Perspective

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Service perspective

The CEECD reviews by Golombok,¹ Sutcliffe,² and McMahon³ are welcomed by those of us who counsel infertile individuals. In large measure, this is due to the reassurance that preliminary controlled studies and particularly the longitudinal work that is emerging on psychosocial adjustment of singleton and twin children born from these technologies are not demonstrating significant differences between them and children conceived by more conventional means. Each author red-flags the issue of higher-order multiple births as a central worry, but this concern is likewise reflected in the science and practice of infertility, where much energy is now invested in attempting to limit the occurrence of triplets and more. Those of us who counsel the infertile can relax – sort of.

What is also evident from these reviews¹⁻³ is that key questions regarding some of the most basic aspects of the technologies have yet to be answered. Chief among these is the result of gamete donation (egg and sperm) and embryo donation on the psychosocial well-being of children who will eventually become adults with families of their own. We do not know in an empirical sense whether it is best to disclose and how much to disclose to children born from donor gametes and embryos. We do not know how children born from donor embryos will view the likelihood they were frozen as embryos, stored and donated to other infertile people by genetic parents who could neither destroy nor rear them. We do not know how releasing parents from biological limitations such as menopause will affect children born from donated gametes or donated embryos to women of advanced maternal age and their equally aged partners. We do not know how children will view what McMahon³ describes as the “designer baby” possibility of the technologies until they reach adulthood and tell us whether their selection as a “good quality embryo” through pre-implantation genetic diagnosis or choice of donor made a difference to them in terms of parental expectation and performance.

Canada recently passed legislation governing reproductive technologies that addresses the delicate balance of the needs of the infertile, the well-being of children and Canadian sensibility regarding what is and is not acceptable in the science and practice of reproductive technology. It is hoped that this legislation will provide a climate for increased interaction between fertility clinics and child development specialists, lend support for longitudinal study of children born from reproductive technologies and evolve

as our knowledge of consequences for children increases. As McMahon³ so aptly puts it, “Practitioners, policy makers, and researchers need to remain mindful that the birth of a child through reproductive technology may only be the beginning of a complex and evolving story as the implications of the in-vitro fertilization process...unfold over time.”

Those of us in the front line are balancing the needs of our infertile patients, the potential consequences to children and the possibilities of science. The reviews of Golombok,¹ Sutcliffe,² and McMahon³ are reassuring in that it appears parenting styles and child development are similar irrespective of mode of conception, at least in the early years. We can tell prospective parents that the building blocks of putting sperm and egg together for people who cannot conceive without such intervention do not alter normal family development. The literature gives no indication that the experience of parental infertility or the technology itself makes children conceived in this way somehow different from others.

What we have no way of knowing is how the large cohort of children conceived through the use of the technologies will view our efforts 30 years from now. It is evident that we must continue to pay attention and proceed with caution with careful study of the long-term impact of the various permutations of a technology that carries with it the possibility that children will be integrating a whole new story of their origins. It has been possible for some time for a child to be born to parents with whom he or she has no genetic relationship, to be born to a woman whose sole purpose was to gestate a pregnancy she had no genetic relationship to, or to have a genetic “parent” who is a sibling or close friend of the birth parent and maintains a relationship to the child from that perspective. We have no choice but to wait for these children to tell us whether researchers, policy-makers, practitioners and ethicists have asked the right questions, funded the right research and formulated the right policies in anticipation of what we think their experiences might be.

REFERENCES

1. Golombok SE. Reproductive technology and its impact on child psychosocial and emotional development.. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-7. Available at: <http://www.child-encyclopedia.com/documents/GolombokANGxp.pdf>. Accessed July 08, 2004.
2. Sutcliffe AG. Reproductive technology and its impact on psychosocial child development. Rev ed. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online].Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2005:1-6. Available at: http://www.child-encyclopedia.com/documents/SutcliffeANGxp_rev.pdf. Accessed October 31, 2007.
3. McMahon C. Commentary: Reproductive technology and its impact on child psychosocial and emotional development. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-4. Available at : <http://www.child-encyclopedia.com/documents/McMahonANGxp.pdf>. Accessed July 08, 2004.

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