



LEEDS
BECKETT
UNIVERSITY

Citation:

Martin, N and Mahmoodi, N and Hudson, N and Jones, G (2019) Recipient and donor experiences of known egg donation: Implications for fertility counselling. *Journal of Reproductive and Infant Psychology*. ISSN 1469-672X DOI: <https://doi.org/10.1080/02646838.2019.1645308>

Link to Leeds Beckett Repository record:

<http://eprints.leedsbeckett.ac.uk/6144/>

Document Version:

Article

This is an Accepted Manuscript of an article published by Taylor & Francis in the *Journal of Reproductive and Infant Psychology* on 28 Jul 2019, available online: <http://www.tandfonline.com/10.1080/02646838.2019.1645308>

The aim of the Leeds Beckett Repository is to provide open access to our research, as required by funder policies and permitted by publishers and copyright law.

The Leeds Beckett repository holds a wide range of publications, each of which has been checked for copyright and the relevant embargo period has been applied by the Research Services team.

We operate on a standard take-down policy. If you are the author or publisher of an output and you would like it removed from the repository, please [contact us](#) and we will investigate on a case-by-case basis.

Each thesis in the repository has been cleared where necessary by the author for third party copyright. If you would like a thesis to be removed from the repository or believe there is an issue with copyright, please contact us on openaccess@leedsbeckett.ac.uk and we will investigate on a case-by-case basis.

Cover Page

Title: Recipient and donor experiences of known egg donation: Implications for fertility counselling

Running head: Experiences of known egg donation

Authors: *¹Martin N, ¹Mahmoodi N, ²Hudson N, ¹Jones GL.

¹ Leeds School of Social Sciences, Leeds Beckett University, LS1 3HE UK

² Centre for Reproduction Research, Health and Life Sciences, De Montfort University, LE1 9BH, UK

*Corresponding author: Leeds School of Social Sciences, CL815 Calverley Building, City Campus, Leeds Beckett University, LS1 3HE. UK; Tel: +44 113 8125706; E-mail:

N.Martin@leedsbeckett.ac.uk

Abstract

Objective: To explore the experiences of known egg donors and recipients in order to inform counselling practice.

Background: Relatively little is known about known egg donation as a form of family-building in the UK, and on the experiences of individuals who have sought this form of donation. As such, there is a lack of guidance for fertility counselling in this area.

Method: This was a cross-sectional, qualitative study. A purposive sample of four recipient women were recruited via a national support group for women experiencing Premature Ovarian Insufficiency (POI). Known egg donors (n=3) and recipient men (n=3) were recruited via a snowball sample, as identified by recipient women. In-depth interviews were conducted with participants. Interviews were transcribed and analysed using thematic analysis.

Results: Four themes were generated from the data: 1) 'Doing anything': existing relationships as the motivation to donate; 2) 'It was my duty': feelings of obligation to donate and to receive; 3) 'Woman-to-woman': a woman-centred experience; and 4) 'Going through this together': changed versus unchanged relationships.

Conclusions: The study highlights a number of implications in known egg donation, arising from the relationships involved. It is recommended that these implications are considered by infertility counsellors in the provision of counselling, and by those undergoing known egg donation when seeking information and support, before, during and after the donation.

Keywords:

Known egg donation, Counselling, Infertility, Assisted reproduction, Qualitative methods

Funding details

This study was funded as part of a PhD Studentship at The University of Huddersfield, UK.

Disclosure of interest

The authors report no conflict of interest.

Introduction

An increasing source of donor eggs for family-building are provided in the context of existing relationships: either by a friend or family member ('known egg donation') (Human Fertilisation and Embryology Authority, 2010). Empirical research into known egg donation is limited (American Society for Reproductive Medicine [ASRM], 2017; Kupka et al., 2014). In the UK, the Human Fertilisation and Embryology Authority (HFEA; the licensing body for fertility treatment) does not specifically audit this type of donation. Therefore, the precise scale of the practice remains unclear and little is known about the implications of this form of family-building.

Recent data show an increase in rates of egg donation more generally, particularly in the context of gestational surrogacy and egg donation for gay male couples, and in older women (HFEA, 2013). In Europe, in 2014, there were 56,516 cycles of treatment involving donated eggs (De Geyter et al., 2018). Numbers of IVF treatment cycles using donor eggs in the UK have continued to increase annually since 2006 from 1,912, to 3,924 in 2016 (HFEA, 2018) and previous studies of clinical practice (though not based on actual donation numbers) suggest that known egg donation may constitute a sizeable proportion of egg donation practice in the UK (Murray & Golombok, 2000, HFEA, 2005). Although egg donation using a known donor is licensed by the HFEA, the latest edition of the Code of Practice (HFEA, 2017) does not directly mention known egg donation. A recent practice guide (McCluskey & Gilbert, 2015), makes only brief mention of known donation, giving very little specific guidance to counsellors and reflecting a significant lack of knowledge relating to counselling practice.

Only a small number of qualitative studies have explored the implications of known egg donation (Acharya, Bryant & Twiddy, 2017; Jadva, Casey, Readings, Blake & Golombok, 2011; Lessor, 1993; Van Parys et al., 2017; Wyverkens et al., 2016; Winter & Daniluk, 2004; Yee, Blyth & Tsang, 2011a; Yee, Blyth & Tsang, 2011b). They suggest that motivation for donation is influenced by a combination of factors including; the rewards of altruistic behaviour (Acharya et al., 2017; Jadva et al., 2011; Yee et al., 2011b), the existence and potential strengthening of the donor-recipient relationship (Acharya et al., 2017; Yee et al., 2011b), and a sense of obligation and societal demands (Acharya et al., 2017). Donation is also seen as a positive experience (Winter & Daniluk, 2004); and, in intra-familial egg donation, a satisfying way to maintain a genetic link with the child (Lessor, 1993; Van Parys et al., 2017). Only Winter and Daniluk (2004) highlight the counselling needs of known donors throughout the process, with Lessor (1993) mentioning that psychosocial support be provided to donor and recipient women as an aside. Only one previous study (Lessor, 1993) has included data collection with male partners in recipient couples. However, these were all husbands of recipient sisters, it was unclear how many male partners were interviewed, and these data were only reported in relation to disclosure. Therefore, the experiences of male recipients appears a very under-researched group.

Only two of these in-depth qualitative studies were conducted in the UK, and focus on the experiences of known egg donors (Acharya et al., 2017) and recipient women (Jadva et al., 2011), respectively. The current paper adds to this limited evidence base and presents data about the experience of known egg donation from the perspectives of known egg donors and recipient heterosexual couples. Data from interviews with

donors, women and men are presented in order to identify the possible implications for counselling and clinical practice in the UK.

Materials and Methods

Design

This was a qualitative, cross-sectional study, conducted within a descriptive phenomenological framework (Husserl, 1970). Descriptive phenomenological research places emphasis on the 'pure' description of people's experiences and to uncover the essential invariant features of that subjective experience, by describing meanings with depth and richness at the descriptive semantic level. The purpose of this study was to embark on an intense analysis of the descriptions and 'lived' experiences of known egg donation from the perspectives of known egg donors and recipient couples. The study received ethical approval from the University and the NHS (MREC3/3/068).

Method and sample

Ten in-depth interviews were conducted: four with recipient women, three with recipient men (partners of the women) and three with known egg donors. These participants made up four known egg donation 'cases': (1) a recipient couple where the donor declined to be interviewed (n=2, friend-to-friend donation); (2) a recipient-donor dyad (n=2, sister-sister); (3) a recipient couple and their donor (n=3, sister-sister), and (4) a recipient couple and their donor (n=3, friend-friend). All ten participants were interviewed between two and nine years following the donation. For two recipient couples, the donation had resulted in the birth of a child(ren) (see Table I for participant demographic information). Recipient women were recruited via an advertisement which appeared in the newsletter of a national support group and charity for women who had experienced premature ovarian insufficiency (POI) and

requested volunteers to take part in the study. Snowball sampling was then utilised to recruit the partners and known egg donors of the women recipients. Of the total six recipient women who responded to the original recruitment advert, two had not yet undergone known egg donation and therefore could not be included in the study. All ten participants were interviewed separately by NM*.

Data collection process and analysis

All but one interview took place in the participants' home. The remaining interview (with a donor) was conducted via telephone due to geographical location. In-depth interviews were between 45 minutes and 2 hours. Initially, participants were asked to tell their story of known egg donation, then, as the interview progressed, a number of open-ended questions were asked, which included discussion of the donor-recipient relationship, and partner/family relationships. Interviews were transcribed verbatim and analysed using inductive thematic analysis (Braun & Clarke, 2006). Transcripts were read several times by NM* to gain familiarisation of each individual's account. The data were subjected to 'open coding', involving a close reading of each transcript and the division of portions of text into specific units of meaning (codes). Following the production of an initial set of codes, the data were organised thematically by NM* and NM until data saturation was reached (Miles & Huberman, 1994). Themes were identified by collating codes together to form a more detailed account of the experiences of known egg donors and recipient couples. A second review was undertaken by NH and GJ to assist with the contextualisation of the themes, as reflected in the findings, and to cross-examine all themes identified. See Table II for extracts of data, with codes, sub-themes and main overarching themes applied.

Results

Results include four key themes: 1) 'Doing anything': existing relationships as the motivation to donate; 2) 'It was my duty': feelings of obligation to donate and to receive; 3) 'Woman-to-woman': a woman-centred experience; and 4) 'Going through this together': changed versus unchanged relationships (themes and sub-themes are illustrated in Table II). In order to protect the anonymity of the small number of participants in the study, case identifiers are not used throughout the reporting of the results.

'Doing anything': existing relationships as the motivation to donate

One of the major motivations for the donor to donate eggs to a friend or family member was her relationship with the recipient. In this theme, existing relationships and knowledge about the recipients' infertility were felt to engender a particular kind of altruism, which involved 'doing anything' to help. As this woman describes:

...if they [the doctors] could have cut my womb out and given it to my sister then I would have done that for her to help her have children...

(Donor)

This desire for selfless helping was described as arising from concern for the wellbeing of her sister; and framed by participants as an act of altruism. According to one male recipient, altruism was the sole motivating factor:

...she [the donor] was doing it [known egg donation] purely through altruism [...] she genuinely, through the warmth in her heart wanted to help us have children... (Recipient man)

In both cases, however, the donor's altruistic behaviour was described as existing within the context of the 'close relationship' that the recipient and the donor shared. Indeed, awareness of the recipient's fertility journey and their desire to have a child was also described as a motivation to donate, as this recipient explained:

...she [the donor] knew how, in the first time it [anonymous egg donation] actually worked and then I miscarried, so she knew how... much we wanted children... (Recipient woman)

'It was my duty': feelings of obligation to donate and to receive

Whilst existing relationships and the altruism they fostered were one explanation for known donation, participants in this study also described a sense of obligation that may arise for both women. Participants indicated that donors may experience feelings of obligation to engage in known egg donation. Following an initial unsuccessful donation, one donor stated:

...I gave them [the recipient couple] a glimmer of hope [donating the first time] and then I felt that it was my duty to do it [donate] again [...] I didn't want to but at the same time I felt I ought to... (Donor)

However, recipients also described feeling a sense of obligation to accept the donor's offer of donation as highlighted below:

...after she'd [donor] had her baby, [...] when I went round to see her [...] she went, "right I can do your egg donation now, can't I?" And I'm like, "forget about it, don't worry", you know, she said, "oh no, I promised you I'd do it and I meant what I said," and she was so...even just straight after having a baby, going on about it, I'm thinking, "oh for God's sake", she's giving me ear-gyp [hassle] about it... (Recipient woman)

It is worth mentioning that despite feelings of mutual obligation to both donate, and to accept the donation, neither the donor nor the recipient gave any indication of regretting their decision, whether or not the donation had been successful.

'Woman-to-woman': a woman-centred experience

The emotionally intimate relationship shared by donor and recipient appears to leave little room for involvement of either the recipient's or the donor's partner. One male recipient described the donor-recipient relationship as a 'woman-woman friendship', and appeared to find himself on the periphery of the experience. Others found the procedural aspects of the donation to further minimise their role to a purely supportive one, as this male recipient described:

...there's a lot of concentration on the woman [throughout known egg donation] and the bloke's just playing-, you know, does his little bit, his little donation and then it's just support really... (Recipient man)

In addition to men feeling both peripheral to the women's relationship with each other, and the donation procedure, male recipients may be reluctant to engage with the known egg donation process. For example, when describing the counselling the recipient couple and the donor received at the fertility clinic, one recipient indicates:

...we would have my sister and me and (partner's name removed) and there was a nurse who was taking more of a role with us and she would ask him a question and, and (partner's name removed) would say, "well, I don't know..." and look at me. (Recipient woman)

In this example, by deferring to the recipient woman, the male recipient's response appears to centre known egg donation as a woman-woman process.

'Going through this together': changed versus unchanged relationships

In the current study, donors and recipient couples suggest that donor and recipient share an even closer relationship following the donation, with one recipient stating:

...we're a bit closer together, closer as friends even now...'cause I think we know one another a lot better now with going through this together... (Recipient woman)

This deepening of their relationship is particularly noteworthy for this participant and her donor, as the donation (despite it resulting in pregnancy for the recipient couple) ended in early miscarriage. The donation may also result in a closer relationship for the recipient couple, particularly where the donation is successful, as one female recipient indicates:

... it [the donation] makes you stronger because you see how you're both committed to the same thing, the sake of the family unit... (Recipient woman)

The relationship between the donor and the male recipient may strengthen following the donation, as indicated by a male recipient:

'...I'd say it's [his relationship with the donor] got stronger and when somebody has done such a profound thing there'll always be a bond between you...' (Recipient man)

For this participant, it is the very act of the donation which is responsible for the link between him and the donor, rather than the shared genetic connection via the child.

Conversely, relationships following the donation may remain unchanged, whether or not the donation results in a child:

...it [the relationship with her partner] certainly hasn't changed because of the egg donation I mean I wouldn't say it even made us stronger because we were strong beforehand...

(Recipient woman)

Donors also indicated that their own couple relationships had not changed as a result of the donation. For one donor, this appeared to be due to the fact that she and her partner had never wanted their own biological children:

...it didn't affect us at all [...] we were not planning on having any children at that particular time and we never went on to have children so, no, it wasn't, I think it was all talked about, it was fine... (Donor)

Conversely, in the same extract, this donor also seems to suggest that if she and her partner had planned to start a family, then donating eggs may have become problematic in terms of the longevity of their relationship.

Discussion

This qualitative study sought to explore the experience of known egg donation from the perspectives of recipient couples and known egg donors, in order to identify the possible implications for counselling and clinical practice in the UK.

The existing donor-recipient relationship was considered to be the overarching motivation for the donor. This finding concurs with previous literature (e.g. Greenfeld, Mazure, Olive & Keefe, 1995; Brill & Levin, 1996; Baetens et al., 2000; Kalfoglou & Gittelsohn, 2000). Whilst known egg donors often state they are willing to help a close friend or relative, many would not consider anonymous donation (Greenfeld et al., 1995; Khamsi, Endman, Lacanna & Wong, 1997; Kalfoglou & Gittelsohn, 2000).

In the context of the emotionally close relationships between donors and recipients we found that the donor may be motivated to donate due to an acute awareness of the recipient couples' often difficult experience of fertility treatment and, in some cases, pregnancy loss. This 'awareness' has also been compared with anonymous donation whereby the decision to donate may be influenced by knowledge of an infertile couple (Fielding, Handley, Duqueno, Weaver & Lui, 1998). Motives for donation such as vicarious experience are areas that need to be considered in the context of the donor's relationship with the recipient. Infertility counsellors are well-placed to explore these relationships during counselling (HFEA, 2017) which may help the donor make a fully-informed decision regarding her donation.

Treatment centres in the UK have a legal obligation to ensure that: “Patients should not be put under pressure or unduly influenced to donate gametes or embryos” (HFEA, 2017, 12.1). Despite this, our results suggest there are mutual obligations on both the donor to donate and on the recipient (woman and man) to receive, which all parties may be unaware of. The external and internal pressures felt by potential donors from within families (such as sister-sister donation) is not new and has been reported previously (e.g. Acharya et al, 2017; Lessor, 1993; Fielding et al., 1998; Warren & Blood, 2003; Jadva et al., 2011).

However, our study also found that recipients feel a sense of obligation to accept the donor’s offer and that feelings of mutual obligation can be extended beyond family relationships to friend-friend donation. Implications counselling prior to known egg donation should encourage discussion of feelings of obligation with both donor and recipient couple, together with on-going emotional support where needed.

This study is the first of its kind in the UK to directly explore the experiences and role of recipient men in cases of known egg donation. The findings show that men felt peripheral to the process. This is consistent with Lessor’s (1993) study of sister-sister donation, which indicated the exclusion of the recipient’s male partner due to the intense emotional focus of the sisters on each other. The importance of support provided by the male partner is also highlighted by previous Canadian studies (Khamisi et al., 1997; Winter & Daniluk, 2004; Yee, Hitkari & Greenblatt, 2007).

Despite the peripheral role of men in known egg donation, a number of previous studies (Braverman, 1994; Baetens et al., 2000; Winter & Daniluk, 2004) stress the importance of including partners in counselling prior to the donation. This study has highlighted, however, that, even when male partners do attend counselling sessions, they may defer to the women, who could be seen as the experts given the 'woman-to-woman' nature of the experience. It is important, therefore, for counsellors to adapt strategies which actively involve and engage men in the counselling process, for example, ensuring that male partners have the opportunity to attend counselling sessions alone, without their female partner, providing them with the space to air their views where they are not hindered by feeling less central to the process. Where men do not wish to engage with counselling, future research should consider the development and provision of information resources which allow them to consider their role in the donation process and suggest other sources of support. It is important for future research to explore not only the experiences of recipient's partners, but also donor's male partners (not covered in the present study), providing the opportunity to explore men's experiences in greater depth.

For participants in the present study, the donor-recipient relationship appeared strong before the donation, growing stronger following the donation regardless of whether or not the donation was successful. Where the donor is a family member or a friend, therefore, known donation may not have the negative implications for this relationship as some have previously suggested (e.g. Fielding et al., 1998; Khamsi et al., 1997; Josephs et al., 2004). It can be inferred that a 'resilient' relationship is important if it is to successfully survive the known egg donation process and beyond.

All individuals (including the partners of both recipient and donor) should be provided with the opportunity to explore the impact of known egg donation on partner relationships, with an infertility counsellor, prior to the donation.

The present study explored egg donation within the context of existing relationships, with participants suggesting that known egg donation can change the connection between the donor and the recipient's partner. Indeed, participants in this study experienced a strengthening of this relationship due to the "profound" act of the donation itself. Similarly, the limited studies which have explored the donor-recipient partner relationship (Josephs et al., 2004; Winter & Daniluk, 2004) have also noted positive effects on this relationship.

Limitations

The findings of this study are limited to the experiences of a small sample of 10 participants and, as such, the implications for counselling highlighted in this paper are made with caution. The mixed nature of the sample of four recipient women, three recipient men, and three known egg donors, makes it difficult to generalize these results to a larger population of each of these respective groups. Participants were all heterosexual and white, therefore we do not know whether, or how, the findings might be different with a sample that included those of other ethnicities. It is acknowledged that the number of years since participants had undergone the known donation is fairly wide-ranging (between 2 and 9 years previously). The study does not include the perceptions and experiences of donors' partners. Due to recruitment via a related charity, all of the female recipients had experienced POI. It is possible that

those with different diagnoses may have different experiences of known egg donation. Whether the donation was intra-familial or not and whether successful or unsuccessful could influence participants' retrospective views of donation, however, this did not appear to be the case in the current study. Despite these limitations, this study is the first of its kind to demonstrate a range of implications for counselling practice, and contributes to the empirical literature on this form of family building.

Conclusion

Given the potential increase in use of known egg donors, infertility counsellors need to be aware of the implications for those embarking on known egg donation in terms of donor-recipient motivations, feelings of mutual obligation, and the needs of men. Donor and recipient couples should be provided with information and support at each stage of the donation process. As such, we suggest that the implications raised in this paper be used to inform a specific UK practice guide for infertility counsellors working with those embarking on known egg donation.

Acknowledgements

The authors would like to thank the ten individuals who were willing to share their personal experiences of known egg donation. Thank you also to Eric Blyth and Ruth Deery for their feedback on early drafts of the paper.

References

Acharya, S., Bryant, L., Twiddy, M. (2017). Altruism or obligation? The motivations and experience of women who donate oocytes to known recipients in assisted conception treatment: an interpretative phenomenological analysis study. *Journal of Psychosomatic Obstetrics & Gynaecology*. 38(1), 4-11.

American Society for Reproductive Medicine. (2017). Using family members as gamete donors or gestational carriers. *Fertility and Sterility*. 107(5), 1136-1142.

Baetens, P., Devroey, P., Camus, M., Van Steirteghem, A.C., & Ponjaert-Kristoffersen, I. (2000). Counselling couples and donors for oocyte donation: The decision to use either known or anonymous oocytes. *Human Reproduction*. 15, 476-484.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

Braverman, A.M. (1994). Oocyte donation: psychological and counselling issues. *Clinical and Consulting Obstetrics and Gynaecology*. 6, 143-149.

Brill, M. & Levin, S. (1996). Psychologic counselling and screening for egg donation. In M.M. Seibel & S.L. Crockin (Eds.). *Family building through egg and sperm donation: Medical, legal, and ethical issues*. Sudbury, MA: Jones and Bartlett. pp. 76-93.

De Geyter, Ch., Calhaz-Jorge, C., Kupka, M.S., Wyns, C., Mocanu, E., Motrenko, T., Scaravelli, G., Smeenk, J., Vidakovic, S., Goossens, V. The European IVF-monitoring Consortium (EIM) for the European Society of Human Reproduction and Embryology (ESHRE). (2018). ART in Europe, 2014: results generated from European registries by ESHRE: The European IVF-monitoring Consortium (EIM) for the European Society of Human Reproduction and Embryology (ESHRE). *Human Reproduction*. 33(9), 1586–1601.

Fielding, D., Handley, S., Duqueno, L., Weaver, S., & Lui, S. (1998). Motivation, attitudes and experience of donation: A follow-up of women donating eggs in assisted conception treatment. *Journal of Community & Applied Social Psychology*. 8, 273-287.

Greenfeld, D.A., Mazure, C.M., Olive, D.L., & Keefe, D.L. (1995). Similarities and differences between anonymous and directed candidates for oocyte donation. *Journal of Assisted Reproduction and Genetics*. 12(2), 118-122.

Human Fertilisation and Embryology Authority. (2018). *Fertility treatment 2014-2016: Trends and figures*. London: HFEA.

Human Fertilisation and Embryology Authority. (2017). *Code of practice (8th rev.ed.)*. London: HFEA.

Human Fertilisation and Embryology Authority. (2013). *Facts and Figures: Number of*

sperm and egg donors, 2012-2013. London: HFEA.

Human Fertilisation and Embryology Authority. (2010). *Donation Review: Update and Early Options*. Paper number 561. London: HFEA.

Human Fertilisation and Embryology Authority. (2005). *Sperm, egg and embryo donation (SEED) policy review: Findings of the clinic survey*. London: HFEA.

Husserl, E. (1970). *The idea of phenomenology*. The Netherlands: Martinus Hijhoff Publishers.

Jadva, V., Casey, P., Readings, J., Blake, L., Golombok, S. (2011). A longitudinal study of recipients' views and experiences of intra-family egg donation, *Human Reproduction*. 26(10), 2777–2782.

Josephs, L.S., Grill, E., Crone, K., Applegarth, L., Cholst, I., & Rosenwaks, Z. (2004). Sister ovum donation: psychological outcomes [Abstract]. *Fertility and Sterility*. 82(Suppl.2), 102.

Kalfoglou, A.L., & Gittelsohn, J. (2000). A qualitative follow-up study of women's experiences with oocyte donation. *Human Reproduction*. 15, 798–805

- Khamsi, F., Endman, M.W., Lacanna, I.C., Wong, J. (1997). Some psychological aspects of oocyte donation from known donors on altruistic basis. *Fertility and Sterility*. 68(2), 323-327.
- Kupka, AP, Ferraretti, J. de Mouzon, K. Erb, T. D'Hooghe, J.A. Castilla, C. Calhaz-Jorge, C. De Geyter, V. Goossens, and The European IVF-monitoring (EIM) Consortium for the European Society of Human Reproduction and Embryology (ESHRE). (2014). Assisted reproductive technology in Europe, 2010: results generated from European registers by ESHRE. *Human Reproduction*. 29(10), 2099–2113.
- Lessor, R. (1993). All in the family: Social processes in ovarian egg donation between sisters. *Sociology of Health & Illness*. 15, 393-413.
- McCluskey, G., & Gilbert, P. (2015). *British Infertility Counselling Association (BICA) Practice Guides Series: Implications counselling for people considering donor-assisted treatment (Fully updated version)*. York: BICA Publications.
- Miles, M.B., & Huberman, A.M. (1994). *Qualitative data analysis* (2nd Ed.). Thousand Oaks, CA: Sage.
- Murray, C., & Golombok, S. (2000). Oocyte and semen donation: A survey of UK licensed treatment centres. *Human Reproduction*. 15, 2133-2139.

Van Parys, H., Provoost, V., Zeiler, K., De Sutter, P., Pennings, G., Buysse, A. (2017). Constructing and enacting kinship in sister-to-sister egg donation families: a multi-family member interview study, *Sociology of Health & Illness*. 39(6), 847–862.

Warren, N., & Blood, J. (2003). Who donates? Why donate? An exploration of the characteristics and motivations of known egg donors: the Victoria, Australia experience. *Journal of Fertility Counselling*. 10, 20-24.

Winter, A., & Daniluk, J.C. (2004). A gift from the heart: The experiences of women whose egg donations helped their sisters become mothers. *Journal of Counselling & Development*. 82, 483-495.

Wyverkens, E., Van Parys, H., Provoost, V., Pennings, G., De Sutter, P., Buysse, A. (2016). Sister-to-sister oocyte donation: couples' experiences with regard to genetic ties, *Journal of Reproductive and Infant Psychology*. 34(3), 314-323.

Yee, S., Blyth, E. and Tsang, A. K. T. (2011a). Views of donors and recipients regarding disclosure to children following altruistic known oocyte donation. *Reproductive Biomedicine Online*. 7, 851-9.

Yee, S., Blyth, E. and Tsang, A. K. T. (2011b). Oocyte donors' experiences of altruistic known donation: a qualitative study. *Journal of Reproductive and Infant Psychology*. 29(4), 404-415.

Yee, S., Hitkari, J.A., & Greenblatt, E.M. (2007). A follow-up study of women who donated oocytes to known recipient couples for altruistic reasons. *Human Reproduction*. 22, 2040-2050.

Table 1. Demographic information for study participants (n=10).¹²

	Number (n)
Participant Group	
Recipient women	4
Recipient men	3
Donors	3
Marital Status	
Married	8
Single	2
Ethnicity	
White British	8
White European	2
Type of known donation	
Friend-to-friend	5
Intra-familial (sister-to-sister)	5
Outcome of donation	
Unsuccessful	5
Successful	5
Other children	
Yes	7
No	3
Case	
(1) Recipient couple	1
(2) Recipient-donor dyad	1

(3 and 4) Recipient couple and their donor	2
--	---

¹ Table 1 is presented in this way in order to protect the anonymity of the small number of participants in the study.

² Several participants were sensitive about their age, therefore data regarding this issue was not collected.

Table II. Table of themes, with quotes.¹

Quotation	Codes	Sub-themes	Themes
<p>...she [the donor] was doing it [known egg donation] purely through altruism [...] she genuinely, through the, you know, warmth in her heart wanted to help us have children... (R7, recipient man)</p> <p>...I'd always expressed that, that I would've, would do anything, that was always a very...must with me, you know, anything, anything, if anything ever comes up, if anything happens, let me, I will do it... (D2, donor)</p>	<p>Desire to help the recipient couple</p> <p>Doing anything to help family</p> <p>Facilitating others needs to have children</p> <p>Good will</p>	<p>1.1 Altruism</p>	<p>1. "Doing anything": existing relationships as the motivation to donate</p>
<p>...she [the donor] knew how, in the first time it [anonymous egg donation] actually worked and then I miscarried, so she knew how...you know, ho-, how much we wanted children... (R6, recipient woman)</p> <p>...she's [the donor] seen us waiting and waiting and waiting, she's got frustrated, "I can't believe that you've waited so long, are you still waiting?" D'you know, she got a bit indignant about, "Right, that's it, I'm gonna do it [donate] again" ... (R1, recipient woman)</p>	<p>Witnessing the recipient couples' experience</p> <p>Awareness of couples desire to have children</p> <p>Knowledge of recipients fertility difficulties</p> <p>Donating as a result of close relationships</p>	<p>1.2 Awareness of fertility journey</p>	
<p>...she'd [the donor] known from the beginning that to have children we needed to have egg donation and she knew obviously that she could do it if she chose to donate... (R6, recipient woman)</p>	<p>Self-desire to donate</p> <p>Duty of care</p> <p>Informed-consent by donor</p>	<p>2.1 Donor's feelings of obligation to donate</p>	<p>2. "It was my duty": feelings of obligation to donate and to receive</p>

<p>...it was my own pressure, (recipient woman's name removed) never put me under pressure, this was my own pressure I'd put on myself... (D3, donor)</p> <p>...she [the recipient] said that it's [known egg donation] a possibility and then there was this sort of silence and I said, oh, well I'll do it, you know, no problem and then I can't remember, a long time passed, the time passed and then she said, oh well, you know, you did mention that you might be interested [...] she gave me the information and then it was up to me to approach her. (D3, donor)</p>	<p>No pressure by recipient</p> <p>Pressure by donor to donate</p> <p>Unaware of sense of obligation to help</p> <p>No decisional regret by donor</p>		
<p>... I just said well, I'm happy to donate an egg if that would help the situation... I saw that [known egg donation] as the, the logical erm...you know, possible answer to, not an answer to the problem but a possible, you know, avenue that they [the recipient couple] could go down... (D1, donor)</p> <p>...it seemed because we were waiting on the list for so long erm that it [anonymous egg donation] was never gonna happen erm so (donor's name removed) came along, it [known egg donation] took a bit of thinking about I must admit but any chance [to have a child] is going to be a huge improvement on none... (R2, recipient man)</p>	<p>Recipient obligation to accept</p> <p>Pressure by recipient for donor to donate</p> <p>Mutual obligation between both parties</p>	<p>2.2 Recipient's feelings of obligation to receive</p>	
<p>...it's [the donor-recipient relationship] more of a, a woman-woman friendship and I'm more on the periphery if you see what I mean... (R7, recipient man)</p>	<p>A woman-woman friendship</p> <p>A woman to woman process</p>	<p>3.1 Being on the periphery</p>	<p>3. "Woman-to-woman": a woman-centred experience</p>

	Emotional intimacy in donor- recipient relationship		
<p>...I got the impression that they [the clinic] were thinking that me and my sister were gonna do this little thing, have a baby together and he [recipient's partner] was just like not relevant. But that's kind of how he was portraying himself. (R3, recipient woman)</p> <p>...she [the donor] was married at the time and erm he [the donor's partner] was very, very easy-going erm but, but no, it was (donor's name removed) decision, (donor's name removed) body, you know, (donor's name removed) family and, and that was it really... (R4, recipient woman)</p> <p>...he [the donor's partner] was just saying well, you know, it's up to you, you, you, you girls do whatever you want, which was basically what (partner's name removed) was saying to me... (R3, recipient woman)</p> <p>...I'm not really into counselling anyway, I think it's ridiculous. (R2, recipient man)</p>	<p>A woman's decision</p> <p>Women-centred</p> <p>Empowering women</p> <p>Male partners feel left out</p> <p>Males marginalised in the donation process</p> <p>Male role reduced down to solely comfort and support</p>	3.2 Male recipient engagement	
<p>...I think possibly we [donor and recipient] have got closer [due to the donation] but erm but we might have got closer anyway. I can't really say for sure. (R3, recipient woman)</p> <p>...I don't know if it's [the recipient couple relationship] with the donation or...being and having longer together,</p>	<p>Bringing women together</p> <p>Bringing couples together</p>	4.1 Closer relationships following the donation	4. "Going through this together": Changed versus unchanged relationships

<p>you know, as a couple, I, I'm not too sure. (R1, recipient woman)</p> <p>...if anything it [undergoing known egg donation] makes you [the recipient couple] stronger because you see how you're both committed to the same thing, the sake of the family unit... (R6, recipient woman)</p> <p>...I think we sort of regard (donor's name removed) as a bit of an auntie, you know, so, to (child's name removed), so erm ... if anything I think, you know, she's become closer to (partner's name removed) as well as to me... (R6, recipient woman)</p> <p>...for me (donor's name removed) turned into a sister almost, while we were going through it [the donation] we were in each other's pockets erm...that's probably how I thought of her at the time... (R2, recipient man)</p>	<p>Act of donation bring donor and recipient male together</p> <p>Shared genetic link with child not a factor</p> <p>Building closer relationships</p> <p>Strengthening experiences and relationships</p> <p>Commitment made by both parties</p>		
<p>...our lives have changed and therefore, you know, in other, in all kinds of ways she's [the donor] in, she's now on her second marriage, she's now had a baby erm we've got two children and so on, so it's [the donor-recipient relationship] changed because of that, because sometimes we have more or less, you know, in different stages in life but it hasn't essentially changed because of the egg donation... (R6, recipient woman)</p> <p>...I anticipated it [the donor-recipient relationship] would have changed more than it actually did, you know, that</p>	<p>Couples (donors and recipients) need to be/are strong prior to undergoing the donation process</p> <p>Donor couple relationship unchanged</p>	<p>4.2 Unchanged relationships</p>	

was obviously a worry when we did it but it actually hasn't... (R6, recipient woman)			
--	--	--	--

¹ In order to protect the anonymity of the small number of participants in the study, case identifiers are not used throughout the table.