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COMMENTARY

Using an introduction website to start a family: implications for users and health practitioners

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Abstract Donor insemination treatment offered in licensed clinics protects the donor, recipient and offspring both medically and legally. The Internet has opened up novel, unregulated ways of donating sperm through 'introduction websites' and social media forums. Broadly, three categories of women use introduction websites: those who want to have a child with no further involvement of the donor; those who wish to know the identity of the donor from the start; and those who intend to electively co-parent, that is, to bring up the child together with the donor/father. Donors may choose to donate through introduction websites for altruistic reasons and/or in order to have greater involvement with the child. There are some donors who are motivated by the prospect of a sexual encounter, advertising their preference for 'natural insemination' – i.e. via sexual intercourse or partial intercourse. When people make their own arrangements online, they may do so in the absence of clear, accurate information. This article, sets out some of the issues that recipients and donors ought to consider before embarking on unregulated sperm donation.

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KEYWORDS: anonymity, donor sperm, natural insemination

Introduction

The digital era has opened up new ways of obtaining donor sperm. It is easy and comparatively cheap to access sperm online, for example, from one of the many sperm banks that will ship sperm worldwide for home insemination. Additionally, a growing number of introduction websites offer women and couples the opportunity to meet a potential sperm donor online (Table 1). It is also increasingly common for donors and recipients to find each other on social media, and particularly on Facebook (Harley, 2016). This paper concentrates on introduction websites, which broadly leads to three categories of parenting involvement. First, those who want to have a child with no further involvement of the donor; second, those who wish to know the identity of

the donor from the start; and third, those who intend to electively co-parent, that is, to bring up the child together with the donor/father. Introduction websites are legal but unregulated, making it difficult to assess the scope and prevalence of the practice. Unlike donors and patients in licensed clinics, participants in these arrangements may not be made aware of the medical and legal implications of donor conception. This paper sets out some of the issues that recipients and donors should consider before embarking on unregulated sperm donation.

Elective co-parenting

Elective co-parenting is where a male and female who are not in a sexual relationship decide to have a child together, with

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Table 1 Selection of online sperm donation sites found when searching in the UK.

Organisation / Website	Link	Where based	Costs for registration / matching	Size of membership – not verified
CoParents.co.uk	https://www.coparents.co.uk/	Worldwide offices and originally started as CoParents.com	Free to join, list a profile and search for a match, then £6.60/month to message. All active members pay a fee to eradicate time wasters. You can block members.	Over 15,000 UK members, 30% going into co-parenting arrangements.
Co-Parents UK Facebook group	https://www.facebook.com/Coparentscouk	UK	Free access group	1103 followers
Co-parent Match Facebook group	https://www.facebook.com/Co-ParentMatch-130819890331066/	Worldwide	Free access group	944 followers
Pollen Tree	http://www.pollentree.com/coparenting	UK	Registration is free, but then you are asked to subscribe. No costs available.	Branded as a worldwide community. In a Guardian interview, the founder claimed to have 8500 subscribed users.
Modamily	http://modamily.com/	USA	Free to join and build a profile, subscription required to access other services. 3 months personal concierge package - \$99.99/month 6 months package - \$24.99/month	5000 subscribers, 900 of which are British.
Pride Angel	http://www.prideangel.com/	UK	They do not allow any members offering natural insemination or asking for money and you can report abusers. You buy credits – starting at £20 – to message others. These do not run out so you are not limited to a specific time period.	Over 18,000 members worldwide, numbers wishing to co-parent in the UK: 840 women, 529 men.
Family by Design	http://www.familybydesign.com/	USA	Free to register, but matching and messaging can only be accessed by subscribers, no costs shown	Not known
Co-Parents UK!!! Facebook group	https://www.facebook.com/groups/COPUK/	UK	Closed access support group	260 members
Known Donor Registry	https://knowndonorregistry.com/	USA	Completely free, the site runs on donations	Not known
My Alternative Family Facebook group (main website not working)	https://www.facebook.com/mafsite/	USA	Open access group; (irregular postings)	392 likes
Sperm Donation UK	http://spermdonationuk.co.uk/	UK	Free to access, but redirects you to CoParentMatch UK to chat further	Not known
Feeling Broody / Donorcoparent.com	http://feelingbroody.com/	UK	£12 membership fee per year	Not known

the aim of bringing the child up in separate households, but with the involvement of both genetic parents (Erera and Segal-Engelchin, 2014; Herbrand, 2008; Jadva et al., 2015; Segal-Engelchin et al., 2012; Smietana et al., 2014). Elective co-parenting is not new (Patterson, 1992). Anecdotally, it is not uncommon for lesbian couples to ask a male friend to donate his sperm so that they can have a child, with whom the

genetic father may have an ongoing relationship. Conversely, a gay man may form a non-sexual relationship with a single woman or lesbian couple in order to conceive and co-parent a child.

Prospective parents may choose to bring a known donor to a clinic for this purpose, but most clinics that offer donor insemination use sperm from banks, where the sperm donor

is unknown and where his identity is either not disclosed at all (in countries with anonymous donation), or is only disclosed once the child reaches adulthood (in countries where sperm donors are identifiable) (Bossema et al., 2014). Co-parenting is therefore usually not an option for people who seek treatment in a licensed clinic.

Jadva et al. (2015) surveyed 61 men and 41 women who had used Pride Angel, the largest UK introduction site, with, at the time of writing, more than 47,000 members. Of these, they found that approximately one-third of the men and half of the women were heterosexual. According to this study, lesbian and bisexual couples were more likely to want to co-parent than heterosexual women. Their principal reason for using online introduction sites was so that they and their offspring would be able to know and have a relationship with the genetic parent. There were wide discrepancies in how long prospective co-parents thought they needed in order to 'get to know each other' before conceiving: from one week to two years (Jadva et al., 2015). In addition to those who wish to co-parent, there are also women and couples who use introduction websites because they would prefer completely anonymous donation (Freeman et al., 2016; Jadva et al., 2009).

Donors' motivations also vary. A survey sent to 39 Dutch websites found that online sperm donors were principally motivated by altruism, but they also chose to donate in this way because they wanted to know the prospective parents and be kept informed about their offspring's development (Woestenburg et al., 2015). Similar results were found in a survey of 383 men registered as sperm donors with Pride Angel, in which participants were invited to 'rate the importance of motivations for donating sperm': the most highly rated were altruistic (e.g. 'want to help others'); then procreative (e.g. 'to pass on my genes'); followed by motivations relating to personal experience or circumstance (e.g. 'family/friends have experienced infertility') (Freeman et al., 2016). In the UK, there tends to be little financial gain involved, and most donors are single at the time of donation (Jadva et al., 2015).

The most common method of procreation is artificial insemination, using a syringe or other device to introduce the sperm into the vagina (Jadva et al., 2015). In the study by Freeman et al. (2016), 94.3% of donors had donated via artificial insemination, though a significant proportion of all donors (32.9%) had additionally donated through sexual intercourse, referred to on these websites as natural insemination (NI) or partial intercourse (Freeman et al., 2016). Some websites, such as Free Sperm Donations Worldwide (FSDW), permit only artificial insemination to be offered, and invite members to 'report any donors suggesting otherwise'. Other websites allow donors to specify that they are effectively seeking a sexual encounter in order to donate. As Ravelingian et al. point out, this may not only raise 'concern about the real motivation of these men', but 'there is also anecdotal evidence that things may go seriously wrong with these arrangements' (Ravelingien et al., 2016).

Medical concerns in the context of online introduction sites

When donor insemination takes place in a clinic, the practice will be subject to the rules set by professional bodies and/or

the local regulator. A family history of the donor is taken in order to identify any hereditary disorders, and both the donor and his sperm will be tested in order to maximise the chance of conception and minimise the health risks to the recipient and any resulting child.

Counselling is routinely available, giving donors and recipients the opportunity to understand the medical, social and legal implications of gamete donation, for them and for their child. In the Jadva et al. study (2015), only around half of those using introduction websites had undergone any medical screening and most had received no legal advice. Some donors may volunteer health information, as well as information about previous pregnancies, but it is impossible for recipients to verify these claims. Sperm donated informally cannot be frozen and stored so there's no follow-up testing for conditions with an incubation period, such as human immunodeficiency virus (HIV), hepatitis B and others.

In regulated sperm donation, there is a limit to how many children can be produced from one man's sperm, and records are kept of every treatment cycle and its outcome. As a result, provided that they know that they have been conceived using donor sperm, children will be able to find out if they are genetically related to someone with whom they are intending to have an intimate relationship. Of course, it must be acknowledged that not all parents of donor-conceived offspring tell their children about the circumstances of their conception, but there is undoubtedly a trend towards greater openness, which is facilitated by the keeping of accurate records (Readings et al., 2011). Traceability of the link between donor and offspring is not only important in order to facilitate the identification of donors, but can also be used to ensure that subsequently-acquired information about genetic diseases is passed on appropriately. When people make their own arrangements online, there are no limits on how many children can be produced from one man's sperm, and there will be no register of treatment cycles recording the existence of a genetic link between donor and offspring.

Even though formal records are not kept, it is, however, important for donors and recipients to understand that inadvertent identification might take place in the future if donors, children or other family members, place their DNA in a 'relative finder' or 'ancestry tracer' DNA database (Harper et al., 2016).

Using online introduction sperm donation sites

There is no consistent worldwide approach to the regulation of sperm donation. In some countries, such as France and Italy, clinics cannot offer sperm donation to women who are not in a heterosexual relationship. In other countries, such as the UK, where eligibility for treatment is not restricted to heterosexual couples, the regulatory emphasis is instead on ensuring that the treatment meets minimum standards of safety and efficacy, and that detailed records are kept.

There is, however, some consistency in the absence of regulation for informal sperm donation. Indeed, these informal arrangements mirror normal life in which men and women meet and reproduce outside of any regulatory control. It is increasingly common for people to meet sexual partners online, and it is a small step from online dating to

online introduction websites where the principal purpose is reproduction, rather than sex or companionship.

An absence of regulation means an absence of certain safeguards, but it does not necessarily mean an absence of law. These arrangements might be made outside of regulatory control, but they nevertheless have legal implications. In most countries, the law is clear that donors who donate to sperm banks or clinics are not the legal fathers of any children born as a result. In contrast, when men donate their sperm informally, the rules about the acquisition of legal parenthood vary considerably (Gill, 2012; Millbank, 2009; Smith, 2013; Vonk, 2004).

In many countries, the starting point for the attribution of legal parenthood is the child's birth certificate. A woman who has received sperm from someone she has met on the Internet might choose to register him as the father, if their intention is to co-parent the child. Although some websites recommend drawing up a contract to specify matters to do with the child's upbringing, in most jurisdictions such contracts would not be legally binding. Nevertheless, it may be important for the donor and recipient to discuss in advance their expectations about matters like contact and how the child is to be brought up. If their relationship subsequently breaks down, the dispute might be resolved in the same way as disputes following divorce or separation, in the family courts or through mediation.

Alternatively, a woman who has conceived using sperm donated by an informal donor might register another man as the child's father, or, in countries where this is permitted, she might register her female partner as the child's second parent. In many countries, including the Netherlands and the UK, the mother will also have the option of not naming a father or second parent on the birth certificate.

In Quebec, if two women have embarked jointly on a 'parental project' to conceive, they will be the child's joint parents and the donor will have no legal connection to the child (Code civil du Québec, article 538). This applies regardless of whether donation takes place in a clinic or informally. Similarly, in Australia, two women can be the child's legal parents regardless of whether conception was in a clinic or arranged informally, and once again, the donor cannot be the child's legal parent (as a result of the Family Law Amendment [De Facto Financial Matters and Other Measures] Act 2008 reforms to Section 60H of Family Law Act 1975). In the USA, a minority of states have adopted the Uniform Parentage Act 2000 (§702–703), according to which the donor is not the child's legal parent, as long as conception occurred through artificial insemination and he did not intend to become a parent (Gill, 2012).

The question of whether or not the informal sperm donor is the child's legal father is therefore a complex one, answered differently in different countries. Indeed, even within the same country, acquisition of paternity will often depend upon whether conception was through intercourse or artificial insemination. In countries, such as the Netherlands and the UK, where this is the case, prospective donors and recipients may need to understand that conception through NI will result in the donor being the child's legal father. In the UK, the rules further vary according to whether the recipient woman is married or in a civil partnership at the time of conception. If she is, then, provided that conception was through artificial insemination, her spouse or civil

partner is treated as the child's father or second parent from birth. If she is not married or in a civil partnership, the donor will be the child's father, even if conception was through artificial insemination. In countries where the donor might be treated as the child's legal father, online donors are known to use fake identities in order to avoid child support obligations. Where this is the case, children cannot trace their genetic fathers or half-siblings, other than through genetic testing (Harper et al., 2016).

Safeguarding online fertility arrangements

Within online fertility arrangements there are various degrees of concern. Elective co-parenting arrangements can have several attractive features, including the possibility of contact between the donor and his child during childhood. Donors and recipients may also value the opportunity for more personal 'screening' and a greater degree of choice over the identity of their child's other genetic parent, when meetings between them can be arranged prior to insemination (Ravelingien et al., 2016).

However, concerns remain in most cases of online arrangement. The risk of consanguinity may differ depending the type of arrangement, for example co-parenting compared with an anonymous donor. Short of recommending genetic testing before children conceived in this way enter into sexual relationships, there are no safeguards against it in the unregulated sector. The risks are increased for the small number of informal donors whose sperm has been used to create large numbers of children within a relatively limited geographical area: one British donor, for example, claims to have fathered 'at least' 800 children (Harley, 2016).

The risk of sexually transmitted infections (STI) is also real, and most websites refer to the need for regular STI tests, including HIV, hepatitis B and C, chlamydia, gonorrhoea, syphilis and cytomegalovirus. Donors commonly refer to recent test results as evidence that they are 'clean', but being STI-free a few weeks before donation offers no guarantee that the donor has not subsequently acquired an STI.

Another real health risk is the absence of medical family history as this can have long-term and serious health implications for the child. For example, the recipient will be unaware of hereditary disorders, which can severely impact on the child either from birth or later on in life.

Because the practical implications of parentage laws can be significant, donors and recipients should have access to clear, accurate information about the legal implications of informal sperm donation. Donors and recipients also need to understand the implications the absence of a register of information about treatments and outcomes may have for their child. Their child may have questions in the future that could be answered if they had been conceived in a licensed clinic, but which may be unanswerable for children conceived through informal donation. In addition, recipients and donors who have specifically chosen anonymous online donation should be warned that, in the future, the child might be able to discover information about their donor and half-siblings by entering their DNA into an ancestry database (Harper et al., 2016).

It is impossible to know how many children are conceived each year as a result of arrangements made through introduction websites. It is known, however, that the number of people registered on Pride Angel in the UK (>47,000) dwarfs the number of donor insemination treatment cycles (4675 in 2014) that take place in licensed UK clinics each year (HFEA, 2016). These arrangements may be unregulated, but their legal and other implications can be significant. It is therefore in the best interests of those concerned that donors and recipients have ready access to high-quality information before they embark on unregulated assisted conception.

There have been attempts to advise would-be parents contemplating using informal sperm donation arrangements via information leaflets such as that produced in conjunction with the HFEA by Lifecyle, entitled *Sperm Donation and the Law: For Patients*. These are to be welcomed, and, in order to ensure their wide dissemination, it might be advisable to employ search engine optimisation techniques to maximise the likelihood that they will feature on the first page of results when people search for sperm donors online.

In addition to ensuring that donors and recipients have the opportunity to learn about the implications of informal donor conception, it might also be important for the regulated sector to learn from emerging evidence about the motivations of donors and recipients in the unregulated sector. While a few donors and recipients are looking for anonymous donation, more are actively seeking out information and even contact during childhood. With the informed consent of both donors and recipients, is it time to consider whether a more open model of donation might be feasible in licensed clinics?

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