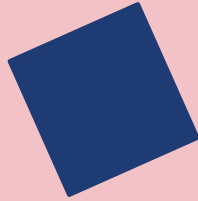
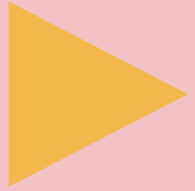
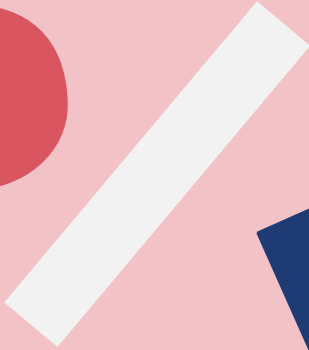


Independent Family Planning:

Choosing Solo Parenthood through Gamete or Embryo Donation

For fertility healthcare professionals



50%

**of women ordering
donor sperm from
them are intended
solo mothers** (Cryos).

Introduction

Today, many women are choosing to have children on their own with help from sperm, egg and embryo donors. Since the establishment of the organisation 'Single Mothers by Choice' in 1981 by Jane Mattes, who conceived a son solo via sperm donation, the number of women choosing this path has increased exponentially.

Although fertility treatment is predominantly used by patients in heterosexual relationships, it is increasingly being used by those in same-sex relationships and by solo patients (HFEA 2021b). Fertility treatment using donor gametes is on the increase: in 2021, about three in ten UK fertility patients (which includes solo patients) had used donated gametes, with donated sperm being the most common (HFEA 2022).

Furthermore, according to one leading global sperm bank, about 50% of women ordering donor sperm from them are intended solo mothers (Cryos).

This booklet has been created by a working group of solo mothers from the 'solo parent by choice community' (SPBC) with expertise in medicine, life-coaching, reproduction, and bioethics, and has been peer-reviewed by industry professionals. Although inclusivity is often prioritised, our experience has shown that more could be done to move away from dominant two-parent (often heteronormative) narratives used in some clinics. We hope that by sharing this booklet with UK clinics we can help enhance understanding of solo women who are using their services.

Common false assumptions about solo parents

Many SPBC encounter a number of erroneous assumptions made about them, their social situation, and their fertility, which can often make them feel like they are being treated unfairly in clinical settings and are going through a process that was not designed with them in mind.

Certain media factions suggest that women delay having children because they prioritise their careers or are

unable to maintain a relationship. In fact, some women delay having a family because they do not have a suitable partner or do not wish to have a partner. Some women may be in a relationship but intend to undergo fertility treatment alone and become a solo parent. Whatever the situation, for these patients solo parenthood is an active choice.

Remember that NOT all SPBC are:

- Single
- Heterosexual
- Interested in romantic and/or sexual relationships
- Disappointed about their path to parenthood
- First-time parents
- Older parents
- Alone or without support
- Individuals who have put off having children
- Individuals who have prioritised their career over starting a family
- Individuals experiencing infertility
- Individuals who consider solo parenthood to be a choice (instead they may view it as a necessity)





What ‘family’ can mean

Solo does not necessarily mean alone. The family unit is changing and diverse family formations exist happily alongside more traditional heteronormative nuclear families. Although SPBC usually intend to be the sole legal parent of their child, many are not ‘alone’ and their family may include their own parents, siblings, extended family members, friends, and other solo parents.

Over the years, new family formations such as solo parents, same-sex parents, co-parents, and those created by assisted reproductive technologies including IVF, gamete donation,

and surrogacy, have experienced prejudice, stigma, and various legal and financial barriers to parenthood. However, nearly 50 years of research shows that love, stability, and security can come in different family forms.

Extensive research shows that children born to SPBC thrive and, when compared to offspring born within a nuclear family, they are not disadvantaged emotionally or psychologically (see Parke 2013, p. 140; Golombok 2015; Golombok 2020; and Roth 2016, p. 42).

“

Children do just as well in ‘new family structures’ as in the traditional family.”

(Golombok 2015)

“

Not only are many new families being formed that might not have been possible in the past, but the children and their parents who form these new families are thriving and flourishing just as well as naturally conceived families.”

(Parke 2013, p.140)

“

Parents pursuing these routes to parenthood often face many hurdles, which may include infertility, legal and/or financial challenges, and social disapproval, and their children are, by necessity, planned. When children are eventually born into or join their new families, they are very much wanted and may have been hoped for for many years.”

(Imrie & Golombok 2020)



Communicating with solo parents by donation

There is no universally agreed or 'correct' language for communicating with an intended solo parent by donation when discussing their fertility, treatment, pathway to parenthood, or the wider donor-conception community.

Here, we are using the term solo parent by choice (**SPBC**) as this is a commonly accepted term within the donor-conception community; however, many women may prefer the term solo mother by choice (**SMBC**). Some people may not like the word 'choice' and may simply use the term 'solo/single parent' (**SP**). Often, patients may prefer 'solo' over 'single' as they do not wish to be defined by their relationship status or may be in a relationship but are planning to parent solo.

However, others may be perfectly happy with 'single'. Some individuals may be part of the **LGBTQ+** community or may not identify as mothers and/or women. **SMBC** and **SPBC** are intended to be inclusive terms that should encompass people at every stage of the solo parenthood by donation journey.

Language should be carefully navigated to ensure that the terms 'fertility' and 'infertility' are used appropriately when treating an intended **SPBC**. Some **SPBC** like the term 'socially infertile' to refer to the inability to conceive owing to the lack of a partner (not because of medical infertility). However, others consider it to have negative connotations. Check with the patient and tailor language to their needs.

Language around donation

A family may refer to the donor as:

Donor Mum | Dad | Mother | Father

Biological Mum | Dad | Mother | Father

Donor | Sperm donor | Egg donor

By name (if known)

Children who are biologically related
may be referred to as:



Siblings



Half siblings



Diblings



Donor siblings

Common fears of solo parents by choice

Although an empowering process for many, the pathway to becoming a solo parent can be confusing, traumatic, and anxiety-inducing. An intended parent may have spent many years considering this option but choosing solo parenthood is not always an easy process. Concerns may encompass fears about undertaking the treatment along with fears about raising a child.

These fears may change and evolve as treatment progresses. It is important to note that many of the anxieties experienced by solo parents are

not unique to the solo pathway and are shared by many patients trying to conceive, undergoing fertility treatment, and raising children. However, some of these shared fears may be magnified for solo parents or unique to them (for example additional financial pressures, the stigma of being a solo parent, coping without a partner). Awareness and acknowledgement of the unique pressures facing solo parents and their unique fears are essential during consultations and treatment.



Some issues that may trigger 'fears' include:

- ▶ Cultural, religious, social, and family pressures
- Finances
- Potential (perceived) social/psychological impact on donor-conceived children
- 'Leaving it too late'
- ▶ Medical procedures, especially intimate, invasive, or painful ones
- That the mandatory 'implications counselling' is an assessment of fitness to parent
- Information overload
- Using donor gametes
- Not knowing the child's full genetic profile
- ▶ Discrimination for choosing to be a 'single' parent
- Discussing pathways to parenthood with family, friends and colleagues

Donors and choice

The choice of donor can be a major decision and is highly personal, potentially giving rise to complex emotions. For many, choosing a sperm donor can be an empowering and exciting time. However, for some, insemination with sperm donated by an unknown male can be unsettling.

Furthermore, the nuances of choosing an egg donor, embryo donor or having double donation may bring emotional complexities owing to the lack of a genetic relationship between the birth mother and the child. SPBC may be interested in epigenetics research which suggests that the prenatal environment can impact foetal brain development, childhood metabolism and immune health. Research into “the long reach of the maternal intrauterine imprint” (Richardson 2021, 19) suggests that heritability is more complicated than just inherited DNA: epigenetics “challenges the concept of ‘genetic determinism’” (Li and Hopper, 2021, 3).

It is important that the donation process is explained clearly and transparently. Regulations for UK and imported gametes are not always clear to patients (for example, in the UK a donor’s sperm may be used to create up to 10 families but some gametes can be exported to assist additional families outside the UK).

Patients may not be aware that donor anonymity (which lifts when the child turns 18) is already under pressure via informal sharing of donor information on social networks, home DNA testing kits and matching services through which genetically related people (including donor siblings and extended families) can find and contact each other (Glazer 2019).

Patients should be made aware that it is recommended that children are raised with knowledge that they were conceived via donation (Montuschi 2013).

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Support

Fertility treatment can be extremely stressful so emotional support from professionals or others who can relate to the patients' experiences is essential.

Some **SPBC** may attend appointments alone by choice or by circumstance. Some may have the support of family/friends but some may not. It is important to establish with patients early on whether any additional support may be needed; for example, help getting home following a procedure or emotional support during treatment.

Furthermore, many **SPBC** are open to connecting with the solo parent and/or donor-conception communities and could be introduced to local or national support groups. Regardless as to whether **SPBC** is 'Plan A' or 'Plan B', connecting with the **SPBC** and donor-conception communities can be empowering and important for **SPBC** and donor-conceived children.

Resources for SPBC



Donor Conception Network

(charity network offering information, support, resources, and community to donor-conception families and prospective families):

www.dcnetwork.org



Human Fertilisation & Embryology Authority

(the UK's independent regulator of fertility treatment and research): www.hfea.gov.uk



Fertility Network UK

(charity that provides free and impartial support, advice, information, and understanding for anyone affected by fertility issues):

www.fertilitynetworkuk.org



Fertility Friends

(infertility community): www.fertilityfriends.co.uk



British Infertility Counselling Association

(professional infertility counselling charity):

www.bica.net



Gingerbread

(charity providing advice and practical support for single parent families):

www.gingerbread.org.uk

Some clinics may also run local support groups

Facebook groups for **SPBC** and **SMBC**

Bespoke coaching services, e.g. [The Stork and I](#)

Single Parents Rights campaign

www.singleparentrights.org

Children's resources on donor conception

Suggested reading on lived experience for SPBC

- **Brockes, Emma.** 2019. *An Excellent Choice: Panic and Joy on My Solo Path to Motherhood.* New York: Faber and Faber.
- **Engel, Emily.** 2019. *Going it Alone: A Guide for Solo Mums in the UK.* [n.p.]: Emily Engel.
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- **Thorne, Liv.** 2021. *Alone.* London: Hodder & Stoughton.

Auditing your organisation's policies and practices to ensure they are fully inclusive for SPBC, as well as providing training to staff on the needs and realities of SPBC patients can help to minimise the chance of discrimination occurring.

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- **Richardson, S. S.** 2021. *The Maternal Imprint: The Contested Science of Maternal-Fetal Effects*. London: The University of Chicago Press.
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**This booklet
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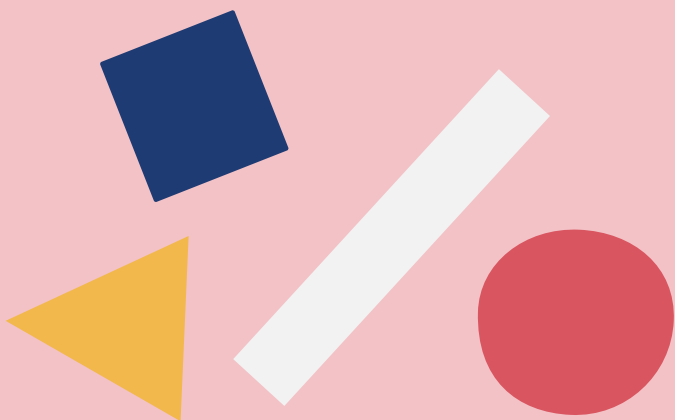
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