



**COLORADO**

Gamete Bank and Fertility  
Clinic Program

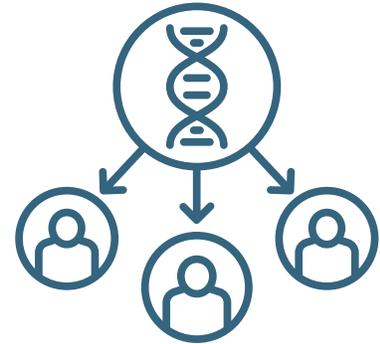
# Education for Recipient Parents - Highlights



**1.**

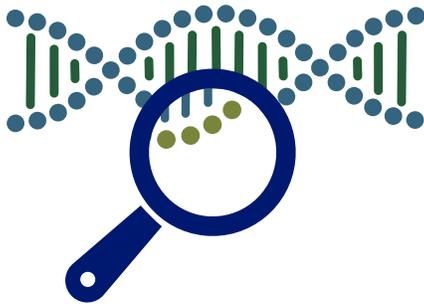
Your donor-conceived child will be genetically related to the donor, their genetic relatives, and others born from the donor's gametes.

- a. Many, but not all, donor-conceived people have a strong desire to know the identity of the donor.
- b. Some donor-conceived people want to have contact or a relationship with the donor, donor siblings, or other genetic relatives.



**2.**

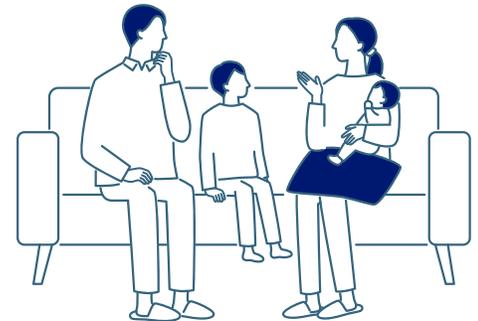
Genetic testing and screening of donors can't identify or predict all potential health conditions.



**3.**

Studies show that it is beneficial for donor-conceived children to learn about their donor conception when they are very young, ideally by preschool age or earlier.

- a. Talking with your child about donor conception is not a single event. It is an ongoing conversation.
- b. Use accurate terminology when discussing your child's donor-conception.



**4.**

## Donor-conceived Persons and Families of Donor-conceived Persons Protection Act

Gametes collected after Jan. 1, 2025 must follow certain requirements:

- a. At age 18, a donor-conceived person can choose to receive the donor's identifying information and contact information.
  - i. Donors are not required to communicate with the donor-conceived person or to have a relationship with them.





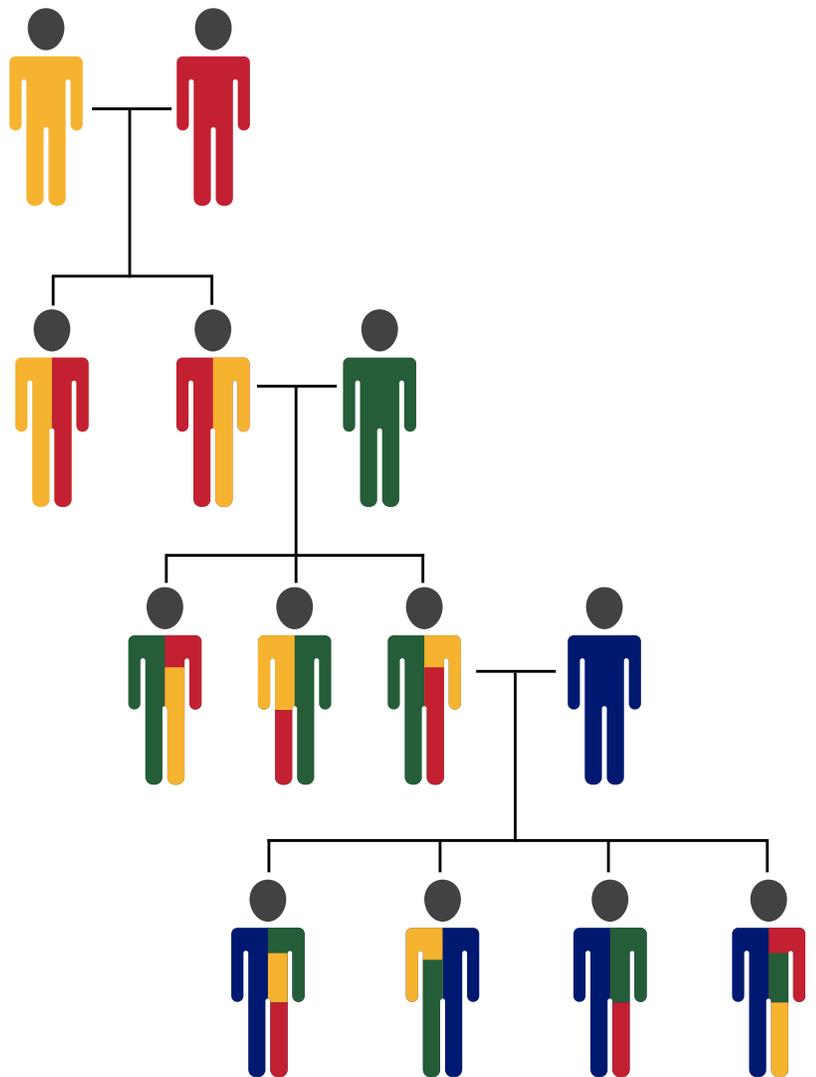
# Education for Recipient Parents

## INFORMATION TO CONSIDER

Using donated eggs or sperm (also known as gametes) to start or grow your family is a life-long decision. These materials can help you understand the implications of using gametes from an unknown donor. Topics covered include how using donor gametes can affect you, your donor-conceived children, your family members, and others. [Medical professionals](#) and [licensed mental health providers](#) who are familiar with donor conception can answer additional questions or concerns. You also may wish to speak with a lawyer about the legal implications of using donor gametes/embryos.

### Does a Donor-Conceived Child Share DNA with The Donor?

A donor-conceived child will be genetically related to the donor. A child conceived through egg or sperm donation inherits about 50% of their DNA from the donor. They will also be related to the donor's genetic relatives. They will be related to other people conceived with the same donor's egg or sperm as genetic "half siblings." A child conceived through embryo donation may also have genetic "full siblings" raised by multiple families.



## Donor Screening

Different types of tests can be used to screen gamete donors for medical conditions. The U.S. Food and Drug Administration (FDA) only requires donors to be tested for diseases that can spread from person to person, like HIV and syphilis. The FDA does not require genetic testing. The American Society of Reproductive Medicine recommends, but does not require, testing donors for certain conditions that could be inherited.<sup>1</sup> Some of these include cystic fibrosis, spinal muscular atrophy, and sickle cell disease. Individual gamete banks, gamete agencies, and fertility clinics may offer other optional tests. Ask your gamete bank, gamete agency or fertility clinic for more details about genetic testing they may offer.

Genetic testing can't identify or predict all health conditions. Donors are asked about their and their family's health, and this information is limited to what donors self-report.



# NEEDS AND INTERESTS OF DONOR-CONCEIVED PEOPLE

## Talking About Donor Conception

It is beneficial for donor-conceived children to learn about their donor conception from their parents or guardians when they are very young, ideally by preschool age or earlier.<sup>2,3,4</sup> Benefits of beginning conversations early may include:

- Improving family relationships and the mental health of children and their parents.<sup>2,5,6</sup>
- Reducing the chance of a donor-conceived person learning about their genetic origins unexpectedly through other means. Discovering this information elsewhere can cause social and emotional distress.<sup>7,8,9</sup>
- Helping the child form and understand their identity.<sup>10,11</sup>
- Giving donor-conceived people access to accurate family history so they can make informed decisions about their medical care.



### Tips for talking to young children about donor conception:

- Use accurate terminology, such as "sperm," "egg," "embryo," and "uterus."<sup>12,13,14</sup>
- Represent information accurately. Be honest about not knowing some information or answers.
- Encourage donor-conceived children to use words that are comfortable for them. It is important for children to have language they can use when talking with friends and peers. Common terms may include: "donor," "sperm donor," "egg donor," "donor sibling," and genetic or biological "parent/mother/father/sibling."<sup>8,9,14,15,16</sup>





## INFORMATION TO SHARE WITH YOUR CHILD:

Talking with your child about donor conception is not a single event. It is an ongoing conversation.<sup>4</sup> Many resources are available to help parents with these conversations, including:

- Informational books for parents
- Books for children
- Healthcare providers
- Licensed mental health professionals with experience in donor conception
- Support groups and educational events
- Organizations that focus on the needs of donor conceived families

Discussions about donor conception should include the following topics:

- Use of donor gametes (sperm or egg) or a donated embryo for conception
- Which (if any) of the parents raising the child contributed gametes, if known
- Available information about the donor, including the donor profile
- The possibility of other people born from the same donor's gametes, sometimes referred to as "donor siblings," "donor half-siblings," or "donor-linked peers"
- The number, location, and identity of donor siblings, if known
- It is important to talk to your donor-conceived child about the possibility of unknown genetic relatives, as this may reduce the risk of accidental incest<sup>1,17</sup>



### Document Maintenance

You should keep all the documents you receive during the donor conception process for your reference and to be able to share the records with your donor-conceived child. These records from the gamete bank, matching agency, or fertility clinic may help your donor-conceived child learn about the donor, people born from the same donor's gametes, and family medical history.

## Interest In Donor and Donor Siblings:

Many, but not all, donor-conceived people have a strong desire to know the identity of the donor.<sup>17</sup> They may also want to learn about people born from the same donor's gametes and/or other genetic relatives.<sup>7,18,19,20</sup> Interest in the donor or donor siblings is not a reflection of how they feel about their parent(s) and/or family. Research has shown that having access to information about the donor can benefit the donor-conceived person's mental health.<sup>11</sup> Curiosity may differ from child to child and change over time. Major life events like getting married, having children, or a death in the family can affect a donor-conceived person's interest in this information.<sup>20</sup>

How a donor-conceived person might learn more about the donor and donor siblings:

- Donor profiles from the gamete bank, gamete agency, or fertility clinic
- Donor sibling registries and directories
- Release of the donor's identifying information to a donor-conceived person 18 years or older
- Direct-to-consumer genetic tests
- Facial recognition, social media, and other technologies
- Contact with donor siblings
- Contact with the donor's genetic relatives, extended family, or friends

Some donor-conceived people want to have contact or a relationship with people who share the same donor or other genetic relatives.<sup>7,10,21</sup> Contact between donor siblings can help a donor-conceived person create a sense of identity and may help a donor-conceived person to learn about the traits they share with each other.<sup>10,22,23</sup>

Things to consider when connecting with same-donor families:

- Families may differ on how open and willing they are to have contact, now or in the future. It is helpful to discuss expectations and boundaries and to reevaluate as needed.
- It is possible that the donor, donor siblings, or other donor-linked relatives may not be interested in communicating or having a relationship.

- People who share the same donor may have different backgrounds or family structures. They might have different values, politics, or religions. They could also have a different socioeconomic background, race, ethnicity, or culture. It is important to respect differences among families.
- Contact between families should focus on supporting relationships between donor siblings.

## Family Medical History

A complete family medical history is important for understanding the risks of genetic conditions. It can also help with getting medical advice for lowering the risk of developing genetic medical conditions.<sup>24</sup>

- It is important for parents to discuss their child's donor conception with the child's medical providers. Discussion should include:
  - All known medical and family history
  - The limitations of information available
  - What information is missing or unknown
- Donor screening does not replace the need for obtaining updated family medical history. Donors may learn important medical information after the time of donation.
- Contact the gamete bank, gamete agency, or fertility clinic periodically to:
  - Provide updated contact information
  - Receive any updated information about the donor, including medical updates



# PROTECTIONS FOR DONOR-CONCEIVED PEOPLE UNDER COLORADO LAW (CO DCPA)



## Identity Disclosure

The Donor-Conceived Persons Protection Act (DCPPA) provides rights to certain donor-conceived people born from gametes donated on or after January 1, 2025 through a Colorado-

licensed gamete bank, gamete agency, or fertility clinic. At age 18 or older, a donor conceived person will be able to request:

- The donor's identifying information, including name and date of birth
- The donor's last known contact information

The licensed gamete bank, gamete agency, or fertility clinic that facilitated the donation process must provide this information upon request. The DCPA does not require the donor to communicate with the donor-conceived person or guarantee a relationship. The DCPA does not give the donor the right to receive information about any people born from their gametes.



## Family Limits

The DCPA limits the number of families that can be established using a single donor's gametes to 25 families worldwide. There is no limit on the

number of children born into each family. A family may choose to donate gametes or embryos to other families which could lead to more than 25 families. Donors can also choose to request a smaller limit on the number of families formed with their gametes.

Gamete banks, gamete agencies, and fertility clinics do their best to track the number of families formed from each donor's gametes through recipient parents' reported births. It is important for you to report information about any transferred embryos, pregnancies, and/or births to the gamete bank, gamete agency, or fertility clinic that provided the gametes or embryos. This helps them to maintain an accurate count of families formed from each donor's gametes.

If more than 25 families are created from the same donor, this information should be reported to the Colorado Department of Public Health and Environment and to the gamete bank, gamete agency, or fertility clinic.



## Medical Information and Updates

The DCPA requires gamete banks, gamete agencies, and fertility clinics to contact donors every three years

for updated contact and medical information. Adult donor-conceived people or the parents of a minor can request updated non-identifying medical information from their gamete bank, gamete agency, or fertility clinic at any time. Identifying and contact information will be available to the donor-conceived person upon reaching age 18.



**TO REPORT CONCERNS  
TO CDPHE, EMAIL:**

[cdphe\\_dcphr\\_gametebankprogram@state.co.us](mailto:cdphe_dcphr_gametebankprogram@state.co.us)



## IMPORTANT NOTE

**Gametes collected before Jan. 1, 2025 are not covered under this law. Ask your gamete bank, gamete agency, or fertility clinic if the donor you selected is covered under the Donor-Conceived Persons Protection Act.**



## ENDNOTES

1. Practice Committee of the American Society for Reproductive Medicine and the Practice Committee for the Society for Assisted Reproductive Technology. Electronic address: ASRM@asrm.org. Guidance regarding gamete and embryo donation. *Fertil Steril*. 2021;115(6):1395-1410.
2. Golombok S. Love and Truth: What Really Matters for Children Born Through Third-Party Assisted Reproduction. *Child Dev Perspect*. 2021;15:103-109.
3. Golombok S. The psychological wellbeing of ART children: what have we learned from 40 years of research?. *Reprod Biomed Online*. 2020;41(4):743-746.
4. American Society for Reproductive Medicine. Gamete and Embryo Donation: Deciding Whether to Tell. <https://www.reproductivefacts.org/news-and-publications/fact-sheets-and-infographics/gamete-and-embryo-donation-deciding-whether-to-tell>. Published 2021. Accessed August, 2024.
5. Ilioi E, Blake L, Jadva V, Roman G, Golombok S. The role of age of disclosure of biological origins in the psychological wellbeing of adolescents conceived by reproductive donation: a longitudinal study from age 1 to age 14. *J Child Psychol Psychiatry*. 2017;58(3):315-324.
6. Golombok S, Readings J, Blake L, et al. Children conceived by gamete donation: psychological adjustment and mother-child relationships at age 7. *J Fam Psychol*. 2011;25(2):230-239.
7. Lampic C, Skoog Svanberg A, Sydsjö G. Attitudes towards disclosure and relationship to donor offspring among a national cohort of identity-release oocyte and sperm donors. *Hum Reprod*. 2014;29(9):1978–1986.
8. Jadva V, Freeman T, Kramer W, Golombok S. The experiences of adolescents and adults conceived by sperm donation: comparisons by age of disclosure and family type. *Hum Reprod*. 2009;24(8):1909-1919.
9. Hertz R, Nelson MK, Kramer W. Donor conceived offspring conceive of the donor: the relevance of age, awareness, and family form. *Soc Sci Med*. 2013;86:52-65.
10. Scheib JE, McCormick E, Benward J, Ruby A. Finding people like me: contact among young adults who share an open-identity sperm donor *Hum Reprod Open*. 2020(4): hoaa057. doi: 10.1093/hropen/hoaa057
11. Scheib JE, Ruby A. Impact of sperm donor information on parents and children. *Sexuality, Reproduction and Menopause*. 2006;4(1):17-19.
12. Hershberger PE, Gallo AM, Adlam K, et al. Parents' experiences telling children conceived by gamete and embryo donation about their genetic origins. *F S Rep*. 2021;2(4):479-486.
13. Blake L, Casey P, Readings J, Jadva V, Golombok S. 'Daddy ran out of tadpoles': how parents tell their children that they are donor conceived, and what their 7-year-olds understand. *Hum Reprod*. 2010;25(10):2527-2534.
14. Jones C, Hackett S. Communicative Openness Within Adoptive Families: Adoptive Parents' Narrative Accounts of the Challenges of Adoption Talk and the Approaches Used to Manage These Challenges. *Adopt Q*. 2007;10(3-4):157-178.
15. Provoost V, Bernaerdt J, Van Parys H, Buysse A, De Sutter P, Pennings G. 'No daddy', 'A kind of daddy': words used by donor conceived children and (aspiring) parents to refer to the sperm donor. *Cult Health Sex*. 2018;20(4):381-396.
16. Malmquist A, Möllerstrand A, Wikström M, Nelson KZ. 'A daddy is the same as a mummy': Swedish children in lesbian households talk about fathers and donors. *Childhood*. 2014;21(1):119-133.
17. Scheib, J.E., Riordan, M. & Rubin, S. (2005). Adolescents with open-identity sperm donors: Reports from 12-17 year olds. *Human Reproduction*, 20, 239-252.

18. Beeson DR, Jennings PK, Kramer W. Offspring searching for their sperm donors: how family type shapes the process. *Hum Reprod*. 2011;26(9):2415-2424.
19. Jadvá V, Freeman T, Kramer W, Golombok S. Experiences of offspring searching for and contacting their donor siblings and donor. *Reprod Biomed Online*. 2010;20(4):523-532.
20. Zadeh S, Ilioi EC, Jadvá V, Golombok S. The perspectives of adolescents conceived using surrogacy, egg or sperm donation. *Hum Reprod*. 2018;33(6):1099–1106.
21. Scheib JE, Ruby A, Benward J. Who requests their sperm donor's identity? The first ten years of information releases to adults with open-identity donors. *Fertil Steril*. 2017;107(2):483-493.
22. Indekeu A, Hens K. Part of my story. The meaning and experiences of genes and genetics for sperm donor-conceived offspring. *New Genetics and Society*. 2018;38(1):18–37.
23. Canzi E, Accordini M, Facchin F. 'Is blood thicker than water?' Donor conceived offspring's subjective experiences of the donor: a systematic narrative review. *Reprod Biomed Online*. 2019;38(5):797-807.
24. American Medical Association. Collecting a family history. <https://www.ama-assn.org/delivering-care/precision-medicine/collecting-family-history>. Accessed August, 2024.

Key contributors to these educational materials include: Donor Conceived Community; Jamie Spiers; Melanie Mikkelsen MSW, LICSW; Elizabeth Reisen LCSW; Joey Guzman-Kuffel, M.A., LMFT; and COLAGE.