

Sharing ART with your child

Fact Sheet

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Reproductive technologies such as IVF and ICSI are increasingly used by couples experiencing infertility. In many countries they have become standard procedures and the number of children is increasing annually. Many parents feel unsure about sharing the nature of their child's conception with their child and others. This fact sheet explains why it can be helpful to share this information and provides resources for parents who choose to talk to their child about the nature of his/her conception.

Why share the nature of conception with your child?

Talking about sexuality and conception has become very common. For most parents and professionals involved in child care (such as teachers) this is a regular and continuous topic once children have started to ask questions such as "where do babies come from". For parents who experienced infertility and have undergone medical treatment, there is an additional aspect they can share with their children. Their way of building a family was not as straight-forward as for other parents. This is neither worse nor better, but simply different. Being able to talk about your infertility experience and medical treatment can help you to create your story of how you came together as a family. It can also help to normalise infertility and see medical treatment as a positive option for couples experiencing infertility.

When and how?

There is no defined age when children can be told about the nature of their conception. Children's mental development can vary to a great degree and thus the age at which they may want to know about their conception can be any time once they have the verbal ability to ask. It is important to understand that talking about sexuality and conception – no matter whether this includes medical treatment or not – is not a story told once but rather a process. Children generally ask age-relevant questions, i.e. their questions become increasingly complex as they grow older.

The answers given to them need to take this developmental aspect into account and need to become more and more complex. This usually means that the older the child, the more detailed the questions and the answers. A typical question of a three-year old may be: "Where did I come from?". For such a question, a relatively simple answer such as "All babies are made of an egg cell from their mummy



and a sperm cell from their daddy" may suffice until the child at a later stage asks how the egg and sperm cell got together and actually made the baby. This may then be an appropriate time for parents to explain further.

Try to be matter-of-fact about answering questions. Treat your child's conception as an interesting and entertaining subject

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(it is)! Here is a suggestion - you should feel free to use your own language, though: you may want to be more or less technical than this description:

All babies are made of a tiny egg from their mums and a tiny sperm from their dads. The part of my body (or dad's or mum's body) that makes babies doesn't work very well, so we had to ask a doctor and a scientist to help get you started. They took one of my eggs and one of dad's sperm cells and mixed them together in a little dish in a laboratory, and that's when you started growing - in a dish! They call that IVF (or ICSI, or whatever method you used). Then they took the tiny you and put you inside my tummy, and you grew and grew until you were ready to come out and be born.

You will need to mention at some stage that this is different to how most babies are conceived. Whether and how you mention sexual intercourse as the "usual" way is up to your own judgement. If you and your child know other IVF children, mention them (providing those children are OK with it, of course). As your child grows, he or she may be interested to know about the process in more detail, so don't be afraid to tell them. Alternatively, they may not be especially interested. This is quite normal and OK.

You may be surprised at the number of other ART parents and children who come out of the woodwork

There may well be a lot of other children in your community conceived using ART. If you are comfortable about it, talk openly to other parents about your fertility treatment, and you may be surprised at the number of other ART parents and children who come out of the woodwork. It'll help to normalize the experience for

your child if he or she knows some other children around who were conceived in similar circumstances.

As with all other issues concerning children, it is important to use age-appropriate language and to be aware of the needs of the child to want to understand increasingly more about how things work. Sharing infertility and medical treatment, however, is different for us adults because it is often associated with the pain and the stigma that went along with it. For the child it may only be something else to find out about and to understand - just like it is learning about how other things work.

Glossary

Assisted Reproductive Technologies (ART)

ART refers to a range of treatments that can be used to assist conception in an infertile person.

In Vitro Fertilisation (IVF)

IVF is one treatment where the eggs are fertilised in the laboratory. In vitro means "in glass" but these days it is in plastic. The fertilised eggs are then transferred to the uterus.

Gamete Intra Fallopian Transfer (GIFT)

GIFT is when unfertilised eggs and sperm are transferred to one or both fallopian tubes. The tubes must be normal for this procedure to be effective.

Intra-Cytoplasmic Sperm Injection (ICSI)

ICSI was perfected by a group in Brussels (Belgium) and uses a very fine pipette to inject a single spermatozoon directly into the oocyte. While a spermatozoon that is at least "twitching" must be taken for injection (motility being used as evidence

that it is still alive), the spermatozoon must be immobilised before injection. Otherwise it will swim around inside the oocyte destroying its structure. As far as is known ICSI is unaffected by antibodies on the spermatozoa.

Donor Insemination (DI)

DI involves the insertion of semen obtained from a male donor (who may be known to the couple or anonymous) into the cervix of the woman in order to achieve pregnancy. It used to be called Artificial Insemination by Donor (AID).

What resources are available?

Currently, the following books are available for children between the age of 3 to 12. We would appreciate information on additional booklets and leaflets on this issue.

❖ I am a little Frostie! by Tim Appleton

A book designed to help parents tell their children about frozen embryos. Available through T. Appleton IFC Resource Centre, 44 Everden Road, Harlton, Cambridge CB3 7ET UK, Tel +44 (0) 1223 262 226, Fax +44 (0) 1223 264 332

❖ My beginnings - A very Special Story by Tim Appleton

A book telling the story about different forms of treatment designed for children between 3 and 7 years. Also available through T. Appleton.

••• Families following assisted conception: What do we tell our child? by Alexina M. Mc Whinnie

This book addresses the questions whether parents should tell their children about their conception. It covers donor insemination, IVF and surrogacy. Inglis Allen, Dundee, 1996 ISBN 1 873153 23 6.

For information contact: Ann Wallace Dept. of Social Work, Frankland Bldg., University of Dundee, Scotland Tel: +44 1382 344 945

••• Constatine and Invitro by Dr. Lia Singh

A book for adults and adolescents. Constatine has been conceived by IVF a decade ago. He is sad at being the only child, in spite of the treatment undergone by his parents and finally find a friend with whom he can share his feelings. Also available in French and German Edition L.E.P., Case Postale 313, 1052 Le Mont-sur-Lausanne, Switzerland, SFR 20,00 plus SFR 2,50 shipping and handling

••• Where did I really come from? by Narelle Wickham

This book aims to help parents and teachers answer the title question. It offers, simple, non-judgmental explanations of sexual intercourse, assisted conception, pregnancy, birth adoption and surrogacy. Recommended for adults and children to read together. Allen & Unwin, Sydney 1992 ISBN 1 86373 286 1. For information contact P.O. Box 535, Dickson, ACT 2602 Australia.

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