

New study tracks emotional health of 'surrogate kids'

Linda Carroll

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Courtesy Jill Wolfe Jill Wolfe with her daughters Mia (left) and Eliana and her husband Yarden Wolfe.

Over the past decade the number of births involving surrogacy with donor eggs and sperm has surged. What, experts wondered, does this mean for the mental and emotional health of the growing number of kids who may or may not know the truth about their distinctive origins?

A team of British researchers, led by Susan Golombok, a professor of family research and director of the Centre for Family Research at the University of Cambridge, has found that children born with the help of a surrogate may have more adjustment problems – at least at age 7 – than those born to their mother via donated eggs and sperm.

Their results, published in the June issue of the <u>Journal of Child Psychology and Psychiatry</u>, suggest that it's more difficult for youngsters to deal with the idea that they grew in an unrelated woman's womb, than with the concept that they are not biologically related to one or both parents.

With the number of births involving a surrogate or donated sperm or eggs on the rise, this issue may become increasingly relevant.

The latest statistics from the American Society for Reproductive Medicine (ASRM) show that the number of children who were created with a donated egg rose more than 30 percent from 7,284 in 2004 to 9,541 in 2011, while the number of births involving a surrogate jumped more than 200 percent, from 530 in 2004 to 1,179 in 2011. No one knows how many births have resulted from sperm donations, but estimates range from 30,000 to 60,000 per year, according to a New York Times report.

For the study, Golombok and her colleagues followed 30 surrogacy families, 31 egg donation families, 35 sperm donation families and 53 natural conception families until the children were 10 years old. The researchers surveyed the moms when the children were ages 3, 7 and 10 to get an idea of how well-adjusted the youngsters were.

"Signs of adjustment problems could be behavior problems, such as aggressive or antisocial behavior, or emotional problems, such as anxiety or depression," Golombok says.

There was no difference between children born through egg and sperm donation or children conceived naturally in terms of behavioral adjustment, the researchers found.

While all the children seemed to be doing well by age 10, Golombok says, the concern is, trouble could crop up later as kids hit their adolescence and are trying to find their identities and place in the world, experts say.

The most important thing, experts agree, is for parents to find a way to tell their kids about their beginnings.

For Jill Wolfe's kids, surrogacy seems completely natural. That, the 42-year-old Minneapolis mom says, is because she and her husband began explaining things early.

The couple struggled with infertility for more than 15 years before seeking out a surrogate to carry their child. Nine months later, Wolfe had little Eliana to hug and to hold. Two years later, Mia was added to the family.

As soon as Eliana was old enough, Wolfe began to talk about the surrogacy. "This was never going to be a secret," she says. "It was just part of the story, the history of what we went through to get her. From the time she was little, we told her that mommy and daddy were very lucky to have Megan [the surrogate] as their helper. We told her that she couldn't grow in mommy's tummy so Megan helped."

As proof of how normal this all seems to Eliana, now 6, Wolfe recalls the day her daughter told a friend about the surrogacy. The girls were thumbing through Eliana's baby book when they came across a photo of the surrogate.

"This is Megan, I grew in her tummy," Eliana said.

"No, you grew in your mom's tummy – everyone does," the friend responded.

"That's not true, I grew in Megan's tummy – and so did Mia," Eliana said.

Wolfe watched to see how it would all play out. But there was no drama.

"The friend shrugged her shoulders and they went back to looking through the book," she says, adding that she realizes there may be more conversations about the surrogacy as her girls grow older.

That wouldn't surprise Anne C. Bernstein, a family psychologist and author of <u>Flight of the</u> <u>Stork: What Children Think (and When) About Sex and Family Building</u>.

Bernstein, a professor at the Wright Institute in Berkeley, suspects different results if researchers follow up when the children are in their teens. That's when kids are trying to figure out who they are, she says. It might make a bigger difference to them at that point that they aren't biologically related to one or both of their parents.

Golombok agrees. "Adolescence is a potentially difficult for those born through egg or sperm donation or surrogacy," she says. "We hope to revisit the children next year when they are 14 years-old, as issues to do with identity become important in adolescence ... This is also a time when relationships with parents can become more difficult."

Are parents better off leaving their kids in the dark about surrogates and donated eggs and sperm?

Studies on children who *weren't* told about surrogacy or donated gametes have so far shown there's no harm in remaining mum on the subject.

But, Bernstein says not telling a child can be "incredibly destructive."

At some point you're going to be in the doctor's office with a nurse asking about family history. If your child was created from a donated egg or sperm, what are you going to say? At the very least, she points out, your discomfort is going to be upsetting to your child.

Even in cases where the child is yours biologically, but was carried by a surrogate, there will be someone who knows about it. Bernstein asks: Do you really want someone blurting out the truth to your child?

For its part, the ASRM has issued a statement on the issue: While it's still up to parents to make the choice, the Society strongly encourages disclosure.

Dr. Mark Perloe, medical director of Georgia Reproductive Specialists, mandates that all of his patients meet with a psychiatric counselor to explore the issues.

"I think it's very important for these couples to look at all the ramifications," he says. "The counselors will discuss everything with them, and also tell them that it's okay to change their thinking as time goes on."

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20^{en} June 2013. Dear Linda

I read your article in Today with great interest. However, I have a number of concerns about the way in which you have summarised our research into the welfare of surrogacy children without setting some of the detailed and nuanced findings into a wider context of an overall positive picture.

Your report, and subsequent reports in other papers, does not put across the following important points to emerge from our research, all of which I pointed out in emails to you over the past few weeks and all of which are set out clearly in the paper published in the Journal of Child Psychology and Psychiatry.

 Despite widespread concerns about the welfare of surrogacy children, our research finds that these children are doing extremely well.

2) The slightly higher levels of emotional and behavioural problems shown by surrogacy children at age seven had disappeared at age ten. Our research does not suggest that the same problems will crop up again later as the children hit adolescence.

 Surrogacy children were compared with those conceived through reproductive donation (such as sperm/egg donation). This second group showed particularly low levels of emotional and behavioural problems.

4) The emotional and behavioural problems shown by surrogacy children at age seven are well within the normal range for this age group of children in the general population.

Press reports have a significant impact on people's views of topical issues such as surrogacy and we have today been contacted by some of our research partners who are dismayed by headlines in papers that have picked up on your article. If there is an opportunity to make my points known to your readers, I would be happy for the points in this email to be published.

With best wishes.

Susan Golombok PhD. Director

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