Experiences of Informal Donor Conception: Implications for LGBT+ Health

Research evidence submission from Dr Leah Gilman, Lead Researcher for the Digital Donor Conception Study at Manchester Metropolitan University.

Summary

Informal Donor Conception (IDC) – also called self-insemination - is increasing in the UK, frequently used by LGBT+ couples and individuals. Whilst professionals emphasise the risks, research with those who have used IDC suggests that, for many, this is a carefully considered, fulfilling route to conception. However, risks and challenges remain. Our evidence suggests that improving LGBT+ reproductive health and reducing inequalities will require both removing barriers to clinical donor conception and providing support and recognition for families formed via IDC.

Background

IDC refers to donor conceptions which are arranged outside of medical institutions; also called private donation, home or self-insemination and unregulated donation. IDC has a long history in LGBT+ communities, partly linked to the exclusion of LGBT+ couples from clinical routes to conception. However, IDC has grown rapidly in recent decades, facilitated via online platforms (including specialised apps and websites as well as social media). IDC is mostly used by LGBT+ couples and single individuals (cis-women, trans-men and non-binary people) who lack sperm within their intended parenting unit. It is also, less commonly, used by cis-heterosexual couples experiencing infertility.

The policy context to IDC is complex. IDC falls outside of the remit of the Human Fertilisation and Embryology Authority (HFEA) who only regulate fertility treatment in UK licensed clinics, including mandating screening of donors and recording of donor information. Furthermore, designations of legal parenthood under UK law mean that, in some cases, informal sperm donors will be the legal father to any child conceived and some non-biological parents through IDC will not be recognised as legal parents. However, if the birth parent is married or civil partnered at the time of conception then it is possible for their partner to be recognised as a legal parent.

The Research

The evidence presented in this report is based on data collected between 2023-2025 as part of the ongoing Digital Donor Conception Study, based at Manchester Metropolitan University and led by Dr Leah Gilman. It is funded by a £264,822 grant from the Wellcome Trust. This qualitative sociological research aims to understand how IDC is evaluated, experienced and practiced in the UK and how this is shaped by the social, legal and technological contexts in which IDC takes place.

The data collected was produced via:

- 30 in-depth interviews with (intended) parents[1] via IDC in the UK
- 19 in-depth interviews with informal UK sperm donors
- Questionnaire responses from 17 (intended) parents via IDC and 9 informal donors
- 'Walk through' analysis of 3 English language websites and 5 apps used for IDC
- Observation of 3 Facebook groups used for IDC in the UK over 4 months.
- Analysis of online content published by 12 UK fertility clinics and 8 other UK-based support and regulatory organisations with a remit relating to donor conception.
- 14 semi-structured interviews with professionals whose work relates to donor conception in the UK

This report focusses primarily on the accounts and responses of (intended) parents.

Key Findings

Motivations and Approaches

- Intended parents and donors were motivated to use IDC for a wide range of reasons, including barriers to clinical treatment as well as active preferences for IDC.
- A key barrier to clinical donor conception was the cost of treatment (alongside uncertain outcomes) and restrictions on NHS-funded treatment. Lack of donors from minoritised ethnic backgrounds and negative perceptions/previous experiences of medical institutions and procedures also played a role for some. LGBT+ participants sometimes commented that fertility policies and practices seemed designed for straight couples.
- However, IDC is not necessarily a 'second choice'. Many participants valued IDC for enabling donors and recipients to know one another prior to conception, the ability to conceive/donate at home and for its connection to LGBTQ communities and histories.
- The range of reported motivations reflects a wide range of approaches to IDC. At one end for the scale, IDC can involve known donors playing an active role in family life. At the other end of the scale, IDC can involve quasi-anonymous arrangements where donors and recipients meet only for donation purposes.
- Professionals often presented IDC and clinical donor conception as separate worlds. However, approximately half of donors and one third of (intended) parents in this study had also donated or tried to conceive via clinical routes. Although it is notable that very few (intended) parents considered the possibility of conceiving with a known donor at a clinic, unless they first experienced difficulties conceiving via IDC.

> *There was some kind of limitations to accessing NHS fertility treatment, my BMI being one of them. And it's one of those ones that kind of annoyed me, because I get it for couples like heterosexual couples who have tried to fall pregnant naturally. Their BMI might be the cause of that. But for same-sex couples, how do you know? …So yeah, I'm like, "Yeah, I could have lost weight."…But yeah, and then there was also – it feels so clinical, do you know what I mean? (Nia, same sex couple parent, child aged under 5)*

[1] (Intended) parents refers to those who were currently parents via IDC, those who had conceived via IDC and then miscarried, people who had previously tried, or who were still trying, to conceive via IDC, as well as the partners of these people. Many participants fell into multiple categories.

[The counselling in the clinic] felt very geared towards straight people who were upset and shocked that they couldn't have children, that was like, half them, half partner... Any recommendations for fertility providers, it's like assume that queer couples have thought about this stuff and it's not a big shock... It felt very patronising....And they were going to make him [the donor] come in for a session with us, which I get, as well, but we didn't make it that far because we dropped out and decided let's just DIY it at home. And like spare ourselves the expense. (Mary, same-sex couple parent, child aged 5-11)

We were thinking IVF clinics, all that, and we're both against chemicals, hormones – anything additional into your body. Then when we found out you didn't have to do any of that. Didn't know there was any other way. Didn't know that you could do it for free. Didn't know you could have access to the donor, and for us that was quite big because I can't imagine myself being a child who was conceived via donor number 18746, and you don't know your dad apart from that bit of paper....I felt, if there was access for them to find out before they're 18, that would be nice. The agreement we had with [donor] was he would get a photo a year for the first three years. But actually, obviously, it's developed now. (Rebecca, same-sex couple parent (separated), children aged 5-11)

Understandings of Risk

- UK medical and regulatory organisations strongly discourage sperm donor conception outside of licensed clinics, emphasising the health and legal risks entailed for (intended) parents and donors. The clinical and regulatory documents analysed in this study made no reference to the long history of IDC within LGBT+ communities.
- Intended parents and donors, particularly those engaged in LGBT+ communities, were generally highly knowledgeable about the physical and legal risks associated with IDC and took steps to address these (such as STI testing, formalising partnerships with intended co-parents and creating written agreements), whilst also noting that no route to conception (including clinical donor conception) was without risk.
- A common challenge reported by (intended) parents was the process of finding a reliable and trustworthy donor. For those using online platforms, screening out donors who were only interested in 'natural insemination' (sex), 'time wasters' and 'scammers' was generally described as a possible but time and emotionally intensive process. Many participants advised that it was important to 'trust your gut' and make use of 'watch lists' of donors who had been reported for abusive behaviour.
- Recognition of the legal risks could also encourage practices which many participants saw as concerning, such as maintaining donor-recipient anonymity (through the use of pseudonyms), a preference for 'serial donors' (who were assumed unlikely to seek parental responsibilities) or 'blocking' donors after conception.

Well, firstly it is risky, so, yes, it can be very risky, there are elements of risk to it. Of course, lots of those can be mitigated by making sure that you build up a relationship with a donor first. There are groups on Facebook where they have directories, so you can tell what kind of – which donors to avoid, so the ones that people have bad experiences with. It's a good idea to go to that first. (Tara, same-sex couple parent (separated), child aged under 5)

So, with the whole not being able to go on the birth certificate and stuff. For me it played on my mind a lot that he's [the donor's] got more rights than me and that he could change his mind. He could do that. Whereas I wouldn't have a leg to stand on. And so it was at that point that I started researching what it was that I needed to do to have basically parental responsibility for my children. (Brooke, same-sex couple parent (separated), child aged under 5)

Overall Reflections

- The vast majority of parents and donors who took part in this study described overarchingly positive experiences of IDC. Whilst acknowledging the need for information about the risks, many noted that positive stories were absent from public discourse about IDC, which almost exclusively take the form of cautionary tales.
- More rarely, strongly negative experiences were reported by (intended) parents who had discovered, after meeting or conceiving with their donor, information about them which contradicted their previous understandings of who they were or what they were like. E.g. discovering that they had donated to more recipients than previously. One questionnaire respondent reported being raped by her intended donor and another had reported her donor to the police for child sexual abuse.
- Even for parents who were happy with their chosen donor (a significant majority in this study), a lack of legal and social recognition for IDC could have negative consequences including anxiety about the legal status of the donor and/or a non-biological parent, as well as stigmatisation of IDC by health professionals.

Well I am proud; I am proud I've done it my way..... It can have good outcomes and there are – people do put thought into it; it's not carelessness...And even if they're not spending the thousands in a clinic, some of them will actually gain a little bit more than what a clinic could ever offer. I wouldn't know the shoe size and the favourite ice-cream flavour of my little un's dad if I hadn't done it in this unusual way. (Daphne, lesbian solo mother, children aged under 5 and 12-17)

But when our first daughter was born and we went to register her, they wouldn't allow me to go on the birth certificate. Which absolutely broke my heart because I had read on the Government website that if you attend, regardless of whether you're married or not and whether it's done in a licenced clinic, you attend with the birth mother then you can go down. And they refused me. That absolutely broke my heart. (Amber, same sex couple parent, children aged under 5 and 12-17)

My first experience with a donor didn't go well. I was coerced and raped. (It is still an ongoing legal matter). The second experience with a donor was nice and really lovely guy but it turns out he may have a lot of donor children. (Questionnaire respondent, solo bisexual mother, child aged under 5)

Nurse/Hospital said the pregnancy was high risk due to the nature of how we were inseminated. This meant we were scanned extra during pregnancy causing high anxiety. We had a healthy baby girl in [date] (Questionnaire respondent, same sex couple parent, child aged under 5)

The only experience I have had has been really positive. I can't think of doing it any other way now because firstly I would have a different child [laughs] ... The way it has worked out for me has been exactly what I wanted and more. However, that isn't always everyone's experience so just be careful. But, optimistic as well; cautiously optimistically I think is the best approach. It can be beautiful but you just have to be careful to curate it that way. (Chris, trans solo father, child aged under 5)

Implications for NHS Policy and Practice

1. Address barriers to clinical treatment

- Implement the recommendations of the Fertility Justice Campaign to ensure equal access to NHS-funded treatment for LGBTQ+ people. In particular, requirements to have previously tried to conceive without success should not be a condition of funding for LGBT+ couples or single individuals.
- Review the language and assumptions embedded in clinical policies and practices to ensure inclusivity for diverse LGBT+ patients. Bear in mind that many LGBT+ couples and individuals may not think about their needs as 'medical' and often bring their own knowledge and expertise in relation to donor conceived kinship.
- Fertility clinics should review their policies and practices in relation to *clinical* known sperm donor conception with a view to making this option more visible and accessible, removing any unnecessary costs or hurdles (e.g. costs and time) to known donation.
- Fertility clinics should consider how donor insemination can be offered in less medicalised settings where this is preferred by patients. This could involve playing patients' chosen music, involving partners in the procedure (ICI could be preferable for this reason), offering privacy after (or during, where possible) the procedure. It would also be beneficial to provide the option of using thawed clinic donor sperm at home (this is currently possible under HFEA regulations 'in exceptional circumstances').

2. Recognise and support those who choose IDC.

- NHS services should provide information and support for those trying to conceive via IDC, including fertility health checks, semen analysis for potential donors, advice on artificial insemination procedures, verified STI test results and implications counselling.
- It may be helpful for NHS staff to routinely raise the topic of IDC with potential sperm donors and recipients who present to clinicians in order to 1) record an accurate medical history (e.g. including all past sperm donations and attempts to conceive) and 2) signpost support services and information which could be useful at a future date (e.g. if clinical treatment is unsuccessful) and 3) avoid stigmatisation and taboos regarding IDC.

Implications for Government

- Review definitions of legal parenthood under UK law with a view to enabling informal sperm donors and non-biological parents via informal donor conception to be legally recognised as non-parents and parents, respectively, where this is intended.
- Consider expanding the remit of the HFEA by enabling those who donate or conceive via IDC to voluntarily add their details (and those of the child conceived) to a register of informal donor conceptions (as is currently possible in South Australia).
- Consider whether further legislation or enforcement of existing legislation is necessary to discourage, and provide justice for victims, in relation to abusive or harmful behaviours reported by some in the context of IDC.

For Further Information:

Contact L.Gilman@mmu.ac.uk