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## Your Gamete, Myself

By PEGGY ORENSTEIN

Two Years ago, when Catherine was in sixth grade, she was given a school assignment that would have been unremarkable for most kids: make a timeline for history class in which half the events occurred before she was born and half after. For a while, she worked quietly at the dining-room table of her family's rambling Northern California home. Then she looked up.

"Mom?" she asked. "What was the year that you and Dad met our donor?"

Sitting with me in May, Catherine's mother, Marie, a 59-year-old therapist, smiled wryly, remembering the incident. The crinkling of Marie's eyes gave her a passing resemblance to the actress Anne Bancroft — but not to her own daughter. Marie, who asked me to use only her middle name and a family name for her daughter to protect their privacy, is dark where Catherine is blond, olive-skinned where Catherine is fair, brown-eyed where the girl's are hazel. There is no similarity to their jaw lines, their cheekbones, the shapes of their faces. Of course, lots of kids don't look like their mothers; few people would consider that odd, though they might — often incessantly — comment on it in conversation.

"So, what's going to happen with this project?" Marie recalled responding to Catherine at the time, being careful to keep her voice neutral. "Is it going to be put up in the hallway? In the classroom?"

Catherine shrugged. "I don't know," she said. And later, "Mom, this is my timeline."

"I got the message," Marie told me. "But in essence, I was outed on the wall of the middle school. It was there in black and white for everyone to see. They'd all know we used an egg donor. We'd been committed to openness from the beginning, but my first reaction was, 'No!'"

If Marie and Catherine are unusual, it is only because of Catherine's age. In 1992, the year she was conceived, there were just 1,802 attempts by women to become pregnant using someone else's eggs, according to the [Centers for Disease Control](#). Three years later, there were more than 4,738 such cycles; by 2004, the most recent year for which data has been published, there were 15,175 cycles, resulting in 5,449 babies. By comparison, some 22,911 children were adopted from abroad that year, and although there are no official figures, one survey estimated that at least the same number are conceived annually via donor insemination. Donor eggs are now used in 12 percent of all [in vitro fertilization](#) (I.V.F.) attempts, making it among the fastest-growing infertility treatments. Despite the portentous hype around women like Frieda Birnbaum, a 60-year-old New Jersey resident who in May used donor eggs to become the oldest American to give birth to twins, the bulk of intended mothers are in their 40s. The birthrate among women ages 40-44 has risen 62 percent since 1990, while the rate among those in their late 40s has more than doubled. Among those who used I.V.F. in 2004, about a third of the 43-year-olds used someone else's eggs; by 47 years old, 91 percent did.

With egg donation, science has succeeded in, if not extending women's fertility, at least making an end run around it, allowing older women who, for a variety of reasons (lack of money, lack of partner, lack of interest, lack of partner's interest) didn't have children in their biological prime — as well as younger women with dysfunctional ovaries — to carry and bear babies themselves. It has given rise to the mind-bending phrase “biogenetic child,” meaning a child who is both biologically and genetically related to each of its parents, by, for the first time in history, separating those components. In that way, it is fundamentally different from sperm donation, though it also levels a certain playing field: mothers can now do what fathers always could — conceal the truth about their blood relationship to their children. And as with any new reproductive technology, it has provoked a torrent of social, legal and ethical questions about the entitlement to reproduce, what constitutes parenthood, children's rights to know their origins and the very nature of family.

I first became interested in the implications of egg donation because I tried it. After five years of repeated miscarriages and invasive, futile infertility treatments, a 21-year-old friend offered to spot me her gametes, the cells containing half the chromosomes necessary for reproduction. It wasn't something I ever imagined I'd consider — it seemed so “Handmaid's Tale.” Then again, with a donor egg, I could feel a baby grow inside me, experience its kicks and flutters. I could control — that sweetest of words — the prenatal environment, guard against the evils of drug and drink. I could give birth to my own child, breast-feed it. After a year of discussion, my husband and I decided to go ahead, only to find that, when placed in a petri dish, his sperm and my friend's eggs refused to tango.

Although my husband and I went on, improbably, to conceive our daughter spontaneously, I always wondered what it would have been like had that cycle worked. Would I have felt less authentic as a parent than my husband, or would my gestational contribution have seemed equivalent to his genetic one? Would we tell our child? And when? And how? What about strangers on the street who commented on how little the baby resembled me? What if someone said the baby did look like me and I smiled — would I feel dishonest? How would the experience be different from adoption? What kind of relationship would the child have with our friend, the donor? Would my husband feel awkward about pointing out similarities between our child and himself? What if the child someday turned to me and said, “You're not my real mother?” What if I secretly agreed? What if she wanted to put the date I met our donor on her sixth-grade timeline?

The world's first donor-egg-conceived child was born in Long Beach, Calif., in 1984 — just six years after the debut of Louise Brown, the original test-tube baby, in Britain, and three years after Elizabeth Carr, who was America's first. The early recipients were women in their 20s and 30s who had gone into premature [menopause](#) or whose ovaries had been surgically removed. The donors were typically older than today's, married with children, often the sisters of recipients or unpaid volunteers.

Back then, doctors extracted women's eggs surgically under general [anesthesia](#). The risks of infection, organ damage and even death from the procedure may have been justifiable for an infertile woman going through I.V.F., but not for a donor. So early researchers borrowed a trick from animal husbandry: when the donor ovulated, she was inseminated with the recipient's husband's sperm, the embryo formed in her body and, four to six days later, was flushed out of the uterus and transferred to the intended mother.

This adapted procedure “was problematic in many ways,” said Dr. Richard Paulson, chief of reproductive endocrinology and infertility at the [University of Southern California](#)’s Keck School of Medicine in Los Angeles and a pioneer in the development of egg donation. For one thing, if the doctors missed the embryo, the donor could wind up pregnant.

By the late ’80s, though, European researchers perfected a new method of retrieving eggs by using a thin needle, guided by ultrasound and inserted through the vaginal wall. The procedure took 10 minutes and required only light anesthesia. As Liza Mundy writes in her book “Everything Conceivable,” this technique would revolutionize — or, you could even argue, create — the fertility industry by unhooking clinics from their dependence on hospital operating rooms. Suddenly, any doc with a lab and the right equipment could set up his own shop. Using that advance, Paulson and his team made a breakthrough of their own: some of their patients had aged past 40, which was considered the outer limit for medical intervention, while waiting for donors. Would it be possible, Paulson wondered, to push that threshold? He tried transferring multiple embryos created from a young woman’s eggs into the body of a 40-year-old . . . and she became pregnant. In 1990, Paulson published an article in *The New England Journal of Medicine* announcing that as long as the eggs were young, the age of the recipient appeared immaterial. And just like that, the market for donor eggs was born.

One day this spring, Becky, who is 38, met me at the airy loft in a sketchy neighborhood of Oakland, Calif., where she works in the music industry. She is a tiny woman — just over five feet tall — with dark blond ringlets pulled back in a ponytail and three earrings ascending one ear. A wedding photo on her desk, taken last summer, showed her tucked beneath the arm of her husband, Russell, a public-school teacher who is a more than a foot taller than she and who asked that I use only his middle name. Next to the photo was a clutch of supplements and prenatal [vitamins](#) that she was downing to prepare her body for [pregnancy](#). Behind those sat a small statue of Ganesha, the pachyderm-faced Hindu deity, lord of both obstacles and beginnings.

Becky, who asked me to use a nickname, sat down and began scrolling through pictures on the Web site of Ova the Rainbow, one of the (regrettably named) agency sites she browsed last fall during her search for an egg donor. “When I first started doing this it was really emotional for me,” she said. “I kept thinking about that kids’ book, ‘Are You My Mother?’ I’m looking through these pictures of young women and feeling like: ‘Oh, my God! Is this the mother of my future child? Is this the mother of my future child?’ ”

I stood behind her, watching the young women go by. Each was accompanied by an assortment of photos: girls in caps and gowns graduating from high school, sunburned and smiling on family vacations, as preschoolers in princess frocks, sporting supermodel pouts in shopping-mall glamour portraits. Sperm banks rarely provide such visuals, which is just one disparity in the packaging and treatment of male and female donors, according to a study published last month in *The American Sociological Review*. Egg donors are often thanked with presents and notes by recipients for their generous “gift.” Sperm donors are reminded that they’re doing a “job,” providing a “sample,” and performing an act they’d presumably do anyway — which may be why many men in the study were rattled when told a pregnancy had actually occurred. And although the men could admit they were in it for the cash, ovum donors were expected to express at least a smidge of altruism.

It was weird to look at these pictures with Becky. I inevitably objectified the young women in them, evaluating their component parts; it made me feel strangely like a guy. Becky clicked on a photo of a 22-year-old brunette with a toothy grin. Each profile listed the donor's age (many agencies consider donors to be over the hill by 30), hair color (there seemed to be a preponderance of blondes), eye color, weight, ethnicity, marital status, education level, high school or college G.P.A.'s, college major, evidence of "proved" fertility (having children of their own or previous successful cycles). Some agencies include blood type for recipients who don't plan to tell their child about his conception. Others include bust size and favorite movies, foods and TV shows. One newly pregnant woman told me she picked her donor because the woman liked "The Princess Bride." "Some donors chose 'Pulp Fiction,' and their favorite color was black," she said. "That's just not me. If I have the choice between someone who likes 'The Princess Bride' or someone who likes 'Pulp Fiction,' everything else being equal, I'm going for 'Princess Bride.' "

Obviously, a penchant for romantic comedy is not an inherited trait. Nor, for that matter, will appearance or intelligence necessarily be passed along, though they are the first things most prospective parents look for in a donor. It's a curious paradox: couples who conceive a baby this way believe that relationships, not genes, make a family, yet in their search for a donor, they romanticize the potential of [DNA](#). And why not? The culture itself is in conflict over how much genes shape us, even as science and the media claim they determine, or predetermine, more than ever. Consider the schmaltzy news stories of reunions between adopted children and their "real" mothers, or tales of identical twins reared apart who are eerily alike. The notion that blood is thicker than water, that we can pass on our best — or someone else's best — characteristics (but somehow not our worst) is a powerful one, even though anyone who has biogenetic children will tell you that they can be as different from one another, and from their parents, as strangers.

Women using donor eggs know that. But the dream, the hope, of replicating oneself dies hard. "Loss is the first stage of building a family with donor gametes," says Madeline Licker Feingold, a psychologist who works with couples pursuing third-party reproduction. As part of that reckoning, women have to give up not only on using their own eggs but also on the search for the perfect donor, one who is in every way their match. Or, as Becky put it: "It's this tension between letting go and clinging to this ideal of the donor being 'you.' " I understood that. My own potential donor was an aspiring journalist. I knew that didn't mean I'd give birth to a future English major, but I found it reassuring. It felt familiar; more important, it felt familial. And so I, like many potential donor recipients, developed a new mathematical equation. Call it the transitive property of human connection: I liked Charlotte Brontë« and she liked Charlotte Brontë«, ergo we were the same; I would love our child and it would love me.

Becky's search lasted about two months. Russell participated, too, of course, but since it was her genetic material they were replacing, she had the final say-so. Husbands typically defer to their wives for that reason, according to Feingold. The reverse, in her experience, is less true: women are usually more involved in choosing sperm donors than men are in choosing egg donors. That may be, she says, because women tend to be more devastated by infertility than men, regardless of whether its source is male or female.

Becky admitted, somewhat sheepishly, to checking her donor's SAT scores, but what clinched the deal for her was a photo of the woman sitting on the floor, smiling, surrounded by camping gear: "I went

backpacking through Asia for six months when I was younger,” she said. “I know that has nothing to do with her potential as a donor, but . . . it meant something to me. On the other side of the coin, she’s athletic and I’m not. I thought that was great. She can give the child that, and I wouldn’t be able to.”

Becky leaned back in her chair, shaking her head. She never imagined she’d be trolling for ova on the Internet, but really, who could? It came as a shock, shortly after her engagement to Russell, to find out that she was in premature menopause. After an I.V.F. cycle was canceled when she produced just one ovarian follicle, Becky and Russell decided they would use money they had saved for a down payment on a house to pursue egg donation. “That genetic loss takes a lot to overcome,” Becky told me. “And I still feel there’s a small part of me. . . .” She squinted, pinching her thumb and forefinger together. “I’m going into this 90 percent there, but — we went down to spring training this year, and we were sitting behind [Barry Bonds](#)’s family, and someone asked his daughter, ‘Where did you get those cute dimples?’ She said, ‘From my mommy.’” Becky winced. “Overhearing comments like that, it’s like a miniature dagger.”

“But I’m really attached to wanting to birth and nurse a child,” she added. “If this doesn’t work I might be ready to move on to adoption. But it’s not like you can say, ‘O.K., I’ll adopt.’ It’s not that easy. And the home visits are so intrusive. And anyway . . . I’m not there yet.”

“Why don’t you just adopt?” That is the first question most people ask if you say you’re considering egg donation. It’s the question I asked myself, as had every potential donor recipient I spoke with. Why create a child where none existed? Why spend the money on something that’s not a sure bet? Why ask another woman, even (or maybe especially) a friend, to inject herself with drugs — drugs whose side effects, although unlikely, could require hospitalization and even, in extremely rare instances, be fatal. (Recipients of donor eggs are required to buy supplementary health insurance for the donors in case something untoward occurs.)

The answers among the women I met were both deeply personal and surprisingly consistent. Like Becky, these women longed for the experience of pregnancy, childbirth and breast-feeding. Often they (or, more often, their husbands) resisted adoption, reasoning that egg donation would be psychologically easier on the child, who would be born — rather than relinquished — into its family. They wanted the opportunity to hand-pick a donor’s genes rather than gamble on a birth mother’s and father’s. And they wanted to be able to see at least their husbands, if not themselves, reflected in their children’s faces.

Still, many questioned the morality of egg donation. “Taking into your home a baby who needs one is inherently more ethical than pursuing a very intensive route to have a biological child,” one potential donor recipient told me. Perhaps that’s why public support for and approval of parents who use donor gametes is lower than for those who adopt — the former is presumably perceived by some as a rather selfish act and the latter a selfless one. Yet adoption has often come with its own ethical quandaries, whether it was the girls “in trouble” who were pressured to give up their children in the 1950s or the current State Department caution against adopting from Guatemala in the wake of reports of child smuggling. What’s more, the idea of healthy infants who “need” homes, particularly white infants, is a myth: domestically, demand has always far outstripped supply.

Which is not to say that egg donation is without complexity — for either donors or recipients. Looking at

the screen, Becky paused at a donor who identified herself as Jewish. I recalled waking up in a middle-of-the-night panic shortly before our cycle was to begin wondering, since my donor friend was gentile, whether our baby would be a Jew. My husband is not, and at any rate, Judaism is traditionally passed down matrilineally. How could the Talmudic scholars of yore have anticipated this conundrum? I called a Conservative rabbi who explained that, while there's no general consensus across denominations, his movement's official stance was that the gestational mother determines a child's religion. That mollified me. Sort of.

A gentile donor was a deal-breaker for some Jewish couples I met. "I didn't want to add to any identity conflict the child might already be experiencing," said one potential mother in the Midwest who had found a New York agency that recruits young Israelis. "Certainly not about religion. It's too delicate."

Jewish donors, along with Asians, Ivy Leaguers and those with proven fertility, are considered "exceptional donors" and can command a hefty premium. A recruitment ad on New York's Craigslist offered up to \$10,000 for Asian donors. On some sites I visited, agencies were asking \$15,000 for donors with proven fertility. There have been reports of agencies charging more than double that for other highly desirable women.

Yet there is often no way to know whether the information the donor gives, including her medical history and educational background, is accurate. A 2006 study conducted by researchers at [New York University](#) found that donors routinely lowballed their weight, and the heavier they were the more they fudged. Agencies, too, which are unregulated and unlicensed, can easily manipulate the truth. Many advertise I.Q. and psychological testing as part of their services, though there is no independent verification of either the results or the protocols used. Even if there were, jacking up fees for smarts is a dubious prospect. "Fees for donors are based on time and trouble, so I don't see how someone who goes to Brown has more time or trouble doing this than someone who didn't go to college at all," Feingold, the psychologist, told me. "Parents are vulnerable. People would be willing to do a lot to take charge so that they didn't need to feel so sad, bad, fearful and out of control. They'll pay more money, do testing. But it's impossible to do intelligence testing on an egg."

To discourage both fraud and undue inducement, the ethics committee of the American Society for Reproductive Medicine (A.S.R.M.) issued a position paper in 2006 on donor compensation: \$5,000, they determined, was a reasonable but not coercive fee. Anything beyond that needed "justification," and sums over \$10,000 went "beyond what is appropriate." What's more, the committee denounced paying more for "personal attributes," saying that the practice commodifies human gametes.

Those guidelines, however, are unenforceable among both A.S.R.M. physician members and the donor agencies listed on the group's Web site as pledging compliance. A survey published in May of medical clinics with egg-donor programs (which are presumably under greater pressure to act ethically than unlicensed agencies) found that although donors received an average of \$4,217 nationally, at least one clinic brokered a \$10,000 fee and another \$15,000; a recent Craigslist post directing new recruits to [Columbia University Medical Center](#) offered \$8,000 to new recruits. One in five clinics considered the donor's fertility history or ethnicity in establishing rates.

The word donor, then, may actually be a misnomer — at least in this country, where the free market prevails. Internationally, when governments say it, they mean it. Canada and France ban payments to egg donors. Britain reimburses expenses up to about \$500 after submission of receipts; before deciding to forbid donation, Italy experimented with a partial “mirror” system, a kind of genetic tit-for-tat in which a husband donates sperm to shorten his wife’s waiting time for donor eggs. No nation has a pool of donors anywhere near the size of that in the United States.

The agency Becky eventually used charged her a flat \$6,500 donor fee (there would’ve been a comparatively reasonable \$500 premium if she had requested a Jewish or Asian donor) along with a \$3,800 agency fee. Additionally, there were the costs of the donor’s medical screening and health insurance; legal fees; reimbursement for the donor’s and possibly a companion’s travel expenses if the donor was from out of the area (Becky’s wasn’t); and reimbursement for lost wages and child care. There were also the costs associated with any I.V.F. cycle: not only the fertility drugs but also physician, clinic and lab fees. And fees for freezing any unused embryos, in case the transfer failed or the couple wanted to have another child. Becky estimated that she and Russell would eventually be out about \$35,000.

Beginning in February, Becky and her donor each took a month’s worth of birth-control pills to synchronize their cycles. Then, for about two weeks, the donor injected herself with fertility drugs. Her progress was monitored by a doctor who telephoned Becky after each appointment with a report. “The first call, he said there were 24 follicles developing,” she told me. “I was over the moon! And he raved about the donor as a person. I don’t know if he always does that, but it made me feel good.”

Meanwhile, Becky followed a regimen of her own, taking twice-weekly shots of [estrogen](#) to ready her uterus for implantation. After the egg retrieval, the donor’s job was done. A few days later, the doctor transferred two embryos to Becky’s womb. She added nightly shots of progesterone, which, if all went well, would persuade her body to accept them. If it did, she’d continue the injections until the end of the first trimester, when the placenta would take over and the pregnancy, miraculously, would proceed as naturally as any other.

Deborah curled up on the cozy couch in her living room, gazing out at the kind of flat, sprawling Midwestern yard where a child could run himself to exhaustion. Her dark hair hung to her shoulders and she was barefoot, in jeans and a loose, embroidered blouse. Deborah, who asked me to use the name she calls herself in donor-recipient Web groups, had endured multiple abdominal surgeries in her 20s and 30s for ulcerative colitis. Despite that, five years ago, a year after she married her husband, Steven, a lawyer, she conceived her son via I.V.F. using her own eggs. She was 40 years old.

“We brought him home from the hospital and I was really. . . .” Deborah paused, searching for the right word. “Happy,” she finally said, smiling wistfully. When her son was 9 months old, though, Deborah began thinking about a second. She knew another pregnancy was a long shot, but the idea took root, blossoming from fantasy to obsession. “I had my sense of self-worth tied up with having a ‘normal’ family,” Deborah explained. “You know, the family with two children. It was always this destination to be counted upon. It was what made tolerable all the losses along the way, the surgeries, the ostomy bags, everything. So when this path felt threatened, all those other losses suddenly took on more substance.”

When three more rounds of I.V.F. failed, she asked Steven (his middle name) to consider adoption — she imagined bringing home a daughter from China — but he refused. “Even with one child I wasn’t spending as much time with our son as I wanted to,” he told me recently. “I wasn’t spending as much time with my wife as I wanted to. I wasn’t spending as much time on my work as I wanted to. So the combination of all the negatives plus the fact that it wouldn’t be mine or her genetic child — it would be kind of a lottery. I know lots of adoption success stories and I know lots of adoption horror stories, and given the overall pluses and minuses, it just wasn’t something I wanted to do.” Although he’d happily stick with one, Steven told his wife, if she truly wanted two kids, ovum donation — and possibly a gestational surrogate to protect Deborah’s health — was the only way he’d agree.

When I met Deborah this spring, she had finally committed to going ahead with a donor egg after several years of flirting with the idea — the donor was chosen, the fees paid, the contracts signed, the appointments planned, the drugs delivered. Yet, days before the process was to begin, she found herself lying awake nights, frantic over whether she was doing the right thing. “What gets to me is that the three of them would be genetically related,” she said, “and I would be the one. . . . It’s not about passing on my genes. It’s that I don’t want to be an outsider in my own family. I don’t want to feel less legitimate in my child’s eyes. I’d feel I’d have to prove my status as a mother by not making any mistakes and by being the perfect mother to this child. Otherwise, he or she could. . . .” She trailed off, staring out the window again.

“I just don’t understand,” she went on to say after a moment. “How can one parent tell a child that the genetic connection is irrelevant to their bond — when it clearly means something to the father, or why would they have gone to such lengths to maintain it? How can I tell my son that the special sense of connection he shares with me and with his cousins is irrelevant, even forbidden to mention in front of his sibling, who wouldn’t have access to his own genealogy? That’s one of the reasons why I preferred adoption. At least it allows the family to maintain a coherent logic.”

Most parents expect that clarity, those bright lines in their genetic, biological and social relationships to their children. Becoming the parent of a donor-conceived offspring means reconciling, even embracing, something murkier. Before starting our donor cycle, my husband and I met once with a social worker, a standard requirement for couples using donor eggs — though, again, not for those using donor sperm. Her job wasn’t to screen us (she did, after all, work for the clinic and had little incentive to reject anyone) but to help us imagine how the genetic asymmetry might play out. What would it feel like to see my husband’s caterpillar eyebrows or artistic talent in my child but no heritable trait of my own? What about our extended families? My parents had assured me they’d love their grandchild no matter whose genes she carried. I knew they meant it, theoretically, but I wasn’t sure they could pull off the particulars. My dad loved to brag, “It’s in the genes!” when one of his grandkids excelled in school, sports or music. I worried over how hearing those comments would affect our child. Or maybe I worried over how they would affect me.

I wasn’t alone in my concern. According to a paper published in the March 2005 issue of the journal *Social Science and Medicine*, parents of donor-conceived kids found “resemblance talk” — something most of us consider innocuous — to be “ubiquitous, unavoidable and uncontrollable” and they feared the

constant chitchat would stigmatize their child and throw the family's legitimacy into question. This was true irrespective of whether parents had told their children how they had been conceived, and it exacerbated uncertainties about these decisions among both groups. It also made them apprehensive about whether their children could be fully accepted by their extended families.

“People see a child in a supermarket checkout line and almost reflexively make some comment about who he looks like or doesn't look like,” said Robert Nachtigall, an adjunct clinical professor of obstetrics, gynecology and reproductive sciences at the [University of California](#), San Francisco and a co-author of the paper. “We interpret it as a kind of shorthand by which people validate the child's position in the family, in society, by basically making comments that refer to the blood relationship that must exist between the child and his or her parents. The problem for people who have conceived with donor gametes is that they know it's not true. And the dilemma for them is how to respond, if at all.”

Resemblance talk did something else, too: although emphatic that it didn't change their love for their child, mothers said it was a constant reminder of their own infertility. “Your infertility is always kind of there when you do donor conception,” said Marie, the mother of 14-year-old Catherine. “It's always there through adoption too.” The difference is that there's widespread cultural support for adoption in a way there isn't for donor conception. Families can access a longstanding network of social workers, psychologists, other parents. Marie knew this from personal experience: she was herself adopted at birth. “Adoptive families are not as isolated,” she said. “People have been educated. Although I still think in general the culture is adoption-negative, it's certainly different than 30 years ago.”

For years there has been speculation about how high-profile, late-in-life moms got pregnant: Geena Davis had twins at 48; Holly Hunter had hers at 47; Jane Seymour's were born when she was 44. Joan Lunden has had two sets of twins, one at 52 and one at 54; although she appeared on the cover of *People* with a gestational surrogate, when asked flat-out by reporters if she also used an egg donor she declined to comment. [Elizabeth Edwards](#), who gave birth to a daughter at 48 and son at 50, has ducked the question as well, demurring that it's not “ladylike” to discuss infertility. Marcia Cross, the actress, is one of the few celebrities to acknowledge, last year in a *USA Today* article, that older women may use donor eggs, “which doesn't make the baby any less beautiful or perfect. One's own eggs only last so long, and sometimes at 43 or 44 you can have your own baby, but statistically it's very difficult and expensive. You don't want to wait that long.” In a *People* cover story published after her twin girls were born, Cross was described as having “beat the odds” of conceiving via I.V.F. at age 44 using her own eggs.

Even those in the limelight have a right to privacy, especially where their children are concerned. At the same time, drawing that line at egg donation is troubling. For one thing, the author Liza Mundy says, it perpetuates the fantasy of women's endless fertility, as much a Hollywood illusion as unfurrowed brows, full lips and perky breasts in middle age. In reality, according to C.D.C. statistics, in 2004, only 5.2 percent of 44-year-old women who transferred embryos created through I.V.F. using their own eggs gave birth. Among 47-year-old women, none did. With donor eggs, the odds for both sets of women jump to 51 percent and often far higher. It's also hard to imagine that these same women would be equally circumspect had they adopted. Consider the proudly public stance of the adoptive mothers Angelina Jolie, Sharon Stone, Jamie Lee Curtis, Madonna. By trying to protect their children from stigma, famous egg-

donor recipients may inadvertently be creating it.

Most parents of donor-conceived children won't be expected to take a stand in the national press, but they do struggle over who to tell and when to tell, the difference between "secret" and "private" information and how much of the story is their child's as opposed to their own. "The hardest part about not being willing to disclose until my daughter is old enough to understand is that I feel this responsibility to women my age," said Anne, the mother of a 2 1/2-year-old girl conceived using a donor egg, who asked me to use only the middle names of her and her husband. "I want them to know they could do this, too — they could carry their baby, give birth to it, and it's wonderful. This girl at work got pregnant. She was 43, a year older than I was when I got pregnant. She found out it was a Down baby and terminated."

Anne's eyes welled up, her voice dropping to a whisper. "I was so devastated for her. She came to my office and said, 'You beat the odds.' And I felt so guilty because I didn't beat the odds. And I couldn't say anything about it."

It was a sunny weekend afternoon in Anne's newly renovated kitchen in a San Francisco Bay Area suburb. Anne's husband, David, a 40-year-old contractor, was out back building a new deck. Anne showed me a picture of their daughter, who was taking a nap. Then she showed me a photo of David at the same age: the resemblance was uncanny. "When I was pregnant," Anne said, "I just kept saying to him, 'I hope she looks like you.'"

Anne and David met through an online support group for widows and widowers. Her first husband died seven years ago; David lost his wife not long after. Neither of them had children, though Anne, who describes herself as a "late bloomer," badly wanted them.

By the time the couple married, Anne was 40. "I used to say, 'I'm willing to adopt but I want the experience of pushing out my own,'" she told me. An enthusiastic advocate of egg donation, she felt truly blessed that technology had so beautifully fulfilled her dreams. She also believed that finding her donor was fated: the young woman was Canadian, as was Anne's first husband. And her favorite flower was the sterling rose, the very same flower he'd sent Anne after their first date. Yet even she had wrestled with loss. "My sisters and I all look so much alike," she said, "and there's part of me that feels ripped off because of that. But not because I want to see my face in my daughter's face. More because . . . there's this feeling of belonging that I have with them. It's always been fun when people have said, 'Oh, my God, are you guys twins?' So, I'm sorry my daughter doesn't have that." Anne wondered whether her daughter would feel she was missing out on something. "But then I think, Am I just projecting? Is she ever really going to feel this way? And how can I make sure I don't do something to make her feel this way? Because it might otherwise never even dawn on her."

According to several studies, most donor recipients haven't told their children about their origins, though some researchers argue that this trend is reversing. The women I spoke with, all open enough about their choices to talk with me, said they did expect to tell their children. They talked about integrity and a child's right to know his history. They mentioned the danger and difficulty of keeping family secrets. "If I keep it a secret, then why is it a secret?" Anne said. "Then I create the stigma even if no one else ever does. And I don't want to be responsible for that. I want my daughter to understand that, you know, you were the best

egg for the job.” Anne laughed. “And she’ll learn about perseverance. And that some things are nature: your genetic makeup makes you behave certain ways, or like certain things. That’s the way that it is. But I’ve been nurturing her. I carried her in my body. I pushed her out. She’s my child.”

The idea that disclosure could be a viable, even preferable, option is relatively new. Taking a cue from donor insemination, which was historically (and often still is) kept secret, fertility doctors initially counseled couples that disclosing to their children would only cause unnecessary confusion. I recall our first appointment to discuss egg donation at the clinic where we had undergone two I.V.F. cycles; a nurse led us to an office in a different part of the building and offered to close the blinds to ensure our privacy. Until then, I hadn’t realized we were supposed to feel furtive.

Deborah told me that she heard a clinic counselor speaking on a panel at an infertility conference promoting secrecy as a perk of egg donation. “She said, ‘The women who use donors tell me they just forget about it when they’re pregnant.’ She repeated that. Twice. Isn’t that awful?”

In truth, it isn’t clear that secrecy is necessarily damaging. In the most extensive longitudinal study to date, Susan Golombok, the director of the Center for Family Research at [Cambridge University](#) in England, has compared families who have sperm-donor children with those who have egg-donor children, as well as with those who used conventional I.V.F. and those who conceived naturally. In 2006, when her team last checked in with the donor-conceived children, they were 12, and most had not been told the nature of their conception. The kids in all of the groups were equally well adjusted. What’s more, parents of donor-conceived kids (and those who used conventional I.V.F.) were more involved with their kids’ lives than those who had conceived naturally.

Apparently, secrecy has not affected their relationships. But, Golombok wonders, what if those children someday discover the truth? Close to 75 percent of her subjects who were not planning to tell their children had told someone else that they had used a donor. What if the information came out accidentally or was blabbed during the course of a bitter divorce? What if the nongenetic parent contracted a fatal, genetically linked disease? That one hit home: I’d been through treatment for [breast cancer](#) five years before our donor cycle; I couldn’t imagine allowing a daughter to believe that she, too, would be at risk.

There have been no large-scale studies on how disclosure affects the psychological development of donor-egg-conceived kids or their relationships with their parents. But among teenagers who were told as young children that they had been conceived using donor sperm, there have been no negative repercussions, according to research by Joanna Scheib, a professor of psychology at the University of California, Davis. In 2004, the A.S.R.M. switched its official position to support disclosure, though not unequivocally.

According to Robert Nachtigall, who has looked at disclosure decisions as well as “resemblance talk,” both those parents who disclose and those who don’t have the same motivation: acting in the best interests of their children. “We were struck by how people could use the same argument and come to a different conclusion,” he said. “Disclosing parents perceived the danger would come from an internal disruption of the family dynamic: they felt that if the child found out from another person it would destroy the trust and their relationship. Nondisclosing parents were more concerned with threats from outside of the family, with stigma. They didn’t want to subject the child or themselves to public scrutiny, to be thought of

as different or other. They'd made the decision that that was the greater threat, so they weren't going to disclose. Both types realize that this information is powerful and important; they just have different strategies about how it is to be managed."

Parents who take the leap, though, say they don't regret it. In a study published this March of disclosure strategies among parents who had used donor eggs or sperm, Nachtigall and his co-authors found that many expressed relief at having told their children, as if a weight had been lifted, while most children's responses ranged from neutral to positive. "That's the big take-home message," Nachtigall said. "Nobody regretted telling. Nobody."

Once a child knows she was donor-conceived, what then? How far do her rights extend? Should she be able to meet her donor, and who gets to decide? It was clear to Marie, the donor recipient who is also an adoptee, that knowing one's genetic lineage should not just be an option, it should be an entitlement. "There's no way I would have a child of mine go through what I went through in terms of the not knowing and the questioning and the search," she said. Not only did she and her husband, a 65-year-old lawyer, plan from the get-go to be open with Catherine about her conception, they also wanted to ensure that their daughter would, whenever she was ready, have access to the donor.

That was not a popular position in 1992 when Catherine was conceived. The couple had been trying to get pregnant for four years, since Marie was 40. They worked their way through the standard infertility treatments, the pills, the shots, the I.V.F.'s. All of it failed. Her husband had never been eager to become a parent in the first place; despite being married to an adoptee, he preferred to remain childless rather than adopt. Marie wasn't ready to give up. So they became among the first couples in their area to use a donor egg.

They have been in phone and e-mail contact with the donor, who at the time of the donation was a college student interning for an acquaintance of Marie's, ever since. Catherine has known about the woman since preschool. "The comments she'd make about it at 5 were different than at 10," Marie said. "At 5, we'd be driving to Safeway, and this little voice in the back of the car would say, 'Now, what's an egg donor again?' At 10 there were a lot of questions about who she looked like and 'Why don't I look like you?'"

Then, when Catherine was 12, came the moment that all of the donor recipients I spoke to told me they dreaded. "She turned to me in this relaxed, 'Hey, Mom, isn't this interesting' kind of voice and said, 'You know, technically speaking, you're not actually my mother.'"

This, Marie said, is where it helped to be a trained therapist — and perhaps an adoptee as well, someone who has understood from experience both the salience and limits of genetic relationships, that DNA doesn't make the mom, but children need to figure out what, if anything, it signifies. "It was her way of acknowledging that this means something to her that's completely independent of her relationship to me. And that's inevitable: no amount of being wanted, planned for or loved eliminates that piece of the experience."

Last winter, the donor, who is now 36, single and childless, began pressing for a closer relationship with Catherine. She invited the girl and her parents to her house for dinner, the first time they had gotten

together in several years. Halfway through the meal, and against Marie's explicit instructions, she pulled out a collection of family photos: her mother, brothers, sisters, nieces and nephews. Catherine recoiled. "The donor has this great need to make Catherine into family because she doesn't have children of her own," Marie said. "My husband and I had to tell her: 'That's Catherine's decision. It's not yours or even ours.' So now the two continue to e-mail but rarely get together."

When it comes to the question of whether to reveal a donor's identity to a child, at least for now, we leave the decisions to parents. Other nations say that prerogative is trumped by a person's right to know his heritage: Britain, for example, recently banned anonymous donation; any children conceived after 2005 will have access once they turn 18 to identifying details about their sperm or egg donors. Since 2000, when the debate over this issue began, the number of registered egg donors in Britain has dropped almost 25 percent.

Yet egg donors and recipients may have less to fear from open donations than they imagine, at least if the experience is comparable to sperm donation. According to Joanna Scheib's research, teens who were conceived with "open-identity" sperm — who when they turn 18 can have access to their donor's name — said that, while more than 80 percent were interested in meeting their donors, fewer than 7 percent wanted to establish a father-child relationship with them.

A few days after my conversation with Marie, I talked to Becky. She had just found out she was pregnant with twins. "Twins!" she crowed. She had always hoped to have two children: both she and Russell are close to their siblings. Now she was jubilant, if jittery. "When I found out, I walked around in a haze for a week thinking, What have I done?" she said, laughing. "As for the donor piece, I imagine this could make it easier. They won't be alone in their situation. They'll be in the same boat. I'm glad that they'll be together and genetically related to each other."

She paused a moment, thinking about her future. "I'm just happy," she said. Finally, Becky would be a mother, her husband a father, the two of them building a family with all the conflict, joy and unpredictability that entails — regardless of whose genes are involved.

*Peggy Orenstein is a contributing writer for the magazine and author of the memoir, "Waiting for Daisy: A Tale of Two Continents, Three Religions, Five Infertility Doctors, an Oscar, an Atomic Bomb, a Romantic Night and One Woman's Quest to Become a Mother."*

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