

Embryo Adoption



This eBook was written and compiled by Charis Boone Johnson, and contains information and stories gathered from families blessed by Embryo Adoption and Donation. The content is based on their personal experiences and the information they gathered along the way. Nothing contained herein should be construed as constituting medical or legal advice. The authors do not guarantee that all of the information provided herein is accurate or up-to-date. Furthermore, procedures and practices can vary greatly from clinic to clinic and state to state. For this reason, we suggest that you verify all of the information provided with your physician, attorney, or other applicable professional.

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Introduction

“Did you know that you could carry and give birth to your adopted child?” I’ll never forget the day I first heard those words. It was a game changer for my family that resulted in the adoption of four embryos a few months later, and the birth of my daughter Zoe in 2012. While the concept of adoption has been around since the beginning of time, embryo adoption has only recently made appearance on the adoption platform. The ability to freeze and thaw embryos has resulted in a surplus of embryos in the world.

To families considering donation, I want to hug you and tell you everything is going to work out better than you ever hoped for. The fears, trepidation, and anxiety you feel as you think about the future of these embryos will dissolve as you choose the right path, the perfect family, and see them grow and thrive. You will experience a plethora of emotions, but the most rewarding ones will result from your bravery and love for these pre-born babies you have been entrusted with. Your emotions will transition to relief, peace, and gratitude for the life that was brought into the world and a bond with the family that facilitated it. It will be a beautiful thing to participate in.

To families considering adopting embryos, I want to cheer you on and tell you this is the most amazing experience that I’ve ever participated in. While there are no guarantees with embryo adoption/donation, you have the opportunity to gain so much from attempting it. Your courage in moving forward will result in embryos being released from their frozen state.

This eBook is organized into three chronological steps that occur in the Embryo Donation/Adoption (EDA) process:

“STEP 1: Discover” will cover the initial questions that arise when first learning about and considering EDA.

“STEP 2: Decide” discusses the various options and decisions that need to be made to move forward on a specific path to EDA.

“STEP 3: Do it” addressing the questions that arise as you move deeper into the process towards selecting and transferring embryos.

discover

why?

what?

how?

who?

cost?

STEP 1: Discover

Discover if Embryo Donation/Adoption is the right choice for your family. This section will broadly introduce the concept of Embryo Donation/Adoption by answering the following common questions:

- [What is it?](#)
- [Why do it?](#)
- [Who is eligible to do it?](#)
- [What does it cost?](#)
- [How is it done?](#)
- [What is the timeline?](#)

What is it?

Embryo adoption is a relatively new process in which couples who have frozen embryos in storage that they do not plan on using to build their family, agree to release the embryos for transfer to an adoptive couple. The adopting family may be either known or unknown by the donating family. The intent is that the embryos will be transferred into the womb of the adoptive mother so that she and her husband may give birth to a child and be that child's parents.

Embryo donation and adoption exist today because of an assisted reproductive technology procedure called in-vitro fertilization (IVF). The world's first child conceived in vitro was born in Great Britain in 1978, and six years later, a technique was developed for freezing embryos. By freezing unused embryos, couples could have additional transfers at a later time without having to harvest and fertilize additional eggs. As IVF procedure success rates continued to increase, so did the number of frozen embryos.

The first embryo adoption was facilitated by Nightlife Christian Adoption in 1998. Nightlife coined the term "Snowflake" in reference to embryos because they are all frozen, unique, and created by God. Read more about the very first Snowflake baby [here](#).

As of 2012, there were approximately 600,000 frozen embryos in storage facilities across the country. When the information was released, it made people question, "What will happen with all these embryos?" Once the individuals with remaining embryos have determined that they will not use the additional embryos themselves, they are faced with the challenge of what to do with them. Their options, depending on their state of residence and the policies of the clinic used, are to:

- Continue to maintain them in storage indefinitely
- Thaw and don't use (or transfer at an inopportune time to make it impossible to result in pregnancy)
- Donate them to scientific research
- Donate them to someone else who wants to conceive (embryo donation/adoption)

Donating these remaining embryos can provide the opportunity to assist others who want to conceive. Donating available embryos can give someone else the chance to start or add to their own family.

Let's take a look again at those 600,000 embryos who are being cryogenically preserved in storage facilities. Of these 600,000 embryos, approximately 77% are earmarked for couples that are still building their families. But as to the remaining 23%, their fate is unknown. Assuming a frozen transfer success rate of only 30%, these 138,000 embryos could result in the birth of more than 41,400 children.

Content Source: [Hopes Promise](#)

Why do it?

Benefits of Embryo Adoption:

- **Reduced Costs.** Oftentimes it is lower in cost compared to traditional adoption, egg donation, or IVF.
- **Reduced Wait Times.** The average time between submitting an application to receiving a donation is approximately 6 months, much shorter than the average time to receive an egg donation or complete a traditional adoption.
- **High Success Rates.** According to the Center for Disease Control and Prevention, embryo adoptions have a national pregnancy success rate of 43 percent and live birth rate of 35 percent.
- **Take Home Babies.** Should a pregnancy result, there is no risk of failed placements or changes of heart after the birth.
- **Pregnancy & Childbirth.** The adoptive mother will have the ability to control the prenatal environment and experience the joys of pregnancy, childbirth and nursing her adopted child
- **Maternal Age Non-Applicable.** If a woman is experiencing premature menopause, or another infertility condition in which her own eggs are not viable for reproductive purposes, she can still become pregnant with a donor embryo.
- **Reverses the Sanctity of Life.** The discarding of embryos is ethically problematic for some individuals. Allowing these embryos to be used to help create a new life is an alternative to disposal or use in research.
- **Siblings.** Often times multiple embryos are available from a donor. This can result in several genetic siblings being born from the same group of embryos. If the recipient does not use all of these embryos – they can be returned to the original donor to be re-adopted out to another family in need.
- **Personalized Selection.** Many embryo banks include information about the donating individuals in order to help match the recipient with desired ethnic, sex, or physical traits.
- **Medically Safe.** This adoption process is regulated by the government and all appropriate disease screening is required by law to protect the recipient.
- **Legally Safe.** Despite the connotations associated with the name, an embryo adoption is actually a transfer of property – not the adoption of a child. Therefore, the donating couple is not legally responsible in any way should a child be produced from the embryo.

- **Homestudy Approved.** Many embryo adoption programs will conduct a thorough home study to determine whether or not the embryo will be given to a couple who can provide a safe and loving environment should a child result.

Benefits of Donating Embryos

Time Magazine's article "[Get Used to Embryo Adoption](#)" includes a survey of more than 1,000 patients from nine U.S. fertility clinics who had extra embryos. The survey found that nearly 60% said they were "very unlikely" to donate them to another couple trying to have a baby; only 7% were "very likely" to consider this option. The following reasons to donate were compiled by families who have successfully completed an embryo donation.

A Complete Family. After navigating the bittersweet path of infertility, you are happy to have crossed the finish line and consider your family complete. A complete family can also mean the end of funds to support more children or there are simply too many embryos for any one family to use.

Medical Reasons. As sad as this reason is, several donors mentioned that after delivering their children, they were given a strict "no more children" discussion from their doctors. Unexpected complications at birth, extended bed rest, and a difficult multiples pregnancy can dash plans for future children for many families.

Expand Your Extended Family. In the past, embryo donation was primarily anonymous. Many clinics and donation centers still operate under these rules. New services that offer private matching can give you the option to do an anonymous, closed, semi-open, or a complete open adoption agreement. Many donors enjoy finding an adoptive family that allows the families to blend. For some this means a few visits a year, for others it means spending some holidays together and even vacationing together. If you want to know the children your embryos become and want to know how they are doing, this new world is open to you.

Give the Gift of Life. After spending extraordinary time, resources, finances, and emotional energy to create these embryos – you can find comfort in helping someone else do the same. Many families waiting to receive embryos have traveled the same path, but have not been successful with their genetic embryos. If you are considering donating, keep in mind the wonderful, amazing gift you will be giving to your adoptive family who is dependent upon the generosity of another to grow their family.

Storage Costs. Annual storage costs can range upwards from \$500 per year. Are you paying year after year because you don't want to destroy your embryos, but you don't want more children? Donating can be a practical way to remove that line item from your budget as well as giving you peace of mind about what to do.

Give the Experience of Pregnancy. Traditional adoption is a beautiful thing and many have gone down that road with much joy. At the same time, there are many women who would genuinely like to experience pregnancy. They can monitor what they eat, what they drink, what medicines they may be taking. They can experience morning sickness and back pain, but also anticipation, doctor's appointments, and baby showers knowing when the baby will be due to arrive. When you give the gift of pregnancy you take away the worry that the birth mother will change her mind or that her agency will pick another couple. You are giving peace, joy and anticipation when you donate.

Closure. After what felt like a never-ending journey with infertility, these frozen embryos are the only unfinished business left before the chapter can officially be closed. Giving them a chance at life through donation will bring closure and resolution. Other options for embryo disposal may always leave a donor wondering “What-ifs”. One donor said she would dream of babies crying at night while her remaining embryos were in storage. Now that they have been donated and are living, the dreams have stopped. For some donors, peace of mind came not when they decided to donate, but when they found the perfect family to receive their embryos.

The Ethical Choice. No matter your religion or creed, embryo donation is the ethical choice for those remaining. You’ve seen those embryos become your children and it is a natural step of logic to provide the same opportunity at life for the remaining embryos. Ethics can always be debated, but as a parent, please look at your living children and consider embryo donation as an ethical choice for your remaining embryos.

Give Hope. Most couples do the expensive and time consuming process of IVF because every other option has already been exhausted. You’ve experienced the anxious waiting to see if a baby is growing while fearing the worst. Many of you have also already experienced the worst, the devastation of lost hopes. Embryo donors can give those who adopt a new hope for a baby that will grow and thrive. We have the empathy to put ourselves in their shoes because we have been there ourselves.

Contributor: Katie Cline is an embryo donor that successfully found her perfect match on www.NRFA.org. Katie’s “[Embryo Donor Only](#)” Support Group can be found [here](#).

Who is eligible to do it?

All embryos are eligible to donate. If you have been told by a medical or adoption professional that your embryos are not eligible for donation - that is only true for their particular donation program. Other programs and families would be happy to receive your embryos. The embryos are legally considered your personal property and you are free to donate them to the family of your choice.

Medically speaking, if your Reproductive Endocrinologist says that you (or your partner) can carry a pregnancy, then you are a good candidate for embryo adoption. Couples affected by male factor infertility can find embryo adoption a good alternative to those who would prefer not to use donor sperm. Likewise, embryo adoption can be an excellent choice for females experiencing diminished ovarian reserve, low egg quality, or PCOS.

What does it cost?

Adopting frozen embryos and then having them implanted must cost a FORTUNE, right? Wrong! There is no cost to donate embryos. For those looking to adopt embryos, it oftentimes cost less than a traditional adoption. While most domestic and international adoptions cost upwards of \$20,000 – an embryo adoption and FET (frozen embryo transfer) can be as little as \$3,000. Here is the breakdown of expenses you can expect to incur:

Legal Fees: A standard legal contract and processing start at [\\$350](#).

Transportation: Shipment of the embryos to your clinic averages \$400-500.

Medical Expenses: \$2,000+. Depending on the clinic, most doctors charge an estimated flat fee of \$1,000+ which includes all appointments, sonograms, and the frozen embryo transfer (FET). There is usually an additional fee of \$1,000+ to use the laboratory, embryologist, and facilities for the Frozen Embryo Transfer (FET).

Medication: Depending on the medication that your doctor chooses to prescribe and your insurance coverage, your cost here can greatly vary. Typically you are prescribed an ovary suppression medication (birth control pills or Lupron), Estrogen (in the form of either pill, patch, vaginal insert, or injection) to be taken for 2+ weeks prior to the transfer, and Progesterone (a pill, suppository, or injection) to be taken for a few weeks after the transfer. Typically, these are pretty inexpensive fertility drugs.

Embryos: While it is illegal for anyone to sell their embryos, it can cost \$0-10,000+ for you to locate your embryos depending on the method you use. If you use personal connections or a matching website to locate a family to match with, there is little to no charge. If you use an agency or clinic to find embryos, matching and program fees can vary greatly.

How is it done?

While every embryo adoption is unique, there are several common steps that will occur in all embryo adoptions. [Watch a Video HERE: The Process of Embryo Adoption](#)

1. Locate your Donor or Recipient Family. There are several ways to do this. You can sign up through an agency, clinic, online matching service, or appeal to your personal network for leads.

2. Get your Doctor's Approval. Your fertility doctor will look at all the medical factors and then give you their recommendation. Once you're serious about a potential match, ask for their medical and/or embryo records so that your doctor can have all the information and point out any facts you may have overlooked or misunderstood.

3. Sign a Contract. In most states, embryo adoption is considered a "property transfer" much like selling a vehicle. If you prefer to, you can tailor your contract to be more like a traditional adoption agreement. After a child is born, you can choose to finalize the adoption in court (not necessary in some states).

4. Arrange Transportation for the Embryos. This is much easier than it sounds. The clinic currently housing the embryos will tell you which transportation company they prefer and give you their contact info. You will sign the paperwork, give them your payment info, tell them which clinic to ship it to and they will take care of the rest.

5. Prepare for the Transfer. Once your embryos have arrived safely at their new clinic, your doctor will conduct sonograms and start you on medicine (Ex: birth control, estrogen and progesterone) to prepare your body.

6. Frozen Embryo Transfer. This procedure is very similar to a pap-smear. It's pretty quick and painless. Then on to bed-rest for 24-72 hours depending on your doctor's recommendation. For a more detailed information on this step, please view the ["Transfer" Chapter](#).

What is the timeline?

Acceptance into an agency, or clinic program: 1-6 months

Matching: 1-6 months

Legal Work & Transportation of Embryos: 1-3 months

Preparing for transfer: 1-3 months

Pregnancy: 9 months

Your timeline will vary greatly depending upon these factors:

- The **Method** by which you choose to seek an Embryo Adoption. Every agency and clinic handles this process in a unique way. Some organizations require steps which elongate the process, but are intended for your benefit. Private methods of matching will allow you to control the length of the process, but puts more responsibility of your shoulders.
- The type of **Relationship** you choose to have with the Embryo Donors/Recipients. Many programs offered shortened wait times if you are willing to accept or donate embryos anonymously. Building a relationship with the other family can take longer, but can also provide many long-term benefits.
- **Specifications.** How specific a recipient family is in being matched with embryos of a particular race, background, **grading**, or gender can lengthen the wait time. Likewise, the more specific a donor is in being matched with a recipient family of a particular race, educational background, specific number of existing children, or religion can lengthen the wait time.

A Story of Life

Zoe was born in 2012, but her life began 3 years before that. Zoe was one of six embryos created in 2009 through the use of In-vitro fertilization (IVF). When she was 5 days old she was frozen. God had big plans for these tiny, unique, pre-born "snowflake®" babies.

Embryos #1 and #2 were chosen to be transferred to their genetic mother. Both embryos implanted and nine months later they were blessed with the births of a son and a daughter. With their family of four completed, their attention quickly shifted to the fate of the four frozen embryos waiting for their chance to be born.

Zoe's genetic parents were presented with the standard options for her future as an "extra" embryo: destroy them, donate them to scientific research (which would then destroy them), anonymously donate them to an infertile couple, or find a family to adopt and carry them to term. Reflecting on their belief that life begins at fertilization, they quickly realized that destroying them or donating them to research would terminate the precious life that had been created. The fate of the remaining embryos weighed heavily on their minds and hearts for two years until they connected online with Charis in the fall of 2011.

Charis' family had been through the ringer with failed fertility and adoption efforts. In the spring of 2011, they were blessed with a daughter, Julah, through domestic adoption. Shortly afterwards, Charis' friend Molly shared that she was planning on doing a "Snowflake®" adoption. Molly, a

cancer survivor, had undergone chemotherapy that had depleted her egg reserve, however, her doctor affirmed that she would be able to carry a pregnancy with adopted embryos.

Charis questioned the process, "Why not just adopt from a birthmother domestically or internationally?" The answer took her breath away. Due to the dramatic increase of fertility and IVF in the past decade, there are over 500,000 frozen embryos in the United States alone, with over 50,000 of them needing adoptive families. The need was overwhelming. While families were waiting for months or years to adopt a baby through traditional adoption efforts, the reverse was true of embryo adoption. The embryos were waiting. Waiting for a chance to be born and live. It truly was a matter of life or death.

Deeply burdened by the need, Charis began researching the steps required to complete an embryo adoption. She found that what she predicted to be a complicated and intricate process was surprisingly simple. The embryos were designated as legal property which could be given, but not sold. A simple notarized contract was all that was required to make an embryo adoption legal. No lengthy legal processes, court fees, or unending piles of paperwork to fill out.

Charis' husband, however, remained unconvinced that this was a feasible option. Many of his questions - such as Charis' health during pregnancy, legal issues, and the cost - came with answers that supported the choice of embryo adoption. Charis would get to experience pregnancy, they would have control over the prenatal environment of their child, they would be recognized as the fully legal parents of the child before he/she was born instead of waiting for months afterward, there would be no chance for a birthmother to change her mind, and the total cost was a mere fraction of the cost of a traditional adoption.

"The bottom line was that these babies needed to be born," Charis shared. They connected with Zoe's genetic family online in the Fall of 2011 and four weeks later, on their fourth wedding anniversary, they signed the papers to officially adopt the four frozen embryos.

The process progressed quickly and easily from that point. Charis' fertility clinic contacted the storage facility and arranged the transportation. The four embryos were shipped via FedEx, and after two years of being suspended in a frozen state, Embryos #3 and #4 were thawed and transferred to Charis. They were thrilled to find out two weeks later that they were pregnant! A bittersweet sonogram revealed that while one baby had a healthy heartbeat, there was no sign of the second embryo that had been transferred. Nine months later, Charis gave birth to a baby girl.

Charis explained, "We chose the name 'Zoe' for our precious daughter as it is the Greek word for 'life'. God purposed her creation, and He has a plan for her life. In 2009, God breathed life into 6 embryos. He knew from before their first cell multiplied how many hairs would be on their heads and who would raise them. God didn't accidentally make too many embryos. He made two for their family and four for our family. Zoe was created to be my daughter, and I was called to be her mother."

Three weeks after Zoe was born, both families gathered together to celebrate Zoe's first Thanksgiving, giving thanks for the precious bond, open adoption, and love they share. "Charis' openness to being flexible with the type of relationship we would have has given us a wonderful transition. We love that we were able to bless a couple who yearned for children. We couldn't be happier." –Zoe's Genetic Mother

Credit: NRFA.org

Open, Semi, or Anonymous?

decide

Agency, Private, or Clinic?

STEP 2: Decide

Decide which path you want to take on your Embryo Adoption journey:

Embryo Adoption or Donation?

Embryo Donation and Embryo Adoption are similar concepts, and sometimes the terms are used interchangeably. Some argue that the term “Adoption” should only be applied to children once they are born, while others feel it is appropriate to honor the personhood of these pre-born children with the term “Adoption”. Legally, the process is neither considered a donation nor an adoption and it is referred to as a “property transfer”. Regardless, both terms “**Embryo Donation**” and “**Embryo Adoption**” refer to the giving and receiving of fertilized eggs (**embryos**) that are created during an In Vitro Fertilization (IVF) cycle.

The differentiation between terms is most clearly seen in the [relationship](#) between the embryo donor and recipient. An Anonymous or Closed Adoption requires a one-time “**Embryo Donation**” from the genetic family to the recipient family; however, it would not be inappropriate for the receiving family to view it as an “adoption” and refer to it as such. As Open and Semi-Open Adoptions require an on-going relationship between the two families, this is often referred to as an “**Embryo Adoption.**” Every family reserves the right to determine which term they prefer to use in regards to their situation.

Type of Relationship: Open, Semi-Open, or Anonymous?

When pursuing Embryo Donation/Adoption, it is important to know what kind of relationship you want to have with a potential donor or recipient. There is no right or wrong type of relationship. Each type of relationship will have its own unique benefits and drawbacks to navigate.

Open

- **Description:** Offers **direct contact** between donating and adopting families on a mutually agreed upon regular basis. Full identities are known.
- **Typical Contact:** Phone, email, Facebook, sending holiday gifts/birthday presents, and/or occasional visits are all valid potential methods of contact.
- **Pros:** Resulting child(ren) could benefit from knowing about his/her genetic background, family members, and medical history.
- **Cons:** You may find close contact to be uncomfortable. This type of relationship takes time to build so sometimes finding the right match can take longer.

Semi-open

- **Description:** Offers *mediated or direct contact* on a scheduled basis, though neither regular nor casual contact. At least partial identities, like first names, are known.
- **Typical Contact:** Contact is sometimes mediated through an agency. Can include (but is not limited to) emails, letters, and/or pictures (typically once or twice a year at scheduled intervals).
- **Pros:** Resulting child(ren) still have access to their genetic background and medical history. This type of adoption could be flexible and grow into a more open situation should both parties desire that change.
- **Cons:** Mediated communication could hinder the possibility of a deeper relationship forming between the two families. In the event of a medical emergency, it may or may not be possible for the adoptive family to ask timely health related questions of the genetic family.

Closed

- **Description:** Offers *no ongoing contact*. Donors may request notification of birth through a mediated party; however, no further information is relayed after birth. Partial identities may be known.
- **Typical Contact:** Some communication may occur prior to birth. Typically no communication after birth, though some families reserve the right to communicate in the event of a medical emergency.
- **Pros:** Adoptive families fully control how and when resulting child(ren) learn of their unique background.
- **Cons:** Possible negative emotional toll on future children if questions concerning genetic origin and heritage cannot be answered.

Anonymous

- **Description:** Offers *no contact*. Minimal details are known about donors beyond their basic characteristics provided in the profile information. No identification.
- **Typical Contact:** None at all, either before or after the transfer.
- **Pros:** Anonymous embryo sets are currently in high supply with low demand for them. This can accelerate the matching process and even, sometimes, cut costs. For some recipients, the great need for these children to have a chance at life is a compelling factor that overcomes the drawbacks of an anonymous relationship.
- **Cons:** Possible negative emotional toll on future children when questions concerning genetic origin and heritage cannot be answered. Negligible background is provided on the genetic parents beyond basic physical characteristics.

Dispelling Myths of Adoption:

The Minnesota Texas Adoption Research Project was conducted to study open adoptions versus the other types of adoptions. Its results dispel some common misconceptions about open adoptions:

- Open adoptions do not result in children being confused about who their parents are. The research shows that children understand the roles of both the genetic and adoptive parents.
- Genetic parents do not experience more grief and loss when choosing an open adoption. Actually, the latter is true as those who choose closed adoptions experience more problems dealing with grief and loss.
- The openness of the adoption does not negatively influence the adoptee's self-esteem in any way.

Credits: Andrea at [Catholic Embryo Adoption](#) and Charis at blog.nrfa.org

Method: Private, Agency, or Clinic?

It is important to choose the method of Embryo Adoption/Donation that is right for your individual situation. Your options include: matching privately, working through a clinic donation program, or selecting an adoption agency program. Some programs are centrally managed, requiring you to travel to that location for all procedures, while other programs will allow you to work with the doctor and clinic of your choice. Many families also choose to match themselves with a donor by posting a profile online or networking through personal relationships.

Private

Benefits:

- **Decreased Cost.** You can achieve the same end goal (Embryo Adoption/Donation) without incurring an agency or program fee.
- **Open Selection.** Instead of viewing one profile at a time, you can view multiple profiles and select the one most compatible with your family.
- **Increased Flexibility.** Many benefits to agency and clinic programs become optional in a private match. When matching privately you can still request/complete a homestudy, background checks, and an intermediary to moderate communication; although these are not mandatory. ([Embryo Adoption Facilitation Organizations](#) can assist with these functions)
- **Increased Control.** Instead of allowing the process to be regulated by an agency or clinic, you can take control over the pace, communication, and decisions.

Drawbacks:

- **Increased Responsibility.** Once a private match has been secured, the responsibility is upon you and the donating family to arrange for the legal, medical, and logistical necessities of the donation.
- **Decreased Security.** Even though it is not required with a private match, it is highly recommended that you receive professional legal counsel and medical guidance before committing to a match.
- **Decreased Support.** You may not have a third-party caseworker to guide you through the process and will need to depend upon professional legal counsel, medical guidance, support groups, or customer service departments to answer questions that may arise.

Adoption Agency

Benefits:

- **Homestudy.** This screening provides the donor family peace of mind that their embryos are going to a recipient family that has completed background checks and an extensive interview with a licensed caseworker.
- **Matching.** Families provide information regarding their current family structure, economic status, and social and medical history. The agency then works to match them with a family who best meets their criteria.
- **Relationship Management.** The families agree upon a mutual level of future communication. The communication may be facilitated by the agency if desired. Historic records of the donation are maintained by the agency.
- **Legal Work & Transportation.** The agency procure legal documents for the transfer of property (the embryos) from the donating family to the recipient family. The agency will coordinate with the fertility clinics involved regarding medical testing required by the FDA and shipment of the embryos.

Drawbacks:

- **Increased Cost.** Agency fees can be high, and sometimes do not include legal fees or the actual medical procedures.
- **Increased Wait Time.** Extra time must be factored in for the required approval steps, paperwork approvals, and home-study creation.
- **Closed Selection Process.** Profiles of potential families/embryos are typically presented one at a time. Most of the matching decisions are strongly influenced by the case worker.
- **Limited Control.** The process is driven and paced at the discretion of the agency.

Fertility Clinic's Embryo Donation Program

Benefits:

- **Legal Work.** Clinics will require that you have the proper legal work completed, and in most cases will procure the documents for you or refer you to their preferred attorney.
- **Transportation.** Clinics house their own embryos, so there is no need for transportation.
- **Decreased Wait Time.** If you are willing to accept anonymously donated embryos, the wait time for a clinic program will be dramatically decreased.
- **Open Selection.** Instead of viewing one profile at a time, you can often times view multiple profiles and select the one most compatible with your family.

Drawbacks:

- **Limited Information.** Depending upon the program, you may receive little to no information regarding the donating family.
- **Limited Control.** Embryos are donated directly to the clinic, and the clinic determines who receives them.
- **Limited Sibling Contact.** The embryos may be given to multiple families (e.g.: The genetic family donates 10 embryos, 4 are given to family A, 3 are given to family B and three are given to family C).
- **Limited Relationship.** There will likely be very little communication between you and the donor family. Few historical records of the donation are maintained by the clinic.

3 Common Adoption Fears for Men



Can I love a child that's not "mine"?

by Jillian Burden

My husband and I adopted our son from Russia in November 2012 when he was 2 1/2 years old. When it came to the idea of adopting, I like to say we were both always in the same “chapter” but not always on the same “page.” We both wanted to adopt, but when it came to questions of when and who and from where etc., it took a few long conversations with both each other and trusted friends who had already adopted to get us on the same page. We’ve learned since that time that it is very common for a couple to be on different pages when it comes to adoption. Although I write a blog that is mostly read by women, today I’m addressing three frequently asked questions by men who are considering adoption: 1) Can I love a child who is not genetically mine? 2) What if I don’t bond to the child? 3) What if the child has special needs?

Can I love a child who is not genetically mine?

In a word: yes! I once heard a man say that he struggled to know if he could love a child to whom he was not genetically related until someone pointed out that he wasn’t genetically related to the person he loved most in the whole world: his wife! Love is not a genetic relationship.

You can probably call to mind someone in your life who has an amazing relationship with a person to whom they are not related: it could be adoptive parents and their child, it could be best buddies, or it could be a married couple. On the other hand, you can probably think of someone who has a terrible relationship with their genetic family. Having a genetic relationship doesn’t guarantee love nor is it a prerequisite for love. Love actually is a choice you make: a choice to be patient, kind, generous, protective, compassionate, and loyal among other things. Love is changing diapers, doing finger paints, wiping up spills, helping with homework, teaching your child to hit a baseball or cook dinner or drive a car. Love is an action word, a choice, a bond that transcends personality differences, skin tone, height, eye shape, and any genetic link.

What if I don’t bond with this child (or he/she doesn’t bond to me)?

Great question. Bonding and attachment are actually very important issues in all families, but we think about them more intentionally in adoption because, by its nature, adoption means that the child (even an infant) has already suffered a great loss. That loss can impact their desire to bond again. You might think of a friend who has suffered a break-up and declares with anger that he’s “given up on women” and “will never love again.” What the friend is really saying is that he doesn’t want to be hurt like that again. In a more serious way, children who suffer the loss of a parent or caregiver before their adoption may resist bonding because they instinctually want to resist the pain of loss.

I think it helps to demystify bonding by simply saying that bonding is not a magic emotion that you either have or don't have; there are actually lots of things adoptive fathers can do to build those feelings of attachment with their child! When you go through the homestudy process before your adoption, your social worker will give you lots of ideas for how to build those feelings of closeness, trust, and safety with your child. If you adopt an infant, you will be encouraged to cuddle with your baby, skin-to-skin, for example. If you adopt a toddler, playing games like peek-a-boo that require eye-contact or playing a game of "chase" that results in you scooping up your breathless, giggling child into the safety of your arms will help build those feelings between the two of you. With an older child, you can build closeness by sharing in your child's particular interests whether that means going to the batting cages, cooking together, or reading (and discussing) the same book.

For children and parents who struggle to build that special bond, there are many resources available to help. Dr. Karen Purvis' "The Connected Child" is a highly recommended book in adoptive circles that focuses on this very topic. There are also therapists who specialize in attachment issues; your social worker can get you connected to one even before you bring your child home, if you would like. Sometimes talking to a professional who can help you know what to look for and how to promote a strong bond with your child can help relieve the fears you have about attachment.

If you go into your adoption educated about how to promote a healthy attachment with your child, you have absolutely every reason to hope for success!

What if the child has special needs?

Being fearful about parenting a child with special needs is not unique to adoption. Parents who have children by birth also worry about whether their child will be healthy and how they will cope if he or she is not. Don't be ashamed of these feelings; they are normal.

Especially in the case of international adoption, when you decide to adopt, your social worker will probably give you a form with a long list of special needs ranging from correctable heart surgery to Down Syndrome to HIV to cleft lip or palate. You (and your spouse) will be given the opportunity to say which special needs you would consider in a child and which ones you would not. With domestic infant adoption, you will have the opportunity to review whatever information is available about the birth mother's health and pregnancy. You will not knowingly be matched with a child who has the special needs you decline, however just like when you have a child by birth, it is important to know that there are no guarantees.

More and more adoptive families are actually choosing to bring children with special needs into their homes. These families are not superheroes! They are normal families who realize that these children need families just as much as healthy children. They probably considered their child's special need, looked at their own family's and community's resources, searched their hearts, and took a leap of faith. Adoption is not just about giving a family a child, it is about giving a child a family and *all* children deserve families!

There are plenty of adoptive families who set out to adopt a healthy child and have done just that. However if your child has special needs you will do what families of children with special needs (whether by birth or by adoption) have done for a long time: your best. You will go to the doctor's appointments, rely on your friends and family to support you, ask for help when you need it, learn to see life in a new way, grieve, get tired, keep going, find courage you never thought you had, and be surprised by immense joys you never saw coming.

When we saw him for the first time, all our fears about adopting him were overwritten with one small phrase: *he's our son*. Whatever challenges came into our lives with his adoption were welcomed because he was *ours* and as any parent will tell you: you will do anything for your child!

To all those prospective adoptive fathers out there: it's okay to ask your questions and be honest about your fears. We had them too. I pray you come out on the other side ready to take that leap of faith because the joy on the other side is worth it all! Absolutely worth it all.

Credit: Jillian Burden and her husband John are Mama and Papa to their little Russian boy, home since November 2012. Jillian writes about her adoption, infertility, and faith journeys over at her blog addingaburden.com

fundraising

matching

transfer

support

do it

STEP 3: Do It

Navigate the path you've chosen with resources and support specific to your journey:

Fundraising

Although very few people enjoy fundraising – it can be a great way to inform people about Embryo Adoption. There are several organizations out there that can assist you with your fundraising efforts.

Fundraising Organizations

- [Lifesong for Orphans](#) – Once approved in their program, individuals can get tax write-offs for donating to your adoption fund. They also offer matching grants and interest free loans.
- [Pathways for Little Feet](#) – Offer grants and interest free loans.
- [Indigogo](#) – A fundraising platform
- [Infertility Grants](#) – A document detailing various grants available for Embryo Adoption.
- [Pay It Forward Fertility](#)

Fundraising Activities

- **Sell a Product.** Some families have successfully sold products such as cookie dough, child identification for kids, or teddy bears with T-shirts that said, “I support adoption!”
 - [Bonfire Funds](#) – sell t-shirts via their program. Minimum: 50 shirts.
- **Hold an Event.** Some hold events such as garage sales, raffles, and dinners.
- **Send a Letter.** Others have sent out letters to friends, families members, and businesses directly asking for monetary donations, asked for gifts toward their adoption fund in lieu of gifts for birthdays or holidays.
- **Create a Website or Blog.** Collect donations and keep your support group informed with a websites that includes a donation button linked to [PayPal](#). Checkout wordpress or blogspot to get started.

Matching

Finding/Donating Embryos

If you select a clinic or agency path, they will be responsible for sending you profiles of potential matches. Oftentimes for open adoption they require you to view one profile at a time, making a decision on a family before viewing any other profiles. Some clinics with anonymous programs will send recipients multiple profiles matching their desired guidelines.

If you choose to privately locate your donor/recipient, then there are several resources available to ease the process for you. Matching websites or embryo registries allow you post profiles and view profiles at your own pace.

Choosing Embryos

There are many factors to consider when selecting a set of embryos to adopt. Many families have preferences on variables such as race, eye/hair color, height, and educational background of donors. If you have selected a Closed or Anonymous adoption, variables concerning the embryo's health and likelihood of pregnancy will be important to you. In addition to these, variables concerning the donor family will be important to those who have selected an Open or Semi-Open adoption. These could include a donor's location, religious beliefs, expected level of communication, and philosophy on embryo adoption.

When considering a set of embryos, it is important to understand the impact of the donor's maternal age, history of infertility, and embryo grading.

Maternal Age of Donor

The older the maternal donor is, the more embryos a doctor will allow to be thawed at one time. The following guidelines are recommended for fresh embryo transfers by [SART](#). One additional embryo may be transferred if the donors/recipients have experienced a history of failed transfers or have a less favourable prognosis.

MATERNAL AGE OF EGG DONOR:	Less than 35	35-37	38-40	41+
Favorable Cleavage Embryos (Day 2-3)	1-2	2	3	5
All Other Cleavage Embryos (Day 2-3)	2	3	4	5
Favorable Blastocysts Embryos (Day 5-6)	1	2	2	3
All Other Blastocysts Embryos (Day 5-6)	2	2	3	3

Fertility of Donors

Independent of Maternal age, there are several factors that have been associated with a favourable prognosis:

- The donors were successful on their first round of IVF.
- They were successful in achieving pregnancy on every round of IVF they completed.
- Embryos remaining from IVF cycles were good enough quality to freeze.
- Pregnancy has been achieved by frozen embryos in this IVF batch.

Embryo Grading

Day 5 "Blastocysts" Embryos

Many clinics use different grading systems to score the embryos. It is important to read the embryology report to determine how their particular grading system works.

The commonly used Gardner blastocyst grading system assigns 3 separate quality scores to each blastocyst embryo. For example, if an embryo is graded a “5AB”:

The number “5” would describe the **Blastocyst development stage**. This number describes the progress the embryo has made towards expansion and hatching. The goal is for the embryo to be a “6” so that it can easily implant, however, the embryo can continue to expand and hatch in the uterus after a transfer.

Expansion grade	Blastocyst development and stage status
1	Blastocoel cavity less than half the volume of the embryo
2	Blastocoel cavity more than half the volume of the embryo
3	Full blastocyst, cavity completely filling the embryo
4	Expanded blastocyst, cavity larger than the embryo, with thinning of the shell
5	Hatching out of the shell
6	Hatched out of the shell

The letter “A” would describe the status of the **Inner cell mass (ICM)** score, or quality. This is the part of the embryo that will become the baby. Just like a school grading system, an “A” is considered more preferable to a “C”.

ICM grade	Inner cell mass quality
A	Many cells, tightly packed
B	Several cells, loosely grouped
C	Very few cells

The letter “B” would describe the status of the Trophectoderm (TE) score, or quality. This describes the appearance of the cells on the perimeter of the embryo.

Day 3 “Cleavage” Embryos

There are many embryo grading systems that differ in how they assign grades and in whether a low number grade indicates the best or the worst embryo. It is important to clarify what scoring system was used when they were originally evaluated. Day 3 embryos are graded based upon their appearance.

- **Cell number** (are they growing?) Embryos should be at 2 to 4 cells at 48 hours after egg retrieval and preferably about 7 to 10 cells by 72 hours. The cells in an embryo are also referred to as "blastomeres".
- **Cell Regularity** (are the cells the same size?) Generally speaking, the more identical the cells are to one another – the better.
- **Degree of Fragmentation** (are pieces chipping off the cells?) Fragmentation occurs when portions of the embryo's cells break off. It is preferable to have little or no fragmentation, however, it is quite common and many beautiful babies have resulted from implantation of embryos with fragments. Embryos with more than 25% fragmentation are said to have a low implantation potential.

Special Consideration Embryos

These embryos have extenuating circumstances that need to be considered in the selection process. Sometimes single embryos are placed in this category because they are more difficult to find a family for. Oftentimes there has been an instance of genetic abnormality, special need, miscarriage, or birth defect in a biologically related sibling.

By: Barbara McNabb

Our decision to adopt embryos was not easy at first. For years, I struggled with whether or not I wanted children of my own. When my husband and I met 10 years ago, I did not have any children but he had 2 amazing children. After seeing what an amazing father he was, and the joy I shared with them, I decided I wanted to have a baby. I was not getting any younger, and time was of the essence.

You see, we didn't start out thinking about embryo adoption. Approximately two and a half years ago my husband and I met a young lady, who was homeless and pregnant. She wanted to have an abortion and we spoke to her about families who would love to adopt her child. We met with her for dinner on a Friday night and she gave me a copy of her ultrasound. After meeting us, she decided she wanted us to adopt her precious baby. We were thrilled and overjoyed. But, on that following Monday, she miscarried. I was upset not just for the loss of the baby but for her also as she did not have anyone to turn to.

A few months after this happened, my husband started doing research on adoptions and came upon embryo adoption. After doing research, talking with people who had been through embryo adoption, talking to each other in length, and praying about it, we decided we wanted to try to do an embryo transfer. We began the process in the summer of 2012 and in March of 2013, we had our first embryo transfer. We transferred 3 precious babies. While we were at our clinic for our first transfer there was another couple there from Texas who were transferring what is called "special consideration" embryos. My husband was intrigued and kept this in mind as we waited to see if our transfer was going to be a success.

After having a positive pregnancy blood draw, I miscarried at 6 weeks. I was devastated and was unsure I would be able to go through it again. All of the hormone therapy, anxiety and anticipation was so overwhelming. After much prayer, God healed my broken heart, and we decided to try again.

For our second embryo transfer we decided to look at the "special consideration" embryos. The wonderful families who donate these precious babies have some type of medical condition, either directly or within immediate family members that could range from mild to more severe.

My husband and I decided that the good Lord would give us what He wished for us to have. There are so many couples who have no medical problems that have a baby with some type of medical issue. After talking and praying with my husband we felt we were in a good place in our lives to adopt these special embryos. These special embryos needed a chance at a wonderful life as well. We contacted our clinic and requested the "special consideration" embryos. We were given so many to choose from. We selected our beautiful embryos and had our second transfer in July 2013.

This round we had two babies take! I was so excited but at six weeks twin "B" stopped developing. I reverted back to being scared that I was going to lose the one baby I still had and did not allow myself to enjoy my pregnancy. At about 20 weeks we found out we were having a baby boy. My precious boy decided at 35 weeks he wanted to enter his crazy world. He was 5 weeks early and perfect!

When families are considering embryo adoption they usually do not know there are embryos that are considered "special consideration." These are embryos you have to ask for. I cannot imagine my life without my precious boy and I cannot thank the donor family enough for their amazing gift they have given me. If you are interested in "special consideration" embryos please ask you clinic if you can review these profiles. They deserve a chance at a beautiful and wonderful life as well.

Transfer

What is involved in the Frozen Embryo Transfer process?

The Frozen Embryo Transfer (FET) process using donor embryos is (sometimes) referred to as a Donor Frozen Embryo Transfer (DFET).

Medicated and Un-Medicated Cycles

The amount of medication and length of preparation leading to the DFET depends upon your preference for a medicated or un-medicated cycle. A medicated cycle can require 6+ weeks of taking medication to suppress your ovaries (so that they don't produce hormones that would jeopardize success) and thickening the lining of your uterus (to increase the chance of success). The protocol for an un-medicated cycle would closely align with your normal cycle making your body dependent upon itself for the correct hormones levels and timing. As there is no way to guarantee the hormone timing or levels that your body will produce, most doctors prefer a medicated cycle and some will refuse to participate in an un-medicated cycle.

Mock Cycle/Sonohystogram

Prior to beginning your DFET cycle, some facilities will require that you have a sonohystogram or "mock cycle" completed in their office within the past 12 months. This very specific type of sonogram which allows them to take measurements and plan where to place the embryos during the actual DFET. This also allow them to make sure they will be able to insert the catheter (used to transfer embryos into the uterus) without incident. Some doctors will require a more extensive "mock cycle" where they actually put the patient on medication to see if they respond appropriately.

Baseline Sonogram

The timing for a baseline sonogram can vary, dependent on whether you are undergoing a medicated or un-medicated DFET. Regardless of timing, your clinic will advise you as to when this sonogram will be conducted. This vaginal sonogram will determine if the lining of the uterus is at an acceptable level for transfer. Sometimes a follow-up sonogram is required to re-check the progress of the lining.

Thawing Embryos

This topic is a unique decision for every transfer and has many factors to consider including the:

- **Day/Stage that the embryos were frozen.** A Day 3 embryo will not be considered as likely to survive thawing as a Day 5 embryo, therefore more of them will be recommended for thawing.
- **Method used to freeze the embryos** (vitrification vs. slow freeze). While an embryo can remain in storage indefinitely, technology for freezing the embryos has greatly improved with time. Embryos frozen via the vitrification process are more likely to survive the warming process.
- **Number of embryos stored in each vial.** The groupings of embryos (two in one vial and three in another vial) can impact which ones are chosen to be thawed.

- **Health of recipient.** If the mother-to-be has had health complications or is considered high-risk, it may be best to only thaw and transfer one embryo at a time in order to avoid a multiple pregnancy.
- **Maternal age of donor.** The older the maternal donor is, the more embryos a doctor will allow to be thawed at one time. The following guidelines are recommended for fresh embryo transfers by [SART](#). One additional embryo may be transferred if the donors/recipients have experienced a history of failed transfers or have a less favourable prognosis.

MATERNAL AGE OF EGG DONOR:	Less than 35	35-37	38-40	41+
Favorable Cleavage Embryos (Day 2-3)	1-2	2	3	5
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Favorable Blastocysts Embryos (Day 5-6)	1	2	2	3
All Other Blastocysts Embryos (Day 5-6)	2	2	3	3

Transferring Embryos

Once your embryos have thawed successfully, you will be given a time/date of transfer. You will receive instructions on what (or what not) to eat, drink, wear, whether or not you can wear scents/deodorants/lotions/makeup, and whether or not to take an anti-anxiety medication (valium is often prescribed). You will be taken into a sterile room where your embryos will be transferred from the petri dish to your uterus via a catheter. It is very important to follow the doctor's instructions concerning a full bladder so that the medical team will have maximum ultrasound visibility for the transfer. Following the procedure you will rest for a certain amount of time before being released.

Post Transfer & Beta Testing

Many, but not all, doctors recommend 24-48 hours of bedrest following a transfer. The most important thing is that you feel confident that you've done everything you could to contribute to a successful transfer. A beta test will be done 10 – 14 days after the transfer. Positive results could show up on a home pregnancy test as soon as the following equation equals 10:

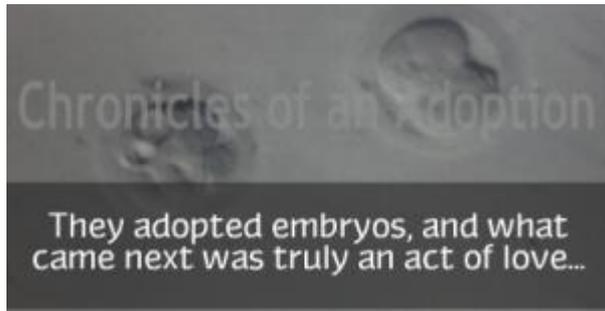
The days post transfer + The age of the embryo on the day of the transfer = 10

For example: 6 days post transfer + day 5 embryos = 11

(Side Note: In fertility forums this abbreviation "6dp5dt" means "6 days post 5 day transfer")

Shots, Meds, and Ultrasounds – Oh My! How an Embryo Transfer Works

by: Sara at [Chronicles of an Adoption](#)



I never thought this would be me. Shooting an inch and half needle into my rear end? Or sitting cross-legged on a wheeled gurney, staring at the mesmerizing picture of two embryos that were in a freezer one day and would be inside me the next? I was supposed to adopt a *baby*, pick them up from the hospital. But since that hasn't worked out so far – here I am, an embryo adoption mama.

Medically speaking, embryo adoption requires a frozen embryo transfer. The transfer cycle starts with testing to ensure your uterus can carry a pregnancy. Next, you take a combination of medication to get your body prepared for the transfer. This protocol will vary by doctor but will often include something to suppress ovulation (they won't need *your* eggs for the frozen transfer!) and something to build the uterine lining (the embryos will need somewhere comfy to snuggle in!). My medication protocol had tiny stomach injections to suppress ovulation, estrogen pills, and finally, the dreaded progesterone in oil (PIO) injections to help the babies stick.

A few days before transfer, you will have blood work and an ultrasound to make sure your uterine lining has built up sufficiently and that your body has adequate hormone levels to support a pregnancy. Oh, how fun a transvaginal ultrasound is! You may have monitoring with your local OB and you may go to a reproductive endocrinologist (RE), a specialist. They will send the results to the clinic doing the transfer (if you aren't having the transfer done by them), and hopefully you will get a call with a green light to proceed with the transfer.

Here begins my transfer story... the day of transfer began with filling up my bladder with plenty of fluids as a full bladder allows the doctor a clear view of all the goods during the ultrasound. Next came taking some relaxation medication. Once I arrived at my clinic, I painstakingly waited for my turn (it turns out, a full bladder when they're running behind is *even more fun* than a transvaginal ultrasound!).

Finally, I undressed from the waist down, put on a hospital gown and a cute blue medical cap, and sat so patiently on a gurney while I learned which embryos made it and which ones didn't. It's emotional to learn that some may not have survived the thaw while clutching a treasured photo of the little squirts that did. Oh, how I love them already!

The transfer itself is pretty easy. I consider it an upgraded pap smear. I climbed up on the table and spread my legs. My doctor cleaned my nether regions with warm water and a sterilizing solution that stung like the dickens. The nurse angled the ultrasound so my uterus- and full bladder- were in view. The embryologist passed a catheter containing my bundles of joy into the doctor who slid it in and dropped the embryos off into their new home. And that was it!

Well, there's the sliding whaleishly back onto the gurney, being wheeled into recovery where my husband was waiting, and laying inverted for about 30 minutes... but that's all a foggy memory in comparison to the exciting moment of "meeting" my embryos.

A two week wait follows the transfer. So much effort, sacrifice, and love went into the cycle. I wondered if these would be my "take home babies" or if I would have to go back for round two? Either way, the experience is totally worth it to know the embryos were released from their frozen state and given a chance at life.

Credit: Sara at [Chronicles of an Adoption](#)

Support Groups

For Embryo Donors:

- [Facebook Embryo Donation Support Group](#)
- [Babycenter.com Embryo Donation Group](#)
- [Placing Parents](#)
- [Embryo Donation & Adoption Forum](#)

For Embryo Recipients:

- [Facebook Embryo Adoption Group](#)
- [Dallas/Ft. Worth Embryo Adoption Network](#)

Sharing the News

After you have decided to move forward with embryo donation/adoption, sharing the news with family and friends can be both exciting and intimidating. Beyond sharing the factual information and educating them about the amazing process, it is also important to also consider the emotional impact this news will have on them. The following suggestions will help you think through how to best prepare your loved ones to joyfully join in celebrating this step with you.

Reflect Upon Your Audience. This is your inner circle so you've most likely had some experience sharing life-changing news with them. You also have deep insight into where their excitement or concern may lie.

- Think back on what worked best in the past. Do they receive news best in public or private locations?
- Do they typically accept or challenge your decisions?
- Is this relationship in a good place to have this conversation or are their other unresolved issues that could affect the outcome? (Might be best to address and resolve those first.)

Tailor the Talk. This is not a “one size fits all” conversation. Each conversation should be uniquely tailored for that particular relationship and in consideration of that individual’s preferred method of communication. Be sure to include basic information on what Embryo Adoption/Donation is, how it works, what it means to you, and why you are excited about it.

- Writing down or practicing what you want to say.
- Does this person prefer time to think through the information before responding? Perhaps an email with a request to talk when they are ready would be appropriate.
- Does this person speak before they think? Perhaps you could ask them to listen carefully and think about it for a few days before responding.
- Would this person be disheartened to receive such exciting news by email or phone? Consider giving them the wonderful news over a special meal.

Adjust Your Expectations. You may be ready to get hugs and high-fives, only to receive blank stares and puzzled expressions. Try to adjust your expectations so that you are not disappointed. While you have had months to ramp up into excitement, they will only have had minutes. Love expresses itself as happiness, concern, doubt, and in a multitude of other manners (both good and bad). As potential grandparents, aunts, uncles, god-parents, etc. they will undoubtedly wonder what this process means for their roles and connection to potential children.

- While you have spent time walking through the grieving cycle involved with infertility – they have not. This may be the first time they are confronted with infertility affecting “their” idea of what your family will look like. They may experience their own mini-cycle of grieving or simply experience emotions that neither one of you expected them to have.
- The acceptance and excitement will build as they grow in knowledge and understanding of what you’re explaining to them.
- Expecting the worst and hoping for the best.

Gird Your Loins. Loved ones may not know what to say...and what they do say may come out all wrong. While you’ve had time to think through and research the various aspects of embryo donation/adoption, remember that this is all new to them. They will have questions, misconceptions, fears, and little-to-no idea of which topics are sensitive or off the table to discuss. They will need patience, grace, and you to wear your “thick skin” that day...maybe not-so-much your heart on your sleeve.

- Showing them a [video](#) or putting together a one-page informative summary for them to read prior to beginning the conversation.
- Giving them guidelines about how much information you feel comfortable discussing before they begin asking questions.
- Gently communicating that the Decision Train has already left “Open-For-Discussion” Junction, and is full steam headed towards “Celebration” Central.

Additional Resources:

[Sample Embryo Adoption/Donation Reveal Video](#)
[Informative Telestration](#)