
Preface

Third-party reproduction includes any process in which a person other than the one(s) desiring to have a family provides sperm or eggs or use of a uterus so that another person or couple can have a child. For many years, third-party reproduction was limited to the use of donor sperm and was not done openly. The first use of sperm donation is thought to have occurred in 1884, but it was done without the wife's knowledge and it was not reported in a journal until 25 years later. As late as 1954 the Supreme Court of Cook County stated that even if the husband consented to the donor insemination, it was considered adultery and the child was illegitimate. It was not until 1964 that the first state, Georgia, passed a law recognizing children born from donor insemination as long as written consent was obtained from the husband and wife.

The use of donor insemination increased greatly in the 1960s, and the first commercial sperm bank opened in 1971. However, it was not until the introduction of in vitro fertilization (IVF) and its resulting expansion of third-party reproduction options that third-party reproduction began to attract significant attention. The first IVF-conceived birth occurred in England in 1978, after many years of work by Drs. Patrick Steptoe and Robert Edwards. Drs. Howard and Georgeanna Jones were responsible for the first IVF birth in the USA in 1981. The opening of their clinic in Norfolk, Virginia, was very controversial at the time. Controversy over IVF waned rather rapidly. However, third-party reproduction procedures, including sperm donation and especially those that developed in the 1980s due to the availability of the IVF process, caused and continue to cause significant controversy today.

While there are many ethical, psychological, and legal complexities to donor insemination, the new third-party reproduction options that resulted from IVF raised many new and more complex questions. Donor insemination involves at most three people—the sperm donor, the woman who is inseminated with the sperm, and the woman's partner or husband, if she has one. There are essentially no medical risks with donor insemination, and the cost of donor insemination is relatively little. In contrast, the third-party reproduction procedures that have resulted from IVF can involve as many as five people—sperm donor, egg donor, gestational carrier, intended mother, and intended father. Also, in contrast to sperm donation, gestational carriers and egg donors are at risk for medical complications, and the cost of using gestational carriers and egg donors is extremely high. Thus, it is not surprising that

the advent of these more complex third-party reproduction procedures has generated so much interest and controversy.

Third-Party Reproduction: A Comprehensive Guide utilizes experts in the field to address the medical, psychological, ethical, and legal aspects of sperm donation, egg donation, embryo donation, and the use of gestational carriers. In addition, there are chapters on the medical and ethical aspects of posthumous reproduction, religious aspects of third-party reproduction, and how to avoid pitfalls of third-party reproduction.

This comprehensive guide to third-party reproduction will provide practical insights to all involved with third-party reproduction as well as patients who are considering third-party reproduction.

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A Comprehensive Guide

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