

Research: How fertilisation clinics address 'welfare of the child' pre-conception

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New research from the University of Kent has revealed the concerns of conception clinic staff involved in welfare of the child (WOC) assessments under the Human Fertilisation and Embryology (HFE) Act.

The Economic and Social Research Council-funded research, which will be presented and discussed at a [British Library](#) event on 10 September, investigated how assisted conception clinics now go about assessing the 'welfare of the [child](#)' pre-conception, clinic staffs views of the current law and Code of Practice guidance from the Human Fertilisation and Embryology Authority (HFEA), and their opinions on the general enterprise of welfare assessments. Among those interviewed were clinicians, clinic counsellors and nursing staff.

Since 1990, infertility services have been subject to a highly complex system of regulation: the Human Fertilisation and Embryology Act (1990) and accompanying Code of Practice issued by the HFEA. Controversially, in 2008, the legal requirement in place since 1990 that clinicians providing treatment take account of 'the welfare of any child who may be born as a result of the treatment' including 'the need of a father' was replaced with a new mandate: they must henceforth consider the child's need for 'supportive parenting'. In the light of this reform, Kent's research aimed to investigate the ongoing role played by the [child welfare](#) assessment in practice and the impact of this change to the regulations.

Among its key findings, the research has revealed that: the HFEA's new

'[risk assessment](#)' process is generally perceived by staff to be an improvement on previous procedures, although despite the time spent discussing the welfare of the child (WOC) clause during the reform process, the new law appears to have had a relatively limited impact on clinics' previous practice; while the number of prospective patients deemed to raise 'welfare of the child concerns' remains small, with very few subject to further investigation and even fewer denied treatment, many clinic staff experience difficulties working out how to resolve the small number of 'difficult cases' they experience; staff also reported variations in, and some concerns about, the role and place of counsellors and counselling in WOC assessments.

Other key findings include: a bifurcation in attitudes towards lesbian and single female patients, with lesbian couples often represented as 'ideal patients', while concerns were expressed about single women's motivations for having a child, their ability materially to support a child and the strength of their support networks of family and friends; the patient group most frequently discussed as requiring different treatment was donor gamete recipients (the view seemed to prevail that the law requires these patients to be treated differently); and a view that the vast majority of patients are 'normal' co-exists with a sense that 'you can never know' or 'you can never prove it'.

Principal investigator Dr Ellie Lee, Reader at Kent's School of Social Policy, Sociology and Social Research (SSPSSR) and Director of the Centre for Parenting Culture Studies, said: 'Our research, which ran alongside a detailed consideration of the findings of prior research on this topic and analysis of the relevant Parliamentary debates, revisions to the Code of Practice and statements from the HFEA regarding the reform process 2005-2011, has provided a fascinating case study in the translation of law on the books into law in practice. It has shown that the 'welfare of the child' remains a slippery concept. As has always been the case, no one is really clear about what it means to assess 'child welfare'

before a pregnancy is even conceived. What we can be certain about is that its association with the 'traditional family' has weakened. Yet it seems misplaced to believe this means prospective parents have been freed from oversight regarding their plans for their family. Rather the notion that it is necessary and important to assess 'child welfare' is generally endorsed, on oftentimes ambiguous grounds.'

Copies of Assessing Child [Welfare](#) under the Human Fertilisation and Embryology Act: the New Law are available at [blogs.kent.ac.uk/parentingcult... themes/pregnancy/wo/](https://blogs.kent.ac.uk/parentingcult...themes/pregnancy/wo/)

Provided by University of Kent

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