Human Reproduction Update, 2026, **00**(**00**), 1–22
https://doi.org/10.1093/humupd/dmag020

human reproduction update

OXFORD

Oocyte donors' motivations for donation and expectations about post-donation contact with donor-conceived individuals: a systematic review

Chiara Fusco[1,†], Magdalini Ballhysa[2,†], Fatemeh Ghafourian[2], and Vasanti Jadva [2,3,*]

[1]Department of Psychology, University of Milano-Bicocca, Milan, Italy
[2]EGA Institute for Women's Health, University College London, London, UK
[3]Department of Psychology and Neuroscience, City St George's, University of London, London, UK

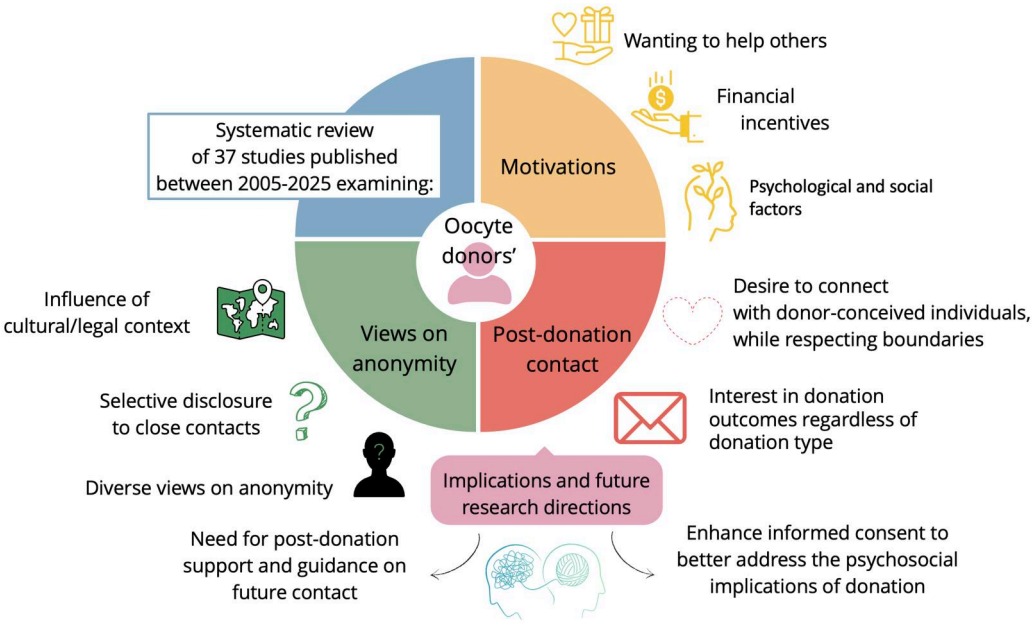
*Correspondence address. Department of Psychology, City St George's, University of London, Northampton Square, London EC1V 0HB, UK. E-mail: vasanti.jadva@citystgeorges.ac.uk
https://orcid.org/0000-0003-0922-0694

[†]These authors contributed equally to this work and are joint first authors.

TABLE OF CONTENTS

Received: October 07, 2025. **Revised:** July 03, 2026. **Accepted:** July 16, 2026.

GRAPHICAL ABSTRACT



Graphical Abstract. Oocyte donors' motivations for donation and expectations about anonymity and post-donation contact with donor-conceived individuals.

ABSTRACT

BACKGROUND: Oocyte donation has been increasingly used in ARTs in recent years. Previous reviews have generally reported positive donor attitudes towards oocyte donation; however, they have not focused on expectations regarding outcomes and potential future contact with donor-conceived offspring. Addressing this gap is critical in light of ongoing ethical, cultural, and legal debates surrounding donor anonymity, financial compensation, and the rights of donor-conceived individuals.

OBJECTIVE AND RATIONALE: The systematic review focused on oocyte donors' motivations and expectations on future contact with donor-conceived offspring. This review synthesizes existing empirical evidence to provide a comprehensive overview of donors' perspectives across different sociocultural and legislative contexts.

SEARCH METHODS: This systematic review was conducted in accordance with the PRISMA guidelines. A comprehensive search was conducted in May 2024 and updated in September 2025 across PubMed, Embase, PsycINFO, and Web of Science. Search terms were iteratively developed and refined based on preliminary literature reviews and expert consultation. The search strategy identified peer-reviewed empirical research focusing on oocyte donors' attitudes, experiences, or demographic characteristics in any donation context. Grey literature and non-empirical publications were excluded. A total of 37 studies met the inclusion criteria. Data were extracted manually and analysed using a thematic narrative synthesis. Quality appraisal using the Joanna Briggs Institute checklists confirmed that all included studies met minimum methodological quality standards, reducing the risk of significant bias in the synthesis.

OUTCOMES: From 9809 records initially identified, and following title and abstract screening, 233 full-text articles were assessed for eligibility. Of these, 37 studies were included. Findings were organized into three overarching themes: motivations for donation, perspectives on anonymity and disclosure, and expectations towards future contact with donor-conceived offspring. Donors were primarily motivated by altruism and financial need, with varying motivations across different sociocultural contexts. Variations were observed in perspectives on anonymity, disclosure, and expectations about future contact, reflecting the influence of legal frameworks, cultural norms, and regulatory backgrounds. Donors in identity-release jurisdictions expressed greater openness to disclosure, while those in anonymous systems emphasized privacy. Although variations in sampling methods, compensation models, and sociocultural contexts may complicate comparisons, the observed patterns were consistent across multiple independent studies, suggesting that these findings are not due to chance but may reflect cross-contextual differences in donor experiences and attitudes.

WIDER IMPLICATIONS: This review provides cross-cultural insights into donors' attitudes towards disclosure and future contacts with donor-conceived offspring, highlighting the need for more tailored education and informed consent practices to ensure donors understand the long-term implications of their decisions and receive adequate support throughout the donation process and beyond. For clinicians and policymakers, these results underscore the need to balance donor autonomy and the welfare of donor-conceived families. Further research, particularly longitudinal and cross-jurisdictional studies, is needed to better understand how donors' perspectives evolve over time and to inform evidence-based policy and clinical practice in an era of changing donor anonymity regulations.

REGISTRATION NUMBER: CRD42024560246

Keywords: gamete donation / donor conception / oocyte donation / identifiability / disclosure

Introduction

Oocyte donation, commonly referred to as oocyte donation, involves the hormonal stimulation and retrieval of oocytes from a young, healthy woman for use in medically assisted reproduction to achieve a pregnancy (Klein and Sauer, 2012; Zegers-Hochschild *et al.*, 2017). The Practice Committee of the American Society for Reproductive Medicine and the Practice Committee of the Society for Assisted Reproductive Technology (2013) defines oocyte donation as an invasive medical process involving daily hormonal injections for the donor for at least 2 weeks to stimulate the ovaries, along with a minimum of two ultrasound scans to monitor follicular development, transvaginal oocyte retrieval under sedation or general anaesthesia, and subsequent medication to suppress ovulation.

In 2019, the European IVF Monitoring Consortium (EIM) for the European Society of Human Reproduction and Embryology (ESHRE) *et al.* (2023) reported 82 373 oocyte donation cycles across 40 countries, with clinical pregnancy rates per embryo transfer of 50.5% for fresh and 44.8% for frozen cycles. In the USA, between 2013 and 2020, 135 085 donor oocyte embryo transfer cycles were reported, with a shift towards increased use of frozen embryos and single embryo transfer (Braun *et al.*, 2024). In Oceania (Australia and New Zealand), in 2023, 1026 oocyte donation cycles were recorded in national ART registry data (Kotevski *et al.*, 2025). In Africa, in 2022, 3393 oocyte donation transfers were reported, with pregnancy rates of 41.6% for fresh and 38.0% for frozen embryo transfers (Dyer *et al.*, 2026), whereas in Asia no unified regional registry exists and data remain limited to heterogeneous national and single-centre reports. Collectively, these data point to a progressive increase in the use of oocyte donation, raising clinical, ethical, and societal considerations that warrant further attention.

Many donors remain uncertain about the short- and long-term health risks and potential side effects associated with the procedure (Maxwell *et al.*, 2008; Gezinski *et al.*, 2016). Additionally, although there is a growing demand for donor oocytes (European IVF-monitoring Consortium (EIM) for the European Society of Human Reproduction and Embryology (ESHRE) *et al.*, 2020), there remains an undersupply of certain types of oocytes, particularly those from specific ethnic minority backgrounds or donors with particular physical traits (Haimes *et al.*, 2012).

Currently, there are three main models for oocyte donation, i.e. commercial oocyte trading, altruistic oocyte donation, and oocyte sharing, with different regulations concerning age restrictions, limitations on oocyte usage, and anonymous versus open-identity donations. Nowadays, with the increasing use of direct-to-consumer genetic testing, together with the growing trend towards greater transparency and identity disclosure between donors, recipients, and donor-conceived individuals, there are questions regarding the actual feasibility of maintaining donor anonymity. These developments prompt critical reflection on which models can be implemented to balance, on the one hand, the rights of donor-conceived people (DCP) to access information about their genetic origins and, on the other, the rights of donors to privacy (Deng *et al.*, 2025). In this context, donors' motivations to donate and their expectations regarding donation outcomes and potential future contact with DCP constitute central constructs for understanding how donors anticipate and evaluate the consequences of donation (Lampic *et al.*, 2025). As such, they are crucial not only for explaining donor decision-making but also for informing policies and interventions and for defining which information is ethically and practically relevant to share with donors in relation to informed consent, identity disclosure, and the long-term implications of donation.

Established psychological models conceptualize motivations and expectations as central drivers of how individuals make, anticipate, and evaluate decisions. Several theoretical frameworks have been used to conceptualize these constructs, emphasizing the interplay between individual, relational, and contextual levels. Among these, two of the most widely established and empirically supported approaches are the Theory of Planned Behavior (Ajzen, 1985, 1991) and Self-Determination Theory (Ryan and Deci, 2000). The former highlights the role of attitudes, perceived social norms, and perceived behavioural control in shaping intentions to engage in a given behaviour, as well as expectations regarding its anticipated outcomes. The latter focuses on the quality of motivation, distinguishing between intrinsic and extrinsic drivers and their implications for autonomous versus controlled decision-making. Drawing on these two theoretical frameworks, motivations can be defined as the set of internal and external reasons that prompt individuals to engage in a specific behaviour (Ryan and Deci, 2020), whereas expectations and attitudes refer to individuals' anticipations and beliefs about the likely outcomes, consequences, and future implications of that behaviour (Ajzen, 1985).

In the context of oocyte donation, a growing body of empirical research (e.g. Thaldar, 2020; Tober *et al.*, 2023; Lampic *et al.*, 2025; Lassen *et al.*, 2025; Pennings *et al.*, 2025) increasingly conceptualizes donors' motivations and expectations regarding donation outcomes and potential future contact with DCP as an under-synthesized yet key area of the literature. These constructs may be shaped by legal frameworks, anonymity regimes, and broader sociocultural contexts, and they play a crucial role in determining whether consent is truly informed, how donors experience donation over time, and what information and counselling are needed concerning identity disclosure and long-term implications of oocyte donation (Deng *et al.*, 2025).

Two recent systematic reviews, by Bracewell-Milnes *et al.* (2016) and Platts *et al.* (2021), examined the psychosocial experiences of oocyte donors. Both reviews found generally positive attitudes towards donation and mixed views on anonymity and disclosure. However, they also highlighted that key aspects such as donors' expectations regarding donation outcomes and future contact with donor-conceived offspring (DCO) were not thoroughly explored.

Therefore, the present systematic review aims to provide an up-to-date synthesis of available data on the motivations for oocyte donation from the donor's perspective as well as the donors' perspectives on anonymity and identifiability and their expectations on future contact with the DCO, ultimately aiming to inform best practices in counselling, care, and donor recruitment.

Methods

This systematic review was reported in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)

guidelines (Page *et al.*, 2021). A detailed protocol outlining the review methodology was prepared in advance and preregistered with PROSPERO (Registration Number: CRD42024560246). Records were exported and processed with Rayyan, an AI-based tool, which was used to assist the authors in the deduplication and screening process (Ouzzani *et al.*, 2016).

Search strategy

A comprehensive literature search was conducted in May 2024 across the following databases: PubMed, Embase, PsycINFO, and Web of Science. To ensure the review's currency, the search was updated in September 2025 using the same databases and search strategy. Search strategies are presented in detail in the Supplementary Data File S1. Initial search terms were formulated based on key concepts identified during preliminary literature reviews and through expert consultation. These terms were piloted and progressively refined within selected databases to optimize both sensitivity and specificity, aiming to maximize the identification of relevant studies while limiting the inclusion of irrelevant records. Before searching across all databases, the finalized search strategy underwent internal review by the research team. During the database search phase, no restrictions were applied regarding publication date or language.

All records identified through these searches were exported for screening and data extraction. In addition, the reference lists of all studies that met the inclusion criteria were manually screened to identify any further relevant publications not captured by the initial database search.

Inclusion and exclusion criteria

To be eligible for inclusion in this review, studies had to meet the following criteria. (i) They had to be peer-reviewed original empirical studies (quantitative, qualitative, or mixed-methods) published in English, with a clearly described methodology section. (ii) They had to be focused on the attitudes, experiences, or characteristics of oocyte donors. (iii) They had to have examined any type of oocyte donation context, including known, anonymous, identifiable, commercial, voluntary, regulated, and unregulated donations.

We excluded theoretical papers, systematic reviews, and meta-analyses. Additionally, studies were excluded for the following reasons. (i) They focused exclusively on the attitudes of recipients, parents, offspring, sibling relationships, or clinical professionals rather than oocyte donors. (ii) They focused exclusively on double gamete donation, or sperm or embryo donation, rather than oocyte donation. (iii) The study was published prior to 2005; this ensured that the review focused on research reflecting contemporary regulatory and cultural contexts relevant to the constructs under investigation. Specifically, this cutoff was selected to ensure coverage of two decades of literature and coinciding with a significant regulatory milestone, i.e. the removal of donor anonymity in the UK, which prompted renewed attention to donors' experiences and potential future contacts with DCO.

Quality assessment

The methodological quality of the included studies was independently assessed by two of the authors using the Joanna Briggs Institute (JBI) Critical Appraisal Checklists for analytical cross-sectional studies and qualitative research (Lockwood *et al.*, 2015; Munn *et al.*, 2023). Each study was evaluated independently by M.B. and F.G. using the appropriate checklist, and any discrepancies between reviewers were resolved through discussion with C.F. and V.J., until consensus was achieved. The checklists used standard response options: Yes, No, Unclear, or Not applicable. All included studies met the minimum quality criteria and were deemed to be methodologically adequate based on the JBI assessment tools.

Data extraction and analysis

Data extraction was conducted manually and documented in an Excel spreadsheet. The extraction table (Table 1) included study design details (authors, country of study, year of publication, sample size, and participant characteristics), methodological information (study type and methods, i.e. qualitative, quantitative, or mixed reporting, tools or instruments used, and donation timing in relation to study participation), the study aim, and the main findings. Prespecified subgroup analyses, as defined in the PROSPERO protocol, were conducted where data were available, including type of oocyte donation (e.g. known, anonymous, identifiable, commercial, volunteer, regulated, and unregulated). Subgroup analyses related to donor demographic and psychosocial characteristics, initially specified in PROSPERO as outcomes of interest, were not included in the final manuscript due to the refinement of the review scope during the study process.

Due to the heterogeneity in study designs, populations, and analytical approaches, a thematic narrative synthesis was employed to analyse and integrate the findings. This method was chosen following established guidance on narrative synthesis in systematic reviews (Popay *et al.*, 2006; Lucas *et al.*, 2007; Rodgers *et al.*, 2009), which is particularly appropriate for synthesizing diverse forms of evidence. In the first step, two reviewers (M.B. and F.G.) read and coded the extracted findings to identify recurring concepts and relevant textual segments. In the second step, these initial codes were discussed and refined to develop descriptive themes to produce an integrated conceptual understanding of the evidence. Any discrepancies between the two primary raters were resolved through discussion and consultation with the other co-authors (C.F. and V.J.) until consensus was reached. Finally, the findings were then narratively summarized and synthesized both within and across these themes to develop a comprehensive and conceptually integrated overview of the current evidence.

Results

Selection of the papers

Based on the search of the databases mentioned above, 9809 records were found, of which 2691 were duplicates and therefore removed, leaving 7118 records. A total of 6885 articles were excluded based on the title and abstract. In total, 233 papers were assessed for eligibility. Of these, full text was unavailable for 22. As a result, full-text screening was conducted on 211 records.

A total of 174 records were excluded based on the exclusion criteria (Fig. 1): 18 records were not written in English; 15 records were conference abstracts; 3 were dissertation abstracts; 18 records did not meet the inclusion criteria; 103 records were presenting findings which were not relevant to the aim of this review; 17 did not comply with the time restrictions (i.e. studies published before 2005).

Table 1. Characteristics of included studies.

	Author(s), (Year), Country	Oocyte donors' and recruitment	Method	Pre/post donation	Aim	Main findings
1	Acharya *et al.* (2017), UK	3 oocyte donors (known donors—purposive sample through an NHS hospital in England)	Interview	Post donation (in the previous 5 years)	Focus on experiences and motives of oocyte donors donating to known relative recipients	Individuals' motivation is shaped by a range of elements, including the rewards associated with altruistic behaviour, the quality and potential development of the relationship between those involved, and broader influences such as moral duty and social expectations.
2	Adlam *et al.* (2025), USA	363 oocyte donors (anonymous (n = 299); known (n = 12); ID-release (n = 72) donors—recruited through email reminders, online links, and Facebook groups)	Mixed methods survey	Post donation (average 13.75 years)	Main focus on physical and psychosocial experiences of donors	Most participants reported unmet expectations regarding clinic communication: 94.3% received no post-donation medical follow-up, despite 25% reporting relevant health changes; among these, 47.7% attempted contact and 62% perceived clinics as dismissive. Additional themes included the need for improved communication or counselling (n = 39), changes to anonymous donation or access to donation outcomes (n = 36), and more information on long-term health effects (n = 31). Overall, 80% reported no regret and 75% donated multiple times; among the 20% who expressed regret, 45% attributed it mainly to mandatory anonymity.
3	Blakemore *et al.* (2019), USA	36 oocyte donors (the survey did not require subjects to self-identify what type of donation was made—recruitment from clinic records; email invitation to participate)	Questionnaire (online)	Post donation (2–10 years)	To assess experiences and psychological aspects of oocyte donors	Most respondents did not know whether children were born from their donated oocytes (68.8%), while 31.3% had confirmed knowledge of at least one live birth. Donors aware of live births reported exclusively positive or family-related feelings, with no neutral or negative responses. Regarding attitudes towards donation, 62.5% reported they would favour open or ID-disclosure oocyte donation, 21.9% were unsure, and 15.6% were not open to non-anonymous donation models.
4	Blyth *et al.* (2011), Canada	15 oocyte donors (known donors—recruitment through a Canadian clinic)	Semi-structured interviews	Post donation (8 years)	Explores views of oocyte donors who participated in altruistic known oocyte donation.	Bond-building through donation, motive to help their loved ones, but most of them would not donate to an anonymous recipient and would not give their unused oocytes to an unknown recipient. Trust in the recipient's capacity to care for the child was central.
5	Blyth *et al.* (2017), UK	5 egg donors (anonymous donors—recruitment through a donor linking registry)	Mixed-methods questionnaire (online, multiple-choice, and open-ended)	Post donation (prior 1991)	Examines views and experiences of sperm and oocyte donors—investigates the reasons why donors make information about themselves available to donor-conceived offspring and their views on future contact.	The search for genetic relatives was described as being motivated by multiple factors, including the intention to provide donor-conceived offspring with personal and background information, to share such information within one's own family—particularly with children—and to address personal interests or curiosity. Interest in information about donor-conceived offspring was often longstanding, in some cases, originating at the time of donation and persisting for many years. Qualitative accounts emphasized the perceived value of facilitating connections

(continued)

Table 1. (continued)

	Author(s), (Year), Country	Oocyte donors' and recruitment	Method	Pre/post donation	Aim	Main findings
						between donor-conceived relatives, the role of these links in supporting a sense of family and identity, and the meaningful yet complex nature of such relationships in the absence of established social guidelines.
6	Borgstrøm *et al.* (2019), Denmark	12 oocyte donors (7 anonymous donors; 5 ID-release donors—purposive sample through a clinic)	Interviews	Post donation	Explores motives, experiences, attitudes towards oocyte donation.	Main motives found were altruism, and then financial incentive, all of them wanted to know if the donation resulted in a pregnancy.
7	Bujan *et al.* (2022), France	533 oocyte donors completed a first questionnaire; of them, 250 completed the second questionnaires (anonymous donors—recruitment through French CECOS network)	Questionnaire (paper-based and online)	Pre donation	Investigates demographics, motivations, and personality traits of sperm and egg donors based on their parental status.	Altruistic motivations were the primary reason for oocyte donation (90% of the total of 1021 oocyte and sperm donors participating in the study). Donors also cited perceived fertility as a motive, reported less frequently by women without children compared with those with children. Parenthood status did not substantially alter the dominant representation of donation as helping an infertile person or couple.
8	Chalova *et al.* (2025), Kazakhstan	51 oocyte donors (54,8% anonymous donors, 41,9% donors did not think about it, 3,2% ID-release donors—representative samples)	Questionnaire	74,2% post-donation/25,8% before donation	To gather data on donors' motivations, experiences, and attitudes regarding the donation process.	Main motive for donation was financial compensation and desire to help loved ones. Around 80% would donate again, majority were repeat donors. Approximately 50% of donors reported having considered the possibility of meeting children conceived from their donation in the future, 33.3% indicated they had not considered this possibility, and 16.7% reported no interest in knowing about potential offspring.
9	Cordier *et al.* (2020), France	72 oocyte donors (anonymous donors—recruitment through a French clinic)	Questionnaire	Post donation (from 2010 to 2015)	Evaluate the percentage of oocyte donors who regretted their donation at least 3 years later.	Among the 72 egg donors, 42 (58%) were relational donors who knew a couple awaiting oocytes, while 30 (42%) were altruistic donors without prior knowledge of recipients. Attitudes towards anonymity were predominantly positive (71%), with 61% indicating they would have donated even without anonymity. Most donors viewed the lack of remuneration favourably (68%), and 79% reported they would still have donated if payment had been offered. Regarding disclosure to children, 39% discussed their donation, mainly to avoid family secrets or out of pride, whereas 61% did not, primarily because the children were too young or to maintain privacy.
10	Frith *et al.* (2007), UK	75 oocyte donors (anonymous donors—recruitment through several clinics)	Questionnaire	Post donation	Donors' views on removal of donor anonymity.	38 oocyte donors indicated they would still donate if anonymity were removed.

(continued)

Table 1. (continued)

	Author(s), (Year), Country	Oocyte donors' and recruitment	Method	Pre/post donation	Aim	Main findings
11	Goedeke *et al.* (2023b), New Zealand	21 oocyte donors (ID-release donors: 18 donors had donated only to recipients they had not known previously, and 3 had donated to both known and unknown recipients—recruitment through social media advertisements posted on New Zealand clinic, the FertilityNZ support network, and with snowball sampling)	Semi-structured interviews	Post donation	To explore the donors' views on their role in relation to the donor conceived child and their experiences and attitudes towards donation, contact, and anonymity.	Most of donors did not see themselves as parents; however, they felt connected to the offspring. They wanted to remain informed about the conceived children, were open to stay in contact and connect with them; frustration regarding the information exchange.
12	Goedeke *et al.* (2023a), New Zealand	21 oocyte donors (ID-release donors—recruitment via FertilityNZ social media/newsletter, fertility clinic social pages, and snowball sampling)	Semi-structured interviews	Post donation	Examine donors' motivations in donating to recipients previously unknown to them.	Donors attributed high value to parenthood and demonstrated awareness of others' fertility difficulties, drawing on personal experiences, as well as those of friends, family members, and mediated sources, such as online narratives or recruitment materials. Opportunities to choose recipients and to develop a detailed understanding of them—through written profiles or direct meetings, as permitted in some contexts—appeared to strengthen donors' sense of identification, empathy, and motivation to provide assistance. Commercial frameworks were generally rejected, with donors framing themselves as intrinsically altruistic and viewing donation as an act of solidarity or a personal gift directed towards specific individuals. Within this perspective, donation was understood as a relationally embedded practice, accompanied by expectations of connection and, in some cases, ongoing relationships.
13	Graham *et al.* (2016), UK	11 oocyte donors (ID-release donors—recruitment through a UK clinic)	Mixed-methods: interviews and questionnaire	2–6 weeks after egg collection/ after withdrawal/after rejection	Explore motivations, experiences, expectations of ID release after the removal of donor anonymity, and increase financial compensation.	Main motive was altruism while financial motive was not important. All were fine with being revealed and contacted by conceived offspring. Some donors were hesitant to share non-identifying personal information with offspring and indicated a desire for additional information about recipients and donation outcomes.
14	Isaksson *et al.* (2014), Sweden	151 women took part in T1 and 126 women in T4 (ID-release donors—recruitment through 7 Swedish clinics)	Questionnaire	Post donation (5–8 years)	To assess attitudes, views on future contact with offspring conceived in ID-release gamete donation.	65% oocyte donors were open to being contacted by donor-conceived individuals; 50% donors were unaware of the outcome of the donation; 24% donors wanted counselling on how they should behave in any future contact with the child following the donation.

(continued)

Table 1. (continued)

	Author(s), (Year), Country	Oocyte donors' and recruitment	Method	Pre/post donation	Aim	Main findings
15	Jadva *et al.* (2011), UK, USA	11 oocyte donors (anonymous donors—invitations were sent via email to all members of the Donor Sibling Registry)	Questionnaire	Post donation	To explore motivations and experiences of anonymous donors who reveal their identities to offspring and were open to contact.	Main motives were financial incentive and altruism. Some of the donors were concerned about not being able to contact the offspring and their well-being; they wanted to know how many were born from their donation; those who were in touch with offspring had positive feelings and remained in touch.
16	Jadva *et al.* (2015), India	25 egg donors (anonymous donors—recruitment through an Indian clinic)	Interviews	Post donation (previous 8 months)	To investigate demographic characteristics, motives, and experiences of Indian egg donors.	Main motive was financial gain. Most of the donors (20, 80%) had no information about recipients and some did not want to (11, 44%). Thirteen (52%) women said they would wish to meet the patients if asked. Fifteen (60%) donors would be happy to meet the child if asked and six (24%) did not want information about the child or had no interest in meeting the child.
17	Kenney and McGowan (2010), USA	80 oocyte donors (anonymous donors—recruitment through advertisements (flyers, print, and online media) and targeted sampling of former egg donors from a US-based egg donor matching agency)	Questionnaire (online)	Post donation (between 2 and 15 years earlier)	To assess motivations, expectations, experiences of oocyte donors, and their post-donation physical, psychological, and psychosocial characteristics.	Both altruism and financial incentives were main motivations. When asked to rate how their overall experience of egg donation compared with their expectations, 80% of women reported that their experience aligned with their expectations to some degree, with 62.5% indicating a perfect or nearly perfect match. Conversely, 20% of participants reported that their experience differed from what they had anticipated. Among these, four of the five women who had not expected the physical complications associated with the donation process had previously indicated awareness of only a limited number of risks, such as ovarian hyperstimulation, unintended pregnancy, or mood changes related to hormone treatment.
18	Kirkman *et al.* (2014), Australia	6 oocyte donors (anonymous donors—recruitment through advertising and media campaign)	Interviews	Post donation (donations between 1970 and 1997)	To explore expectations and experiences about post-donation contact with conceived offspring of anonymous donors.	Most donors did not consider themselves parents of the offspring; relationships ranged from none to a close personal. Donors' expectations were classified into six overlapping categories: (i) wishing or expecting no contact with offspring; (ii) fearing contact; (iii) concern about consanguineous relationships; (iv) acceptance of the donor-conceived individual's right or need to know about their donor; (v) personal curiosity regarding the outcome of the donation; (vi) a desire to establish a relationship with their donor offspring. These categories were not mutually exclusive.

(continued)

Table 1. (continued)

	Author(s), (Year), Country	Oocyte donors' and recruitment	Method	Pre/post donation	Aim	Main findings
19	Lampic *et al.* (2014), Sweden	125 oocyte donors (ID-release donors—recruitment through 7 Swedish clinics)	Questionnaire	2 months after and 14 months after donation	To explore donors' attitudes towards disclosure and contact with donor offspring.	A large majority of the oocyte donors (88–91%) agreed that offspring have the right to know that they were conceived using donation treatment and that parents should be honest about this. A large majority of oocyte donors (2 months: 94%; 14 months: 86%) agreed (totally or partly) that they wanted to know if their donation resulted in a child. Involvement with offspring was stable over time, with only one within-group difference indicating an increased feeling of responsibility for potential offspring in oocyte donors.
20	Lampic *et al.* (2025), Sweden	100 oocyte donors (ID-release donors—recruitment through 7 Swedish clinics)	Questionnaire	Post donation (14–17 years)	Main focus on the views of donors regarding ID release and contact with donor-conceived offspring	Most donors showed a positive attitude towards contact with donor-conceived children and their family; more than half (59%) wanted support related to potential contact. Almost all oocyte donors wanted to be notified about requests for their identity (95%). A majority had positive (71%) or neutral (17%) attitudes towards contact with DCO, but a small group was negative (11%), and more than half wanted support related to potential contact (61%). Free-text responses indicated that donors took the interests of both the DCO and their own family members into account when considering future contact.
21	Lassen *et al.* (2025), USA	39 oocyte donors (27 ID-release and 12 non-ID-release donors—recruitment through a US gametes bank)	Questionnaire	Post donation	Exploring demographics, motivations, attitudes towards anonymity, attitudes towards donor-conceived offspring contact and genetic testing and future relations, highlighting differences between ID release and non ID-release donors	Main motivation was to help childless couples in combination with financial compensation, both donor groups supported genetic testing and extended carrier screening. Non-ID release donors would not enjoy contact with donor-conceived offspring and hoped to not be traced.
22	Li Piani *et al.* (2025), Belgium	108 oocyte donors (anonymous donors—recruitment through a university-affiliated fertility clinic in Belgium)	Anonymous online survey	Post donation	To explore demographics and attitudes towards anonymity in oocyte donation	Main motivations indicated were altruism and solidarity. More than half of the respondents (n = 60/108; 56%) indicated that they would have continued OD even if it was not anonymous, and 30% (n = 32/108) did not have a clear opinion, while the rest would not have accepted it (n = 16/108, 15%). Permissive attitude towards disclosure of personal information seen. Need for psychological support after donation highlighted.

(continued)

Table 1. (continued)

	Author(s), (Year), Country	Oocyte donors' and recruitment	Method	Pre/post donation	Aim	Main findings
23	Martin *et al.* (2020), UK	3 egg donors (known donors—recruitment through snowball sampling from gamete recipients)	Interviews	Post donation (2–9 years)	To explore the experiences of known egg donors and recipients to improve counselling practice.	Primary motivation was the existing personal relationship with the recipient (often a friend or relative). Donors were motivated by the desire to help someone close, often due to awareness of the recipient's infertility struggles or pregnancy loss. Feelings of mutual obligation—even extended beyond family relationships to friend-friend donations—emerged, and woman to woman relationship was emphasized.
24	Martin *et al.* (2025), Canada	12 oocyte donors (anonymous donors—recruitment via social media, private third-party reproduction groups, donor-conceived support organizations, research networks, and public/media outreach)	Semi-structured interviews	Post donation (average 31 years)	To examine how personal life courses and socio-historical contexts shape donors' perceptions of donation over time	At the time of donation, donors viewed it as a time-limited act, a perception reinforced by anonymity regulations; over time, they reconsidered its meaning, increasingly recognizing the long-term implications and enduring consequences of their donation.
25	Miettinen *et al.* (2019), Finland	428 oocyte donors (358 of these were non identifiable and voluntary—recruitment through a clinic in Finland)	Mixed-methods questionnaire (multiple-choice and open-ended questions)	Post donation (average 11.2 years)	To explore attitudes and views on potential contact with donor offspring as well as contact between the donor offspring and their own children.	Most of them showed positive attitude/neutral attitude towards potential contact with offspring. Among voluntarily or mandatory registered donors with children, 44% had told and 50% planned to tell their offspring about the donation. A tendency towards more ambivalence and less supportive attitudes among donors after the 2007 ART law as compared to those who had donated in 1990–2007 was observed.
26	Adib Moghaddam *et al.* (2022), Iran	30 oocyte donors (type of donation not specified—purposive sample through a clinic in Iran)	Interviews	Post donation (6 months)	To investigate the views and experiences of oocyte donors on egg donation in a social context where oocyte donation is not a social norm.	Financial compensation related to economic needs was the primary factor influencing the decision to donate, although some donors also reported altruistic motivations; only a small minority described purely altruistic reasons.
27	Nelson and Hertz (2017), USA	113 oocyte donors (60% anonymous donors; 25% ID-release donors; 15% other/unclear—recruitment via email to members of the Donor Sibling Registry)	Mixed-methods questionnaire (multiple-choice and open-ended questions)	Post donation	Re-examines views of sperm and oocyte donors on parental link to donor-conceived offspring.	Compensation and altruism as primary reasons for donating. Almost two-fifths of egg donors, by way of contrast, indicate that they know how many individuals used their eggs. Egg donors tended to mention spontaneously that they hope that their offspring have a good life, thus conveying a distant, but intense sense of responsibility.
28	Okafor *et al.* (2022), Nigeria	31 oocyte donors (type of donation not specified—recruitment through a fertility clinic in Nigeria)	Interviews	Post donation	Investigates the knowledge, experiences, and motivations of young egg donors.	Main motives found were financial and altruistic. Although financial payment was an important motivation, most donors (24/29; 88.8%) considered the compensation inadequate and felt it did not reflect their contribution. Most wanted to remain anonymous as they did not reveal it to their families.

(continued)

Table 1. (continued)

	Author(s), (Year), Country	Oocyte donors' and recruitment	Method	Pre/post donation	Aim	Main findings
29	Pennings *et al.* (2014), Multinational (Europe, 11 countries)	1423 oocyte donors and 22 egg sharers (79% anonymous donors—recruitment through centres from 11 countries)	Questionnaires	Before donation (when they started hormonal stimulation)	To examine sociodemographics, motivations, and compensation of oocyte donors.	The majority of donors reported altruistic motivations, either exclusively (47.8%) or combined with financial compensation (33.9%). A smaller proportion reported purely financial motives (10.8%), altruism combined with own fertility treatment (5.9%), or own treatment only (2%). Around 15% were egg sharers (patient donors), mainly from the UK and Poland. Donation motivations were significantly associated with foreign origin, age, relationship status, education level, and number of previous donations.
30	Pennings *et al.* (2025), USA	39 oocyte donors (69.2% ID-release donors—recruitment through a US gamete bank)	Questionnaire	Current and former donors	To find differences between sperm and egg donors on the way they view identifiability, genetic testing and carrier screening.	Donors were mainly motivated by the wish to help childless couples, to earn money or a combination of the two. Egg-donors more likely to ask if the donation resulted in pregnancy or birth, showing positive attitude towards disclosure to close friends and family and open to genetic testing and carrier screening.
31	Polyakova *et al.* (2022), Russia	16 actual or prospective oocyte donors (4/16 willing to be ID-release donors—recruitment through 2 fertility clinics in Russia)	Interviews	Before donation (in the next 2 weeks–3 months)	To explore the motivations of oocyte donors and sociocultural factors affecting their decisions.	Only a minority of donors (4/16) were willing to be open-identity donors and potentially meet recipients or maintain contact with donor-conceived offspring. Most preferred anonymity, expressing concerns that knowing the recipients might create emotional involvement or lead them to seek information about the child. Many donors viewed parental responsibility as belonging entirely to the recipient family once donation had occurred.
32	Rubio *et al.* (2025), Spain	38 oocyte donors (anonymous donors—recruitment via fertility clinics, participant observation, an online egg donation forum, and snowball sampling)	Interviews	Post donation	To examine the attitudes of anonymous egg donors towards potential future contact with donor-conceived offspring.	26.3% of donors were against contact with children conceived from their gametes; 26.3% were open to contact even if donation was not anonymous; the rest showed no desire in contact but were open if it would be initiated by the children or their families. Lifting anonymity would not reduce the number of donations.
33	Tammi *et al.* (2025), Finland	23 oocyte donors (3 anonymous donors—recruitment through fertility clinics in Finland)	Interviews	Post donation (one donor was going through her first cycle)	To explore donors' views on the significance of genetic resemblance and relations to the intended parents and donor offspring	Donors commonly framed their motivations in altruistic terms, emphasizing the desire to help individuals in need of gametes. Many had prior experience with other forms of helping or donation (e.g. blood or bone marrow donation, volunteering). Egg donation was also linked to personal reproductive experiences, such as achieving pregnancy after a previous miscarriage, which shaped the meaning they attributed to donation.

(continued)

Table 1. (continued)

	Author(s), (Year), Country	Oocyte donors' and recruitment	Method	Pre/post donation	Aim	Main findings
34	Thaldar (2020), South Africa	150 egg donors (anonymous donors—recruitment via an egg donor agency database)	Questionnaire	Post donation	To explore the demographic profile of oocyte donors, times of donations, attitudes, experiences, motives towards donation satisfaction and information about medical risks, identity release opinions.	The desire to help infertile women was the primary motivation (95% rated it as important/very important), while financial compensation (15%) and passing on one's genes (8%) were less influential, although about two-thirds considered financial reward at least slightly important. Regarding identifiability, 54% would choose identity release if given the option, 34% would prefer anonymity, and 12% were unsure. Even if identity disclosure were mandatory, the majority (79%) reported they would still have donated.
35	Thorup *et al.* (2025), Sweden	139 oocyte donors (16 known and 123 anonymous donors—recruitment through 7 Swedish clinics)	Questionnaire	Post donation	To compare known and unknown donors regarding pre-donation motives and post-donation satisfaction and openness.	Known donors were motivated by empathy and unknown donors by altruism. Pre-donation ambivalence was the same between the groups; post-donation satisfaction was similar between the groups; some known donors felt restricted by recipients' wishes.
36	Yee *et al.* (2007), Canada	13 oocyte donors (known donors—recruitment via telephone invitation from a hospital-based fertility centre)	Questionnaire	Post donation	To explore psychological domains of altruistic motive.	No donors reported feeling pressured or obligated to donate. The decision to donate was mainly associated with altruistic motivations, particularly emotional closeness to the recipient couple, parenthood status, personal parenting experiences, and the desire to help alleviate the couple's infertility struggles. Donors thought disclosure was essential to donor-conceived offspring.
37	Yee *et al.* (2011), Canada, UK	15 oocyte donors (7 donated to friends, 6 to sisters, 1 to niece, 1 donated twice to sister and friend—recruitment through a hospital-based IVF clinic)	Interviews	Post donation	To investigate the experience of oocyte donors who donated to known recipients.	Evidence about the relationship between donors and recipients and bonds formed through donation process; altruistic motive shown, self-image importance. Ten donors (67%) believed that donor-conceived offspring had the right to know about of their conception. All donors thought about the wellbeing of offspring.

DCO, donor-conceived offspring.

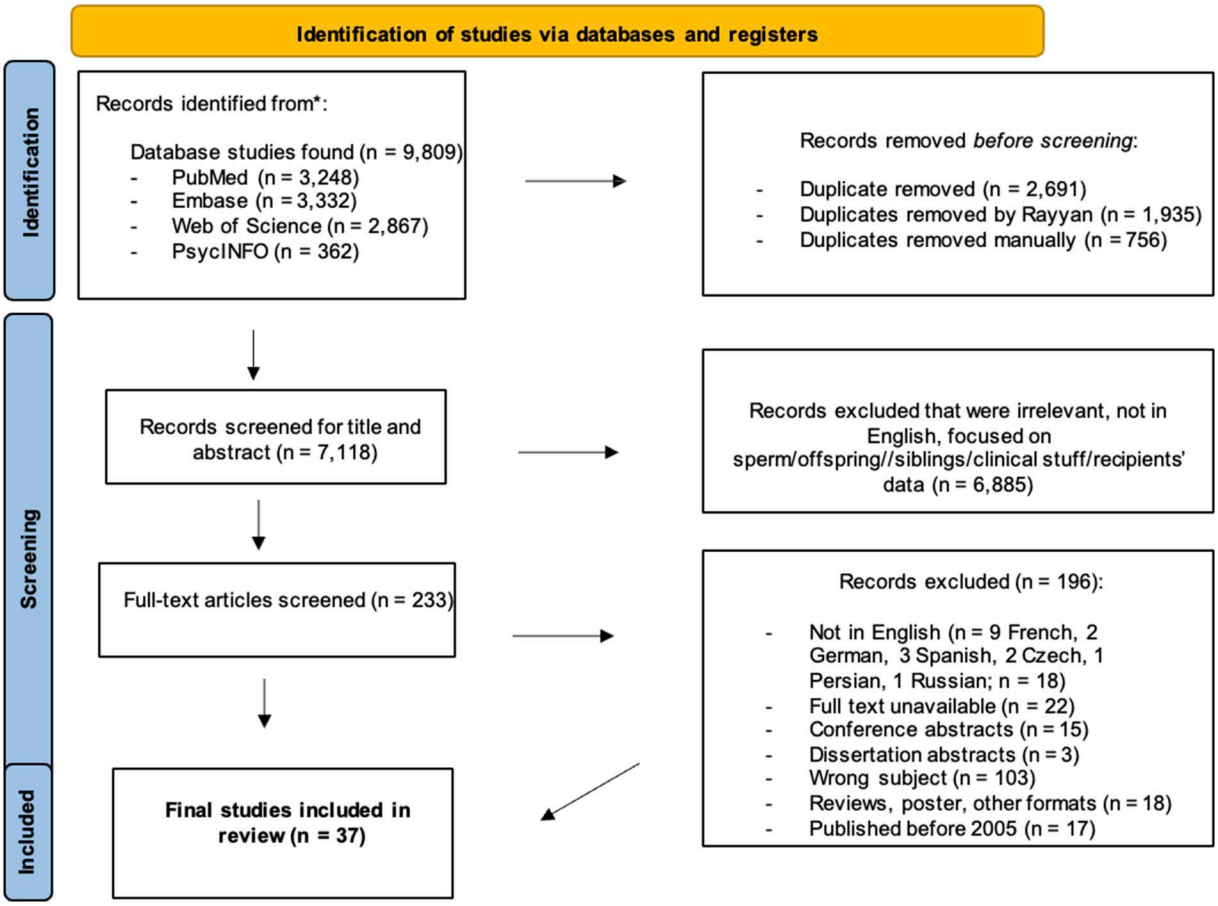


Figure 1. **Flow diagram of records' searches and study identification and selection.**

Overall, 37 papers met the inclusion criteria and were considered in the present review. Two raters (M.B. and F.G.) examined studies that met the eligibility criteria, and controversies in any phase of the screening were resolved through discussion with a third rater (C.F.) until a consensus was reached.

Study characteristics

The primary study characteristics of the 37 papers included are shown in Table 1. These include the author(s), year of publication, country of origin, the study design, the sample of oocyte donors', the aim, and the primary outcome(s).

Research settings and variations in the legislation of countries

The studies included in this review were conducted across 17 countries, offering insights from various cultural contexts spanning all continents. The majority of research was carried out in Europe and North America. Within Europe, five studies were conducted in the UK (Frith *et al.*, 2007; Graham *et al.*, 2016; Acharya *et al.*, 2017; Blyth *et al.*, 2017; Martin *et al.*, 2020), followed by four in Sweden (Isaksson *et al.*, 2014; Lampic *et al.*, 2014, 2025; Thorup *et al.*, 2025), two in Finland (Miettinen *et al.*, 2019; Tammi and Homanen, 2025), two in France (Cordier *et al.*, 2020; Bujan *et al.*, 2022), and one each in Denmark (Borgstrøm *et al.*, 2019), Belgium (Li Piani *et al.*, 2024), and Spain (Jociles Rubio and Ayala Rubio, 2025). The only multinational study originated in Belgium (Pennings *et al.*, 2014), eventually encompassing data from 11 European countries. In North America, the USA was the most represented country, contributing six studies (Kenney and McGowan, 2010; Nelson and Hertz, 2017; Blakemore *et al.*, 2019; Adlam *et al.*, 2025; Lassen *et al.*, 2025; Pennings *et al.*, 2025), while Canada accounted for three studies (Yee *et al.*, 2007; Blyth *et al.*, 2011; Martin *et al.*, 2025). In Oceania, one study was conducted in Australia (Kirkman *et al.*, 2014), and two were from New Zealand (Goedeke *et al.*, 2023a, 2023b). From Africa, there were two contributions: one from Nigeria (Okafor *et al.*, 2022) and one from South Africa (Thaldar, 2020). In Asia, individual studies were conducted in Iran (Adib Moghaddam *et al.*, 2022), India (Jadva *et al.*, 2015), Kazakhstan (Chalova *et al.*, 2025), and Russia (Polyakova *et al.*, 2022). Additionally, one study was a collaboration between the UK and the USA (Jadva *et al.*, 2011), and another was jointly conducted by researchers in Canada and the UK (Yee *et al.*, 2011).

The earliest included publication dates back to 2007 (Frith *et al.*, 2007; Yee *et al.*, 2007), while the most recent studies were published in 2025 (Adlam *et al.*, 2025; Lampic *et al.*, 2025; Lassen *et al.*, 2025; Martin *et al.*, 2025; Jociles Rubio and Ayala Rubio, 2025; Tammi and Homanen, 2025; Thorup *et al.*, 2025).

Study designs

Of the included studies, 30 employed a retrospective design, using interviews or questionnaires administered through various formats, including online platforms, email, telephone interviews, and

postal surveys. Most questionnaires combined open-ended, closed, and multiple-choice questions and employed Likert scale formats to evaluate the significance of various factors influencing donors' decisions and motivations. Most studies provided detailed descriptions of questionnaire construction and response formats for transparency and reproducibility. Additionally, Bujan *et al.* (2022) used the NEO Personality Inventory to examine participants' personality traits across five distinct dimensions.

Qualitative methodology was employed in 15 studies, primarily through semi-structured interviews. These interviews were typically conducted in person, online, or by telephone, with many studies reporting that interviews were audio-recorded.

Five studies adopted a mixed-methods approach, combining questionnaire data with interviews (Graham *et al.*, 2016; Blyth *et al.*, 2017; Nelson and Hertz, 2017; Miettinen *et al.*, 2019; Adlam *et al.*, 2025).

Sample compositions

There was considerable variation in the sample sizes across the included studies. For instance, Acharya *et al.* (2017) reported the smallest sample, comprising only three known oocyte donors, whereas one study by Pennings *et al.* (2014) included a significantly larger cohort, with 1423 oocyte donors completing the administered questionnaires.

Included studies encompassed a broad range of donor types, including donors who were paid as well as those who donated altruistically or for expenses only, as well as known and anonymous donors and oocyte-share donors.

Recruitment strategies also varied substantially. In 30 studies, participants were recruited after completing the oocyte donation procedure. The timing of post-donation recruitment ranged from as early as 2–6 weeks after the procedure to as long as 31 years post-donation (Martin *et al.*, 2025). Notably, four studies recruited participants prior to the donation process (Pennings *et al.*, 2014; Bujan *et al.*, 2022; Polyakova *et al.*, 2022; Chalova *et al.*, 2025), while another study enrolled both current and former donors (Pennings *et al.*, 2025). One study enrolled participants both before and after the donation cycle (Chalova *et al.*, 2025).

Across the included studies, most donors were middle-class Caucasian women (Kenney and McGowan, 2010; Blakemore *et al.*, 2019; Li Piani *et al.*, 2024; Adlam *et al.*, 2025). However, the participation of donors who identified as Black African or as other ethnic groups was also reported (Jadva *et al.*, 2015; Thaldar, 2020; Adib Moghaddam *et al.*, 2022; Okafor *et al.*, 2022). Marital status varied, with donors being married or in committed relationships (Okafor *et al.*, 2022; Adlam *et al.*, 2025), while others were in stable cohabiting, single, or divorced (Byrd *et al.*, 2002). Across studies, donors varied in parity, including both nulliparous women and those with one or more biological children at the time of their donation.

Nine studies compared oocyte and sperm donors, revealing that oocyte donors were typically younger, had lower educational attainment, and more often had children when compared to sperm donors (Jadva *et al.*, 2011; Isaksson *et al.*, 2014; Kirkman *et al.*, 2014; Lampic *et al.*, 2014; Blyth *et al.*, 2017; Bujan *et al.*, 2022; Lampic *et al.*, 2025; Martin *et al.*, 2025; Pennings *et al.*, 2025).

Most donors identified as heterosexual, though small proportions (~19% of 1021 candidate gamete donors, including both sperm and oocyte donors) identified as homosexual or bisexual (Bujan *et al.*, 2022). Notably, some participants declined to disclose their sexual orientation; for instance, in the multinational study by Pennings *et al.* (2014), 20% of Czech respondents did not answer this question.

The studies included in the review involved both first-time donors (Graham *et al.*, 2016) and repeated donors (Kenney and McGowan, 2010; Jadva *et al.*, 2015; Cordier *et al.*, 2020; Li Piani *et al.*, 2024; Adlam *et al.*, 2025). Okafor *et al.* (2022) reported that 6 out of 31 participants had donated three times, and 1 donor had donated more than six times, implying donations occurred approximately every 6 months. Li Piani *et al.* (2024) reported that, in their sample of oocyte donors in Belgium, 37% (40 out of 108) reported undergoing only one oocyte donation cycle, with the rest of the donors participating in multiple cycles: two cycles in 24% (26 out of 108), three cycles in 16% (17 out of 108), and more than three cycles in 23% (25 out of 108).

Religious identification also varied. Some donors identified as spiritual or atheist (Polyakova *et al.*, 2022), while others reported affiliations such as Catholicism (Blakemore *et al.*, 2019), Hinduism, Islam (Jadva *et al.*, 2015; Goedeke *et al.*, 2023b), or Christianity (Okafor *et al.*, 2022). Several Christian donors emphasized that religious beliefs should not interfere with the decision to donate (Okafor *et al.*, 2022).

In five studies, oocyte donors reported being blood or organ donors as well (Bujan *et al.*, 2022; Li Piani *et al.*, 2024; Lassen *et al.*, 2025; Pennings *et al.*, 2025; Tammi and Homanen, 2025).

Main findings

Table 1 provides a synthesized overview of the findings extracted from the studies included in this review. A thematic narrative synthesis was conducted to analyse and integrate the evidence in relation to three areas of focus. These thematic domains are: (i) motivations for donating oocytes; (ii) donors' perspectives on anonymity, identifiability, and disclosure practices; and (iii) donors' expectations on future contact with DCO. A graphical summary of the results is shown in Fig. 2.

Motivations for donating oocytes

In terms of motivations for donating, several factors influenced donors' decisions to donate, including wanting to help others, financial incentives, personal relationships, and underlying psychological and social factors.

Wanting to help others

In 13 studies, donors reported being motivated primarily by wanting to help others (Kenney and McGowan, 2010; Jadva *et al.*, 2011; Pennings *et al.*, 2014; Graham *et al.*, 2016; Nelson and Hertz, 2017; Borgstrøm *et al.*, 2019; Lassen *et al.*, 2025; Li Piani *et al.*, 2024; Pennings *et al.*, 2025; Tammi and Homanen, 2025), particularly in cases involving donations to family members or close friends (Blyth et al., 2011; Martin *et al.*, 2020; Thorup *et al.*, 2025). Strong pre-existing relationships, especially familial ties, were frequently identified as central reasons for known donors to engage in the donation process (Acharya *et al.*, 2017; Thaldar, 2020; Li Piani *et al.*, 2024; Thorup *et al.*, 2025). Six studies (Yee *et al.*, 2007; Blyth *et al.*, 2011; Yee *et al.*, 2011; Acharya *et al.*, 2017; Martin *et al.*, 2025; Thorup *et al.*, 2025) identified the desire to help others as the primary motivation in cases of known donation. One study (Blyth *et al.*, 2011) found that donors were unwilling to donate to anonymous recipients, reporting that they would not provide their unused oocytes to someone unknown. However, another study (Goedeke *et al.*, 2023b) indicated that

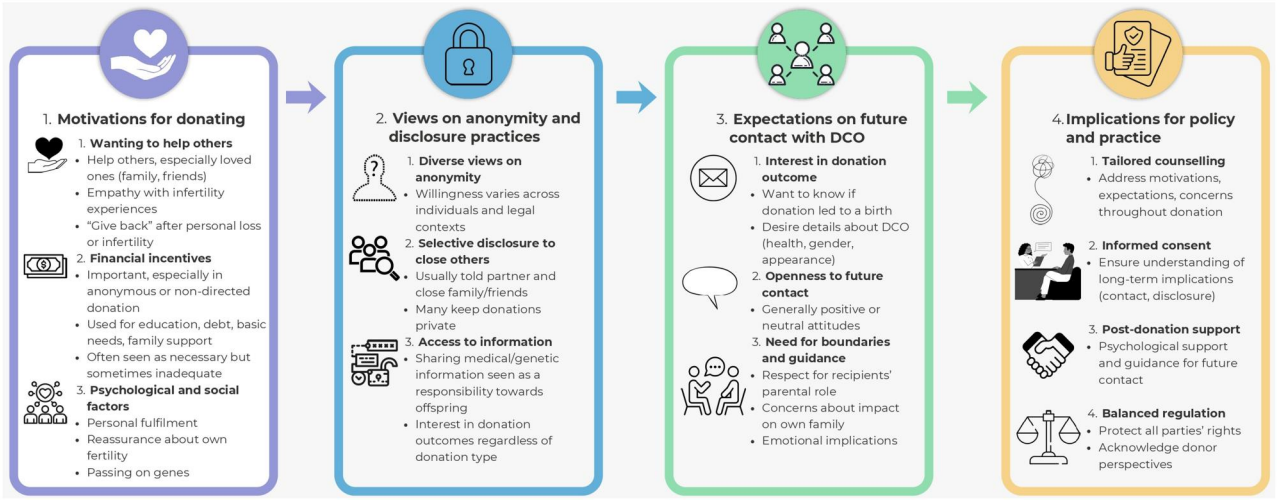


Figure 2. Summary of the main findings. DCO, donor-conceived offspring.

3 out of 21 donors stated that they had donated to both known and unknown recipients.

Donors described a deep desire to support loved ones, often framing their actions as emotionally rewarding and a means of affirming the recipients' right to motherhood (Yee *et al.*, 2007; Kenney and McGowan, 2010). Motivations also stemmed from empathy towards the recipients' experience of infertility, with known donors viewing their act as a profound and meaningful gift (Tammi and Homanen, 2025).

Wishing to help others also extended to donors who had personally experienced infertility or significant loss, prompting a wish to give back and support others facing similar challenges. For example, Graham *et al.* (2016) found that 8 out of 11 donors had known someone affected by infertility, which inspired them to help alleviate others' suffering. In other cases, qualitative accounts from three known donors showed that they were aware of the recipients' fertility struggles and expressed a willingness to donate again if the initial attempt was unsuccessful (Martin *et al.*, 2020).

In one Danish study, donors even donated their financial compensation to charity, reinforcing their altruistic commitment to the donation process (Borgstrøm *et al.*, 2019). Three out of 72 participants in a quantitative study conducted in France had previously benefited from sperm donation and expressed a desire to 'return the favour', while another donor had undergone IVF themselves and felt empathy for recipients navigating similar paths (Cordier *et al.*, 2020). Additional motivations included personal experiences of adoption or the loss of close family members (Pennings *et al.*, 2014; Graham *et al.*, 2016). Additionally, a study by Nelson and Hertz (2017) comparing sperm and oocyte gamete donors highlighted that oocyte donors were more likely to be driven by a desire to help others. Other findings, however, showed no differences in terms of altruistic donations between oocyte and sperm donors (Pennings *et al.*, 2025).

Financial incentives

Financial motivation also emerged as a significant factor, particularly among donors recruited anonymously or without a direct relationship to the recipients (Borgstrøm *et al.*, 2019; Polyakova *et al*, 2022; Lassen *et al.*, 2025). As highlighted by Pennings *et al.* (2025), regardless of the gender stereotypes that still influence donor recruitment, oocyte donors are motivated not only by the desire to help others but also by the financial compensation. In seven studies (Kenney and McGowan, 2010; Jadva *et al.*, 2011, 2015; Adib Moghaddam *et al.*, 2022; Okafor *et al.*, 2022; Chalova *et al.*, 2025; Lassen *et al.*, 2025), financial compensation was the primary reason for participating in the donation process, often used to cover basic living expenses or education fees or to repay debts. Kenney and McGowan (2010) reported that 58.8% of 80 oocyte donors rated financial gain as 'very significant', noting that most participants were students managing financial burdens. In other contexts, such as the Nigerian study by Okafor *et al.* (2022), 29% of 31 donors planned to use the compensation to pay medical bills for a sick parent, to start up a business, or provide for family members.

Financial incentives were particularly salient among economically disadvantaged donors or those seeking financial independence. Among financially motivated participants, the altruistic value of donation was also acknowledged, suggesting that donor motivations were often multifaceted. For example, Jadva *et al.* (2015) found that while 72% of 25 Indian donors were motivated by monetary compensation, only one participant indicated they would donate purely to help others. Similarly, in a study by Chalova *et al.* (2025) conducted in Kazakhstan, 80% of 51 donors reported financial interest as their primary motivation for donating.

While the desire to help others remained a consistent theme, financial compensation was justified and even reported as necessary or, sometimes, inadequate. Two studies highlighted that donors would still have donated even if no financial compensation had been offered (Lassen *et al.*, 2025; Pennings *et al.*, 2025), whilst a study conducted in Nigeria reported that 88.8% of donors (24/29 donors) considered the compensation inadequate and felt it did not reflect their contribution.

Psychological and social factors

Donors referenced the positive psychological benefits associated with oocyte donation, including enhanced self-perception and a sense of personal fulfilment, as motivations to donate. According to 90.6% of

donors (n = 363) in the study by Adlam *et al.* (2025), involving 363 donors, donation was described as a positive experience.

In two studies, donors expressed interest in confirming or preserving their own fertility, using the donation process as a form of reassurance regarding their reproductive health (Bujan *et al.*, 2022; Li Piani *et al.*, 2024). Others were motivated by the opportunity to pass their own genetic material (Li Piani *et al.*, 2024) and extend their genetic lineage, as illustrated by one study where 8% of 150 participants reported donating to ensure the transmission of their genes (Thaldar, 2020). Interestingly, a qualitative study by Tammi and Homanen (2025) reported how the interviewed donors both minimized and recognized the importance of genetic similarity and relatedness to the children born from their donations. They positioned themselves solely in non-parental roles, highlighting factors such as pregnancy, social parenthood, and epigenetics as central to the creation of kinship (Tammi and Homanen, 2025).

Donors' perspectives on anonymity, identifiability, and disclosure practices

The articles included in the review comprised studies with samples of anonymous, ID-release, and known donors, with varying perspectives on anonymity and disclosure practices across the studies. Frith *et al.* (2007) analysed the views of existing UK gamete donors regarding the removal of donor anonymity, which means the participants were donors who had originally donated under an anonymous system before the 2005 legislative change requiring donor identifiability to offspring at age 18: of these, half of the 75 participants were either unconcerned about the removal of anonymity or viewed it positively. Nevertheless, 56% of 108 donors participating in a Belgian study by Li Piani *et al.* (2024) reported they would be willing to donate even if their identity could be disclosed to the recipients. In line with this, other studies (Adlam *et al.*, 2025; Pennings *et al.*, 2025) have found that anonymity is the most common reason for feelings of emotional distress and regret among donors: for instance, among the 20% of 363 donors from the USA who expressed regret for having donated, 45% attributed it mainly to mandatory anonymity (Adlam *et al.*, 2025).

However, donor attitudes also showed flexibility in line with legal shifts: in one study, when anonymous donors were presented with a hypothetical legal scenario requiring ID-release donations, 79% of 150 donors stated they would still have donated, while 14% were uncertain and 7% would have declined (Thaldar, 2020). Despite this general openness, there were also donors who firmly opposed to identity disclosure. In a study by Polyakova *et al.* (2022), for example, only 4 out of 16 donors were willing to disclose their identity, suggesting that the acceptability of identity-release policies continues to vary among individuals and between countries.

Donors were selective about whom they informed regarding their donation (Jadva *et al.*, 2011; Blyth *et al.*, 2017; Cordier *et al.*, 2020). In a questionnaire-based study involving 72 donors, ∼90% of donors reported feeling comfortable discussing their donation with close family members or friends (Cordier *et al.*, 2020); similarly, a study conducted in the USA showed that all 39 ID-release donors with a partner had informed their partner (Pennings *et al.*, 2025). However, other experiences showed a preference for sharing this information only with their most trusted contacts, viewing donation as a sensitive and private topic and asserting that disclosure should not be obligatory (Graham *et al.*, 2016; Borgstrøm *et al.*, 2019). In a qualitative study by Okafor *et al.* (2022), 77.4% of 31 participants had not disclosed their donation to anyone, and Yee *et al.* (2007) found that none of their 13 donors had informed their children.

Donors also expressed diverse views regarding disclosure to DCO, as reported across qualitative studies. While some were open to the idea, others expressed reservations, particularly about the potential impacts on their personal lives and relational dynamics. Specifically, Jociles Rubio and Ayala Rubio (2025) found that anonymity, and thus the perceived impossibility of contacting the child, made it easier for donors to maintain social and emotional distance while also preventing children from making claims, not only financially but also emotionally. In a study conducted in Canada with 12 donors, the idea that recipient parents would keep their use of donor gametes a secret, particularly from their children, was reported as reassuring (Martin *et al.*, 2025). Age and education appeared to influence these perspectives: younger and more educated donors were more supportive of disclosure and less likely to defer the decision entirely to recipient parents (Miettinen *et al.*, 2019). In a study conducted in India by Jadva *et al.* (2015) with 25 donors, 40% of them opposed disclosure, 16% supported it, 4% deferred to the parents, and 28% had no opinion.

Finally, motivated by a sense of responsibility and concern for offspring's well-being, donors emphasized the importance of access to genetic and medical information, particularly in cases of medical necessity (Borgstrøm *et al.*, 2019), with one study reporting 97% of 72 donors willing to provide recipients with relevant medical history information (Cordier *et al.*, 2020).

Attitudes towards donation type (anonymous, ID release, known) varied considerably across different regulatory contexts. In a Canadian qualitative study by Blyth *et al.* (2011), all except 1 of the 15 known donors reported unwillingness to donate to unknown recipients. Across the included studies, four focused specifically on known donations, highlighting cases where women donated to sisters, cousins, or friends (Yee *et al.*, 2007; Blyth *et al.*, 2011; Acharya *et al.*, 2017; Martin *et al.*, 2020), while nine studies included both anonymous and ID-release or known donors (Pennings *et al.*, 2014; Nelson and Hertz, 2017; Borgstrøm *et al.*, 2019; Miettinen *et al.*, 2019; Chalova *et al.*, 2025; Lassen *et al.*, 2025; Pennings *et al.*, 2025; Tammi and Homanen, 2025; Thorup *et al.*, 2025). Pennings *et al.* (2025) showed that donors were interested in the outcome of their donation regardless of the donation type.

While most participants expressed no regret and indicated they would donate again (Byrd *et al.*, 2002; Adlam *et al.*, 2025; Lassen *et al.*, 2025; Pennings *et al.*, 2025), qualitative findings voiced concerns about the donation process and its future implications, such as age restrictions, travel costs, and the overall physical burden of the procedure (Cordier *et al.*, 2020; Martin *et al.*, 2025). In line with this, a qualitative study by Martin *et al.* (2025) involving 12 oocyte donors reported that, at the time of donation, several donors (no exact number was specified) did not fully understand the implications of their decision, with one donor saying that when she donated her oocytes, she was in her early twenties and still a student and chose to donate the oocytes to supplement the income she earned from part-time jobs. She described viewing her oocytes simply as 'cells' that she would not miss (Martin *et al.*, 2025, p. 5), and it was only when she was contacted by someone born from her donation that she realized the 'cell' she had given 20 years earlier had become a fully formed person.

Donors' expectations on future contact with DCO

Across eight studies, donors expressed a strong interest in knowing the outcome of their donation, including whether it resulted in a

pregnancy and specific details about the child, such as health status, gender, and physical appearance (Kirkman *et al.*, 2014; Lampic *et al.*, 2014; Jadva *et al.*, 2015; Graham *et al.*, 2016; Borgstrøm *et al.*, 2019; Adlam *et al.*, 2025; Lassen *et al.*, 2025; Pennings *et al.*, 2025). Frustration with the lack of post-donation information was also reported (Blyth *et al.*, 2017; Blakemore *et al.*, 2019). For donors in a UK qualitative study, the perceived success of their donation influenced their willingness to donate again, with 10 out of 11 donors stating they would consider re-donating if they knew their oocytes had led to a birth (Graham *et al.*, 2016). Others felt a sense of responsibility to make themselves available to DCO should contact be desired. In a survey-based study conducted in Sweden (Lampic *et al.*, 2025), nearly all of 100 donors (95.8%) expressed a desire to be notified about requests for their identity. A majority had positive (71.1%) or neutral (17.5%) attitudes towards contact with DCO, while a small group (11.3%) held negative views. Additionally, more than half (61.5%) expressed a desire for more support related to potential contact (Lampic *et al.*, 2025).

Contact patterns also differed. In a qualitative study by Martin *et al.* (2025), which involved 12 participants who had all been contacted by DCO, the experiences of donation and subsequent contact, along with the donors' parental status, provided new insights into the consequences of donating. While the primary motivation behind the shift of perspective on the relevance of donation was the experience of having become a parent, other factors, such as shifts in socioeconomic or professional status, changes in romantic partnerships, and broader socio-historical developments like the advent of DNA testing, also shaped donors' perspectives.

Despite this openness, the importance of setting clear boundaries between themselves, the recipients, and the DCO was emphasized. In a study by Pennings *et al.* (2025), 75% of 12 non-ID-release donors believed that the information regarding the donor conception should only be revealed by the parents to the DCO. This aligns with how donors tend to generally emphasize the authority of recipients as parents, which in some cases may be associated with feelings of disempowerment and the fear of crossing boundaries (Thorup *et al.*, 2025). There was concern about intruding on the recipient's parental role and the potential emotional impact of contact on the donors' own families (Blyth *et al.*, 2011). Some feared that involvement might lead to confusion or feelings of rejection from the DCO. Nevertheless, for other donors, the absence of contact could also be emotionally challenging; for instance, in a study by Isaksson *et al.* (2014) with 126 oocyte donors, one donor expressed the potential disappointment of never being approached by the offspring, and 24% of participants reported a need for counselling regarding future contact with DCO.

Discussion

General discussion

This systematic review aimed to provide a comprehensive synthesis of current evidence on motivations across donation types, attitudes towards anonymity and identifiability, and expectations on potential future contact with DCO. Thus, this review contributes to a more comprehensive understanding of the donors' experiences. Building on previous systematic reviews (Bracewell-Milnes *et al.*, 2016; Platts *et al.*, 2021), this review integrates evidence across different donation types and regulatory regimes, offering a more in-depth understanding of how legal and sociocultural contexts influence donors' perspectives. By systematically integrating evidence from jurisdictions characterized by markedly different regulatory regimes, ranging from strictly anonymous systems to identity-release frameworks, this review highlights research gaps that have not been comprehensively addressed in prior systematic reviews. Notably, the cross-jurisdictional scope of the present synthesis points to an unmet need for longitudinal and comparative studies capable of examining how evolving legislation and ID-release policies shape donors' motivations, attitudes towards disclosure and contact with DCO over time—constructs that, as outlined in the introduction, are theorized within psychological conceptual frameworks as central drivers of decision-making and its long-term appraisal (Ajzen, 1985, 1991; Ryan and Deci, 2020). Additionally, given that legal transitions, such as the gradual shift from anonymous to ID-release donation observed across several countries, may alter the landscape within which donors make, and later reflect upon, their decisions, such research would carry meaningful implications for clinical practice, including donor counselling and informed consent processes, as well as for the development of evidence-based regulatory policies.

Across the included studies, the regulatory context of oocyte donation varied considerably by country and period, and this variation is likely to have shaped donors' motivations, attitudes, and expectations. Regulatory frameworks were not always explicitly described within individual studies; therefore, they were inferred based on country-level legislation in place at the time of data collection or publication. In the UK and other Northern European countries, including Sweden and Finland, studies published from 2007 onwards reflect a shift towards identity-release systems, in which donor anonymity has been removed and donor-conceived individuals have the right to access their donors' identifying information (Frith *et al.*, 2007; Isaksson *et al.*, 2014; Lampic *et al.*, 2014; Graham *et al.*, 2016; Blyth *et al.*, 2017; Miettinen *et al.*, 2019; Lampic *et al.*, 2025; Tammi and Homanen, 2025; Thorup *et al.*, 2025). Similar non-anonymous and highly regulated frameworks are also found in Australia and New Zealand (Kirkman *et al.*, 2014; Goedeke *et al.*, 2023a, 2023b). In contrast, several Western and Southern European countries, such as Spain and, historically, France prior to the 2021 bioethics reform, have operated under predominantly anonymous donation systems, typically within altruistic or moderately compensated models (Cordier *et al.*, 2020; Bujan *et al.*, 2022; Jociles Rubio and Ayala Rubio, 2025). Other European contexts, including Denmark and Belgium, are characterized by more flexible or hybrid systems, allowing both anonymous and identity-release donation (Borgstrøm *et al.*, 2019; Li Piani *et al.*, 2024). North American studies, particularly from the USA, reflect a heterogeneous regulatory environment, where anonymous and identity-release arrangements coexist and financial compensation is permitted (Kenney and McGowan, 2010; Nelson and Hertz, 2017; Blakemore *et al.*, 2019; Adlam *et al.*, 2025; Lassen *et al.*, 2025; Pennings *et al.*, 2025), whereas Canada represents a distinct model in which donation is legal but financial compensation is restricted to expense reimbursement (Yee *et al.*, 2007; Blyth *et al.*, 2011; Yee *et al.*, 2011; Martin *et al.*, 2025). In other settings, including India, Russia, Iran, Nigeria, and Kazakhstan, the studies correspond to contexts that have been described as more permissive, evolving, or less consistently regulated, often allowing anonymity and some form of financial compensation, although the degree of formal oversight varies (Jadva *et al.*, 2015; Adib Moghaddam *et al.*, 2022; Okafor *et al.*, 2022; Polyakova *et al.*, 2022; Chalova *et al.*, 2025). Multinational evidence further highlights a broader European pattern, with non-anonymous

systems more common in Northern Europe and anonymous regimes historically prevalent in Southern and parts of Eastern Europe (Pennings *et al.*, 2014). Taken together, this variability represents both a strength and a limitation of the review. On the one hand, it allows for the inclusion of evidence drawn from a broad range of regulatory and sociocultural contexts, enhancing the comprehensiveness of the synthesis. On the other hand, such heterogeneity constrains the comparability of findings across studies.

In this context, donors' cultural and societal attitudes towards oocyte donation differed across regions, reflecting broader societal norms and values (Pennings *et al.*, 2014; Okafor *et al.*, 2022; Polyakova *et al.*, 2022). Notably, studies conducted in Nigeria, India, and South Africa revealed instances of repeat donations that exceeded recommended medical limits, with some donors reportedly donating up to seven times and as frequently as every 6 months, raising health concerns (Jadva *et al.*, 2015; Thaldar, 2020; Okafor *et al.*, 2022). A widespread lack of understanding regarding the oocyte donation process was also documented in these regions. For instance, only 12.9% of 31 Nigerian donors were able to describe the procedure using scientific terminology (Okafor *et al.*, 2022), and two South African donors were excluded from one study due to insufficient comprehension of the process (Thaldar, 2020). Donors expressed a desire for more educational information to enhance their understanding of the procedure (Yee *et al.*, 2007). This variation highlights the pressing need for enhanced education and communication strategies to ensure that all donors, regardless of their background, are thoroughly informed about the donation process and its implications. Martin *et al.* (2025) similarly noted that many Canadian donors, particularly younger ones, retrospectively reported incomplete awareness of the medical and ethical implications of their donation decision, despite viewing the process pragmatically as giving away 'cells'.

The motivations of oocyte donors were multifaceted, often reflecting a combination of altruistic intentions, financial considerations, personal relationships, psychological sense of reward, and external influences. The desire to help others frequently emerged as a primary motivation, particularly among known donors with close personal connections to the recipients, such as family members or friends. These donors often described their involvement as a meaningful and enriching act, motivated by a desire to help loved ones overcome infertility (Khamsi *et al.*, 1997; Purewal and van den Akker, 2006; Yee *et al.*, 2007; Acharya *et al.*, 2017). Additionally, donors who had experienced infertility or personal loss themselves often viewed donation as an opportunity to give back or to ease the suffering of others facing similar challenges. This empathetic drive underscores the psychological and emotional dimensions that may underpin oocyte donation (Li Piani *et al.*, 2024; Thorup *et al.*, 2025). At the same time, financial compensation played a critical role, particularly among donors without a pre-existing relationship with the recipients. Financial motivations were especially prominent among economically disadvantaged donors or those seeking financial independence, indicating that for some, oocyte donation may represent a pragmatic response to financial need. However, even in these contexts, altruism and a sense of commitment to helping infertile couples were frequently mentioned (Li Piani *et al.*, 2024; Adlam *et al.*, 2025). Several altruistically motivated donors expressed concern that monetary compensation could devalue the donation process, raising ethical concerns about the potential exploitation of vulnerable individuals in financial distress (Nelson and Hertz, 2017).

Geographical variations also influenced donor motivations. In the USA, where oocyte donation is highly commercialized (Pennings *et al.*, 2025), most donors received financial compensation: a pattern also observed in some Southeast Asian countries (Jadva *et al.*, 2015; Thaldar, 2020). In contrast, European donors often placed less emphasis on financial reward, likely reflecting differing cultural values and legal frameworks that shape national approaches to compensation (Pennings *et al.*, 2014). At the same time, dissatisfaction with financial compensation (Chalova *et al.*, 2025) and feelings of neglect due to limited communication with clinics (Li Piani *et al.*, 2024; Adlam *et al.*, 2025) emerged as concerns across different studies.

Another key theme identified in the narrative synthesis of the systematic review concerns the issues of anonymity and disclosure in oocyte donation, which appear to be shaped by both donors' personal preferences and broader societal, legal, and ethical considerations. Traditionally, anonymity has been a foundational element of oocyte donation, with many donors expressing a strong preference to remain unidentified (Thaldar, 2020). This preference is often driven by concerns about the potential emotional, relational, or social complications that could arise if their identities were disclosed, potentially affecting both the donors and the DCO (Frith *et al.*, 2007). Anonymity also emerged as a protective mechanism, allowing emotional distance from recipients and offspring, although it was also associated with ambivalence and distress when curiosity about outcomes was left unaddressed (Jociles Rubio and Ayala Rubio, 2025). However, donation would still be undertaken even in the absence of guaranteed anonymity, suggesting that while anonymity is valued, it does not constitute a decisive factor for all donors (Thaldar, 2020). Recent studies indicate that donors are increasingly aware of identity-release policies, with many expressing conditional openness to disclosure, depending on the support systems and legal frameworks in place (Lampic *et al.*, 2025; Lassen *et al.*, 2025; Pennings *et al.*, 2025). Concerns regarding identity disclosure often relate to possible complications within the donors' own families or with future relationships with DCO, and donors frequently desire clear communication and guidance on these matters (Isaksson *et al.*, 2014; Miettinen *et al.*, 2019; Martin *et al.*, 2025). However, in jurisdictions where legal frameworks mandate identity disclosure, donors appeared more accepting of this possibility, suggesting that societal norms and regulatory environments can contribute to shaping donor attitudes. Additionally, younger donors expressed higher levels of regret associated with anonymous donation (Adlam *et al.*, 2025), while ID-release donors have been reported to show low levels of regret and to be more open about their role as donors, i.e. more often disclosing their donation experiences to significant others (Lampic *et al.*, 2025; Lassen *et al.*, 2025).

Disclosure practices varied across contexts. In some settings, the decision to donate was shared within broader social networks, whereas in others communication was restricted to partners or a small circle of close family members, with extended disclosure to friends and relatives often avoided (Lassen *et al.*, 2025). Partner support frequently emerged as an important element in decision-making (Yee *et al.*, 2007), although this was not consistent across contexts, as partner opposition in certain cases was associated with discontinuation of the donation process (Polyakova *et al.*, 2022). In several cultural and regulatory contexts, social sensitivity and stigma surrounding oocyte donation seem to contribute to limited disclosure. In Iran, concerns were reported regarding potential implications for future marriage prospects (Adib Moghaddam *et al.*, 2022). In Denmark, donation was

described as being socially disapproved, with disclosure commonly restricted to close relatives (Borgstrøm *et al.*, 2019). In India, limited public understanding of the donation process further reinforced patterns of non-disclosure, highlighting the relevance of education and awareness in shaping disclosure behaviours (Jadva *et al.*, 2015). Thus, geographical and cultural contexts seem to play a relevant role in shaping decisions around anonymity and disclosure. This selective disclosure is often motivated by the desire to maintain confidentiality and avoid social stigma, reflecting broader societal attitudes towards assisted reproduction in which fear of negative judgement may influence a donor's willingness to share their experiences (Leeton and Harman, 1986; Borgstrøm *et al.*, 2019; Li Piani *et al.*, 2024; Thorup *et al.*, 2025). Additionally, these divided perspectives on anonymity and disclosure highlight the inadequacy of a one-size-fits-all approach. Instead, they underscore the importance of context-sensitive practices. Disclosure decisions should be discussed and carefully considered by all parties involved prior to donation, ensuring that donors are fully informed and supported throughout the process.

Finally, the topic of expectations on future contact between oocyte donors and DCO was fraught with emotional complexity and ethical considerations, reflecting the diversity of donors' thoughts and concerns. Donors expressed a desire for some form of post-donation connection or information, although the extent and nature of this contact varied widely. Across studies, donors reported a strong interest in learning the outcome of their donation: specifically, whether a pregnancy occurred and details about the resulting child, such as their health, gender, and physical appearance. This interest suggests a level of emotional investment that often extends beyond the act of donation itself. Additionally, donors often express curiosity and a sense of responsibility towards the DCO, willing to share medical information, or receive updates under supervised frameworks (Isaksson *et al.*, 2014; Lampic *et al.*, 2025; Martin *et al.*, 2025; Pennings *et al.*, 2025; Jociles Rubio and Ayala Rubio, 2025). This desire for information may stem from both curiosity and a psychological need to see the tangible results of one's contribution. The absence of follow-up communication was perceived as a source of frustration, pointing to a significant gap in current practices regarding donor–recipient communication (Blakemore *et al.*, 2019). One study found that 5 out of 11 donors were unaware that they could receive outcome-related information, underscoring deficiencies in the consent and information process (Graham *et al.*, 2016). Across multiple studies, participants criticized the lack of systematic post-donation care, citing feelings of neglect, dismissal by clinics, and unmet needs for counselling (Li Piani *et al.*, 2024; Adlam *et al.*, 2025; Lampic *et al.*, 2025; Thorup *et al.*, 2025). In line with this consideration, the importance of discussing expectations about future information exchange with recipients or resulting offspring prior to treatment was emphasized. They believed that a mutual agreement should be reached that respects both the donors' emotional investment and the recipients' boundaries (Goedeke *et al.*, 2023b). Such discussions could help avoid future misunderstandings and ensure that the needs of all parties are acknowledged. However, some donors expressed discontent with their limited role in post-donation decision-making, noting that recipients often held primary authority over such matters (Adib Moghaddam *et al.*, 2022; Thorup *et al.*, 2025). This perceived lack of agency may contribute to a sense of marginalization and underscores the need for clearer, more inclusive communication protocols that consider the perspectives and rights of donors alongside those of recipients.

In cases where contact had been established, donors often reported positive experiences, including receiving photos or updates or even developing meaningful relationships with the DCO. Such connections were fulfilling for those seeking a tangible link to the outcome of their donation. However, concerns about overstepping their perceived role emerged, with fears that initiating or engaging in contact might cause discomfort or confusion for the DCO or the recipient's family (Thorup *et al.*, 2025). This may reflect a recurring theme in the literature: the importance of setting and respecting boundaries between donors, recipients, and offspring. The desire not to infringe upon the parental role of the recipients emerged, with a recognition that the primary familial bond lies between the child and their parents (Graham *et al.*, 2016). Additionally, involvement with the DCO could create tension within donors' own families, particularly with partners or existing children, who might struggle to accept this extended biological connection, highlighting the emotional complexities donors must deal with when considering future contact. In certain cases, donors experienced psychological conflict about their genetic link to the DCO, including anxieties about inadvertent consanguinity (Blyth *et al.*, 2011).

Finally, a closer examination of the studies included in the review suggests that the timing of data collection in relation to oocyte donation is highly variable and rarely integrated into the interpretation of findings. While some studies capture donors' perspectives shortly before or soon after donation (e.g. within weeks or months) (e.g. Lampic *et al.*, 2014; Graham *et al.*, 2016; Adib Moghaddam *et al.*, 2022), others report experiences several years later (e.g. Kenney and McGowan, 2010; Isaksson *et al.*, 2014; Blakemore *et al.*, 2019), with some extending beyond a decade or even multiple decades post-donation (e.g. Miettinen *et al.*, 2019; Adlam *et al.*, 2025; Martin *et al.*, 2025). This temporal spread may reveal differences in how donors appraise their experiences. Longer-term follow-up studies suggest more complex and sometimes evolving interpretations, including reassessment of the meaning of donation (Martin *et al.*, 2025), emerging curiosity or concern about offspring (Isaksson *et al.*, 2014; Miettinen *et al.*, 2019), and, in some cases, unmet informational or emotional needs (Adlam *et al.*, 2025). However, the existing literature does not systematically compare different temporal phases, making it difficult to draw firm conclusions about trajectories of psychological outcomes. Overall, while there is some indication that attitudes remain broadly positive over time (Kenney and McGowan, 2010; Blakemore *et al.*, 2019), the evidence also points to a gradual shift from viewing donation as a discrete event to recognizing its enduring relational and psychological dimensions (Martin *et al.*, 2025). More longitudinal studies will enable a better understanding of how experiences and attitudes change overtime.

Overall, these findings underscore the need for refined legal frameworks and more comprehensive pre-donation counselling to prepare donors for the potential relational outcomes of their decision, including identity disclosure, information sharing, and contact with DCO (Li Piani *et al.*, 2024; Adlam *et al.*, 2025; Jociles Rubio and Ayala Rubio, 2025; Lampic *et al.*, 2025; Lassen *et al.*, 2025; Martin *et al.*, 2025; Pennings *et al.*, 2025; Tammi and Homanen, 2025; Thorup *et al.*, 2025). Additionally, counselling should not only address the emotional implications of contact with DCO but also help donors cope with the psychological impact of unsuccessful donations and communicate with their relatives or wider social networks about their donation, which may be overlooked.

These findings have relevant implications for clinical practice and policy development. Donor counselling should move beyond a

primarily procedural focus and systematically address the long-term psychosocial dimensions of donation, including potential changes in anonymity legislation and the increasing possibility of future contact with DCO, including contact due to direct-to-consumer genetic testing. Informed consent processes should be strengthened to ensure that donors fully understand not only the immediate medical aspects of donation but also its evolving legal, ethical, and relational consequences. Moreover, clinics and regulatory bodies should consider implementing more structured and transparent communication pathways, supporting donors both during and after donation, to better align donors' expectations with actual practices and to reduce feelings of uncertainty or neglect.

Limitations and future directions

This systematic review presents some limitations. Although the inclusion and exclusion criteria were carefully developed to ensure the quality and relevance of the selected studies, they may have excluded pertinent research, particularly publications in languages other than English, limiting the geographic and cultural diversity of donor perspectives represented in the review. Furthermore, the included studies displayed considerable heterogeneity in methodology and sample size, which may limit the generalizability of the results. Variations in study design, ranging from quantitative to qualitative and mixed-methods approaches, may contribute to inconsistencies and reduce the comparability of findings. The exclusion of grey literature, such as unpublished data, conference abstracts, and technical reports, represents another limitation, as it may have resulted in the omission of valuable insights not captured in peer-reviewed sources. Lastly, the heterogeneity of regulatory frameworks across the included studies may represent a limitation, as variations in legal and ethical contexts can affect the comparability of the findings.

However, the present review points to research areas that need further investigation. First, it emphasizes the need for improved pre- and post-donation support and clearer communication concerning the implications of gamete donation, particularly regarding donations' outcomes and future contacts with donor-conceived individuals. Future research should aim to address the heterogeneity identified in this review by conducting comparative studies across different regulatory frameworks to better understand how legal and ethical contexts shape donors' motivations and expectations towards identity-release processes. Longitudinal designs would be particularly valuable to explore how these perspectives evolve over time, especially in relation to anonymity, disclosure, and potential contact with DCO within evolving regulatory and cultural contexts. Additionally, further investigation is needed into the effectiveness of counselling to ensure truly informed consent for those willing to donate. Overall, this systematic review underscores that donors' motivations, attitudes towards anonymity and disclosure, and expectations regarding future contact are all closely interconnected and shaped by the regulatory and social contexts in which donation occurs, highlighting the need for more tailored counselling practices and more comprehensive approaches to informed consent that adequately address the long-term implications of donation.

Conclusions

The present review captures the variation in oocyte donors across different regulatory contexts, providing insights into the complex interplay of altruistic, personal, and contextual factors that shape donors' experiences, while offering insights for clinical practice, policy development, and the ethical framing of post-donation support strategies. In the context of evolving norms and regulations around donor anonymity and family disclosure, these insights are relevant for tailoring psychosocial support and ensuring informed consent processes that respect donor diversity and agency.

Supplementary data

Supplementary data are available at *Human Reproduction Update* online.

Data availability

No new data were generated or analysed in support of this research.

Authors' roles

Participation in study design: C.F., M.B., F.G., V.J.; execution: C.F., M.B., F.G., V.J.; analysis: C.F., M.B., F.G., V.J.; manuscript drafting and critical discussion: C.F., M.B., F.G., V.J. All authors have approved the manuscript.

Funding

No external funding was used for this review.

Disclosures

The authors have no conflicts of interest to declare.

References

Acharya S, Bryant L, Twiddy M. Altruism or obligation? The motivations and experience of women who donate oocytes to known recipients in assisted conception treatment: an interpretative phenomenological analysis study. *J Psychosom Obstet Gynaecol* 2017;**38**:4–11.

Adib Moghaddam E, Kazemi A, Kheirabadi G, Ahmadi SM. Self-image and social-image of the donors: two different views from oocyte donors' eyes. *J Health Psychol* 2022;**27**:548–556.

Adlam K, Koenig MD, Patil CL, Steffen A, Salih S, Kramer W, Hershberger PE. Oocyte donors' physical outcomes and psychosocial experiences: a mixed-methods study. *Fertil Steril* 2025;**124**:95–103.

Ajzen I. From intentions to action: a theory of planned behavior. In: Kuhl J, Beckmann J (eds). *Action-Control: From Cognition to Behavior*. Heidelberg: Springer-Verlag, 1985, 11–39.

Ajzen I. The theory of planned behavior. *Organ Behav Hum Decis Process* 1991;**50**:179–211.

Blakemore JK, Voigt P, Schiffman MR, Lee S, Besser AG, Fino ME. Experiences and psychological outcomes of the oocyte donor: a survey of donors post-donation from one center. *J Assist Reprod Genet* 2019;**36**:1999–2005.

Blyth E, Crawshaw M, Frith L, van den Akker O. Gamete donors' reasons for, and expectations and experiences of, registration with a voluntary donor linking register. *Hum Fertil (Camb)* 2017;**20**:268–278.

Blyth E, Yee S, Tsang AK. "They were my eggs; they were her babies": known oocyte donors' conceptualizations of their reproductive material. *J Obstet Gynaecol Can* 2011;**33**:1134–1140.

Borgstrøm MB, Nygaard SS, Danielsen AK, Kesmodel US. Exploring motivations, attitudes and experiences of oocyte donors: a qualitative study. *Acta Obstet Gynecol Scand* 2019;**98**:1055–1062.

Bracewell-Milnes T, Saso S, Bora S, Ismail AM, Al-Memar M, Hamed AH, Abdalla H, Thum MY. Investigating psychosocial attitudes, motivations and experiences of oocyte donors, recipients and egg sharers: a systematic review. *Hum Reprod Update* 2016;**22**:450–465.

Braun CB, DeSantis CE, Lee JC, Kissin DM, Kawwass JF. Trends and outcomes of fresh and frozen donor oocyte cycles in the United States. *Fertil Steril* 2024;**122**:844–855.

Bujan L, Nouri N, Papaxanthos-Roche A, Ducrocq B, Brugnon F, Ravel C, Rives N, Teletin M, Drouineaud V, Delepine B *et al.* Motivations and personality characteristics of candidate sperm and oocyte donors according to parenthood status: a national study from the French CECOS network. *Hum Reprod Open* 2022;**2022**:hoac042.

Byrd LM, Sidebotham M, Lieberman B. Egg donation—the donor's view: an aid to future recruitment. *Hum Fertil (Camb)* 2002;**5**:175–182.

Chalova L, Lokshin V, Kiyan V, Turdaliyeva B, Zhybanisheva K, Kinzhibayev A. Assisted reproductive technologies and oocyte donation. *Iran J Public Health* 2025;**54**:607–614.

Cordier C, Ducrocq B, Fry J, Catteau-Jonard S. Views of French oocyte donors at least 3 years after donation. *Reprod Biomed Online* 2020;**40**:819–826.

Deng Z, Tang Z, Tan Y, Yang Y. Exploring effective human egg donation policies: global laws and experiences. *Humanit Soc Sci Commun* 2025;**12**:1404.

Dyer S, Potgieter L, Honwana F, Elgindy E, Adageba RK, Khrouf M, Kolani JC, Iketubosin F, Roux PL, Archary P; African Network and Registry for Assisted Reproductive Technology. Assisted reproductive technology in Africa: the African Network and Registry for ART, 2021 and 2022. *Reprod Biomed Online* 2026;**52**:105230.

European IVF Monitoring Consortium (EIM) for the European Society of Human Reproduction and Embryology (ESHRE); Smeenk J, Wyns C, De Geyter C, Kupka M, Bergh C, Cuevas Saiz I, De Neubourg D, Rezabek K, Tandler-Schneider A, Rugescu I *et al.* ART in Europe, 2019: results generated from European registries by ESHRE†. *Hum Reprod* 2023;**38**:2321–2338.

European IVF-Monitoring Consortium (EIM) for the European Society of Human Reproduction and Embryology (ESHRE); Wyns C, Bergh C, Calhaz-Jorge C, De Geyter C, Kupka MS, Motrenko T, Rugescu I, Smeenk J, Tandler-Schneider A, Vidakovic S *et al.*; ART in Europe, 2016: results generated from European Registries by ESHRE. *Hum Reprod Open* 2020;**2020**:hoaa032.

Frith L, Blyth E, Farrand A. UK gamete donors' reflections on the removal of anonymity: implications for recruitment. *Hum Reprod* 2007;**22**:1675–1680.

Gezinski LB, Karandikar S, Carter J, White M. Exploring motivations, awareness of side effects, and attitudes among potential egg donors. *Health Soc Work* 2016;**41**:75–83.

Goedeke S, Gamble H, Thurlow R. Motivations for egg donation to previously unknown recipients: donation as a personal, relational act of giving. *Hum Fertil (Camb)* 2023a;**26**:226–236.

Goedeke S, Gamble H, Thurlow R. Extended families? Contact expectations and experiences of egg donors donating to previously unknown recipients. *Hum Fertil (Camb)* 2023b;**26**:1519–1529.

Graham S, Jadva V, Freeman T, Ahuja K, Golombok S. Being an identity-release donor: a qualitative study exploring the motivations, experiences and future expectations of current UK egg donors. *Hum Fertil (Camb)* 2016;**19**:230–241.

Haimes E, Taylor K, Turkmendag I. Eggs, ethics and exploitation? Investigating women's experiences of an egg sharing scheme. *Sociol Health Illn* 2012;**34**:1199–1214.

Isaksson S, Sydsjö G, Skoog Svanberg A, Lampic C. Preferences and needs regarding future contact with donation offspring among identity-release gamete donors: results from the Swedish Study on Gamete Donation. *Fertil Steril* 2014;**102**:1160–1166.

Jadva V, Freeman T, Kramer W, Golombok S. Sperm and oocyte donors' experiences of anonymous donation and subsequent contact with their donor offspring. *Hum Reprod* 2011;**26**:638–645.

Jadva V, Lamba N, Kadam K, Golombok S. Indian egg donors' characteristics, motivations and feelings towards the recipient and resultant child. *Reprod Biomed Soc Online* 2015;**1**:98–103.

Jociles Rubio MI, Ayala Rubio A. 'I helped create a child, but I am not its mother': attitudes of Spain's anonymous egg donors towards contact with donor-conceived children. *Reprod Biomed Online* 2025;**51**:104871.

Kenney NJ, McGowan ML. Looking back: egg donors' retrospective evaluations of their motivations, expectations, and experiences during their first donation cycle. *Fertil Steril* 2010;**93**:455–466.

Khamsi F, Endman MW, Lacanna IC, Wong J. Some psychological aspects of oocyte donation from known donors on altruistic basis. *Fertil Steril* 1997;**68**:323–327.

Kirkman M, Bourne K, Fisher J, Johnson L, Hammarberg K. Gamete donors' expectations and experiences of contact with their donor offspring. *Hum Reprod* 2014;**29**:731–738.

Klein JU, Sauer MV. Oocyte donation. In: Ginsburg E, Racowsky C (eds). *In Vitro Fertilization*. New York, NY: Springer, 2012. https://doi.org/10.1007/978-1-4419-9848-4_10

Kotevski DP, Newman JE, Chaitarvornkit A, Paul RC, Chambers GM. *Assisted Reproductive Technology in Australia and New Zealand 2023*. Sydney: National Perinatal Epidemiology and Statistics Unit, the University of New South Wales, Sydney, 2025. Retrieved on 7 May 2026: https://www.unsw.edu.au/content/dam/pdfs/medicine-health/npesu/research-reports/2025-09-anzard/2025-09-Assisted-Reproductive-Technology-in-Australia-and-New-Zealand-2023.pdf.

Lampic C, Skoog Svanberg A, Sydsjö G. Attitudes towards disclosure and relationship to donor offspring among a national cohort of identity-release oocyte and sperm donors. *Hum Reprod* 2014;**29**:1978–1986.

Lampic C, Thorup E, Bladh M, Nedstrand E, Brinck X, Svanberg AS, Sydsjö G. Are open-identity donors prepared for release of their identity? Long-term follow-up of a national sample of oocyte and sperm donors. *Hum Reprod* 2025;**40**:1947–1956. https://doi.org/10.1093/humrep/deaf134

Lassen E, Lemmen JG, Pennings G, Skytte AB. Egg donors' attitudes toward identifiability, offspring information, and genetic testing. *Reprod Biol Endocrinol* 2025;**23**:81.

Leeton J, Harman J. Attitudes toward egg donation of thirty-four infertile women who donated during their in vitro fertilization treatment. *J In Vitro Fert Embryo Transf* 1986;**3**:374–378.

Li Piani L, Tshilembi A, De Vos M, Buyse E, Ruttens S, Somigliana E, Tournaye H, Blockeel C. Oocyte donors' experience and expectations in a non-profit fertility care setting. *J Assist Reprod Genet* 2024;**41**:2337–2347.

Lockwood C, Munn Z, Porritt K. Qualitative research synthesis: methodological guidance for systematic reviewers utilizing meta-aggregation. *Int J Evid Based Healthc* 2015;**13**:179–187.

Lucas PJ, Baird J, Arai L, Law C, Roberts HM. Worked examples of alternative methods for the synthesis of qualitative and quantitative research in systematic reviews. *BMC Med Res Methodol* 2007;**7**:4.

Martin A, Côté I, Desjardins S. 'A lifelong decision': a qualitative study of retrospective perceptions held by egg and sperm donors. *Reprod Biomed Online* 2025;**51**:104986. https://doi.org/10.1016/j.rbmo.2025.104986

Martin N, Mahmoodi N, Hudson N, Jones G. Recipient and donor experiences of known egg donation: implications for fertility counselling. *J Reprod Infant Psychol* 2020;**38**:354–366.

Maxwell KN, Cholst IN, Rosenwaks Z. The incidence of both serious and minor complications in young women undergoing oocyte donation. *Fertil Steril* 2008;**90**:2165–2171.

Miettinen A, Rotkirch A, Suikkari AM, Söderström-Anttila V. Attitudes of anonymous and identity-release oocyte donors towards future contact with donor offspring. *Hum Reprod* 2019;**34**:672–678.

Munn Z, Stone JC, Aromataris E, Klugar M, Sears K, Leonardi-Bee J, Barker TH. Assessing the risk of bias of quantitative analytical studies: introducing the vision for critical appraisal within JBI systematic reviews. *JBI Evid Synth* 2023;**21**:467–471.

Nelson MK, Hertz R. Pride and concern: differences between sperm and egg donors with respect to responsibility for their donor-conceived offspring. *New Genetics and Society* 2017;**36**:137–158.

Okafor NI, Ikechebelu JI, Joe-Ikechebelu NN, Okpala BC, Odo CC. 'Gift with a price tag': Nigerian egg donors' knowledge, experiences and motivations. *Afr J Reprod Health* 2022;**26**:64–79.

Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan—a web and mobile app for systematic reviews. *Syst Rev* 2016;**5**:210.

Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, Shamseer L, Tetzlaff JM, Akl EA, Brennan SE *et al.* The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *Br Med J* 2021;**372**:n71.

Pennings G, de Mouzon J, Shenfield F, Ferraretti AP, Mardesic T, Ruiz A, Goossens V. Socio-demographic and fertility-related characteristics and motivations of oocyte donors in eleven European countries. *Hum Reprod* 2014;**29**:1076–1089.

Pennings G, Lassen E, Lemmen JG, Skytte AB. Sperm and egg donors' views on identity release, donor offspring information and genetic testing. *J Assist Reprod Genet* 2025;**42**:2905–2912.

Platts S, Bracewell-Milnes T, Saso S, Jones B, Parikh R, Thum MY. Investigating attitudes towards oocyte donation amongst potential donors and the general population: a systematic review. *Hum Fertil (Camb)* 2021;**24**:169–181.

Polyakova MD, Symanyuk E, Khramtsova A. The influence of sociocultural factors on oocyte donors' motivations and disclosure decisions. *Chang. Soc. Pers*. 2022;**6**:594–609.

Popay J, Roberts H, Sowden A, Petticrew M, Arai L, Rodgers M, Britten N, Roen K, Duffy S. (2006). *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews. A Product from the ESRC Methods Programme*. Institute for Health Research, Lancaster University. https://doi.org/10.13140/2.1.1018.4643. https://www.semanticscholar.org/paper/Guidance-on-the-Conduct-of-Narrative-Synthesis-in-A-Popay-Roberts/ed8b23836338f6fdea0cc55e161b0fc5805f9e27 (11 August 2026, date last accessed).

Practice Committee of the American Society for Reproductive Medicine and the Practice Committee of the Society for Assisted Reproductive Technology. Recommendations for gamete and embryo donation: a committee opinion. *Fertil Steril* 2013;**99**:47–62.e1.

Purewal S, van den Akker OB. British women's attitudes towards oocyte donation: ethnic differences and altruism. *Patient Educ Couns* 2006;**64**:43–49.

Rodgers M, Sowden A, Petticrew M, Arai L, Roberts H, Britten N, Popay J. Testing methodological guidance on the conduct of narrative synthesis in systematic reviews: effectiveness of interventions to promote smoke alarm ownership and function. *Evaluation* 2009;**15**:49–73.

Ryan RM, Deci EL. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *Am Psychol* 2000;**55**:68–78.

Ryan RM, Deci EL. Intrinsic and extrinsic motivation from a self-determination theory perspective: definitions, theory, practices, and future directions. *Contemp Educ Psychol* 2020;**61**:101860.

Tammi R, Homanen R. Good donors, bad donors and oddities in the family tree: genomics, donation and reproductive citizenship in finnish egg donor accounts. *Biosocieties* 2025;**20**:324–345.

Thaldar D. Egg donors' motivations, experiences, and opinions: a survey of egg donors in South Africa. *PLoS One* 2020;**15**:e0226603.

Thorup E, Sydsjö G, Skoog Svanberg A, Lampic C. Do directed and non-directed oocyte donors differ regarding their motives, ambivalence, satisfaction and openness about donating? *Reprod Biomed Online* 2025;**50**:104455.

Tober D, Pavone V, Lafuente-Funes S, Konvalinka N. Eggonomics: vitrification and bioeconomies of egg donation in the United States and Spain. *Med Anthropol Q* 2023;**37**:248–263.

Yee S, Blyth E, Tsang AKT. Oocyte donors' experiences of altruistic known donation: a qualitative study. *J Reprod Infant Psychol* 2011;**29**:404–415.

Yee S, Hitkari JA, Greenblatt EM. A follow-up study of women who donated oocytes to known recipient couples for altruistic reasons. *Hum Reprod* 2007;**22**:2040–2050.

Zegers-Hochschild F, Adamson GD, Dyer S, Racowsky C, de Mouzon J, Sokol R, Rienzi L, Sunde A, Schmidt L, Cooke ID *et al.* The international glossary on infertility and fertility care, 2017. *Hum Reprod* 2017;**32**:1786–1801.

Human Reproduction Update, 2026, 00, 1–22
https://doi.org/10.1093/humupd/dmag020
Review