

Family Building Options for LGBTQ+ Patients

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Disclosures

I have no disclosures to report.

Objectives

At the conclusion of this session, the participant will be able to:

1. Recognize the unique psychological, economic, and legal implications LGBTQ+ patients and couples face when creating a family.
2. Discuss LGBTQ+ family building options available.
3. Identify LGBTQ+ family building resources for patients.

Overview

- 7.2% of adults identify as LGBT and 0.6% of adults and youth (\geq age 13) identify as transgender in the United States
- 37% of LGBT adults have had a child at some time in their lives
 - 48% of LGBT women (under age 50) are raising a child
 - 20% of LGBT men (under age 50) are raising a child
- 17.8% of transgender and gender diverse patients seeking gender-affirming medical treatments reported interest in having genetically related children, 8.4% were unsure

Family building options for: single cisgender females & same sex female couples



Donor Sperm

- Can perform home insemination, intrauterine insemination, or in vitro fertilization
- Can be obtained from a directed (known) donor or from an anonymous donor through a sperm bank – there are pros/cons to each option
- FDA requirements
- Medical and psychological screening typically required

Reciprocal IVF

- An egg from one partner is inseminated and then transferred to the other partner's uterus who will then carry the pregnancy
- Age of both partners, medical history, desire for pregnancy, and insurance/medical benefits may be taken into consideration when deciding who may carry the pregnancy
- Autologous IVF is also an option, as is use of a donor embryo

Family building options for: single cisgender males & same sex male couples



Donor Egg & Gestational Carrier IVF

- Egg donors can be obtained from a directed (known) donor or from an anonymous donor through a clinic, agency, or egg bank
- Gestational carriers (also known as surrogates) may be known, or obtained through a clinic or agency
- Split insemination is an option
- Medical and psychological screening typically required

Family building options for: transgender individuals

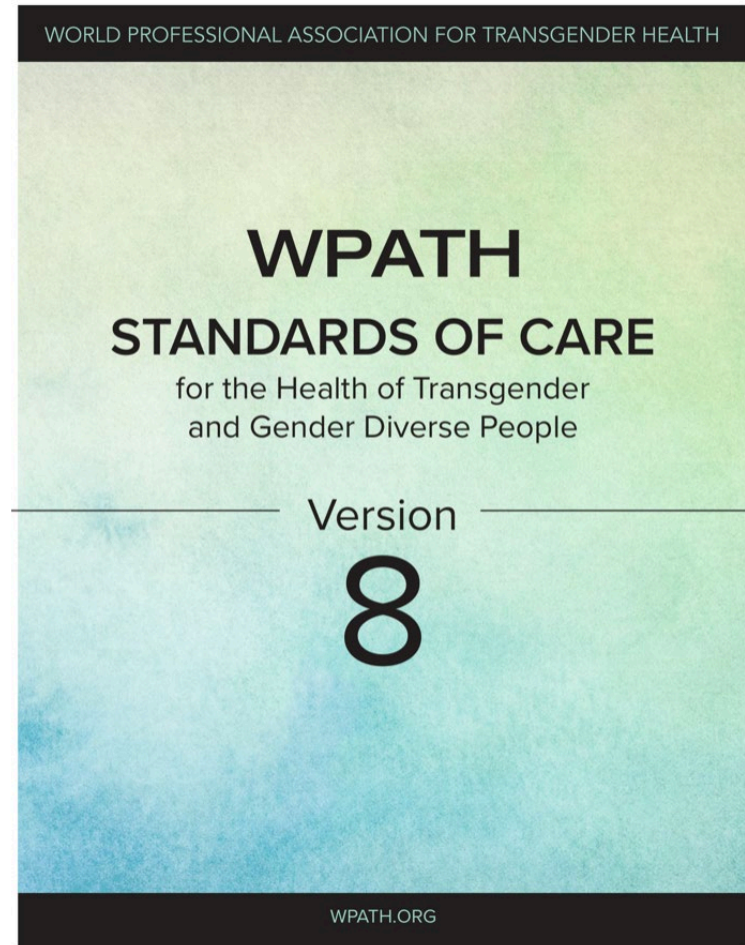


Gender Affirming Therapy

- Lupron used for peri-pubertal transgender individuals
- Spironolactone and estradiol used for post-pubertal transgender females
- Testosterone used for post-pubertal transgender males
- Gender affirming hormone and surgical therapies may result in a loss of fertility which may be reversible or irreversible

Fertility Preservation

“Healthcare professionals... should discuss reproductive options with patients prior to initiation of these medical treatments for gender dysphoria.”

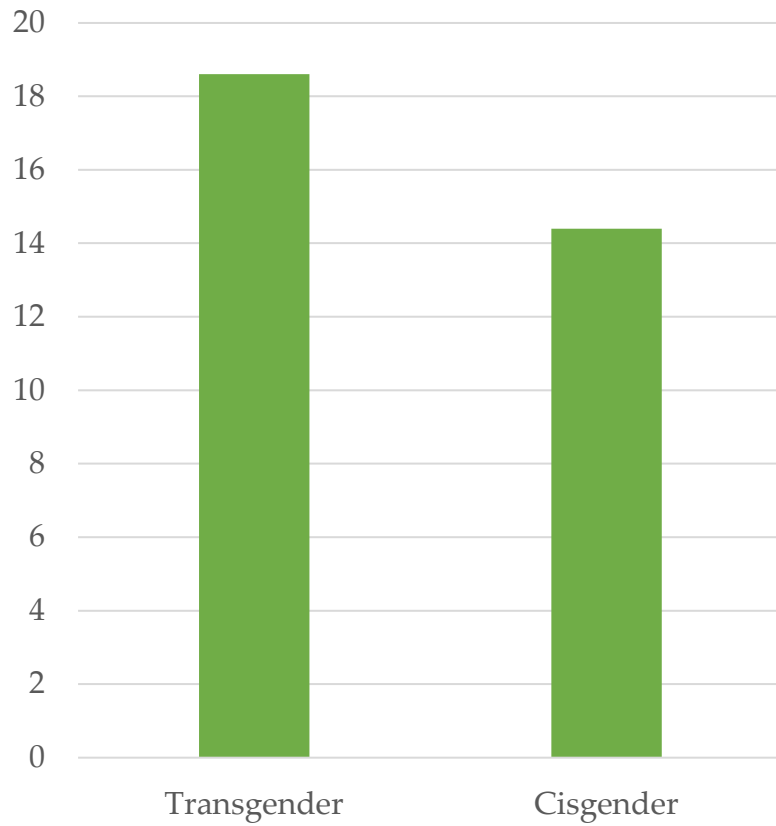


Fertility Preservation

- ovarian tissue cryopreservation
- oocyte (egg) cryopreservation
- testicular tissue cryopreservation
- sperm cryopreservation
- testicular sperm extraction and cryopreservation
- embryo cryopreservation

Transgender Males

Number of Oocytes Retrieved



- Controlled ovarian stimulation in patients *with* discontinuation of exogenous hormones

Transgender Males

- There are a few case reports of controlled ovarian stimulation in patients *without* discontinuation of exogenous hormones

Study	Details	Findings
Stark & Mok-Lin, 2022	○ 2 transgender men on 6 and 20 months of testosterone	○ 30 and 9 oocytes cryopreserved
Gale et al., 2021	○ 1 transgender man on testosterone for 18 months	○ 22 oocytes cryopreserved
Cho et al., 2020	○ 1 transgender man on testosterone for 3 years, stopped for 3 doses	○ 11 oocytes cryopreserved

Transgender Females

- Study of orchiectomy specimens obtained from transgender females following gender-affirming surgery who used gender-affirming hormone therapy (GAHT)
 - 28.2% had evidence of spermatogenesis
 - 8.2% had active spermatogenesis
- Uterine transplant may be an option in the future

Family building options for: everyone



Foster Care & Adoption

- LGBTQ individuals and same-sex couples are 6x more likely to foster and 4x more likely to adopt than non-LGBTQ counterparts

Psychological/ Social-Emotional Issues

- Biologic connection to the child
- Disclosure

Legal issues

- Laws about same-sex parenting vary from state to state (and country to country)
- Rights legally granted in one jurisdiction do not necessarily cross state lines

Legal issues

- Right to Build Families Act of 2022
 - Prohibit limiting any individual from accessing ART or retaining their reproductive genetic materials, including gametes;
 - Protect healthcare providers who provide ART or related counseling and information;
 - Allow the Department of Justice to pursue civil action against states that violate the legislation; and
 - Create a private right of action for individuals and healthcare providers in states that have limited access to ART.

Sources: Bill S.5276

Barriers to Access

- Insurance information (and coverage) may be limited
 - In one study of 117 insurance companies, only 68.4% had publicly available information regarding their insurance plans' coverage for infertility care available online
 - 0 of them had online documentation or information provided by phone representatives regarding differences in coverage for same sex couples
- Cost may be upward of \$100k+
- Discrimination/lack of cultural competency

Resources for your patients



Thank you!

Questions?

References

- “LGBTQ+ Family Building Through ART: Optimal Medical, Legal, and Psychological Support” SART webinar (Amato, Bergman, Terenzio, Woodward) <https://www.asrm.org/resources/videos/educational-webinars/asrmsart-webinars/lgbtq-family-building-through-art--optimal-medical-legal-and-psychological-support/>
- “U.S. LGBT Identification Steady at 7.2%” (Jones, 2023) <https://news.gallup.com/poll/470708/lgbt-identification-steady.aspx>
- “LGBT Parenting in the United States” (Gates, 2013)
- “How Many Adults and Youth Identify as Transgender in the United States?” (Herman, Flores, O’Neill, 2022)
- “Desire for genetically related children among transgender and gender-diverse patients seeking gender-affirming hormones” (Kyweluk et. al. 2023)
- “Standards of Care for the Health of Transgender and Gender Diverse People, Version 8” (International Journal of Transgender Health, Coleman et al. 2022)
- “Assisted reproductive technology outcomes in female-to-male transgender patients compared with cisgender patients: a new frontier in reproductive medicine” (Leung et al, 2019)
- “Reversibility of testosterone-induced acyclicity after testosterone cessation in a transgender mouse model” (Kinnear et al., 2021)
- “Fertility preservation in transgender men without discontinuation of testosterone” (Stark & Mok-Lin, 2022)
- “Oocyte cryopreservation in a transgender man on long-term testosterone therapy: a case report” (Gale et al., 2021)
- “Fertility preservation in a transgender man without prolonged discontinuation of testosterone: a case report and literature review” (Cho et al., 2020)
- “THE EFFECT OF ESTROGEN THERAPY ON SPERMATOGENESIS IN TRANSGENDER WOMEN. Annika Sinha, 2020)
- “Fertility options for transgender persons” (Amato, 2016) <https://transcare.ucsf.edu/guidelines/fertility>
- <https://www.congress.gov/bill/117th-congress/senate-bill/5276/text?s=1&r=90>
- “Insurance Coverage for LGBTQ Patients Seeking Infertility Care” (Estevez et al., 2020)
- “Access, barriers, and decisional regret in pursuit of fertility preservation among transgender and gender-diverse individuals” (Vyas et al. 2020)
- “ACCESS TO FERTILITY PRESERVATION FOR TRANS-GENDER PATIENTS: A MYSTERY CALLER STUDY.” (Kolbe et al., 2021)