



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



Building Your Family: LGBTQ Reproductive Options

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Obstetrics & Gynecology
Fenway Health
May 13, 2019

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Integrated Primary Care Model, including Behavioral Health, HIV/STI prevention and care
- 35,000 patients
 - Half LGBTQ
 - 10% transgender

The Fenway Institute

- Research, Education and Training, Policy



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Today's Faculty

Rebekah Vilorio MD

Obstetrics & Gynecology at Fenway Health and
Beth Israel Deaconess Medical Center



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Objectives

- Overview of reproductive/fertility options
- Review fertility preservation
- Review health conditions and testing that may impact fertility

Disclosures

I have no financial conflicts of interest to disclose

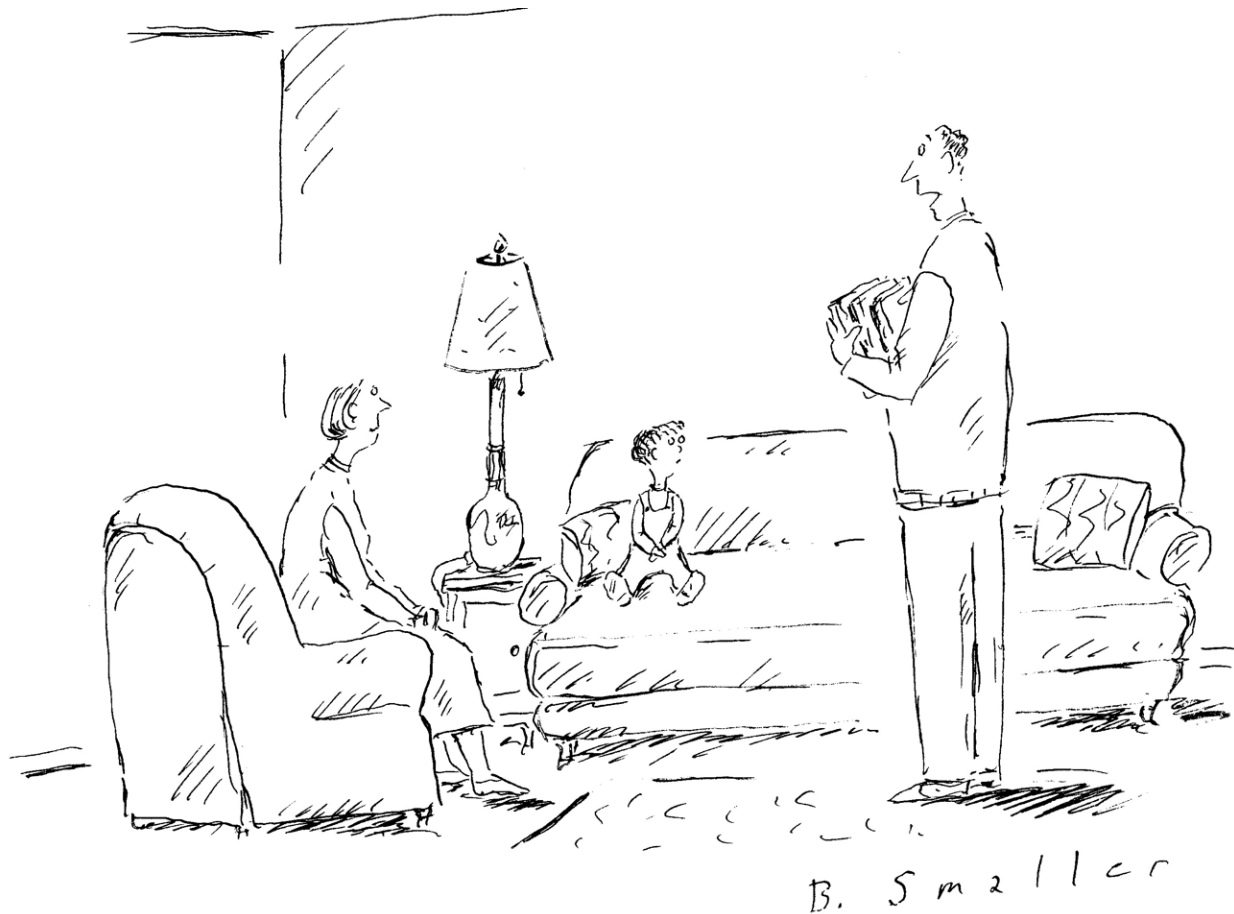
Family is not an important thing.
It's everything.

-Michael J. Fox



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"We're going to start with the birds and the bees and then work our way up to the new reproductive technologies."

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The Basics of Reproduction

- “In order to make a baby, you need **sperm**, an **egg**, and a **uterus** for the embryo to grow in. Any one of those can be your **own**, your **partner's**, or a **donor's**. All that matters is that the sperm meets the egg, and the fertilized embryo implants and then grows inside the uterus. How and where the magic happens is ultimately a matter of logistics and planning.”

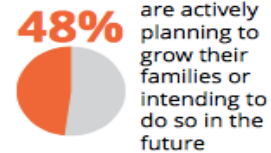
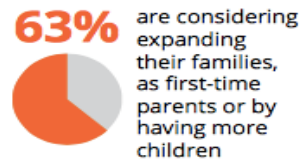
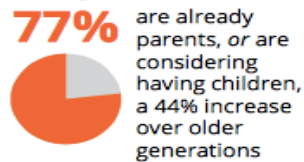
- 20 Things Transgender People Might Want To Know About Fertility. BuzzFeed. Carolyn Kylstra. June 23, 2015



LGBTQ FAMILY BUILDING SURVEY KEY FINDINGS

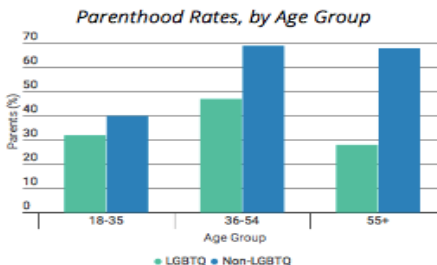
➤ **The number of LGBTQ-headed families in the United States is set to grow dramatically in coming years**

Among LGBTQ Millennials (aged 18-35):



3.8 million LGBTQ Millennials are considering expanding their families in the coming years, and **2.9 million** are actively planning to do so.

➤ **Gaps both in parenthood rates and plans to become parents between LGBTQ and non-LGBTQ people are narrowing**

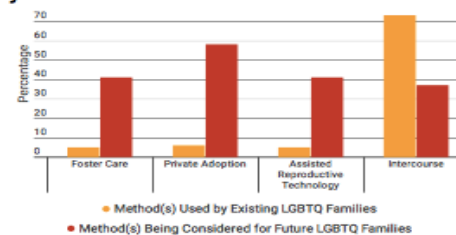


48% of LGBTQ Millennials are planning to grow their families, compared to **55%** of non-LGBTQ Millennials — a gap of only **7%**.

➤ **In future, more LGBTQ families will be formed through assisted reproductive technology, adoption, and foster care**

63% of LGBTQ people planning families are looking to foster care, adoption, and assisted reproductive technology.

This is a dramatic shift from existing LGBTQ families, in which **73%** have children conceived from intercourse.



Family Equality
Council (2019)
LGBTQ Family
Building Survey.
<https://www.familyequality.org/fbs>



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LGBTQ FAMILY BUILDING SURVEY KEY FINDINGS

➤ **The number of LGBTQ-headed families in the United States is set to grow dramatically in coming years**

Among LGBTQ Millennials (aged 18-35):

77% are already parents, or are considering having children, a 44% increase over older generations



63% are considering expanding their families, as first-time parents or by having more children



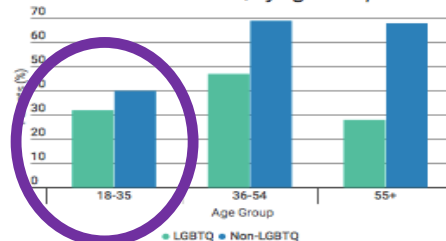
48% are actively planning to grow their families or intending to do so in the future



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➤ **Gaps both in parenthood rates and plans to become parents between LGBTQ and non-LGBTQ people are narrowing**

Parenthood Rates, by Age Group

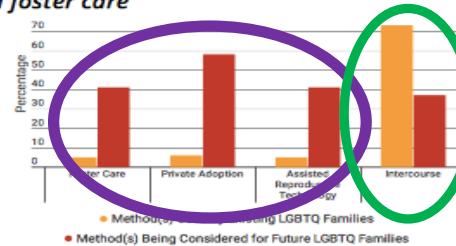


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Family Building Options

- Conception through intercourse
- Adoption
- Foster care
- Assisted Reproductive Treatment (ART)
 - Home insemination
 - Artificial/Intrauterine insemination
 - In Vitro Fertilization
 - Reciprocal In Vitro Fertilization
 - Surrogacy
 - Fertility preservation



Adoption

- International or domestic
 - Private or state domestic adoptions
- Marriage equality restricts international/state-specific adoption
 - Family equality council
 - LGBTQ friendly adoption agency
- DCF (MA) is LGBTQ friendly
- Cost: \$2000-\$40,000



Assisted Reproductive Technology (ART)

- Fertility/reproductive specialist
- Extensive fertility and genetic testing and reproductive imaging
- IUI with medicated ovulation + frozen sperm
- In vitro Fertilization (IVF) : embryo formed in lab, transferred to uterus
 - Donor or partner sperm
 - Donor or partner egg
 - Surrogate or partner uterus



Artificial/Alternative insemination

- Fresh vs frozen sperm
- Natural vs medicated cycle
- Home vs office/fertility center
- Limited insurance coverage
 - Infertility coverage
 - Infertility diagnosis

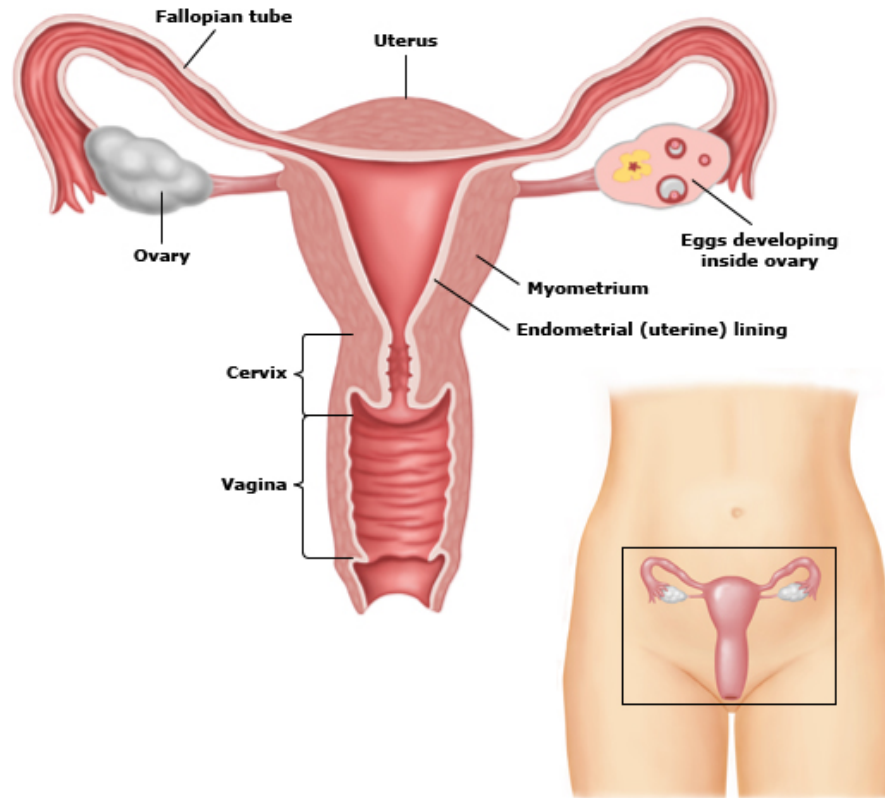


Health Insurance

- Infertility diagnosis
 - Disease condition diagnosed by no pregnancy after 6 or 12 cycles of “exposure to sperm” and fertility testing
 - 6 or 12 cycles of trying to conceive are generally self pay
 - Home inseminations don’t count
- Limited Infertility coverage
 - Only 15 of 50 states have infertility treatment included in health insurance coverage
 - Mandated for private health insurance in Massachusetts
 - Not provided by public insurance
 - Private and public insurance in Maryland includes infertility coverage
- Blue Cross Blue Shield of MA
 - Revised 2017 policy covers IUIs provided by RE or OB for those who do not have a biological male partner
 - Advocated to change policy to include IUIs provided by primary care provider- done 2018



Female reproductive anatomy



These are the internal organs that make up a woman's reproductive system.

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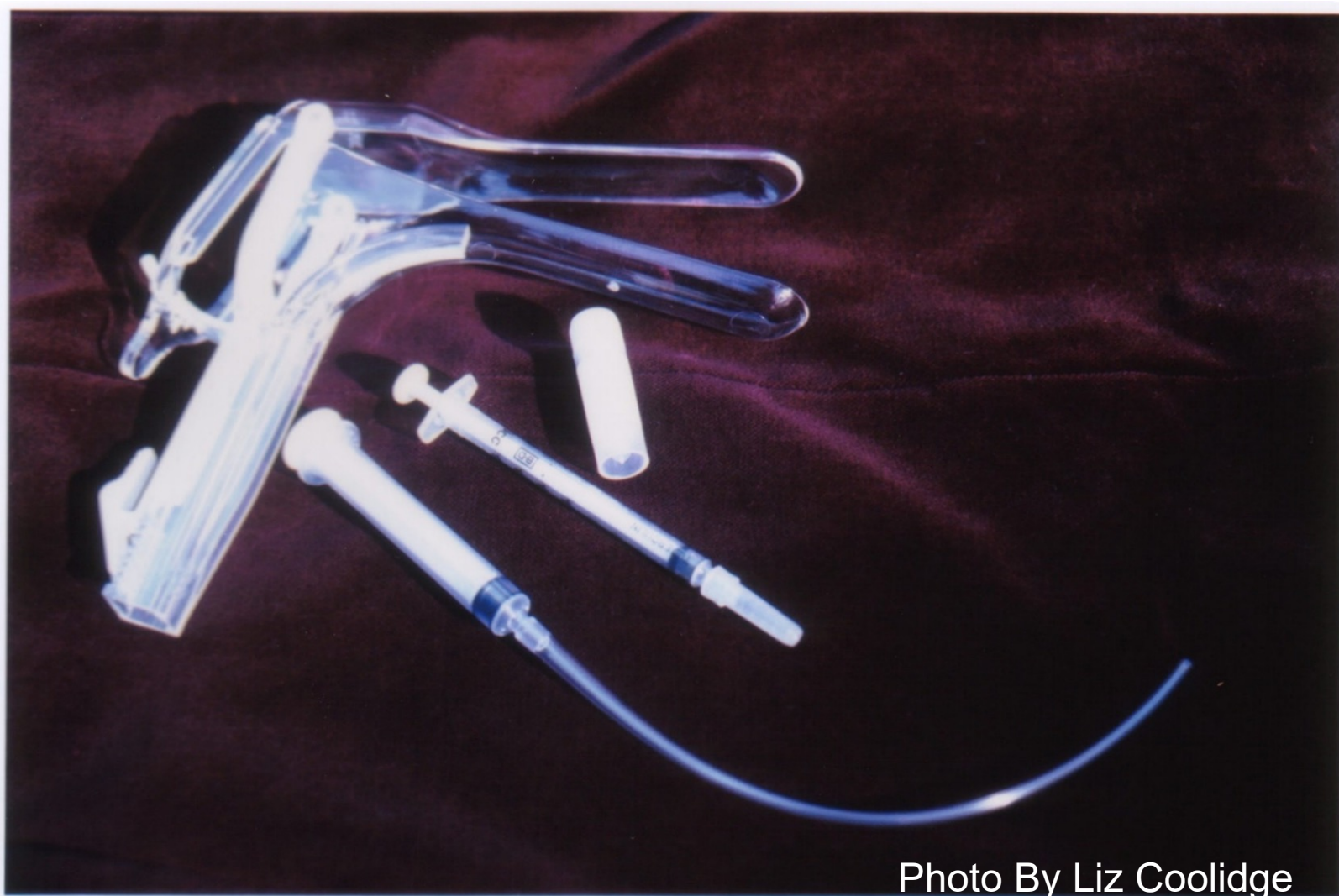


Photo By Liz Coolidge



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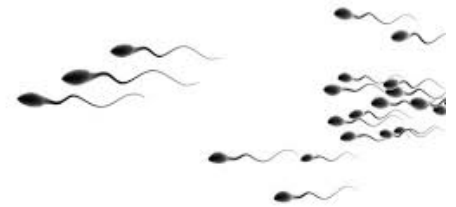
Surrogacy

- Managed by MDs, attorneys
- Traditional Surrogacy
 - Carrier's own egg; higher legal risk
 - No longer done by medical providers
- Gestational Surrogacy
 - Egg donor and gestational surrogate
 - In vitro Fertilization
 - Compensated for time and effort
 - Lower legal risk, higher cost



Sperm Donors (cryopreserved sperm)

- Anonymous donors through commercial sperm bank
- Known/Directed donors
- Age 18-35/40
- Sperm quarantined x 180 days
 - Screened/rescreened for communicable diseases
- Proven fertility not essential
- Genetic testing panel(s)
- Psychologic assessment
- Questionnaire regarding information release/future contact
- FDA tissue regulations
 - Discriminate against gay men



Fresh Sperm Donor

- Fertility centers: frozen sperm or husband sperm only
- Home inseminations with *fresh* semen
 - Medical risk, Legal risk, legal agreement essential
 - Lowest cost
 - Highest risk



Known vs Anonymous Donor Considerations

	KNOWN DONOR	ANONYMOUS DONOR
RELATIONSHIPS	Complex, negotiated	Simpler
IDENTITY OF DONOR	Identifiable	Anonymous or anonymous till child is age 18
LEGAL RISK	Donor has legal rights Need legal agreement stating intentions, including adoption surrender if planning co-parent adoption	Rights to children relinquished with sperm bank contract
STI RISK	Fresh semen specimen is not tested	Specimen is quarantined, donor tested before release
SPERM LIFESPAN	3-5 days once inseminated	24 hours once thawed and inseminated
ACCESS	Depends on location of donor	Easy, specimens can be shipped anywhere
COST	Negotiated, usually legal and medical costs	Cost of vial and shipping



Egg Donors

- Anonymous donors
- Ages 21-34
- Proven fertility may be preferred
- Screening per ASRM guidelines (physical, mental health, STI risk)
- FDA testing for communicable disease
- Hormonal stimulation and invasive egg retrieval

Trans- Reproduction



- **WPATH:** “...it is desirable for patients to make decisions concerning fertility before starting hormone therapy or undergoing surgery to remove/alter their reproductive organs...”
- **UCSF:** “It is recommended that prior to transition all transgender persons be counseled on the effects of transition on their fertility as well as regarding options for fertility preservation and reproduction”



Contraception

- “Because infertility is not absolute or universal in transgender people undergoing hormone therapy, all transgender people who have gonads and engage in sexual activity that could result in pregnancy should be counseled on the need for contraception. Gender affirming hormone therapy alone is not a reliable form of contraception, and testosterone is a teratogen that is contraindicated in pregnancy.”

UCSF Center of Excellence for Transgender Health

Fertility preservation

- MTF: Sperm cryopreservation
 - Testicular sperm extraction, testicular tissue preservation
- FTM: Egg Freezing (Oocyte Cryopreservation)
 - Hormone-induced ovulation
 - Ultrasound guided retrieval under anesthesia
- FTM: Embryo Banking
 - Egg retrieval with immediate fertilization with chosen donor sperm
- Ovarian Tissue Cryopreservation

Trans -Reproduction

- Stopping estrogen/testosterone
 - *may/may not* reverse gonadal effects
 - FTM
 - Irregular vs regular bleeding
 - Consider labs if no return of of menses
 - MTF
 - stop anti-androgen medications
 - Consider semen analysis



Cost of ART

- Donor sperm: \$500 - \$1000 per vial, 1 vial/cycle
- Sperm banking and FDA testing: \$1000
- Intrauterine insemination: \$250 - \$500
- Fenway cost: <\$300 to enroll, \$250/IUI/cycle
- In vitro fertilization: \$15,000 per cycle
- In vitro fertilization, egg donation: \$15,000 - \$25,000 per cycle
- Oocyte/embryo cryopreservation: \$6,000 - \$10,000
- Gestational surrogacy: \$50,000 - \$100,000



Legal Considerations

- Laws based on genetic connections
 - Genetic parents have legal relationship to child at birth
 - Non-genetic parents do not have legal relationship to child
- Contracts when using donor/surrogate
- Marriage equality
- Co-parent or 2nd parent adoption
- Varying state laws/policies



Reproductive Health



- Obesity
- Hypertension
- Diabetes
- Polycystic Ovarian Syndrome/anovulatory disorders
- Tobacco/Drug use
- Sexually transmitted infections
- Anatomic pathology

Preconception Counseling

- Healthy diet and exercise
- Prenatal vitamin with folic acid
- Routine health maintenance screening
- Updated vaccination
- Consider genetic screening
- Medication review
- Bleeding calendar
- Travel precautions

Take Home Points



- **Plan Ahead.** Discuss fertility and reproductive options with partners/medical providers
- **Be financially/legally prepared.** Adoption and assisted reproductive options are expensive, complex
- **Optimize health.** Same health issues impact fertility of all gender and sexual identities

Special thanks to
Liz Coolidge, LMHC
AI Program/Family & Parenting Services
coordinator
Fenway Health





Children learn to smile from their parents.

-Shinichi Suzuki



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Questions?