



# Family Building for the Trans Community

A Guide to Becoming a Parent

 FAMILY EQUALITY COUNCIL

**PATH**<sup>2</sup>  
**PARENTHOOD**

# Are you a member of the trans community who is considering parenthood?

Everyone deserves to have the family of their dreams. We hope that this book will give you some of the tools you can use to make that happen. If you need more information, Family Equality Council is here for you.

Family Equality Council's mission is to advance legal and lived equality for LGBTQ+ families and those who wish to form them. We do this by building community, changing hearts and minds, and driving policy advances.

Our staff is available Monday-Friday via email, phone, and live chat. Visit our website, [www.familyequality.org](http://www.familyequality.org), for more information!

**Love. Justice. Family. Equality.**

**Fact: Whether you are single or have a partner, the first thing you need to consider is whether you wish to have a genetic link to your child.**

Hormone treatment can impact fertility, and these changes may be permanent even if hormones are discontinued. If you plan to go through hormone therapy and/or gender confirmation surgery, you may want to retain your ability to have a child that is genetically related to you by engaging in fertility preservation.

It's important that you discuss your reproductive options with your physician and a mental health professional *before* you begin transitioning. There are several options for creating a genetically-linked child through assisted reproductive technology, and banking eggs or sperm prior to hormonal or surgical transition steps can afford you and your partner (if you have one), the opportunity to have a biological connection to your baby later.





## Preserving Your Fertility

**Fact: Everyone who is transitioning should understand their fertility preservation options before beginning any treatment.**

### STAYING HEALTHY

Your health – both emotional and physical – is the first thing you need to think about if you want to preserve your fertility. Some factors to consider:

- Age
- Smoking
- Alcohol or drug use
- Exposure to environmental toxins
- Chemicals in processed food
- History of sexually transmitted infections
- Reproductive challenges

Transgender people can have the same fertility issues as cisgender people. However, infertility is no longer the barrier to parenthood it once was. If you are working to conceive on your own and are experiencing fertility issues, you and your parenting partner should consult with a fertility specialist for testing and evaluation.

## BANKING YOUR EGGS OR SPERM

Cryopreservation is the use of very low temperatures to preserve structurally intact living cells and tissues, including reproductive material (eggs, sperm, or fertilized embryos). Storage of this cryopreserved, or frozen, material is called banking. In freezing eggs for future fertilization, hormonal stimulation of the ovaries results in the development of multiple eggs that are retrieved by an ultrasound-guided procedure and banked for future use.

In sperm banking, semen for cryopreservation is obtained after ejaculation and taken to the laboratory within one hour. The semen is examined to determine the number of sperm it contains and its motility, or ability to move actively. Banking sperm requires the services of a commercial sperm bank, and banking multiple sperm specimens is recommended. Both egg and sperm preservation require fees which your insurance may or may not cover. It is always best to check with your insurance company before engaging in fertility preservation services.



## Protecting Your Fertility Male to Female Transitioning

**Fact: If you wish to be a parent using your own genetic material, it's a good idea to bank your sperm before you begin your transition.**

### MALE TO FEMALE

Any person assigned male at birth who is considering estrogen therapy or gender confirmation surgery should think about sperm banking prior to transition. Estrogen may reduce libido, erectile function, and ejaculation, and an orchiectomy (surgical removal of one or both testicles) is irreversible and will prevent your body from producing sperm.

### BEFORE TRANSITION: PARTNER WHO HAS A UTERUS

If you have a partner who has a uterus and wishes to carry a pregnancy, the easiest option is to try intercourse that might lead to conception before beginning estrogen therapy, which may mean postponing transition while trying to conceive. Every trans person needs to decide for themselves whether they are able to postpone their transition in order to have a child.

If that type of intercourse isn't possible or preferable for you, but you are able to produce a sperm sample in a clinical setting, another option is intrauterine insemination (IUI), where a medical professional will assist with insemination using your sperm before you begin taking hormones. IUI is a procedure usually performed in a doctor's office, often done in conjunction with prescribed fertility medication for your partner.

### BEFORE TRANSITION: PARTNER WHO DOES NOT HAVE A UTERUS

If your partner does not have a uterus, and you wish to have children who are genetically linked to one of you, in vitro fertilization (IVF) with an egg donor and gestational surrogate will be necessary. IVF, a process in which the egg is fertilized with semen outside of the body, is a very common high-tech medical procedure. The semen used in IVF can be yours, your partner's, or a donor's. If you choose IVF, you will work with a reproductive endocrinologist, or fertility specialist, who will oversee the

process from egg removal and sperm banking to embryo transfer. IVF is among the more expensive, but also more effective, ways to achieve pregnancy.

## **BEFORE HORMONAL OR SURGICAL TRANSITION: SINGLE**

Many transgender people choose parenthood while single. One way you can become a parent as a single person is by utilizing the services of a surrogate. If you aren't ready to have children now but wish to preserve that option for the future, you may choose to go through sperm banking for future insemination of a partner or surrogate.

## **AFTER HORMONAL TRANSITION**

Hormone replacement therapy can impact your fertility temporarily or permanently. If you wish to contribute to a pregnancy after receiving hormone treatment, you may stop your hormone regimen to see if you're able to regain fertility. Some people see their sperm quality and quantity return, while others don't. A simple analysis of your sperm, done at a fertility clinic, will tell you whether or not you've retained your fertility. You can also order an at-home semen analysis kit, which can give you some insight into the basics of your sperm count.

## **AFTER SURGICAL TRANSITION: PARTNER WHO HAS A UTERUS**

If your partner has a uterus and wishes to carry a pregnancy, conception may be attempted using your previously-banked sperm to inseminate your partner through intrauterine insemination or an IVF process.

## **AFTER SURGICAL TRANSITION: PARTNER WHO DOES NOT HAVE A UTERUS**

If your partner does not have a uterus, IVF using an egg donor to provide eggs and a gestational surrogate to carry the pregnancy will be required to have genetically-related children. Banked sperm from you or your partner (or a donor) can be used for insemination.



## Protecting Your Fertility Female to Male Transitioning

**Fact: Even though hormones impact fertility, it is still possible for a transgender man to get pregnant unintentionally.**

### FEMALE TO MALE

Any person assigned female at birth considering testosterone therapy as part of a gender transition should consider egg retrieval and freezing before beginning transition.

### BEFORE HORMONAL OR SURGICAL TRANSITION: PARTNER WHOSE BODY PRODUCES SPERM

If you have a partner who was assigned male at birth and you wish to carry a pregnancy, the easiest option is to try intercourse that could result in a pregnancy before beginning hormone therapy. This process would mean postponing surgical and/or hormonal transition throughout the process. Every trans person needs to decide for themselves whether they are able to postpone their transition in order to have a child.

If that type of intercourse isn't possible or preferable for you, it is possible for you to become pregnant utilizing assisted reproductive technology (ART). You could choose to undergo intracervical insemination (ICI), intrauterine insemination (IUI), or in vitro fertilization (IVF) using your partner's sperm before you begin hormone therapy. While you may be anxious to begin hormone therapy, your ability to conceive will be temporarily reduced once you begin treatment.

### BEFORE HORMONAL OR SURGICAL TRANSITION: PARTNER WHOSE BODY DOES NOT PRODUCES SPERM

Couples in which both partners are assigned female at birth may choose to retrieve the eggs from one partner, inseminate those eggs with donor sperm, and have the resulting embryo(s) placed into the other partner, who will hopefully become pregnant via this process. This is called reciprocal IVF. If your partner's body doesn't produce sperm but they were not assigned female at birth, you may choose to carry a pregnancy utilizing a sperm donor. Alternately, you can choose to harvest your eggs and fertilize them with donor sperm and work with a surrogate to carry the pregnancy.

## **BEFORE HORMONAL OR SURGICAL TRANSITION: SINGLE**

Many transgender people choose parenthood while single. You may choose to go through your own pregnancy using donor sperm, or can use donor sperm and work with a surrogate who can carry the pregnancy for you. If you aren't ready to have children but wish to preserve that option for the future, you may choose to go through egg retrieval and freezing for insemination later with sperm from a future partner or donor.

## **AFTER HORMONAL TRANSITION: PARTNER WHOSE BODY PRODUCES SPERM**

If you've been taking hormones but have retained your reproductive organs, you can choose to stop taking your hormones to regain your cycle, after which point you can attempt to conceive with your partner through intercourse or through other assisted methods. There is a growing body of evidence to suggest that it is perfectly healthy to conceive and carry a pregnancy even after years of hormone therapy, although not every transgender man wishes to go through a pregnancy process.

If you don't wish to carry a pregnancy but would still like to have a biological child, you can harvest and retrieve your eggs for use with your partner's sperm in an IVF process, utilizing a surrogate.

If your partner produces sperm, and you are having the kind of intercourse that could result in a pregnancy, you should use protection if you don't wish to conceive. This is especially true during your first year of hormone therapy, when ovulation may still be occurring.

## **AFTER HORMONAL OR SURGICAL TRANSITION: PARTNER WHO HAS A UTERUS**

If your partner was assigned female at birth and wishes to carry a pregnancy, conception may be attempted using sperm from a donor and your partner's eggs. In this case, the baby would be biologically related to your partner but not biologically related to you. If you have retained your reproductive organs and wish to carry a pregnancy, you may choose to stop taking hormones and conceive using donor sperm. If you have retained your reproductive organs but do not wish to carry a pregnancy, you may choose to stop taking hormones and go through an egg retrieval process in order to contribute to a pregnancy in which the baby is genetically related to you.. Another option is to use donor eggs, with your partner or a surrogate carrying the child. This option would require in vitro fertilization (IVF).

## Using Egg and Sperm Donors

There are two types of egg and sperm donors:

- **Known Donor** – While donors can be anonymous, some people choose to acquire eggs or semen samples from someone they know. Typically, this process, often referred to as using a “directed donor,” is less expensive than using an unknown donor. The option of using a known donor can bring up some legal and/or medical risks, so you’ll want to have a conversation with a professional such as a reproductive attorney about any issues your family and the known donor might face in the future. It’s also an option to ask your known donor to engage in medical testing (for STI’s and genetic issues) before moving forward with this process. However, many people use known donors to achieve pregnancy and have few or no issues along the way.
- **Unknown Donor** – The other option is to find an anonymous donor through a cryobank. Choosing a donor this way gives you more insight into the medical history of the donor, and is more legally secure. Cryopreserved donor sperm undergoes testing and quarantine to screen for the presence of sexually transmitted diseases, and both egg and sperm donors receive genetic screening and psychological testing. Using an unknown donor is more expensive and it’s recommended that sperm from a cryobank be utilized in partnership with a healthcare provider who can ensure maximum effectiveness during conception attempts. Make sure your egg or sperm bank is reputable and licensed.

# Surrogacy

If neither you nor your partner are able to or wishes to carry a pregnancy, working with a surrogate is an option to consider. With surrogacy, eggs are retrieved from one partner or a donor, and then inseminated with sperm (either yours, your partner's, or a donor's). Resulting embryos can then be implanted in the surrogate's uterus. There are two specific types of surrogates to consider:



- A traditional surrogate supplies their own eggs and carries the baby to term. The surrogate may conceive via intrauterine insemination (IUI) or in vitro fertilization (IVF). Traditional surrogates, when used, are typically friends or family members. In most states, a traditional surrogate is the legal parent and adoption by intended parents is often required.

- Gestational carriers conceive through IVF with eggs supplied by an egg donor and have no genetic link to your baby. Gestational surrogates and egg donors can be accessed through IVF programs or donor or surrogacy agencies.

Surrogacy laws vary from state to state, and some states restrict

LGBTQ+ individuals from utilizing surrogacy altogether. Any agency accepting funds from the Centers for Medicare and Medicaid Services cannot discriminate against transgender individuals; however, that doesn't guarantee that you won't face barriers. You should obtain legal assistance from family law attorneys specializing in LGBTQ+ issues if you are considering surrogacy.

## The Adoption Option

**Fact: Through adoption and foster care, you can provide a home for a child who needs one.**

Adoption and foster care are great ways to build a family. Hundreds of thousands of children are waiting to be placed in loving homes all over the country. One of these children might very well be the right fit for your family.

There are several types of adoption you may wish to consider:

**Adoption through the foster care system.** These are children whose birth parents cannot care for them and whose parental rights have been terminated. These children can be placed temporarily in foster or group homes while waiting to be adopted. You can learn more about these children by contacting public or private agencies in your community.

**Fost-Adopt.** This is a form of adoption where a child will be placed in your home as a foster child, with the expectation that they will eventually become legally free and available to be adopted by you.

**Infant Adoption.** There are more people wanting to adopt infants than there are infants available to be adopted. Infants may be adopted through adoption agencies, domestically or internationally, and through independent adoptions directly with an attorney.

While LGBTQ+ individuals and couples are not prohibited from adopting children in any of the 50 states, there are states that allow for individual agencies to discriminate based on sexual orientation and gender identity. This does not mean that every agency in the state chooses to enact this license to discriminate. If adoption feels like the right path for you, find an adoption agency or adoption attorney that you trust, hopefully one that specializes in LGBTQ+ adoption and understands the laws in your state of residence as well as in the state or country in which your child is born.



## Legal Implications of Trans Parenting

**Fact: In many states, the legal status of transgender parents can be uncertain. Regardless of your circumstances, you should consult with an attorney or organization that specializes in reproductive or family law before building your family.**

Legal family relationships are often tied to a person's legal gender, and transgender people can sometimes experience legal challenges in connection with their familial relationships. You will want to ensure that your gender is correctly represented on legal documents whenever possible. This can help protect your legal relationship with your child.

A family law attorney specializing in LGBTQ+ issues can help you:

- Ensure that your gender is correctly represented on all essential legal documents
- Enter into or dissolve a marriage, civil union, or domestic partnership
- File documents to give healthcare decision-making power to a partner or other family member
- Secure a parent-child relationship through adoption decree or a legal judgment of parentage
- Protect your ownership of stored genetic material (eggs, sperm, or embryos)

Recent research indicates that over 6 million 18-35 year olds in the US identify as LGBTQ+, and that a majority of them are considering starting or growing their families.

Family Equality Council's Path2Parenthood program provides support for:

- ✓ Prospective LGBTQ+ parents
- ✓ Caring professionals seeking to increase their cultural competency
- ✓ Employers working to create LGBTQ+-friendly places of employment

### For Prospective Parents



#### Written Resources

Educational materials developed for each unique community within the LGBTQ+ family to help navigate the multitude of paths to parenthood.



#### Educational Events

From biological conception to foster care and adoption and trans fertility preservation, Family Equality Council offers in-person educational events around the country for members of the LGBTQ+ community.



#### Videos

Short videos with LGBTQ+ families and prospective parents highlight common challenges and possible solutions to family building.



#### Live Chat Tool

A staffed chat feature on our website for those seeking information on LGBTQ+ family building.

### For Providers & Employers



#### Open Door Provider Training

A virtual training program for family-building providers to ensure that the field is ready to serve our families safely, appropriately, and respectfully.



#### In-Person Training

On-site, in-person trainings delivered for providers and employers around the country on the specific needs of the LGBTQ+ community as they relate to family building.



#### Consultation

Custom consulting engagements focused on creating supportive and inclusive policies and practices, such as revising workplace forms to make them more inclusive and gender neutral, or determining what benefits to offer your employees.

Learn more & contact Family Equality staff at:  
[www.familyequality.org/p2p](http://www.familyequality.org/p2p)





At the start of October 2018, Family Equality Council announced a merger with Path2Parenthood, bringing Path2Parenthood's comprehensive family-building educational work to the LGBTQ+ community as a program of Family Equality Council.

In the past decade, Path2Parenthood has become a leader in family-building education for the LGBTQ+ community, and we are delighted to expand these services as part of Family Equality Council's comprehensive programming for LGBTQ+ families and those who wish to form them.



#### Sources

American Society for Reproductive Medicine  
Centers for Disease Control and Prevention  
Path2Parenthood Library