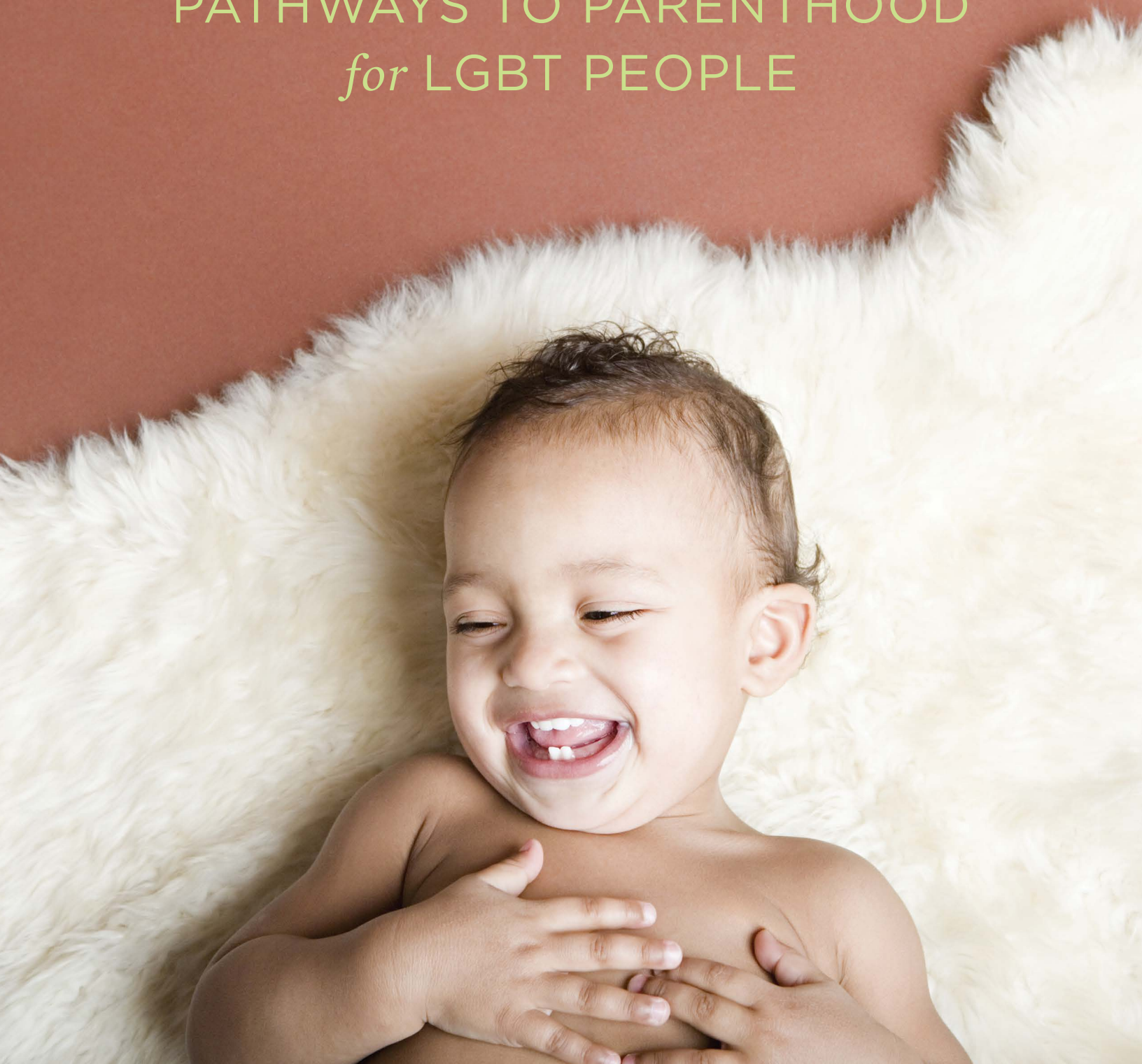




NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

PATHWAYS TO PARENTHOOD
for LGBT PEOPLE



A GROWING NUMBER OF lesbian, gay, bisexual, and transgender (LGBT) people are starting families. The 2010 US Census reported that approximately 19% of same-sex couples are currently raising children, and a 2013 Pew Research national survey found that 51% of LGBT adults of any age have children or would like to have children in the future.¹ With the changes in marriage laws across the country, LGBT individuals and couples who may have once been on the fence about parenthood may now feel even more encouraged to start families.²

As more LGBT individuals and couples seek to have children, many will turn to their health care providers for resources and guidance on what to do. It is therefore important for providers in health centers and other health care organizations to understand the various pathways to parenthood for LGBT people, as well as the unique issues they face as they consider their options. Below we offer an overview of several options available to LGBT people interested in becoming parents and encourage health care providers to use this information as a baseline from which to have a tailored, patient-driven conversation.



Adoption & Foster Parenting

The number of same-sex couples adopting children in the United States increased over 10% between the years 2000 to 2009. According to U.S. Census data, LGB parents are 4.5 times more likely to be raising adopted children than heterosexual parents.³ In addition, approximately 2,600 same-sex couples are raising foster children; they are six times more likely to be raising foster children than heterosexual couples.⁴

CLINICAL CASE VIGNETTE During his annual visit with his primary care provider, Lionel mentions that he and his partner, Trevor, desire to become parents. Neither feels a strong desire to be biologically connected to a child. Lionel would like to learn more about fostering and adoption. What information can be shared with Lionel, and what issues do he and Trevor need to consider?

Public or Private Agencies

If seeking to adopt, Lionel and Trevor will need to consider whether to use a public or private agency. Public agencies are owned and/or funded by governmental sources for foster care and adoption. Laws and policies regarding the ability for LGBT individuals and same-sex couples to adopt or foster have yet to be uniformly applied across all states. It is best to familiarize yourself with the specific policies of your state in order to better understand your patients' circumstances.

Private agencies are regulated by the state and are often non-profit organizations. Privately-owned and operated agencies sometimes have stated or unstated preferences that disadvantage LGBT adoptive parents, while others specifically focus on helping LGBT families. Private agencies charge a fee, which often include the provision of support services for adoptive parents.

Open or Closed Adoption

In an open adoption, the biological parent(s) and the adoptive parent(s) are known to each

other and agree on the degree of contact between the adoptive child and the biological parent(s). In a closed adoption, the identity of the biological parent(s) is withheld from the adoptive parent(s) and from the adoptive child.

Joint Adoption or Second-Parent Adoption

In a joint adoption, both partners jointly petition to adopt a child simultaneously. Joint adoptions are for couples, such as Lionel and Trevor, who desire to adopt a child together. In cases where joint adoption is not an option, for example in a jurisdiction that prohibits unmarried or same-sex couples to jointly adopt, one partner in a couple (e.g., Lionel) could individually adopt the child. The other partner (e.g., Trevor) could then petition to adopt the child through second-parent adoption, also known as co-parent adoption. Second parent adoption allows a second parent to adopt a child without the first parent losing any parental rights; it also protects the couple's parental rights regardless of where the family moves or travels.





Other Issues to Consider

- Most countries prohibit adoptions by lesbian and gay people, making international adoption rarely an option for those who reveal their sexual orientation, including married same-sex couples.⁵
- Adoptions may take 12-36 months for matching between adoptive parents and child and an additional year for the termination of parental rights of the birth parents and legal adoption proceedings. However, once prospective parents have completed entry steps with an

agency, the process of adopting a child can also be very quick.

- The steps for becoming a foster parent are very similar to those for adopting a child.⁶⁼

Approximate Cost of Adoption^{7,8}

- Public domestic adoption: \$2,000
- Second-Parent adoption: \$2,000
- Private domestic adoption: \$20,000-35,000
- Private international adoption: \$25,000-50,000



Assisted Reproduction: Donor Insemination & IVF

Donor insemination (sometimes referred to as alternative or artificial insemination) is when sperm is injected into the cervix or uterus in order to fertilize an egg. In vitro fertilization, or IVF, is when an egg is inseminated in a laboratory and then implanted into the uterus.

CLINICAL CASE VIGNETTE Kendra and her wife Maria make an appointment with the obstetrics and gynecology department at their health center because they desire to have biological children but are unsure how to proceed. How can Kendra and Maria's OB-GYN counsel them about having biological children? What are the potential issues they need to consider?

Known or Unknown Sperm Donor

A known sperm donor is a friend, acquaintance, or relative of the prospective parents. A known donor allows for the possibility that the donor can become involved in the child's life (if desired). When using a known donor, parents are advised to have a formal legal agreement which typically has the donor waive parental rights; however, some states do not recognize such agreements. An unknown sperm donor, whereby a sperm bank connects prospective parents with anonymous sperm donors, generally avoids paternity claims. Most sperm banks provide background information on anonymous sperm donors, such as ethnicity, interests, education, and family medical history, and follow strict medical screening processes.

Insemination and Carrying the Pregnancy

Inseminations can be performed in a clinical setting by medical practitioners or at home with a kit and instructions. Couples need to decide who will be inseminated and carry the pregnancy. Some couples decide to have two or more children, with both partners each carrying a pregnancy. Others may choose "partner to partner" insemination, in which one partner's egg is inseminated through IVF and then implanted into the other partner's uterus. This allows both partners to have a biological connection to the child; however, the cost is much higher than with in vivo donor insemination. The parent who is not biologically related to the child should consider second parent adoption (see Adoption section), even if the couple is married.

Cryopreservation and Insemination

Some patients have frozen eggs, sperm, or embryos that they wish to use for insemination. This can be the case for transgender patients, and also for patients who underwent a procedure known to affect fertility (such as chemotherapy). Transgender women (MTF) who have preserved sperm before medical transition can serve as the sperm donor in donor insemination; transgender men (FTM) who have preserved eggs can serve as the egg donor through IVF. Transgender men who have retained female reproductive organs may also carry a pregnancy, but should be advised to suspend testosterone therapy prior to becoming pregnant. For both transgender men and women, using natal sex organs in pregnancy can raise some psychosocial issues,⁹ which are manageable with affirmative care and support.

Considerations for Transgender Pregnancy

Many transgender people undergo medical and surgical procedures that can limit or prevent their ability to reproduce or carry a pregnancy. It is therefore very important for providers to discuss future reproductive options and parental desires with transgender patients who are preparing to start cross-sex hormone therapy or to have surgery. This discussion can include ways in which different treatments affect fertility and reproductive processes, as well as options to preserve sperm, eggs, or embryos prior to treatment.¹⁰ For more information on fertility, reproduction, and pregnancy options for transgender people, see the Resources section.



Approximate Cost of Donor Insemination and IVF^{11,12}

- The costs associated with donor insemination and IVF range from: \$5,000-\$60,000. Donor insemination is much less expensive than IVF.
- Insurance typically only covers these costs for infertility, and some policies only cover those who are trying to get pregnant through heterosexual sex. Therefore most same-sex couples are excluded from insurance coverage and must pay out of pocket.
- Costs associated with freezing eggs, sperm, and embryos vary greatly, and might not be covered by insurance. While the technology of egg freezing and thawing is getting better, frozen and thawed embryos have a better chance of successfully implanting in the uterus. However, for some patients the freezing and use of embryos may bring up religious or ethical concerns.
- Legal costs associated with known donor insemination range from \$750-\$1500.



Assisted Reproduction: Surrogacy

A surrogacy arrangement is the carrying of a pregnancy for other intended parent(s). These arrangements are extremely expensive, highly regulated, and legally limited. Making these arrangements requires both identifying an egg donor and a surrogate. Both of these can be extensive processes.

CLINICAL CASE VIGNETTE During a routine visit, Rafael tells his primary care provider that he and his husband Andrew desire to have a child. A close female friend has offered to act as a gestational surrogate. They have heard that surrogacy is challenging and expensive, but they feel strongly about having a biological child. What issues should Andrew and Rafael be aware of when considering surrogacy?

Traditional and Gestational Surrogates

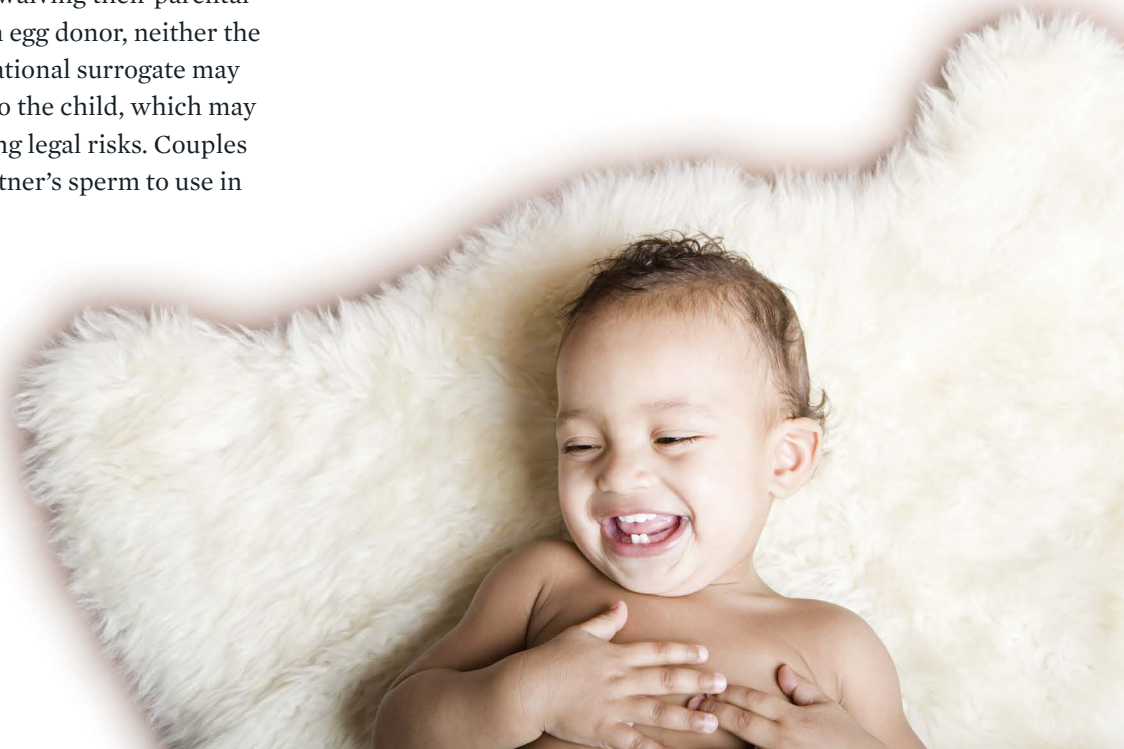
A traditional surrogacy arrangement is when the same person donates the eggs and carries the child. A gestational surrogate is implanted with a donated and fertilized egg and carries the child to term. Both types of surrogacy arrangements require extensive physical, emotional, and psychological tests and matching and interviewing procedures for both the intended parents and the surrogate. Surrogacy agreements between the surrogate and intended parents should be prepared by qualified legal counsel; however, surrogacy is not legal or recognized by courts in every state.¹³

Known and Unknown Egg Donors

As with sperm donors, couples can choose a known or unknown egg donor. Similarly, it is recommended that parents have the egg donor sign a legal agreement waiving their parental rights. For an unknown egg donor, neither the egg donor nor the gestational surrogate may have a full legal claim to the child, which may be desirable for reducing legal risks. Couples must decide which partner's sperm to use in the surrogacy.

Approximate Cost of Surrogacy^{14,15}

- The costs typically associated with surrogacy arrangements average between \$80,000-140,000. Surrogates receive compensation depending on factors including the type of pregnancy and the number of previous pregnancies (surrogate mother experience) and for expenses such as lost wages, medical co-pays, medical insurance, travel, and medications.
- There are also costs involved with the purchase of eggs or sperm, egg harvesting, embryo transfer, and medical procedures.
- Legal costs can also be significant, and the intended parents often pay the surrogate's legal costs.





Organizational Support for LGBT Parents

On a system level, there are many ways that health centers and other health care organizations can incorporate LGBT-affirming family planning services throughout their organization. For example, health centers can develop referral lists of local LGBT-inclusive adoption agencies, sperm banks, cryobanks, obstetric practices, and legal services. A health center may also consider adding insemination services in its practice, such as the Alternative Insemination Program at Fenway Health (see Resources). Holding workshops and support groups for LGBT parents and prospective parents is another way for a health center to proactively support LGBT families.



Conclusion

When LGBT patients express a desire to start a family, clinicians should be prepared to advise LGBT patients on their options as well as any unique medical issues that might be implicated, much as they would advise any other patients. If patients seek additional sources of information, we encourage clinicians to refer patients to the resources identified in this publication and to research local resources as well. It is also important to provide welcoming and inclusive environments for LGBT patients so they are comfortable opening up about their relationship and familial desires. At times, the road to parenthood for LGBT people and same-sex couples can be difficult. It is important for clinicians, and the entire health center, to ensure that all of their patients have full access to the supports and resources needed to enjoy an expanding family.





Resources

There are many resources available from the National LGBT Health Education Center, lgbthealtheducation.org, including the following webinars:

LGBT Families: Improving Access to Better Health Care

Pathways to Parenthood: Assisted Reproduction and Adoption

Adoption

Human Rights Campaign has compiled many resources on adoption in their Adoption Overview – hrc.org/resources/topic/adoption – as well as questions to consider before adopting – hrc.org/resources/8-questions-to-ask-before-starting-the-adoption-process

Family Equality Council has information by state for fostering, adoption, and second parent adoption laws – familyequality.org/get-informed/equality_maps/joint_adoption_laws

Donor Insemination

Fenway Health’s Alternative Insemination program provides medical alternatives for achieving conception, as well as education, resources, support networks, and referrals – fenwayhealth.org/care/medical/alternative-insemination

Human Rights Campaign has a donor agreement resource for those using a known sperm donor – hrc.org/resources/donor-agreement

Surrogacy

Human Rights Campaign has a resource about what to expect from surrogacy – hrc.org/resources/surrogacy-what-to-expect

American Bar Association Journal has an article about using an agency or doing it yourself – abajournal.com/magazine/article/as_surrogacy_becomes_more_popular_legal_problems_proliferate

Creative Family Connections has surrogacy information by state – creativefamilyconnections.com/#!/surrogacy-law-by-state/f49jq

Transgender Reproduction and Pregnancy

The following articles provide more information:

Obedin-Maliver J, Makadon HJ. Transgender Men and Pregnancy. *Obstetric Medicine: The Medicine of Pregnancy*. 2015. OnlineFirst, published on October 28, 2015 as doi:10.1177/1753495X15612658. Available at: obm.sagepub.com/content/early/2015/10/21/1753495X15612658.full.pdf+html

T’Sjoen G, Van Caenegem E, Wierckx K. Transgenderism and reproduction. *Curr Opin Endocrinol Diabetes Obes*. 2013;20:575-9. Available at: ncbi.nlm.nih.gov/pubmed/24468761

Welcoming Environment

There are many publications from the National LGBT Health Education Center’s website, lgbthealtheducation.org/publications, including:

Ten Things: Creating Inclusive Health Care

Environments for LGBT People

Do Ask, Do Tell: Talking to your provider about being LGBT

Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers

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14. Herron, J. The costs of adoption vs. surrogacy. Bankrate.com. 2013. bankrate.com/finance/smart-spending/costs-adoption-vs-surrogacy.aspx
15. Tucker, C. Surrogacy Costs: A Guide For Intended Parents. Law Office of Catherine Tucker. 2014. tuckerlegal.com/surrogacy-costs

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