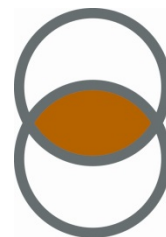




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PATHWAYS TO LGBT PARENTHOOD: ASSISTED REPRODUCTION AND ADOPTION

Ethan Brackett, MD, MPA

Kim Bergman, PhD

June 12, 2014

CONTINUING MEDICAL EDUCATION DISCLOSURE

- Program Faculty: Kim Bergman, PhD
 - Current Position: Co-owner, Growing Generations
 - Disclosure: Owner: Growing Generations and Fertility Counselling Services. Content of this presentation does not include discussion of unapproved or investigational products or services.
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- Program Faculty: Ethan Brackett, MD
 - Current Position: Medical Director, Fenway South End
 - Disclosure: No relevant financial relationships. Content of this presentation does not include discussion of unapproved or investigational products or services.

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LEARNING OBJECTIVES

1. Identify ways in which LGBT people can pursue becoming parents
2. Explain how to support LGBT patients who wish to adopt or foster children
3. Describe the clinical challenges with regard to assisted reproduction

LGBTQ FAMILY FORMATION: FOSTER CARE & ADOPTION

June 12, 2014

Ethan Brackett, MD, MPA



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WHO I AM

- Family physician
- Medical Director of Fenway: South End
- Mid-Career MPA in Health Policy
- “Out” since 1988, married in 2006
- Adoptive father since 2009

WHAT I HOPE TO DO

- Describe the varied ways LGBTQ people form non-biologic families
- Explore themes and challenges that can sometimes arise in adoption
- Suggest ways the medical community can support LGBTQ adoptive families

DISCLAIMER

- As an adoptive parent, my bias is my own family's story
- There is no *one* adoption story – notice patterns but take care not to make rules



DEFINITION OF FAMILY

- U.S. Census Bureau: “A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together”
- Dictionary.com: “a basic social unit consisting of parents and their children, considered as a group, whether dwelling together or not”
- Urbandictionary.com: “A bunch of people who hate each other and eat dinner together”

DEFINITION OF FAMILY

As outsiders, LGBTQ people have often defined their own relationships and families in diverse ways that have evolved over time and don't always correspond to conventional or dominant definitions:

Half-sib
Adoptive family
Mama and Mommy
Co-parenting
Cousins
Exclusive
Brothers
Daddy and Papa
Birth family
Adult adoption
Partnered
Forever family
Mother/daughter
Chosen family
Siblings
Married
Foster family
Sisters



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LGBTQ PARENTING

- BIOLOGICAL
 - children from heterosexual or cis-gender relationships
 - children from alternative insemination
 - children from surrogacy
- FOSTER CARE AND ADOPTION
 - Public/private
 - Domestic/international
 - Kinship/second-parent/non-relative
 - Open/closed
 - Adult/child
- INFORMAL

THE COST OF FAMILY FORMATION

- Public Domestic Adoption: \$0 - \$2000
- Private Domestic Adoption: \$20,000 - \$35,000
- Private International Adoption: \$25,000 - \$50,000
- Alternative Insemination: \$5,000 - \$60,000
- Surrogacy: \$80,000 - \$120,000

LGBTQ ADOPTION

- Same-sex couples raising children who report having adopted children



- 2011: 4 % of adopted population (65,000 children) live in LGBT homes

S. Tavernise, (2011, June 13). Adoptions by Gay Couples Rise, Despite Barriers. *New York Times*. Retrieved from: www.nytimes.com/2011/06/14/us/14adoption.html?pagewanted=all&r=0

ADOPTION TIMELINE

Domestic

- Choose type and agency
- Adoption class
- Home study
- Medical clearance
- Waiting and match
 - Adoption parties
 - Disclosure
- First meetings
- Child moves in
- Fostering
- Finalization

12 to 36 months

International

- Choose country and agency
- Adoption class (Hague)
- Home study, immigration documents
- Medical clearance
- Waiting and match
- Travel abroad
 - Meet child
 - Await legal process
- Travel home with child
- Fostering
- U.S. finalization



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LGBTQ FAMILY ADOPTION RULES

1. Shun consistency

- By state/country
- By agency
- By institution
- By individual

2. Always be in flux



FOSTER/ADOPTION ISSUES

CHILD/FAMILY

- Trauma
- Attachment/acceptance
- Developmental impact
- Racial identity
- Parenting confidence
- Crafting age-appropriate narratives

EXTERNAL/COMMUNITY

- Dealing with multiple agencies/individuals
- Extended family attitudes
- Need to know vs. want to know (well-intentioned prying)
- External assumptions/bias
- Finances including family leave

ROLE OF CLINICIAN

- Ask respectfully about family formation and pre-adoptive history in addition to birth history
- Ask what child(ren) call(s) parent(s) and vice versa
 - Be aware of pre- and post-adoptive names
 - Don't assume "daddy" or "mommy"
- Know your developmental pediatrics
 - Help families distinguish normal development from attachment disorder, response to trauma, anxiety, PTSD, developmental delay, ODD, ADHD, etc.
- Acknowledge the difference between birth and adoptive families/parenting without being judgmental

ROLE OF CLINICIAN

- Acknowledge how family may extend beyond the home
 - Open adoptions, half-siblings, bio-parents, etc.
- Never doubt the capacity of parents (regardless of gender) to comfort, nurture and teach children
 - Beware our cultural “mommy” bias
- Have great behavioral-cognitive health resources available
 - Early intervention
 - Play/family/couples therapy
 - Neuropsychiatry
 - Developmental pediatrics, etc.

AWARENESS POSITIVELY IMPACTS LGBTQ FAMILY HEALTH

- Reproductive/physical/mental health equity
- School success
- Employment
- Access to Public and Private benefits/assistance
- Child welfare
- Social capital and resilience
- Health behaviors
- Financial resources
- Immigration status
- Safety/visibility
- Chronic disease burden
- Estate planning
- Further study/better data



LGBT PARENTHOOD THROUGH THIRD PARTY ASSISTED REPRODUCTION

June 12, 2014

Kim Bergman, PhD

KIM BERGMAN, PHD

- Licensed Psychologist
- Works exclusively with people creating their families through Assisted Reproductive Technologies
- Specializes in helping gay men and lesbians become parents
 - Kim@fertilitycounselingservices.com
 - www.fertilitycounselingservices.com
 - www.growinggenerations.com
 - 323.965.7500, ext. 4715

OBJECTIVES

- At the conclusion of this presentation the participant should be able to:
 1. Summarize and discuss the options for their LGBT clients who want to become parents.
 2. Have an understanding of the process of family building through third party assisted reproduction (ART) and be able to provide support for their clients as they go through the process.
 3. Identify and list the common psychological issues LGBT parents face.
 4. Have a list of resources available to their LGBT clients who are or want to become parents.

PATHS TO PARENTHOOD FOR LGBT INDIVIDUALS

- Heterosexual marriage and divorce
- Adoption
- Third Party Assisted Reproduction consisting of:
 - Insemination with donor sperm
 - Surrogacy and egg donation



WHAT IS THIRD PARTY ASSISTED REPRODUCTION?

- A collaboration, a coming together of many people to help someone become a parent.
- The Intended Parents, Surrogate, Sperm or Egg Donor, Doctor, Lawyer, Agency, Psychologist, as well as family and other support people are all part of a team with one goal in mind--helping someone become a parent.



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INSEMINATION WITH DONOR SPERM

- Lesbians began using Donor Sperm when first sperm banks opened 30 years ago
- Sperm is inseminated directly into the cervix or uterus
- Or, with In Vitro Fertilization, fertilization takes place in a laboratory setting.
- Also “Partner to Partner IVF”
 - One partner as the source for the eggs, other partner as the gestational carrier.



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SURROGACY AND EGG DONATION

- Surrogacy is an assisted reproductive technology (ART) technique in which an individual or a couple (the intended parents) contracts with a woman to carry a child for them.
- There are two types of surrogacy arrangements:
 - Traditional Surrogacy
 - Surrogate impregnated with sperm (either from male parent or sperm donor)
 - Surrogate genetically related to the child
 - Gestational Surrogacy
 - With an egg donor
 - Via IVF and embryo transfer
 - Surrogate not genetically related to the child

SURROGACY: HISTORY, TRENDS, LAW

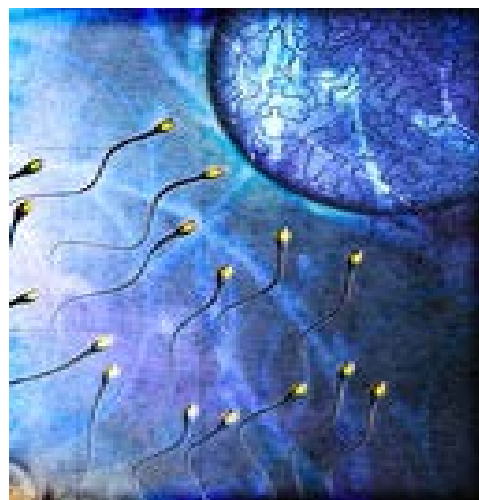
- Gay Couples and Singles began working with Traditional Surrogates 20 plus years ago but trend exploded in the last decade with Gestational Surrogacy
- International Gay Couples account for a growing percentage of gestational surrogacy in the U.S.
- Surrogacy is well-regulated in the United States
- Rigorous procedures such as psychological testing and interviews, genetic histories, and careful matching of donors and surrogates are utilized in the selection of egg donors, surrogates, and intended parents
- Recent development: Men who are HIV+ can have their own biological children

PSYCHOLOGICAL ISSUES FACED BY LGBT PARENTS

- Parenthood begins with a wish
- Once the wish takes root it becomes compelling and consuming
- However, for LGBT individuals the journey to parenthood is complex
- Issues arise medically, legally and social-emotionally

ISSUES FOR PARENTS WHO ADOPT OR USE ASSISTED REPRODUCTIVE TECHNOLOGIES

- Biological connection to child
- Conceiving with a third party
- Societal attitudes towards ART and adoption
- Educating family, friends and the general public
- Disclosure to the child and family



UNIQUE ISSUES FOR LGBT PARENTS

- Dealing with legal issues
- Identity issues
- Internalized Homophobia
- Societal Homophobia





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IDENTITY SHIFT

- Coming out causes a paradigm shift for most LGBT individuals
- Many gay men and lesbians expect that they will never have children
- Fast forward to the present, when a compelling urge to be a parent resurfaces for many gay men and lesbians
- Technology is available and becoming more and more accessible for reproduction

CHOICES TO MAKE

- Which partner's sperm to use
- Who will carry the child
- Which partner “goes first”
- Whose egg to use
- Using a known or anonymous donor

TELLING THE STORY OF FAMILY CREATION

- Parents encouraged to tell children the age-appropriate truth
- Parents encouraged to share with others whatever feels the most comfortable or appropriate
- Avoid lying or deceit
- The importance of language

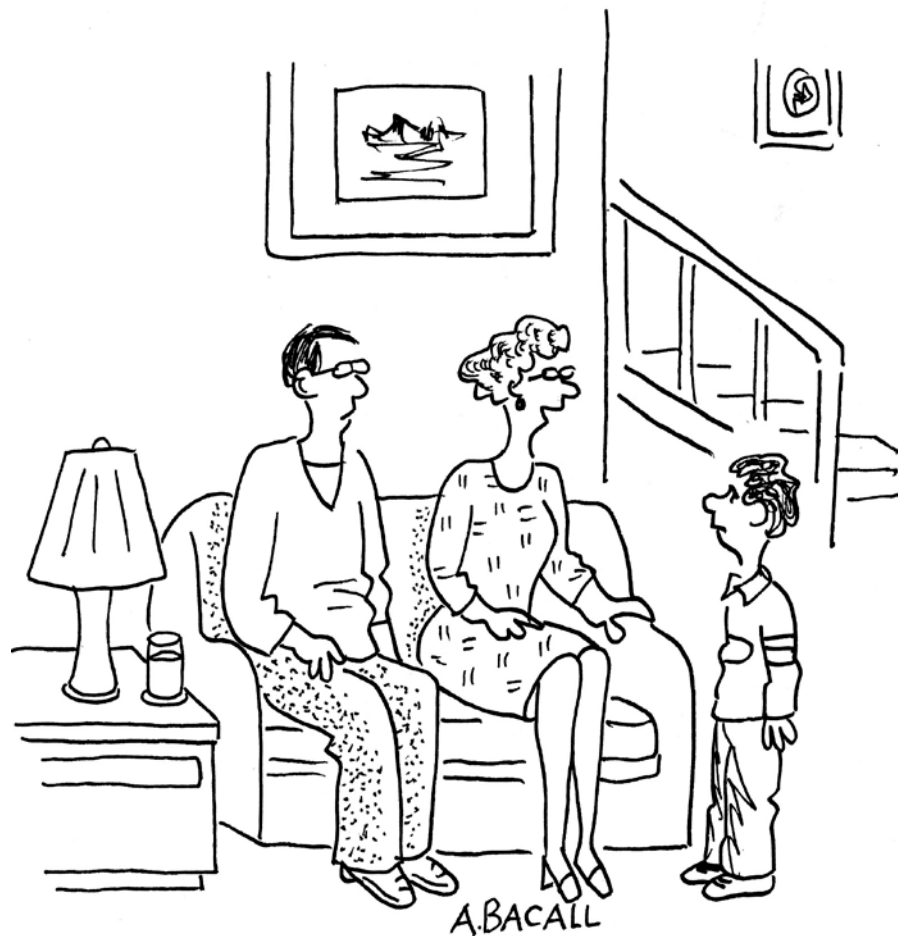
EVERY CHILD COMES FROM 4 INGREDIENTS

- An Egg
- A Sperm
- A Womb
- A Home



WHO ARE THE PARENTS?

- Parents are the individuals who love and literally “parent” the child
- With ART or adoption contributing the egg, sperm or womb or having a biological connection to the child does not automatically make that person the parent
- The individuals contributing these ingredients may be the parents or may not be
- The importance of language



“Now that you are older, we think it is time you knew that your dog is adopted.”



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IS YOUR PRACTICE READY FOR LGBT CLIENTS

- Are your consents gender neutral and inclusive?
- Do you have appropriate legal referrals for finalization of parentage rights and third party contracts?
- Have you had sensitivity training for your staff?
- Do you represent Gay and Lesbian Families in your Marketing Materials?
- Is your team trained to discuss insurance issues including third party maternity care?
- Do you have appropriate materials in collection rooms?

ORGANIZATIONS THAT HAVE COME OUT IN SUPPORT OF LGBT HEADED FAMILIES

- American Medical Association
- American Psychological Association
- American Academy of Pediatrics
- American Bar Association
- National Association of Social Workers
- American Academy of Family Physicians

RESOURCES FOR LGBT FAMILIES AND YOUR PRACTICE

- Family Equality Council
 - Wide ranges of studies and papers on gay and lesbian families
 - Largest National Gay/Lesbian Family Organization
 - www.familyequality.org
- American Fertility Association (AFA)
 - Primer Magazine and Fact Sheets for Gay and Lesbian Families
 - National Referral list of clinics, attorneys, and psychologists who work with Gay and Lesbian patients
 - www.theafa.org

MORE RESOURCES FOR LGBT FAMILIES AND YOUR PRACTICE

- Transparency

- Supports Transgender Parents and their advocates (e.g., mental health professionals, friends, family) by providing them with information and resources
- <http://www.transparency.org>

- COLAGE

- A movement of children, youth, and adults with one or more LGBT parents
- Builds community through youth empowerment, leadership development, education, and advocacy
- http://www.colage.org/resources/transgender_family.htm

CONCLUSION

- For people who want to be parents having children is one of the great joys of life
- For LGBT individuals, choosing to become parents can be complicated

CONCLUSION: OUR JOB AS CLINICIANS

- Know what options exist for our LGBT clients who want to become parents.
- Understand the unique issues that LGBT parents face
- Help our clients work through and resolve their internalized homophobia
- Know the research
- Educate clients and let them know what to expect
- Ensure that your practice is sensitive and aware
- Provide clients with resources

THE OUTCOME

- Families are created, with parents who are free, open, and completely comfortable with themselves



THE BERGMANS



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LGBT PARENTHOOD THROUGH THIRD PARTY ASSISTED REPRODUCTION

ANY QUESTIONS?