Conversations in Ethics:

Ethical and Medical Challenges: Access To Fertility Services by Transgender Persons

January 16, 2019
6:00 p.m. – 8:00 p.m.
Baptist Hospital
Auditorium

Video-conferenced to:
Mariners Hospital Executive Conf. Rm., South Miami Hospital Cl. F, West Kendall Hospital Cl. 4 & 5 and Live Webcast

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Ethical and Medical Challenges: Access to Fertility Services by Transgender Persons

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Transgender Health: Reproduction

Objectives:
• Explain the nature of fertility and fertility preservation services that are available and feasible to provide for transgender individuals.
• Address issues with respect to timing of fertility and fertility preservation services in the transition from one gender to the other.
• Identify potential medical, ethical, legal, and psychological risks associated with providing fertility and fertility preservation services to transgender individuals

Disclosures
• None
Transgender Health: Terminology

• Gender:
  – Socially constructed roles for a person of a specific sex

• Transgender:
  – Someone whose gender identity differs from gender assigned at birth/natal sex. Abbreviated as “trans”

• Cisgender:
  – Someone who is not transgender.
  Gender identity/expression matches natal sex/assigned gender

Definitions

• Gender identity
  – A person’s intrinsic sense of being male, female, or an alternative gender

• Gender dysphoria
  – Distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth

• Sexual orientation
  – Patterns of emotional, romantic, and/or sexual attraction to groups of people (e.g. men, women)
Transgender Health: Terminology

- FTM (Female to Male) transgender man or transman:
  - Natal females with a male gender identity
- MTF (Males to Females) transgender woman or transwoman:
  - Natal males with a female gender identity
- TG & TGNC:
  - Transgender or gender nonconforming
- GAS:
  - Gender Affirming Surgery

Transgender Care

- Transitions (not one step)
  - Social (pronouns, name, dress)
  - Hormonal (estrogen/spironolactone, testosterone)
  - Surgical (top, bottom, other)
- Statistics
  - 41% history of suicide attempt
  - 26% have a history of alcohol and drug abuse

Transgender Health: US Population Estimates

- 1.4 million adults (1% of population)
  - Double the estimates from 10 years ago
  - MTF > FTM
- 150,000 youths (ages 13-17, 1% of population)
- Underestimate:
Transgender Care

• M to F Requests
  – Full 77% (complete Gender affirming surgery)
  – Partial 19% (not complete GAS)
  – Why partial? They felt unnecessary or unimportant to them
• F to M Requests
  – Full 57.5%
  – Partial 41%

Beek et al J Sex Med 2015:12:2201

- Reasons: F to M more complicated

Transgender Care: Reproduction

• Many transgender persons desire children
  – 62% of transmen (Wierckx et al, '12)
• Cross-hormone therapy and sex-reassignment surgery (eg. gonadectomy) may result in loss of fertility; may be reversible or irreversible
• The majority of transgender persons are of reproductive age at the time of transition and have relationships after transition

Fertility Preservation

Family Building
Health care professionals should discuss reproductive options with patients prior to initiation of these medical treatments for gender dysphoria.

WPATH (World Professional Association for Transgender Health)

ASRM and Endocrine Society

ASRM:
- “Providers should offer fertility preservation options to individuals before gender transition”
- “...ensure that transgender patients who seek fertility services are informed about...the lack of data about long-term outcomes”

Endocrine Society:
- “All individuals seeking gender-affirming medical treatment should receive information and counseling on options for fertility preservation prior to initiating puberty suppression in adolescents and prior to treating with hormonal therapy in both adolescents and adults”

Fertility Preservation Options

- WPATH and the Endocrine Society both recommend that all transgender patients be counseled regarding the options for fertility preservation prior to transition
- Limited data on fertility preservation in transgender population
Desire for Parenthood

- The majority of transgender people are of reproductive age at time of transition
- Many adult transgender men and women are interested in fertility preservation
  - Transgender women
    - 51% would freeze sperm or at least consider
    - Mean age for those who freeze is 28 yo (range 20-45)
  - Transgender men
    - ~40% would consider freezing eggs
    - 54% want children

Desire for Parenthood

- Loss of fertility
  - "Price to pay" for transition
  - Forced sterilization prior to transition
    - Belgium (banned in 2017)
    - France (banned in 2016)
    - Sweden (banned in 2013)
    - Greece, Japan, Russia, Switzerland, Turkey + (active)

Desire for Parenthood

- But...
- N = 73 youth (50 TG males, 23 TG females)
- EMR review at specialty clinic
  - Median age at first endocr visit: 15.2 (range 9-18)
  - Median age at puberty blockers: 15.0 (range 9-18)
  - Median age at gender hormone therapy: 16 (14-18)
  - 98.6% with documented FP counseling
    - 2 attempted FP (both biologically male)
Transgender Youth

- Low Fertility Preservation (FP)
  - Retrospective review
  - 73 post-pubertal
  - 72 documented counseling for FP
  - 2 attempted it
  - 45% mentioned a desire or plan to adopt
  - 21% stated never wanted children

Desire for Parenthood

- What is going on between adolescents and adults?
  - Unrealistic expectations about family building or desire?
    - Adoption if cheap, quick, discrimination free
  - Sample differences?
  - Focus on medical treatment?
    - But young cancer patients report high desire for fertility preservation
  - Concerns related to stigma, societal expectations, harassment, etc.?

Reproductive Options for Transgender Persons

- Usually requires discontinuation of exogenous hormones (unless using cryopreserved gametes in a partner) (how long?)
- Time to return to fertility is variable; may be irreversible
- Impact of a history of long term exogenous hormone exposure on gametes and/or resulting offspring is unknown

Nahata et al. Journal of Adolescent Health 61(2017)40-44

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Fertility Preservation Options

- Transmen (FTM)
  - Oocyte and/or embryo cryopreservation (using partner or donor sperm)
    - Success rate is age-dependent and freeze method-dependent eg. vitrification
  - Ovarian tissue cryopreservation (experimental)
    - ~25 live births worldwide
    - in-vitro oocyte maturation (experimental)

Fertility Preservation Options for Adolescent and Transwomen

- Cryopreservation of ejaculated sperm freezing
  - Effect of feminizing hormone therapy on ability to ejaculate and on sperm production can be variable
  - Preferably done prior to transition
- Testicular sperm aspiration
  - Prior to or at the time of orchiectomy
  - Effect of feminizing hormone therapy on sperm production can be variable

Fertility Preservation/Reproductive Options in Transmen: Success

- Cryopreservation of oocytes and/or embryos
  - Success variable depending on
    - ovarian reserve status and age
    - effect of previous and/or current hormonal treatment
  - Requires ovarian stimulation, ultrasound monitoring, oocyte collection and immediate or eventual IVF
- Ovarian tissue cryopreservation is experimental (used in cancer patients)
Fertility Preservation Options for Adolescent and Transmen

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Method</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenager 18</td>
<td>CC</td>
<td>Ovaries cryopreserved</td>
<td>Used in perimenopausal or premenopausal women</td>
</tr>
<tr>
<td>OC</td>
<td>Ovaries removed surgically</td>
<td>Hypothalamic ovarian suppression medical</td>
<td>Requires gonad suppression for up to 2 years</td>
</tr>
<tr>
<td>18 or older</td>
<td>OC</td>
<td>Sperm availability</td>
<td>Difficult to adjust number of sperm needed for in vitro fertilization</td>
</tr>
<tr>
<td>VVC</td>
<td>He needed to use a contraceptive before surgery</td>
<td>Prevents the need for semen retrieval</td>
<td></td>
</tr>
<tr>
<td>TB</td>
<td>Sperm retrieval via donor or own uterus</td>
<td>Requires sperm retrieval after surgery</td>
<td></td>
</tr>
</tbody>
</table>

Maxwell et al. Obstetrics and Gynecology 129:128, June 2017

Reproductive Options for Trans Persons

- Transmen (FTM)
  - IUI (using partner or donor sperm)
  - IVF (using own or partner's eggs; using own or partner's uterus or GC)

Fertility Preservation Options

- Transwomen (MTF)
  - Sperm cryopreservation
  - Testicular sperm extraction (TESE)
  - Testicular tissue preservation (experimental in prepubertal boys)
Reproductive Options for Trans Persons

• Transwomen (MTF)
  – IUI of female partner
  – IVF using partner or donor eggs/sperm
    and/or partner’s uterus or GC
  – Uterine transplantation in the future?

ASRM & FDA Guidelines: Gamete Donation

• Medical history and physical exam
• STD testing
• Risk factor questionnaire
• Psychological counseling

Access to Fertility Services

• No data on transgender persons specifically
• ~70% of ART clinics in the U.S. treat lesbian couples
• ~90% treat single women
• Some clinics refuse to treat single or gay men
• Non-discrimination laws vary by jurisdiction
Sample Costs & Fees

- Donor sperm $500/vial
- Sperm banking/FDA testing $1,000
- Intrauterine insemination (IUI) $400
- IVF $15,000/cycle
- Oocyte/embryo cryopreservation $10,000
- Egg donation IVF $25,000
- Gestational surrogacy $50,000-100,000

Ethical Considerations

- Reproductive autonomy
- Well-being/interest of the offspring
- Safety of procedures/treatments
- Impact on society

Family Building Options: Considerations

- Availability of gametes (sperm, oocytes) having been previously cryopreserved
- Availability of embryos
- Availability of uterus
  - Own uterus in transman prior to hysterectomy
  - Use of female partner's uterus
  - Use of third party as gestational carrier
Ethical Considerations

- Although data are scarce, there is no compelling evidence that children of transgender persons are harmed.
- Thus, there are no a priori reasons to deny fertility services to transgender persons based solely on their gender identity.

Fertility preservation: Case Studies

- Maxwell et al
  - Three cases of transgender men who underwent oocyte cryopreservation prior to starting T.
  - 2/3 have returned to use them with partners carrying pregnancy.
- Wallace et al
  - Single case of transgender adolescent who underwent oocyte cryopreservation prior to starting T.
- Armaud et al
  - Qualitative study of 15 transmen who had completed oocyte cryopreservation; 7 had started testosterone prior.
  - Majority found resumption of menses and increased estradiol levels to be psychologically distressing.
  - Regret not assessed.

Transmen Who Experienced Pregnancy after FTM Transition (Light et al., '14)

- Web-based survey.
- 41 transmen; 61% had used T.
- 80% resumed menses within 6 months.
- 88% cases used own eggs.
- 2/3 of pregnancies were planned.
- 7% used fertility meds.
- Similar OB outcomes in T and non-T users.
- Desire for supportive resources.
- Lack of provider awareness and knowledge.
Thomas Beatie

• "The Pregnant Man"
• Transman
• Became pregnant via donor insemination while married to a woman
• Has 3 children

Case Presentation

• 35 yo female and her 37 yo FTM partner on T therapy x 3 yrs
• Interested in "reciprocal/co-IVF" using male partner’s eggs, directed donor sperm, and female partner’s uterus
• Discontinued T therapy; AMH 0.12; AFC 6-8; underwent ovarian stimulation x 2, oocyte retrieval (3 eggs), IVF/ICSI, and ET (2 embryos) into female partner
• Single viable pregnancy; delivery of healthy infant

Study on pregnancy in transmen

• Cross-sectional survey of 41 transmen who had a live birth, mean age 28
• 84% of subjects on T before pregnancy used own eggs
• 32% conceived on T
• No difference in perinatal complications in those on T vs not

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### Transgender Health

- Demand for transgender health care services continues to increase:
  - ↑ social acceptance
  - ↑ economic access
  - ↑ legal access
- Major limiting factors
  - Availability of high quality care
  - Relevant training and comfort among providers

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### Legal Issues

- Jurisdiction-dependent; anti-discrimination laws vary
- Patients should consult a legal expert regarding donor and co-parenting agreements
- Second-parent (co-parent) adoption
- Same-sex marriage is now legal in the U.S.

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### Obstacles to Family Building

- **Legal Challenges**
  - Depends on biological sex of a couple and marriage laws
    - In the U.S., no federal parenting laws
    - Some states ban gay & lesbian couples from adopting, none address transgender intended parents (IPs)
    - Only 6 states prohibit discrimination against foster and adoptive applicants based on gender identity
  - Lambda Legal: "transgender parents should not rely on marriage as a permanent to a child—and should file for adoption of any non-biologic children as soon as possible"
Fertility Preservation: Issues

- Psychological impact of stopping therapy (such as vaginal bleeding, menses)
- Psychological impact of procedures
- Availability of sensitive, competent providers
- Financial costs/insurance coverage
- Possible regret of doing or not doing FP

Obstacles to Family Building

- Biological Challenges
  - Conception often requires third party
    - Grief over loss of privacy and one partner's genetic link
    - More expensive
    - More decisions
      - Third party (known vs agency/sperm bank)
      - Whose gamete or body
      - Disclosure
      - Attorneys
      - Etc.

Obstacles to Family Building

- Social Challenges
  - Treatment in heteronormative world
    - Not a social expectation
    - Possible rejection from family/friends
    - Stereotypes of transgender parents as incompetent parents
    - Societal stigma (invalidation of their relationship and child)
      - Double disenfranchisement
    - FP covered for cancer generally not transgender patients
Emotional Aspects of Family Building

- Whose sperm and whose eggs?
  - Biologic sex of the partners/Need for gamete donor
  - Fertility preservation prior to hormone/surgical intervention
  - Stopping of hormones and subsequent egg retrieval or sperm
    - Risks changes to physical appearance as male or female gender
    - Onset of menses
    - Dysphoria during masturbation, vaginal exams, etc.
    - Unknown effect of hormone exposed gametes

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Emotional Aspects of Family Building

- Who will carry the pregnancy?
  - Gestational carrier vs TG male pregnancy
  - Costs as a barrier to agency gestational surrogacy
  - Dysphoria with TG male pregnancy
    - Feminization of appearance/navigating identity
    - Vaginal exams
    - Barrier to treatment and/or risk for post partum depression
    - Loneliness/Social stigma

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Emotional Aspects of Family Building

- Who will carry the pregnancy?
  - Transgender women report sadness that unable to be pregnant
  - Survey of N=48 TG male pregnancies
    - Mean age at conception =28 (SD 6.8)
    - 61% previously used testosterone
    - 88% used autologous oocytes
    - 68% planned pregnancies, 12% used ART
    - "I looked at it as something to endure to have a child"
    - Feelings of isolation

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Emotional Support

- Assessment/discussion of
  - Mood
  - Support System
  - Need for third party assistance
  - Psychoeducation regarding treatment
  - Informed decision making and decision regret
  - Realistic treatment expectations
  - Body dysphoria
  - Concerns about treatment as a TG individual
  - Coping Strategies

Similarities in Family Building

- No additional risk to children of LGBTQ as compared to cisgender heterosexual parents
  - Includes health, emotional well-being, coping, learning, academic, etc.
- No negative impact on the gender or sexual development of children
- > 75 studies confirm this

Psychological Studies

- ~ 50% TG people express a desire to have children
- ~ 40% transmen would consider gamete cryopreservation
- Transmen with children score better on mental health scales, and transwomen with children have a lower suicide rate
- There is no evidence that having a transgender parent results in adverse outcome in the long-term psychological functioning
Summary

- Many transgender persons desire children and are of reproductive age at the time of transition.
- Transgender persons should be offered fertility preservation prior to cross-sex hormone therapy and gender affirming surgery.
- Transgender persons should have access to fertility services.
- Multidisciplinary team approach.
- Research should be encouraged.

Fertility Preservation: Issues

- Need more research data:
  - Controlled trial not ethical
  - Collaboration among centers on medical, psychosocial issues
- Registries are being established with larger provider clinics.

Resources

- World Professional Association for Transgender Health: Standards of Care (www.wpath.org)
- Endocrine Society Guidelines: Endocrine Treatment of Transexual Persons
- UCSF Center of Excellence for Transgender Health (www.transhealth.ucsf.edu)
- Vancouver Coastal Health (UBC) (www.transhealth.vch.ca)
Resources

Access to fertility services by transgender persons: an Ethics Committee opinion

References/Resources

GLAAD Media Reference Guide-Transgender. GLAAD. Available at: https://www.glaad.org/reference/transgender


The National Center for Transgender Equality (NCTE) www.transgenderequality.org

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