

Fertility Preservation for Trans People who Produce Sperm



LGBTQ Reproductive Options

Many trans people are interested in being parents and want to know their options. While many trans people will choose to conceive on their own or with a partner, this info sheet helps trans women, transfeminine, and gender non-conforming people understand their assisted reproductive options. As hormone therapy and surgery can have an impact on your fertility, it is important to think about your options early.

This info sheet is specifically about fertility for people who produce sperm, and it focuses on fertility preservation. There is another info sheet available for people who produce eggs.

More information on fertility preservation is available on our website: <http://lgbtqpn.ca/fertility-preservation/>

All our info sheets are available in our library: lgbtqpn.ca/current

Trans People as Parents

Many trans people do not transition. For those who do, many have children before they transition and many have children after they transition.

27% of trans people in Ontario are parents, according to the Trans Pulse study (Trans PULSE E-Bulletin, Volume 1, Issue 1, June 26, 2010).

Visit transpulseproject.ca to learn more.

Impact of Hormones on Fertility

Taking hormones can affect the quality of the sperm you produce and may make it difficult to fertilize an egg. If you are on hormones and are ready to conceive or ready to bank sperm, you can talk to your physician about your options, such as temporarily stopping hormone therapy to improve sperm quality. Getting a semen analysis – a lab test your health care provider can order – will give you a lot of information about your fertility.

You should not rely on hormone replacement therapy as a form of contraception. If you are having sex that could result in pregnancy, and you do not wish to conceive, use barrier methods such as a condom.

The effect of hormone therapy on sperm quality and on fertility is unclear and varies from person to person. Although many people have conceived after stopping hormone therapy, or while on a break from hormones, this may not be possible for everyone. Because of this uncertainty, it is recommended that individuals who produce sperm discuss their reproductive options with a health care provider before

When should I be thinking about this?

Ideally, you should discuss your reproductive options with your health care provider *before* starting hormone therapy. You can store sperm at a sperm bank or fertility clinic before starting hormone therapy.

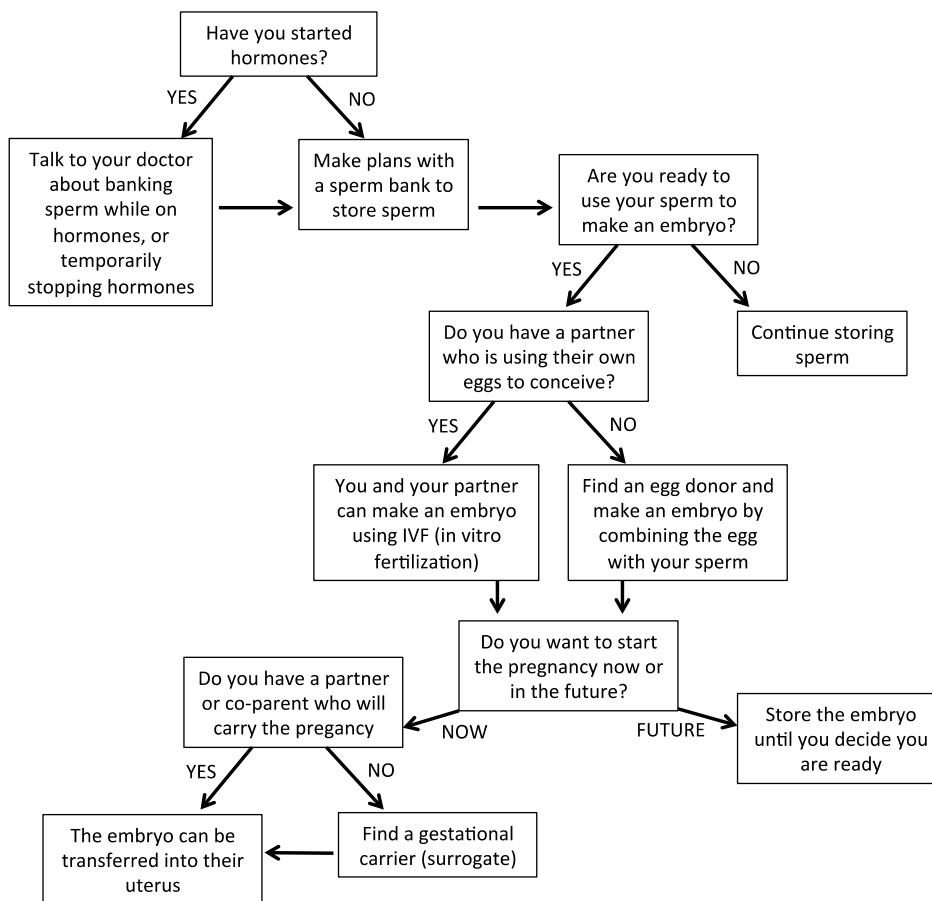
There are still options if you have already started hormone therapy.

If you are thinking about surgery to remove your testes, this is your last chance to either preserve your fertility or conceive.

starting hormones. While fertility declines as we age most dramatically for people who produce eggs, there are benefits to planning early for people who produce sperm as well.

Overview

If you want to have a child who is conceived with your sperm, you have many options. While it is not possible for you to carry the pregnancy yourself, you may choose for a partner, co-parent or a gestational carrier (surrogate) to carry the pregnancy. This chart shows a few of the decisions you will need to make:



Do It Yourself – DIY Conception

Many trans people conceive without help from healthcare providers. Many people can and choose to get someone pregnant through having sex or insemination with a partner or co-parent with eggs.

If you have a co-parent or partner who will carry the pregnancy with their own eggs, you can do a low-tech home insemination or have sex using your fresh sperm without fertility preservation.

Full information is available in our info sheets on DIY insemination and fertility awareness.

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Fertility Preservation and Medical Transition Timeline

If you are planning to take hormones or have surgery to remove your testes, you can make different fertility decisions as you transition. Chest, facial, or tracheal surgery will not affect your fertility.

If you know you do not want to have a child now, but would like to preserve your fertility, you have a few options.



Fertility Preservation: Freezing and Storing Sperm

Fertility preservation is one reason trans people use fertility clinics to conceive. Only some clinics have sperm banks that are well-equipped to do fertility preservation for trans people. Some sperm banks also offer a storage option for fertility preservation. It is very important to choose a clinic or bank that has experience working with trans people and has experience in fertility preservation.

How to Get Started

For fertility clinic sperm banks, typically you should get a referral from your primary care provider to their sperm banking program. For sperm banks not affiliated with a fertility clinic, simply call the bank or check their website for information, you do not typically need a referral.

If you have chosen a clinic or sperm bank that you want to work with, bring their referral or new client form to an appointment with your doctor. You may need to provide updated testing for any sexually transmitted infections (STIs) to the clinic.

What to Expect

You will have a very brief initial consultation with the staff and you will fill out various forms. You may or may not be offered fertility tests to assess the quality of your sperm. If these tests are not offered, you may want to ask about what tests are available or what is recommended. Ask about costs of tests, procedures, and storage up front. Most of the tests used in sperm banking are covered by OHIP, semen analysis is available at community clinics through OHIP but may not be covered at a clinic.

You may be given detailed instructions to help you provide an appropriate sample prior to your first visit. Follow those instructions carefully. If you do not understand part of the instructions, ask the staff for clarification.

At the clinic, you will be given a specimen cup and a private space to provide a sample. The private space is generally similar to a washroom though fertility clinics often have private collection rooms. They may provide magazines or videos for you to watch, but you may wish to bring your own. You will masturbate, ejaculate into the sample cup, and then provide the sample to the clinic staff. You may provide a sample only once, or you may return to the clinic a few times to make additional deposits. If you have trouble maintaining an erection or ejaculating, discuss with the clinic what options are available to you and what strategies or treatments they recommend.

If you are not close to a clinic, you may wish to ship or drop sperm off at a clinic or sperm bank. Talk with your fertility clinic or sperm bank about these options.

How Sperm is Frozen

The lab technicians at your sperm bank will process the sperm, dividing each ejaculation into different vials or straws. They will also assess the quality and quantity of your sperm. You should be able to use that information to determine how many deposits you should freeze to achieve your future fertility goals.

The sperm is frozen, or cryopreserved, at a very low temperature, and stored in large tanks of liquid nitrogen. Each straw is labelled and carefully tracked to prevent any errors. Frozen sperm can be stored for a very long time. Children have been born from sperm that was stored for over twenty years. When you are storing sperm with a clinic or sperm bank, you will be billed a storage fee, usually every year. Be sure to keep your sperm bank or clinic updated with your current contact information.

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When you are ready to move forward

If you have stored your sperm in a fertility clinic, you can access it through that same clinic, or you may want to transfer your straws to another clinic. If you have stored sperm in a sperm bank, you will typically need to choose a fertility clinic to work with, and then have your vials transferred.

Insemination with Healthcare Providers

Many people get pregnant using frozen donor sperm from unknown donors. Insemination with sperm from a donor through a sperm bank is very different from using your own frozen sperm. Sperm donors are screened to make sure their sperm freezes and thaws well. Sperm banks store many straws from each donor. For people who are using their own previously stored sperm, insemination is usually not a realistic option.

People pursuing fertility preservation typically do not freeze enough sperm to make insemination an option. This is because an entire straw is thawed for each insemination and the chance of pregnancy per insemination ranges from only about 5-20% making it very likely more than one insemination is required. If you are very interested in insemination rather than IVF, discuss this with a fertility specialist. For this to be a viable option, you must carefully consider the quality of your sperm, and freeze enough sperm so that there will be sperm available for many inseminations.

In Vitro Fertilization (IVF)

For most people who have frozen their sperm, IVF is a more realistic option.

If your partner will be carrying the pregnancy with their own egg, using your frozen sperm, IVF is typically necessary. In surrogacy, it is most common to conceive a pregnancy with an egg from a parent or donor, which will be carried by a gestational carrier who is not genetically connected to the child.

IVF requires retrieving eggs from your partner, co-parent, or an egg donor, fertilizing the eggs with your sperm, and then implanting the embryo in the uterus of the person who will be carrying the pregnancy.

Making Embryos

In order to make an embryo, your sperm must be combined with eggs that have been retrieved from an egg donor, co-parent or partner. The eggs are then fertilized through in vitro fertilization (IVF). In IVF, sperm and eggs are mixed in a laboratory to make embryos.

Reproductive Options

For more detailed information on insemination, IVF, and surrogacy consult our other info sheets, which are all available on our website.

LGBTQpn.ca/current for the full list.

Why use IVF?

IVF maximizes the number of times you can try to conceive. IVF means that it is more likely you can conceive with limited sperm available.

Once embryos are made, the pregnancy can be carried by either a partner or co-parent or by a gestational carrier, or a surrogate.

Because previously frozen sperm sometimes has trouble fertilizing an egg, fertility specialists will frequently recommend ICSI, pronounced ick-see, which stands for intracytoplasmic sperm injection. ICSI is an advanced method of fertilization whereby a single sperm is directly injected into each egg.

A resulting embryo may then be transferred into the uterus of the person planning to carry the pregnancy. Embryos may also be frozen. If you are not ready to start the pregnancy right away, you may choose to freeze all of the embryos. If you are ready to start the pregnancy, generally one embryo is transferred, and any remaining embryos are frozen.

Cost of Fertility Preservation

There are significant costs for fertility preservation. Some of the costs of fertility preservation for trans people are covered by OHIP at some fertility clinics.

Without OHIP funding, the typical cost for fertility preservation is about \$1,000 plus the cost of storage.

The cost of storage varies, but an annual fee of between \$200-500 is typical. Contact your fertility clinic or sperm bank for a complete list of costs. Many fertility clinics offer reduced storage fees for fertility preservation clients.

Cost of IVF to Conceive

OHIP covers the cost of IVF to conceive following fertility preservation. Without OHIP funding, the total cost for IVF is \$10,000-15,000, plus medications.

The cost of the medications is not covered by OHIP. The cost for medication ranges from \$3,000-10,000 depending on how much medication your egg donor, partner, or co-parent will need.

OHIP does not cover costs associated with egg donation or surrogacy, beyond the cost of IVF. The cost of donor eggs and surrogacy is significant. Please refer to our info sheets on these topics for more information.

Risks of Fertility Preservation

One risk is that fertility preservation may not result in you becoming a parent. There is the possibility that you may not have a successful pregnancy at a later time, or you may not find a time in your life when you want to become a parent. It's important to remember that there are no guarantees with fertility. If you are not able to become a parent using your sperm, there are other options for you including using donor sperm, or adopting.

Sperm freezing is a very established technology, and using IVF and ICSI to create embryos greatly increases your chance of a successful pregnancy. This is especially true if you are using donor eggs.

There is no medical risk to providing sperm for fertility preservation. Masturbation to provide a sample may trigger feelings of gender dysphoria for some people.

If you delay hormone therapy or take a break from hormone therapy to preserve your fertility, you may experience more gender dysphoria, which may impact your mental health.

Benefits of Fertility Preservation

Fertility preservation can provide psychological and social benefits for some people.

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Many parents have children who are not genetically linked to them. For some prospective parents the genetic connection may be important. If you are unsure of whether you want to have children who are genetically connected to you in the future, fertility preservation leaves an option open for you.

Glossary

Fertility Preservation

Freezing eggs, sperm or embryos to plan for a pregnancy in the future.

Cryopreservation

Freezing sperm, eggs or embryos at a very low temperature.

IVF – in vitro fertilization

IVF requires stimulating the production of many eggs with medication, surgically retrieving eggs from a parent or egg donor, fertilizing the eggs with sperm in laboratory and then transferring the embryo into the uterus of the person who will be carrying the pregnancy.

ICSI – “ick-see” – intracytoplasmic sperm injection

An advanced IVF procedure to fertilize eggs by injecting a single sperm into each egg.

IUI – Intrauterine insemination

Semen is prepared to separate the sperm from the semen, and then the sperm is placed in a syringe. A catheter is gently inserted through the cervix into the uterus of the person who will carry the pregnancy, and the sperm is placed in the uterus to help it get closer to the egg.

Semen

Fluid that is produced when a person ejaculates, it contains sperm.

Sperm

Reproductive cells that are produced in the testicles.

Eggs or Ova

Reproductive cells that are produced in the ovaries.

Ovary

Reproductive organ where ova or eggs are produced.

Cervix

The bottom of and opening to the uterus.

Testicle

Reproductive organ where sperm are produced.

Orchiectomy – “or-key-eck-toe-mee”

Surgery to remove of one or both testicles, orchidectomy.

Next Steps and More Information

Please visit our page on fertility preservation: lgbtqpn.ca/fertility-preservation

LGBTQ Family Planning Courses

These facilitated closed learning groups are tailored to the needs of participants. In community, we explore practical, emotional, social and legal issues surrounding LGBTQ parenthood through presentations, group discussions and exercises, guest speakers and videos.

For more information, visit lgbtqpn.ca/courses

Scenes from a Fertility Clinic

This video series features Angel, a trans woman who is freezing sperm. Visit lgbtqpn.ca/scenes

Our Library

A central access point for reliable and up-to-date information and resources on lesbian, gay, bisexual and trans (LGBTQ) parenting. Please visit lgbtqpn.ca/library

Directory

Our website has a directory which lists professionals who have expressed a commitment to providing competent and welcoming care to LGBTQ people and their children. Please visit lgbtqpn.ca/directory

Mount Sinai Fertility

Funded sperm freezing and fertility services for people who produce eggs or sperm.

<http://mountsinaifertility.com> (416) 586-4748 option 3.

ReproMed

This sperm bank is attached to a fertility clinic in Etobicoke (southwest Toronto). They offer options to deliver or ship your sperm to the bank. http://www.repromed.ca/sperm_storage.html

Can-Am Cryoservices

This sperm bank offers services in Hamilton, with options to deliver or ship your sperm to the bank.

<https://www.canamcryo.com/en/help-center/banking/sperm-banking>

Government of Ontario

Basic information about how fertility services are funded in Ontario.

<http://www.health.gov.on.ca/en/public/programs/ivf/>

The LGBTQ Parenting Network supports lesbian, gay, bisexual, trans, and queer parenting through training, research, resource development and community organizing.

LGBTQ Parenting Network, Sherbourne Health Centre
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This information is provided as a community resource by the LGBTQ Parenting Network, a program of Sherbourne Health Centre.

Every effort is made to ensure that this information is as current and accurate as possible, but we cannot guarantee the accuracy of the information.

Please discuss this information with your health care provider before acting on it.

We welcome reports of errors as well as suggestions.

For updates, visit: lgbtqpn.ca/current

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