INFORMATION SHEET: Transgender people and fertility preservation

This information sheet has been prepared as a guide to fertility preservation for transgender adults and transgender children/young people and their parents, and the agencies (including mental health professionals) who work with them.

As awareness of the lives of transgender people grows, and as more transgender people transition prior to having children, reproductive health care has begun to provide options to transgender people wishing to have children post-transition.

This information sheet addresses the following questions:

- What is transition?
- Why would transgender people need to consider fertility preservation?
- What options are there for fertility preservation for adults planning to commence hormone suppression, hormone therapy, or gender-affirming surgeries?
- What options are there for fertility preservation for children/teenagers planning to commence hormone suppression, hormone therapy, or gender-affirming surgeries?
- What is the experience of transgender people who become parents post-transition?
- How might mental health professionals assist transgender people considering fertility preservation?
- What are some useful resources?

What is transition?

Transition is the process through which a transgender person lives as their gender. It may involve many steps for some and fewer for others. Social transition is usually the first step, when a person makes changes in appearance and social situations to reflect their gender, like changes to hairstyle and clothing, name and pronoun changes, and use of different bathrooms/gendered facilities. Some transgender people also seek legal transition, which might include changing a name and/or gender on official documents. Medical transition is when a person chooses medical interventions like hormone replacement therapy or puberty blockers. Finally, some transgender people also seek surgical transition, which is surgery to alter their genitalia and/or chest to better reflect their sense of their gender.

Why would transgender people need to consider fertility preservation?

The limited number of studies examining transgender people’s desires to become parents have found that about half currently without children would like to have them in the future (De Sutter et al., 2002; Wierckx et al., 2012). Transgender people can form families in many ways, including via donor sperm/eggs, foster care, or adoption. But transgender people who undergo surgical or medical transition can end up infertile, which is often irreversible, depending on the processes undertaken.

While not all people who are transgender wish to medically or surgically transition, it is highly recommended that transgender adults, as well as transgender children/teenagers and their parents, seek the support of an appropriate health professional to explore the options around fertility preservation prior to starting gender-affirming treatment.

It’s also important to remember that transgender people may suffer from fertility issues which are not related to transitioning, but can still impact on parenting possibilities.
**What options are there for fertility preservation for adults planning to commence hormone suppression, hormone therapy, or gender-affirming surgeries?**

While previously the primary route to parenthood for transgender people was to have children prior to transitioning, there are now a number of ways in which genetically-related children can be conceived post-transition.

For transgender men, fertility preservation may be achieved by:

- Retrieving and freezing eggs (oocyte cryopreservation). Eggs can later be fertilised via sperm from a donor or partner who can provide sperm. Embryos can then be carried by a surrogate, a partner who can carry a child, or by the man himself if he has chosen not to undergo a hysterectomy.
- Creating and freezing embryos with retrieved eggs and sperm from a donor or partner (embryo cryopreservation). Embryos can later be carried by a surrogate, the man himself, or a partner able to carry a child.
- Ovarian tissue preservation (ovarian tissue cryopreservation). This process is currently experimental.

Transgender men who retain their reproductive organs may also be able to become genetic parents following transition. This entails the ceasing of hormone treatments and is not guaranteed to be successful. As noted above, the man may choose to carry the child himself, or may undergo egg retrieval and a partner who can carry a child (or a surrogate) may be implanted with an embryo conceived from donor sperm (or from the sperm of a partner). In 2013 Medicare removed restrictions on certain claimable items that had previously been limited to people of a particular gender. Between July 2015 and June 2016, 44 men utilised Medicare item #16519 (management of labour and delivery by any means) (Medicare Australia, 2016).

For transgender women, fertility preservation may be achieved by:

- Retrieving and freezing sperm. Sperm are retrieved via masturbation or vibratory stimulation (sperm cryopreservation) or surgically (surgical sperm extraction). Sperm can later be used with a donor egg and a woman who acts as a surrogate, or IVF can be undertaken using the frozen sperm and the gametes of a partner who is able to carry a child.
- Testicular tissue preservation. This process is currently experimental.

The process of fertility preservation can be traumatic, given the gendering of genetic material (i.e., where sperm is often treated as derived from males and eggs from females). This means retrieval of eggs/sperm/embryos may be challenging. In addition, you may not desire to parent a child conceived with your genetic material if you perceive that material as in some way reflecting your assigned sex, rather than your gender.

A survey study of 121 transgender women found that many participants thought freezing sperm should be offered, although fewer would have pursued that option if it was available (De Sutter et al., 2002). However, loss of fertility was rarely seen as an important reason to delay transitioning.
What options are there for fertility preservation for children/teenagers planning to commence hormone suppression, hormone therapy, or gender-affirming surgeries?

Fertility preservation amongst children and teenagers is receiving more attention as people transition at younger ages. Children do not need to begin puberty in order to undertake fertility preservation. Ovarian and testicular tissue can be stored for potential future use without children having commenced puberty, meaning that children will not need to go through a puberty which does not align with their gender. Extraction of testicular tissue requires a surgical procedure under anaesthesia and extraction of ovarian tissue is usually undertaken by a laparoscopic procedure. These are the only options for fertility preservation in pre-pubertal children, and are currently viewed as experimental.

For those teenagers who have already started puberty, eggs or sperm can be collected and frozen for the future, as with adults above. However, a US study with 72 transgender young people receiving counselling about infertility prior to hormone therapy found that only two attempted fertility preservation (Nahata et al., 2017).

Parents/guardians have a key role to play in exploring the options of fertility preservation for their children, and are likely to be the ones responsible for consenting to any procedures. Future fertility possibilities as well as the impact that any procedures may have on their child’s mental and physical health need to be taken into account. It is recommended that these issues are discussed with a gender-affirming mental health professional as they can have both short and long term impacts on the child/teenager.

What is the experience of transgender people who become parents post-transition?

Few studies have examined the experiences of transgender people who become parents post-transition. In terms of transgender men who have undertaken a pregnancy following transition, a key factor reported in terms of mental health relates directly to discrimination and the denial of men’s masculinity whilst pregnant. Ryan’s (2009) Canadian interview study found that despite growing public awareness of transgender men who decide to become pregnant, such men face considerable discrimination throughout their pregnancy. Research by Riggs (2013) has found that transgender men who undertake a pregnancy negotiate complex intersections between their masculine identity and sense of self and the expectations placed upon them by health care providers who read their pregnant bodies as female.

How might mental health professionals assist transgender people considering fertility preservation?

There are a number of issues around fertility preservation for transgender people, many of which would be useful to discuss with a mental health professional:

- **Future desire to be a parent.** Prior to starting gender-affirming treatment in the course of transitioning, it’s helpful to think about whether you’d like to become a genetically-related parent in the future, or if you’d like the option to become one. Considering that medically and/or surgically transitioning is likely in most cases to lead to irreversible infertility, decisions made in relation to fertility preservation may not be possible at a later date.
- **Understanding the process.** It’s important to understand which options of fertility preservation are available and what your future reproductive options are. Success rates of procedures using preserved eggs/sperm/embryos also need to be considered.
- **Discrimination and negative experiences.** Transgender people accessing fertility preservation may face hostility from those inside and outside the medical profession.
and may experience barriers to treatment. The gendering of gametes can cause considerable distress. To ensure that informed consent is clearly granted free of unnecessary distress, clinicians may benefit from using the term ‘gametes’ or ‘reproductive materials’ so as to avoid unnecessarily distressing transgender clients.

- **Cost.** Costs associated with fertility preservation can include the retrieval and storage of eggs/sperm/embryos and can later include procedures such as IVF and/or surrogacy. In Australia, altruistic surrogacy arrangements are not covered by Medicare.

The Australian Psychological Society recommends [mental health practices that affirm transgender people’s experiences](https://www.aps.org.au), and APS member psychologists are bound by the Ethical Guidelines on Working with Sex and/or Gender Diverse Clients. The 'Find a Psychologist' service on the APS website can be used to identify a psychologist likely to provide supportive and inclusive services. Visit the website [www.psychology.org.au/FindaPsychologist](http://www.psychology.org.au/FindaPsychologist) or phone 1800 333 497 (outside Melbourne) or (03) 8662 3300 (in Melbourne).

**What are some useful resources?**

**Websites**

**Fact sheets**
Reproductive Options for Trans People (Canada) – [www.lgbtqhealth.ca/docs/FactSheet-ReproductiveOptionsForTransPeople.pdf](http://www.lgbtqhealth.ca/docs/FactSheet-ReproductiveOptionsForTransPeople.pdf)

**References**


