

LGBTQ Family Planning Options

People have a lot to think about when considering starting a family. For LGBTQ individuals or couples, there are specific challenges they face often. The most common questions that come up are usually based around how third-party reproduction works. Here's a basic overview of the various approaches.

Egg donation

<u>Egg donation</u> is when an individual donates their eggs to a person / couple for them to become pregnant. To start this process, the receiving couple or individual will first need to identify an egg donor. This is often done through an agency providing anonymous donors, or a friend or family member that would like to donate the egg(s).

The eggs are retrieved and fertilized through <u>in vitro fertilization (IVF)</u> using the recipient's sperm or that of a donor. The resulting embryo is transferred to the womb of the recipient or a surrogate for pregnancy.

In vitro fertilization (IVF)

IVF can help individuals conceive if the donor (or partner) insemination is unsuccessful. It is also used if the individual has certain types of infertility which do not respond to insemination. The process of IVF can vary but is typically, daily hormone injections for 9-12 days that are used to help mature a group of eggs within the ovaries. The eggs are then surgically removed from the ovaries and sent to a lab. The egg will be fertilized and incubated in the lab for 3 to 6 days. Embryos that grow successfully can then be placed into a person's uterus or frozen for future use.

The success rate of IVF depends on a number of factors including reproductive history, maternal age, the cause of infertility, and lifestyle factors like smoking. It is also important to understand that pregnancy rates are not the same as live birth rates. According to the

American Pregnancy Association, in the United States, the live birth rate for each IVF cycle is approximately:

- 41-43% for women under 35 years old
- 33-36% for women ages 35 to 37
- 23-27% for women ages 38 to 40
- 13-18% for women over 40

Embryo donation

When a cis woman goes through IVF, sometimes it results in embryos that remain frozen for later use. When she decides that her family is complete but still has embryos remaining, she has a few options. Through <u>embryo donation</u> the fertilized eggs can be donated to another individual or couple who is unable to conceive. The resulting child would have the genes of the individuals who donated the embryo.

Often used interchangeably with embryo donation is commonly done through a fertility clinic, while embryo adoption programs treat the process like an adoption. This means the same protections and guidelines set in place for a traditional adoption - home studies, legal contracts, post-adoption support and education - are applied to the embryo adopter. In this process, the donor is protected because it provides information about the family receiving their embryo and allows both individuals and/or couples to have input regarding how much communication there will be between the families following the adoption.

If you are considering <u>embryo donation or adoption</u>, spend time researching the different programs across the country to see what is right for you.

Sperm donation

<u>Sperm donation</u> involves a cis man <u>donating semen</u> to a couple or individual or a sperm bank. The donated sperm is inserted into the recipient's uterus by <u>intrauterine</u> <u>insemination (IUI)</u> or can also be combined with an egg (or a donor's eggs) in a lab during IVF, creating an embryo that will later be transferred to the recipient's uterus.

A man who makes a sperm donation can be known, called a directed donation, or anonymous to the recipient. Before a man can donate sperm, they must be screened for medical conditions and other risk factors.

If you are donating sperm, be mindful of the long-term impact of your decision including the possible emotional, psychological, and legal issues of sperm donation. If you're providing sperm to someone you know, consider hiring a lawyer to draft a contract that defines your financial and parental rights and obligations.

Gestational Carrier or Surrogacy

Surrogacy involves a third-party individual agreeing to become pregnant and carry a child for a couple or individual. There are two types of surrogacy: gestational carrier surrogacy and traditional surrogacy.

With gestational carrier surrogacy the surrogate being implanted with an embryo created through IVF with the recipient parents' sperm and eggs (or donor sperm and/or eggs). The child born by a gestational carrier may have the genes of at least one partner and is not genetically related to the surrogate.

Traditional surrogacy is when a surrogate donates their own eggs to become pregnant through artificial insemination or IVF. The child would have their genes and the genes of the sperm donor. This form of surrogacy is rarely used. A gestational carrier is typically used, so the child is not genetically related to the individual carrying the pregnancy.

Surrogacy involves legal and emotional complexities that must be addressed beforehand by the intended parents.

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Whichever option you find is right for you and/or your family, including <u>fostering or traditional adoption</u>, don't forget to consult with a lawyer that is well versed in whichever method you are going with. Laws can vary by state, so also consider where the baby will be delivered. If you decide that a gestational carrier is right for you, be sure to consult a lawyer in the state where the gestational carrier is intending to deliver.

For additional information on these various approaches to family planning and reproductive information, <u>Path2Parenthood</u> has a variety of information to help you as you plan for your family.