

# **A Guidebook for Lesbian, Gay, Bisexual, Trans and Queer People**

on Assisted Human Reproduction in Canada



**LGBTQ  
Parenting  
Network**

*A Program of Sherbourne Health Centre*

# Table of Contents

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- Why this Guidebook? . . . . . 3
  
- Navigating AHR in Canada . . . . . 4
  - Ensuring a Positive and Respectful AHR Journey . . . . . 4
  - Conception, Pregnancy, and Preservation Options . . . . . 6
  - Getting Pregnant . . . . . 6
  - HIV and AHR Options . . . . . 11
  
- Other Important Information . . . . . 12
  - AHR Legal Considerations . . . . . 12
  - Support on Your AHR Journey . . . . . 13
  - AHR Counselling . . . . . 14
  - The Cost of AHR: Provinces and Territories . . . . . 16
  
- Celebrate LGBTQ Families . . . . . 17
  
- Resources . . . . . 18

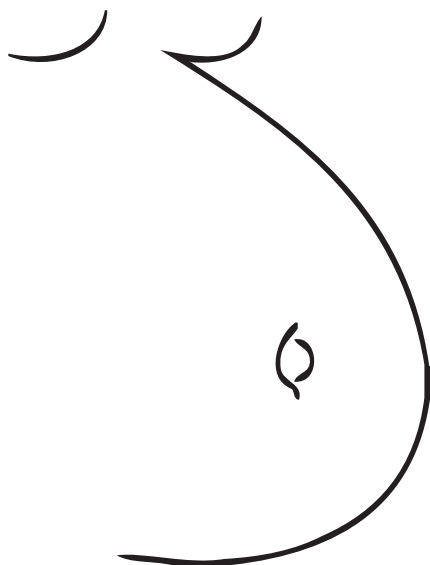
# Why this Guidebook?

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While many people in lesbian, gay, bisexual, trans and queer (LGBTQ) communities have children conceived in prior opposite-sex relationships, increasingly LGBTQ people are having children with the help of assisted human reproduction (AHR). Some fertility clinics in urban areas such as Toronto report as many as 15-25% of their clients are from LGBTQ communities. Despite being significant AHR service users, the AHR system is not traditionally set up with LGBTQ people in mind; it assumes that clients are heterosexual and cisgender (non-trans), partnered or married with access to two incomes, and dealing with infertility. Some or none of these assumptions may be true for LGBTQ AHR clients, and this can cause unnecessary confusion and hardships.

This guidebook is for LGBTQ people who are interested in using AHR services to have children. Friends, family and others who are allies and supports for LGBTQ AHR clients during this process may also find it helpful and instructive.

In this guidebook, you will learn about conception and legal issues; tips to help navigate the AHR system with confidence; questions to pose and issues to consider when using AHR; additional information and community resources.



# Navigating AHR in Canada

The majority of LGBTQ people seeking AHR services are not experiencing issues with infertility. Rather they require AHR services to get pregnant or preserve gametes (also known as sperm or eggs). Furthermore, the composition and structure of LGBTQ families may look different from those who typically use AHR services. While many of us parent in couples, some choose to parent as single people and some with co-parents or sperm/egg providers with whom they are not romantically involved. Our families may consist of one, two, or more parents. For example, a bisexual woman may walk into a fertility clinic with her female partner and gay male friend who is also their sperm provider; or a gay male couple may seek assistance in a surrogacy arrangement.

Because some of us do not receive support from our families or communities of origin, many of us create “families of choice” composed of friends, partners, companions and even ex-partners, who provide us with support, validation, and a sense of belonging. Often we want these important people in our lives to be involved in our AHR service experience. In order for LGBTQ AHR clients to have positive and respectful experiences, it is vital that service providers know about and welcome the people whose inclusion is important to us. Thus, it is important to inform service providers about your particular family configuration and about who needs to be involved in your AHR journey.

## Ensuring a Positive and Respectful AHR Journey

**YOUR LEGAL RIGHTS:** The federal *Assisted Human Reproduction Act (AHR Act)* includes a principle stating that parties who undergo AHR procedures should not be discriminated against on the basis of sexual orientation or marital status (S.C. 2004, c. 2 [AHRA], s. 2(e)). As of August 2012, trans human rights (gender identity) are protected under the human rights legislation of the Northwest Territories, Manitoba and Ontario, and hopefully soon in other jurisdictions.

Despite federal and provincial legislation in Canada, many LGBTQ clients encounter challenges in pursuing AHR to have children. For example, referring to someone as a “donor” makes sense for sperm or egg donors who agree to relinquish their claim to the child. However, if you are using your sperm or eggs to have a child that you plan to parent, you are the “sperm provider” or “egg provider.” In this latter case, using the term “donor” instead of “provider” can have harmful emotional, medical, and legal implications.

Below are some other challenges you may face, and possible actions you can consider to ensure a more positive and respectful AHR journey:



Challenges	Actions
No place to accurately record gender identity, sexual orientation, relationship status, or family configuration on intake forms, lab records, etc.	Correct and add to all forms to reflect your identity and relationships. Request that your service provider and all staff apply these corrections throughout your AHR journey. Request to meet with the Clinic Manager for further support. Offer educational materials (see Resources).
Tests and services based on standard approaches to address heterosexual, cisgender couples experiencing issues with fertility.	Insist that providers start from a presumption of your full reproductive health and an approach of minimal intervention, unless otherwise indicated.
Counsellor may not understand realities specific to LGBTQ AHR choices, conception preparations and parenting plans.	Come prepared to share the back-story to your decisions and parenting plans, and ask questions about the services and supports you need.
Use of an incorrect pronoun or incorrect assumptions about your gender identity, sexual orientation, relationship status, or family configuration.	Correct the staff and offer some educational materials (see Resources) where possible. Request support from the Clinic Manager if recurring.
An absence of LGBTQ images and resources available in AHR centre or fertility clinic and/or website.	Suggest LGBTQ positive images to the Clinic Manager. Request this guidebook and other LGBTQ relevant materials be made available in the clinic and online.

To have a positive and respectful AHR journey, you may have to take an active role in educating service providers. This guidebook can serve as a helpful resource for you in this regard.

## Conception, Pregnancy, and Preservation Options

For most LGBTQ people, choosing a conception and pregnancy method is a thoughtful and planned process. Many LGBTQ people spend years thinking about their intentions to parent, researching conception options, preparing how to disclose these choices to children, and planning pregnancies. Still, beginning an AHR journey raises many important questions.

The AHR conception options you select may differ depending upon many variables such as your sexual orientation, gender identity, relationship status, family configuration (single, partnered, co-parenting), access to egg or sperm donors/providers, racial and cultural considerations, your reproductive health, and access to financial resources.

If you are pursuing the option of having a biologically related child, you will have to decide who is getting pregnant, who is providing the sperm, and whose eggs will be used. For example, wanting to safeguard your option to have a child in the more distant future, requires that you preserve your sperm or eggs (aka gametes) now for later use. Elements of this process include gamete collection, freezing, and storage. Recent scientific advancements have made possible freezing embryos created now for later use through in vitro fertilization.

Most fertility clinics require a referral from a family doctor or clinic. Often it is possible to make an appointment first, and then get the referral from a general practitioner to bring with you at your first meeting with the AHR centre or fertility clinic.

## Getting Pregnant

**Insemination** - For the person getting pregnant through insemination, including a traditional surrogate, there are two possible procedures. Fresh or frozen sperm is inserted near the person's cervix (Intra-Cervical Insemination or ICI), or into the uterus (Intra-Uterine Insemination or IUI). ICI can be done safely at home. IUI is a medical procedure and must be done in a clinical setting by a trained healthcare professional. You will also undergo fertility tests and screening for infectious diseases such as HIV and Sexually Transmitted Infections (STIs).

**Cycle Monitoring** - The person being inseminated, providing eggs, and/or receiving and carrying an embryo will need to monitor their menstrual and hormonal cycle. This can be done in many ways ranging from tracking body temperature and other bodily changes (on your own) to frequent blood and/or ultrasound tests (at a medical or fertility clinic). The latter may have fees attached, although many health care plans cover these costs.




### **Creating Embryos for Pregnancy/Surrogacy, or Freezing – *In Vitro* Fertilization (IVF)**

- IVF is a procedure by which an egg is fertilised by sperm outside the body such that conception occurs in the laboratory. Eggs are extracted from the ovaries (day-surgery) and specially prepared sperm is inserted into the egg in a laboratory setting in order to create one or more embryos. The embryos are then inserted into the uterus of the person who is intending to become pregnant. Research supports improved viability of frozen sperm, eggs, and embryos. However, IVF services and embryo storage are costly.





**Egg Preparation, Extraction, and Preservation** - If you are providing or preserving your eggs, you will need to monitor your cycle, and you may want to consider either a natural approach to fertility enhancement (i.e., Chinese or Naturopathic) or medical hormone treatment to boost your egg production. The egg extraction procedure is a surgery, with inherent risks, discomfort and other possible complications that make repetition something to be avoided. Furthermore, this service may be costly. Egg freezing/storage is only done at select fertility clinics and requires a monthly or annual storage fee. Many experts still consider egg freezing to be experimental. Once thawed, previously frozen eggs and embryos are less viable than previously frozen sperm. You may also require fertility-boosting medications that can range in costs and in some cases, are covered by health insurance plans.



Are there options  
for HIV+ people?

How can I get pregnant  
with his eggs?

How long will it take?

How much does it cost?

**Sperm Collection for Insemination or Preservation** - You will need to deposit your sperm at the clinic or sperm bank, and undergo fertility tests and blood tests for infectious diseases such as HIV, Hepatitis and other STIs. If you want to use fresh sperm for insemination, know that your provided sperm (aka “known donor” sperm, for instance) may be flagged for quarantine and you may require official permission from Health Canada to store and/or use your sperm, which may add 6 to 9 months to your AHR journey. Freezing and storage are only done at certain clinics or sperm banks, and require a monthly or annual fee.

For more information about the *Processing and Distribution of Semen for Assisted Conception Regulations*, visit: <http://laws-lois.justice.gc.ca/eng/regulations/SOR-96-254/index.html>; also see: [http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/\\_2010/2010\\_218-eng.php](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2010/2010_218-eng.php).

For a list of *Canadian Establishments that Process and/or Import Semen for Assisted Conception*, see: [http://www.hc-sc.gc.ca/dhp-mps/compli-conform/info-prod/don/can\\_semen\\_est-eta\\_can\\_sperme-eng.php](http://www.hc-sc.gc.ca/dhp-mps/compli-conform/info-prod/don/can_semen_est-eta_can_sperme-eng.php).



## HIV and AHR Options

Like all health services, AHR services must follow universal precautions to prevent the spread of infectious diseases such as HIV, Hepatitis B and C, and other STIs.

Today, the medical expertise and technology exist to support HIV positive people to safely engage in AHR, and to have healthy children with no HIV transmission. Leading experts in Canadian HIV treatment, obstetrics-gynaecology, fertility medicine, and public health have jointly developed new Canadian HIV Pregnancy Planning Guidelines to support service users and health care providers to learn more and to embrace clinically sound options. For their latest evidence-based guidelines, see <http://www.sogc.org/guidelines/documents/gui278CPG1206E.pdf>.

As of August 2012, six clinics across Canada offer conception and pregnancy support services to people living with HIV. However, these services may not be advertised, and can require pre-arrangement with the fertility clinics months in advance. The long-standing practice of additional quarantine periods and testing protocols that affect the collection, handling and storage of blood and semen is still the norm in most clinics (Health Canada, *Guidance on the Processing and Distribution of Semen for Assisted Conception Regulations*: [www.hc-sc.gc.ca/dhp-mps/compli-conform/info-prod/don/index-eng.php](http://www.hc-sc.gc.ca/dhp-mps/compli-conform/info-prod/don/index-eng.php)).

Regardless of your HIV status, you may face potential sperm quarantine procedures, which can added delay and cost to your AHR journey. Be prepared, consult your networks, inform yourself and your doctors on the latest options, and find out who are the most welcoming AHR service providers in your community to get a sense of what to expect.

For more information about having a healthy pregnancy if you are HIV-positive, visit: <http://www.catie.ca/en/practical-guides/you-can-have-healthy-pregnancy-if-you-are-hiv-positive/resources>.

# Other Important Information

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## AHR Legal Considerations

The *AHR Act* prohibits payment to sperm and egg donors, and to surrogates beyond reasonable reimbursement for expenses incurred during the AHR process. For more information about these prohibitions, visit: [http://www.ahrc-pac.gc.ca/v2/pubs/commercial\\_surrogacy-interdiction\\_maternite-eng.php](http://www.ahrc-pac.gc.ca/v2/pubs/commercial_surrogacy-interdiction_maternite-eng.php); [http://www.ahrc-pac.gc.ca/v2/pubs/paying\\_donors-achat\\_donneur-eng.php](http://www.ahrc-pac.gc.ca/v2/pubs/paying_donors-achat_donneur-eng.php).

Federal legislation also states you have to be a minimum age of 18 years in order to be an egg or sperm donor, and requires written consent to use your eggs or sperm in an AHR procedure (Assisted Human Reproduction Canada, Information Sheet: *Regulations under Section 8 of the Assisted Human Reproduction Act Regarding “Consent to Use”*: [www.ahrc-pac.gc.ca/v2/legislation/consent-consentement/info-sheet-8-fiche-dinfo-8-eng.php](http://www.ahrc-pac.gc.ca/v2/legislation/consent-consentement/info-sheet-8-fiche-dinfo-8-eng.php)).

Your province or territory may have specific laws concerning the rights and responsibilities of people involved in third party donation (not intended parents). In all cases, you should consider seeking independent legal advice. Your fertility clinic or counsellor may also be able to provide guidance on this issue. Likewise, you should think about how to legally protect the parents and children in your family. For some basic information related to family law and birth registration for LGBTQ families, see the Queer Parenting Brochure Series at [www.lgbtqparentingconnection.ca](http://www.lgbtqparentingconnection.ca). For more detailed information, seek the advice of a legal professional.

## Support on your AHR journey

Using AHR to have children often requires significant emotional, physical, and financial investments, and requires placing a great deal of trust and control in the hands of others. This may leave you feeling vulnerable and stressed at various stages of this journey. People who go through the AHR process often describe it as a 'roller coaster of emotions.' The significant others who are going through the AHR process with you may also experience this emotional roller coaster.

Think about where and from whom you can receive support through this AHR process. A reliable friend or a group of allies can be invaluable in supporting you through each step, sharing your concerns and excitement, reminding you of your goals, and helping you to keep a healthy perspective. Practicing regular self-care such as diet and exercise will help you feel grounded.

Being prepared can also ease stress. This means doing your research: search online, contact clinics ahead of time, connect with others who have gone through the process, attend a workshop. See the Resources section below for useful website links. Consider starting your own support group, whether you are the conceiving parent, the partner or co-parent, the known provider or donor, or an ally in this process. Another source of support on your AHR journey may be an AHR counsellor.



## AHR Counselling

An AHR counsellor may help you to make informed decisions about which AHR services to use, and will offer support throughout the process by:

- Providing psychosocial support, education, counselling, crisis, and/or therapeutic interventions;
- Serving as your advocate and as a liaison with your service provider team;
- Providing referrals (i.e. alternative medicine, legal, mental health);
- Addressing ethical issues/concerns; and,
- Identifying supports and resources in your community.

*Note:* In some communities there are specialized family planning classes or workshops (such as Dykes Planning Tykes, Daddies & Papas 2B, Trans-Masculine People Considering Pregnancy, Queer & Trans Family Planning(s) in Toronto) that may fulfill a clinic's counselling requirement.

Counselling as part of AHR services may be recommended or even required by your fertility clinic. For many LGBTQ AHR clients, AHR counselling may seem irrelevant given that AHR services are a first resort to have children; unlike those seeking AHR after experiencing infertility. Nevertheless, it may be helpful to talk to an AHR counsellor about issues that are relevant to the LGBTQ people planning families, such as:



**Conception Planning** - Choosing a conception method involves careful decision-making about providers, known and unknown donors, and about family configurations (e.g., who will conceive). For many LGBTQ AHR clients it is important that partners and/or sperm/egg providers, donors and/or co-parents are included in the AHR process.

**Partner Involvement** - Many LGBTQ people become parents without a genetic connection to their children. Meaningful bonds are formed through the journey to conception and through caring for the child once born. Because AHR services focus on the genetic parent and/or the pregnant person's body, it is common for the person, or people who are biologically unrelated or not trying to get pregnant to feel left out. It is vital for you to tell the AHR service providers about your desire to participate fully in the process. If you are the partner of someone who is trying to get pregnant, there may be additional challenges such as confusion about why you also have to take certain medical tests, or frustration if AHR service providers assume you want to conceive a child if your partner is unable to.

Challenges	Actions
Why do I have to give blood when my partner is the one getting pregnant? Why do I need to get an HIV test?	Service providers may make inappropriate assumptions about you or your lifestyle as an LGBTQ person (e.g., promiscuity, HIV status, gender roles, reproductive desires). You may have to challenge these assumptions in order to get the equitable treatment to which you are entitled.
Why do they assume I want to get pregnant if my partner cannot?	Most LGBTQ people spend a long time thinking about and planning to have children, including deciding who will be the pregnant person, and who will not. Remind service providers that having a child is not something that you decided to do spontaneously.
Is this about money? What about my body being my choice?	You have the right to say no and refuse tests and procedures you are not comfortable with, unless they are legally required. Be sure you have received all the information you need to make an informed decision before you give staff your health card, or agree to chargeable services or medications.

**Sperm Provider (Known Donor)** - Explaining your relationship to a sperm/egg donor to your AHR service provider can be complicated. If the donor is to be involved in the process beyond the collection stage, do not be afraid to explain this to your service provider. Your AHR counsellor can serve as a liaison between you and the AHR service providers (the same goes for partner or co-parent involvement).

**Disclosure** - Often AHR counsellors focus on questions of how and when to disclose the use of AHR to the children conceived by these methods. For the most part, disclosure is not a choice for LGBTQ AHR clients, most of whom tell their children how they were conceived right from the start. Many LGBTQ communities share a history and a culture that values and promotes honesty and truth telling generally, and, in this case, in particular, with regard to children and childrearing.

**Stigma and Discrimination** - Experiencing challenges with fertility may cause some individuals and couples to feel guilty, angry, ashamed and/or depressed. LGBTQ AHR clients may experience these same feelings as a result of encounters with service providers who are uninformed or insensitive to their particular identities, families, and circumstances. An AHR counsellor can serve as a liaison or mediator between you and other AHR service providers to ensure that you receive respectful and lawful treatment.

For more information about AHR Counselling, take a look at the Canadian Fertility & Andrology Society's *Assisted Human Reproduction Counselling Practice Guidelines*: [http://www.cfas.ca/images/stories/pdf/csig\\_counselling\\_practiceguidelines\\_\\_december\\_2009\\_.pdf](http://www.cfas.ca/images/stories/pdf/csig_counselling_practiceguidelines__december_2009_.pdf). (English only)

## The Cost of AHR: Provinces and Territories

AHR can be expensive. With some exceptions, most AHR services in Canada are delivered through private fertility clinics. Although infertility is often constructed as a medical issue, most AHR services are not covered under provincial and territorial health insurance plans. Some provinces and territories pay for the investigation of infertility and some AHR-related surgeries. Some provinces also cover part of the cost of ovulation induction and/or IUI. Currently, Quebec is the only province that provides reimbursement for some AHR procedures, such as insemination and IVF. For more information about AHR coverage in Quebec, visit: <http://www.msss.gouv.qc.ca/en/sujets/santepub/assisted-procreation.php> (English)

It is important that you become familiar with the service options (and their costs) that are available in your home province or territory. We encourage you to contact local clinics in your area and the provincial or territorial Ministry of Health for more information about service costs and coverage options: [http://www.ahrc-pac.gc.ca/v2/patients/info\\_province/index-eng.php](http://www.ahrc-pac.gc.ca/v2/patients/info_province/index-eng.php).







# Resources

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Please visit the LGBTQ Parenting Network website for information about LGBTQ family planning workshops as well as AHR terminology and definitions, useful publications, and community resources: **[www.lgbtqparentingconnection.ca](http://www.lgbtqparentingconnection.ca)**.

Created by datejie green, Lesley A. Tarasoff and Rachel Epstein, on behalf of the LGBTQ Parenting Network, Sherbourne Health Centre, Toronto, Ontario.

The authors wish to acknowledge the participants, investigators, and staff of the Canadian Institutes of Health Research-funded study 'Creating Our Families: A pilot study of experiences of lesbian, gay, bisexual and trans people accessing Assisted Human Reproduction Services in Ontario' (2010-2012), including Lori E. Ross, datejie green, Lesley A. Tarasoff, Stu Marvel (Osgoode Hall Law School at York University), Scott Anderson, Rachel Epstein, and Leah S. Steele. The authors also wish to express thanks to the members of the Creating Our Families Advisory Committee, and all of the staff and students of the Re:searching for LGBTQ Health team who contributed to this project (see [lgbtqhealth.ca](http://lgbtqhealth.ca)).

Community review of translation: Matt Caron Francino (Rainbow Health Ontario) and datejie green. Illustrations and graphic design by Pam Sloan © 2012