

Preconception Health for 2SLGBTQ People



rainbow health ontario
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SHERBOURNE HEALTH

This info sheet is for 2SLGBTQ people who are planning to become parents through pregnancy. The information presented here is designed to be helpful if you are planning to carry a pregnancy yourself, if you are planning to support your partner or co-parent through pregnancy and birth, or if you are planning to become a parent with a gestational carrier through a surrogacy arrangement. Each of these pathways to parenthood have different considerations.

Gestational carriers, sperm, and egg donors may also have different considerations, and we have addressed some of these here. This brief overview is not medical advice. Please consult with your health care provider for advice specific to your care.



Getting Ready

Folic Acid

Folic acid is important in the weeks and months before you conceive. Folic acid helps to prevent certain malformations of the brain, skull and spine called neural tube defects. Neural tube defects include spina bifida and anencephaly. Neural tube defects can happen in the first four weeks of pregnancy.

Folic acid is important for everyone involved in a pregnancy. If you are planning to carry a pregnancy, preserve your fertility, or conceive a pregnancy with your sperm or egg, including sperm and egg donors, take folic acid for at least three months before you attempt to conceive or preserve your sperm or eggs.

You can take folic acid on its own, or as part of a multivitamin along with vitamin B12 and iron. During pregnancy, keep taking your daily folic acid supplement with iron. If you wish to increase or decrease your dose, speak to your health care provider first.

If your health care provider tells you that you have an underlying risk factor for neural tube defects, they may recommend that you take a high dose of folic acid (4-5mg/day).

Iron

When you are pregnant, iron is important to support the healthy growth of the fetus. Vitamin C helps you absorb iron. Babies need stored iron to be healthy after birth. A daily multivitamin with 16 to 20 mg of iron is recommended. Have your iron tested before trying to get pregnant and discuss your options with your health care provider.

Smoking, Alcohol, and Other Drugs

If you are planning to become pregnant, or support someone who is pregnant, or donate sperm or eggs, and you smoke tobacco, speak to your health care provider about reducing your use or quitting.

Remember it can take many tries to stop smoking, so if you have tried in the past, you may need to try again. Smoking impacts fertility and smoking during pregnancy harms the fetus. The impacts of smoking during pregnancy can include birth defects, preterm birth and low birth weight.

Being around people who are smoking is called secondhand smoke, and being around people who have smoked is called thirdhand smoke. Second and thirdhand exposure to tobacco smoke is dangerous for everyone, but especially babies and pregnant people.

The effects of alcohol on a fetus are significant and can include adverse birth outcomes such as cognitive abnormalities, preterm birth, and low birth weight. If you are trying to become pregnant, do not drink alcohol. If you are concerned about your use of alcohol, talk with your health care provider.

Recreational drugs vary in their impacts on a fertility, on your pregnancy and your health, and your developing fetus. Speak with your health care provider and make a plan to quit or reduce your use prior to conceiving.

Health Tests

These tests are typically ordered by your family doctor. If you are planning to conceive outside of a clinic, you can get these tests at any time.

If you are seeking a referral to a fertility clinic, your doctor may order these tests at the time they make the referral or before. If you haven't had these tests, your physician at a fertility clinic may order them.

Depending on where you live, some or all these tests may be free or partially covered by your provincial/territorial health plan.

Genetic Tests

Only diseases passed down from parents to offspring are hereditary diseases. Some hereditary diseases require only one gene to be passed down, others require a gene to be present in both sperm and the egg. If a gestational carrier who is not an egg donor, or a parent who is not contributing egg or sperm to the pregnancy is a carrier for a hereditary disease, this is not an immediate health concern.

Genetic testing can help you to gain a better understanding, especially the possibility of detrimental effects on pregnancy, which can help you make informed decisions about your path to parenthood. It is a good idea to consider testing if you do not know your status, since it can be useful information if your family's plans change. Many physicians will recommend testing for everyone involved in the pregnancy.

Some genetic tests may only be indicated if the person who will provide either the eggs or the sperm is part of a higher-risk population. These tests will only need to be done once, as their results will not change.

The Government of Canada recommends genetic testing to anyone who will be involved in a pregnancy genetically (e.g. providing sperm or eggs), is at risk of passing on a genetic condition, has a chromosome condition or has a child with a chromosome condition.

Anonymous egg and sperm donors are tested by the agency or bank, and these results will be part of their donor profile.

Known egg and sperm donors should also be tested. They can access this testing through their family doctor, or through the fertility clinic, if you are using one. You may wish to ask them to get the testing done at an early stage in your process, through their family doctor, to avoid delays later. If you know or find out through testing that any of you are a carrier of a hereditary disease, anyone can access genetic counselling. You can ask your family doctor or fertility physician for a referral at any time.

Ask your doctor for their recommendations to test you and your donor or partner for some or all of the following hereditary diseases:

- Cystic Fibrosis
- Sickle-cell anemia
- Tay-Sachs disease
- Thalassemia

Infections

These infections will likely only cause harm to the baby or fetus if you contract them during pregnancy. It is important to know your status before conceiving so that you can either get a vaccination or take steps to prevent a first exposure to these infections while you are pregnant. To test your status of these infections, your doctor can order a blood test called a titre. If you have antibodies to these viruses, you have been exposed to the virus and are immune to the virus.

Cytomegalovirus (CMV) infection

Cytomegalovirus is the most common infection passed from pregnant people to babies during pregnancy, and is the leading infection cause of sensorineural hearing loss and delayed psychomotor development in infants.

There is a difference between an active CMV infection, which is dangerous, and carrying the virus. Most people don't know they have CMV because it rarely causes symptoms. Once you have CMV, the virus stays in your body forever but is controlled by your immune system.

CMV is cause for concern only if you contract it during pregnancy as infection is dangerous for babies. You are more likely to pass CMV to your baby if you become infected during pregnancy than if you were infected before. If you have an active infection during pregnancy, it can be dangerous to the newborn baby. Medications can help treat newborns, but there is no cure for CMV infection.

If the person who will be pregnant is CMV negative and the person providing the sperm or the egg, or an anonymous sperm donor is CMV positive, have a conversation with your health care provider about the risks. If you become infected with CMV, your health care provider may recommend that you delay conception by six months to prevent a possible congenital infection.

Toxoplasmosis

Many people have been exposed to toxoplasmosis and are already immune to the virus. In that case, there is no risk of contracting the disease in pregnancy.

For infants born to a person with an active infection, toxoplasmosis can cause extremely serious complications. If you are not immune to toxoplasmosis, you will want to avoid becoming infected during pregnancy.

Toxoplasmosis can be transmitted through undercooked meats. Good food safety during pregnancy helps avoid this risk. This includes:

- Using a food thermometer to ensure meat is cooked to a safe temperature; colour is not a reliable indicator that meat has been cooked to a temperature high enough to kill harmful pathogens
- Wash fruits and vegetables before consuming
- Wash your hands after gardening or touching a cat
- Avoid the consumption of raw or undercooked meats

There is a risk of contracting toxoplasmosis from your cat while you are pregnant, if you are not already immune.

Infections, continued

If you are not immune, have someone else in your home scoop cat litter for you. This may be a chore you can delegate during pregnancy.

If you must scoop cat litter while pregnant, reduce your risk:

- Keep cats indoors – outdoor cats may contract toxoplasmosis from eating birds or small animals
- Feed your cat cooked food – raw food can transmit the infection
- Change the litter box daily – the parasite does not become infectious until 1 to 5 days after being released in a cat's feces
- Use disposable gloves and wash your hands after scooping litter
- Do not touch outdoor cats, especially kittens, and do not get a new cat while you are pregnant

Speak to your health care provider if you become infected with toxoplasmosis. They may recommend that you delay conception by six months to prevent a possible congenital infection.

Human parvovirus B 19

Parvovirus is commonly called “fifth disease” because it is a common childhood illness. You may be immune to parvovirus, and if so, this is helpful and reassuring information during pregnancy.

If you are not immune to parvovirus, you should avoid exposure to parvovirus during pregnancy since it can cause abnormalities in the developing fetus. It is hard to avoid parvovirus since many people will not know they have the virus when they are contagious. Your health care provider can do a blood test to help determine if you are prone to the virus, have immunity, or if you were recently infected.

If you are pregnant or trying to conceive and were recently exposed to the virus, contact your healthcare provider urgently.

There is no vaccine to prevent parvovirus B19 infection. You can reduce your chance of being infected or infecting others by:

- Washing your hands often with soap and water and using hand sanitizer
- Covering your mouth and nose when you cough or sneeze with your elbow
- Not touching your eyes, nose, or mouth
- Avoiding close contact with people who are sick and staying home when you are sick

Chicken Pox or Varicella (HSV-1)

If you have ever had chicken pox, you likely have antibodies and are immune to chicken pox. If you have not had chicken pox, and have been vaccinated for chicken pox, you may need a booster to ensure you are immune. If you have never been vaccinated, and do not remember ever having chicken pox, it is still possible to be immune. Speak to your doctor about checking your titres to ensure you are immune to chicken pox.

If you are not immune to chicken pox, you may wish to be vaccinated before pregnancy. Adults are more likely to develop serious complications of chicken pox than children. Pregnancy makes it even more likely that you could have a serious complication. If you become infected during the first two trimesters of pregnancy there is a risk of your baby developing congenital defects.

Infections, continued

Rubella

It is important to be tested for rubella immunity, since contracting rubella in pregnancy can lead to significant complications for the fetus, including miscarriage, birth defects, and stillbirth. This is especially true if you become infected during the first trimester (first 12 weeks) of pregnancy.

If you aren't immune to rubella, your health care provider will likely discuss getting an MMR (measles, mumps, rubella) vaccination before you try to conceive. After receiving the vaccine, you should wait at least four weeks before trying to conceive. You cannot be vaccinated for rubella during pregnancy. If you are not immune to Rubella and are exposed during pregnancy, contact your doctor immediately.

Pertussis or Whooping Cough

Pertussis infection is very dangerous for babies and can lead to lifelong complications or death. If you will be pregnant, make sure that you are vaccinated for pertussis before pregnancy. Adults only need one pertussis vaccination as adults. Getting a Tdap vaccine in the third trimester (weeks 27 to 36) of pregnancy lowers the risk of whooping cough in babies under two months old by 78%.

Infants cannot start building their own protection against whooping cough until they get vaccinated at two months old. Babies are at highest risk of getting very sick from whooping cough during their first few months of life. Because of this, every adult who will spend time with your newborn baby in their first year of life should talk to their doctor about getting vaccinated for pertussis or whooping cough before the baby is born. This includes all parents, chosen family, babysitters, grandparents, and other adults who have not been vaccinated in adulthood.



Sexually Transmitted and Bloodborne Infections (STBBIs)

These infections can make conceiving more difficult, or impossible. They can also harm the fetus once you do get pregnant. STI tests are usually required by fertility clinics if you are seeking care from them.

Everyone contributing their eggs, sperm or embryo(s) to a pregnancy, and anyone carrying one, should be tested prior to pursuing pregnancy, as should their sexual partners. Some of these tests will have to be repeated at regular intervals, or if you may have been exposed to a new infection.

This testing can be accessed through a family doctor, or through a fertility clinic, if you are using one. You may wish to ask to get the testing done at an early stage in your process to avoid delays later.

If you know or find out through testing that any of you have one of these infections, you can be treated or take precautionary measures to avoid transmitting the infection to someone else or your fetus. Some lifelong infections can make a would-be donor or gestational carrier ineligible to donate their eggs or sperm or carry a pregnancy.



Chlamydia & Gonorrhea

Chlamydia and gonorrhea are two preventable bacterial causes of pelvic inflammatory disease (PID) and infertility. Without treatment, some people with chlamydia or gonorrhea will develop PID. Both can be transmitted through sperm donation from a known donor or between sexual partners.

Both chlamydia and gonorrhea may not have any symptoms. These infections can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues, which can lead to infertility.

To test for chlamydia and gonorrhea, a health care provider will swab fluid from the throat, anus, cervix, and/or genitals of the person being tested, and test a urine sample.

Chlamydia is easily cured with antibiotics, but it is common to be reinfected. People who test positive for chlamydia should be retested about three months after treatment of an initial infection, even if their partners were also tested and treated.

Gonorrhea can be transmitted to a baby during childbirth and can cause blindness, joint infection, or life-threatening blood infection. It can be treated with antibiotics, but antibiotic resistant strains are becoming more common.

Herpes

If you are planning to become pregnant, planning to donate sperm, or are a sexual partner of someone who is planning to become pregnant or donate sperm, and have a history of herpes outbreaks or genital herpes sores, or have a partner or former partner who had herpes, you may wish to be tested for herpes. This can be done through a blood test. Being tested can help you decide what treatment options to pursue, if any, or what precautions to take to avoid exposing yourself or anyone else.

It is important to discuss your testing options carefully with your doctor. Many doctors do not routinely order tests for genital herpes because stigma and shame from a genital herpes infection can be more troubling to someone who is infected than the disease itself. If you are worried about genital herpes, you should talk with your doctor about whether you should be tested.

During pregnancy, tell your doctor or midwife if you, your partner, sperm donor, or their partner have ever had symptoms of, been exposed to, or been diagnosed with genital herpes. Sometimes genital herpes infection can lead to miscarriage. It can also make it more likely for you to deliver your baby too early. Herpes infection can be passed from you to your unborn child and cause a potentially deadly infection called neonatal herpes. It is important that you avoid getting herpes during pregnancy. Herpes infection also makes it easier to transmit and acquire HIV infection sexually.

There is no cure for herpes, but antiviral medications can reduce the risk of transmission to your baby.

If you are pregnant and have genital herpes, you may be offered medication towards the end of your pregnancy to reduce the risk of having any symptoms and passing the disease to your baby. At the time of delivery, your health care provider will carefully examine you for symptoms. If you have herpes symptoms at delivery, your health care providers may recommend a C-section delivery to reduce the risk of transmitting the infection to your baby.

PAP Test and Genital Human Papillomavirus (HPV)

HPV is the virus that causes genital warts and can lead to cervical cancer.

There is no test for HPV. Vaccination for HPV is available but is often not covered by private insurance and can be very expensive.

Getting a Pap smear as part of your pre-conception testing will help you know about your cervical health. Pap tests are typically done every three years for healthy people with no history of abnormal Paps. If you are due for a Pap, it is recommended that you get it completed before you try to conceive.

A doctor, nurse, nurse practitioner, or midwife does a Pap test by swabbing your cervix for a few cells and then sending them to a laboratory to be analyzed. Pap tests do not screen for STIs such as gonorrhea and chlamydia, but these tests are often done in the same way at the same time. The results of a Pap test can be harder to interpret if you are taking testosterone, so make sure to inform your health care provider so they can make a note on your sample for the testing laboratory.

Hepatitis B

Before trying to conceive, everyone involved in the pregnancy should be tested for Hepatitis B immunity and to see if they are infected with Hepatitis B. If the person who will be pregnant is not immune to Hepatitis B, you may wish to consider vaccination before you conceive.

If anyone who will be involved is positive for Hepatitis B, discuss the risk with your health care provider.

HIV

Talk to your doctor about preconception HIV testing for the person carrying the pregnancy, their sexual partners, and the person providing sperm and their sexual partners.

You may wish to repeat this testing from time to time or if you have a new sexual partner or are exposed to HIV when you are trying to conceive.

HIV and Pregnancy

There is a lot of stigma about people living with HIV becoming parents or planning pregnancy. If you are living with HIV and considering becoming pregnant, donating sperm to someone else, or conceiving through surrogacy, there are many options available to you.

More information is available from the HIV Pregnancy Planning Guidelines website:

hivpregnancyplanning.com

CATIE also offer a helpful guide on pregnancy planning, surrogacy, and adoption for people living with HIV: catie.ca/growing-your-family.

Carrying a pregnancy

Having a healthy pregnancy while living with HIV is possible. If you are newly diagnosed, you may need to delay your plan to conceive while you begin treatment.

You can expect to have a healthy pregnancy with effective treatment before you conceive and ongoing treatment and monitoring during pregnancy. There is very little risk the fetus will become infected with HIV during pregnancy or at birth.

Fertility Clinics

If you are planning anonymous donor insemination and intend to work with a fertility clinic you may experience some resistance. It is important to carefully plan which clinic or doctor you will work with. Few clinics in Canada are willing to work with clients living with HIV who want to use their own sperm or eggs with a surrogate carrier.

Known Egg or Sperm Donors and Surrogates Living With HIV

Recent changes in the law means that a person living with HIV can now act as a surrogate gestational carrier, or act as a known sperm or egg donor (subject to a six-month quarantine of their gametes). However, you may still encounter resistance from fertility clinics, so speak with your care provider about how they can advocate on your behalf.

Surrogacy For Intended Parents Living With HIV

It is possible to conceive a pregnancy with sperm from someone who is living with HIV without transmitting HIV to the person carrying the pregnancy or the fetus. To do so safely, the person providing sperm should consult with an HIV specialist with experience in preconception care.

Initial Fertility Testing and Assessment – Eggs and Uterus

In determining which tests to do and which tests not to do, you should discuss the implications of each one with your doctor. These tests are typically ordered and interpreted by a fertility specialist (reproductive endocrinologist) or a family doctor or gynecologist with experience in fertility assessment.

Some of these tests can be ordered by your family physician, but many physicians are not comfortable with interpreting the test and advising you what to do with the results unless this is something they do frequently. Fertility clinics calibrate the instruments in their labs much more precisely and frequently than public labs in the community. The technicians working in fertility clinics are very familiar with every requirement of each test, while community labs may do these tests much less frequently.

For these reasons, these tests are usually best ordered by a physician who orders and interprets them frequently, and performed in a lab that specializes in fertility testing. If this is not possible, any abnormal or concerning results from a community lab should be confirmed in a lab that specializes in fertility testing.

AMH Test (Anti-Mullerian Hormone test – blood test)

This test assesses egg quantity. This blood test can be done at any time during your cycle. With AMH, higher numbers are better. This test gives you an idea of how many eggs are present in your ovaries. Typically, AMH test is done once, when you start fertility treatment or to investigate an emerging concern. It may be done again a few years later, if indicated.

Day 3 FSH Follicle Stimulating Hormone Test – blood test

This blood test is done on the third day of your cycle. Day 1 is the first day you have bright red menstrual blood, so this test is done on the third day of your period. FSH is also monitored through cycle monitoring, but only the day 3 value gives accurate information about your fertility. With FSH, lower numbers are better, but the numbers vary from one lab to another, so you cannot directly compare tests from two different labs.

This test can help assess perimenopause. This test is typically done every cycle as part of cycle monitoring in most fertility clinics. The test is often done as a baseline initial fertility assessment as well. The AMH test gives more information much earlier and is a better test.

Day 3 Estradiol Estradiol is an estrogen, often abbreviated E2 – blood test

This test is done on the third day of your cycle in combination with the FSH test. Estradiol is also monitored through cycle monitoring.

As with FSH, lower numbers are better, but a high estradiol level can lower your true FSH value. This test can help your clinician better evaluate the FSH test results. This test is typically done many times every cycle as part of cycle monitoring in a clinic. The test is usually done as a baseline initial fertility assessment as well.

Antral Follicle Count Internal Ultrasound (also referred to as a “transvaginal ultrasound”)

This ultrasound is done on day 3 of your cycle. Antral follicles or resting follicles are an indicator of how many eggs you have deeper inside your ovaries. The higher the number, the more eggs you have. The follicles are counted and measured by a trained ultrasound technician. This test is typically done many times every cycle as part of cycle monitoring in a clinic. The test is usually done as a baseline initial fertility assessment as well.

Sonohysterogram (SHG) Internal ultrasound with the injection of saline (a salt-water solution) into the uterus.

This test is performed after you have stopped bleeding, but before you ovulate in that cycle. You can try to get pregnant in that cycle, when you next ovulate. In fertility clinic settings, most people are not yet ready to inseminate following typical fertility clinic protocols. This test can tell you if you have any issues in your uterus that could make conceiving or carrying to term difficult for you, and if your uterine lining (endometrium) can support implantation.

The SHG will also tell you if your fallopian tubes are open or blocked. As a benefit, the saline water used for the procedure may flush out the fallopian tubes and clear minor blockages. Fertility can be enhanced for about three months following the procedure.

The test is typically performed at an off-site medical testing clinic. The radiologist will insert a thin catheter through your cervix and slowly inject saline solution into your uterus. They will use an ultrasound wand to do an internal ultrasound. The test takes about fifteen minutes. The technician will take a series of measurements and still images. A radiologist will interpret your test and send a report to the physician who requisitioned the test. The report will include a statement about how well the saline passed through the fallopian tubes, and a description of any uterine septums, polyps, fibroids, tumors, or scar tissue.

The test can cause spotting or cramping during or immediately after the procedure. Most people consider the test to be uncomfortable and invasive; some people find it painful.

Ask about taking pain or anti-inflammatory medication prior to the test. It is typical for the pre-test instructions to recommend taking ibuprofen a few hours before the test. In the past, physicians may have prescribed antibiotics as a precaution before the test, but this is not typically done any more.

You may also find that you are leaking saline from your cervix for a few hours after the test. You may wish to be prepared for that possibility.

This test is considered a low-risk procedure. You should be given a list of signs and symptoms of any complications. While many people feel fine following the test, you should be prepared for cramping or pain that might mean you may need to rest for the remainder of the day. Any other complications after the test should be reported to your physician immediately. Follow the aftercare instructions you will receive. If you do not receive written instructions, ask for them.

Initial Fertility Testing and Assessment – Sperm

Testing sperm is less complicated than fertility testing for eggs and ovaries. Typically, a single semen analysis is performed. If the test is done in a fertility clinic, the cost is typically \$300-500. You will need to produce a sperm sample for semen analysis. You will then bring the sample to your lab or fertility clinic, following their specific instructions. Fertility clinics typically have collection rooms so that you can produce the semen onsite. This is usually completed through ejaculation by masturbation but if this is not possible or will be uncomfortable due to dysphoria, you may be able to have a sample retrieved through surgical means, though this comes with significant additional cost.

Since semen analysis is done less frequently in community labs, you may need to book an appointment, often early in the morning. Appointments are typically only available on certain days of the week.

This test is often ordered and interpreted by a fertility specialist (reproductive endocrinologist) or a family doctor with experience in fertility at a fertility clinic lab. It may also be ordered by a family physician or urologist at a community lab.

If you choose to use a community lab, any abnormal or concerning results should be confirmed in a lab that specializes in fertility testing.

Within the semen analysis, there are three components:

- **Sperm Count and Concentration** Counts are measured in millions of sperm per milliliter of semen. A typical normal count is 20 million sperm per milliliter or more, and at least 80 million sperm per ejaculate. Fewer sperm or less concentrated sperm may indicate reduced fertility or infertility.
- **Motility** Motility is an indication of how quickly and effectively sperm move in the semen. A typical normal motility indication is at least 50% of sperm are moving forward at a specific speed one hour after ejaculation.
- **Morphology** Morphology is an assessment of the size, shape, structure, and appearance of sperm cells. A typical normal morphology indication is that at least 50% of sperm are of the right size, shape, and length, and have the right configuration of tails and heads. Abnormal sperm may not be mature or may be misshapen. Sperm use their tails to move forward, and their heads carry genetic information.

Tests for Unknown Sperm Donors

Anonymous sperm donor testing is very rigorous and includes a wide range of tests. If you are using sperm from a known sperm donor and wish to be inseminated by a physician, it must be frozen and quarantined for six months exactly as sperm from an anonymous donor. Sperm donors donating within Canada or whose sperm is imported to Canada from a sperm bank in the United States, or another country, must be tested for the following:

- Infections: HIV1 & 2, HTLV 1 & 2, Hepatitis B & C, syphilis, cytomegalovirus, chlamydia, gonorrhea, Human Papilloma (HPV) virus, and Herpes simplex virus types 1 & 2.
- Genetic Tests: Blood type, Rh status. Cystic fibrosis carrier, Tay Sachs carrier, thalassemia, sickle cell anemia.

Not all these tests are performed by every sperm bank or on every donor, some diseases are specific to some ancestral groups based on higher genetic risk.

Quarantine Process

A donor's blood is tested when the donor joins the program. The sperm is then frozen for at least six months. The sperm donor's blood must then be retested. If the donor's blood test is still negative, the samples that are at least six months old are then released from quarantine. If a donor tests positive, samples in quarantine will be destroyed.

The six-month quarantine is based on outdated information about HIV transmission – the earliest HIV tests had a period of up to six months when HIV could be present in blood and semen but was undetectable on tests. HIV tests are now much more sensitive.

Fertility Analysis of Sperm Donors

Sperm banks collect information about donor fertility in a few different ways. Generally, sperm banks will share some of this information up front, but you can always call and ask questions and request more information that might be available.

A donor's semen will change from donation to donation, so some vials may have higher counts than others. It is possible to call your sperm bank or sperm importer and specify you want the vials with the highest counts from that donor. You may see vials of sperm sold at a discount and labelled as "IVF only" – this means the counts are too low for insemination via other methods, such as IUI (intrauterine insemination).

Semen analysis

Sperm count (how many sperm there are), motility (how quickly and well sperm move), morphology (the shape and structure of the sperm). Higher numbers on these three tests are always better. To be accepted into semen donor programs, donors must have exceptionally high numbers. More details on each of these are above in the section on fertility analysis of sperm.

Freeze-thaw test

After being analyzed, some semen is frozen, and then thawed. The analysis is done again. Sperm banks only recruit donors into their programs if their sperm freezes well.

Confirmed fertility

This is the number of pregnancies from the donor's sperm, or information about the donor's own children.

Tests for Egg Donors & Gestational Carriers

Testing for unknown egg donors through an egg bank is very rigorous and includes a wide range of tests. Check with your particular program to find out which tests are used.

If you are using an unknown egg donor through an agency, or a known egg donor, your fertility clinic will specify a list of tests that must be done.

Preconception Health IS Health

Going through a fertility process as a 2SLGBTQ person can present challenges, and also great joys. By considering your fertility and parenting options, you may also find the attention to your health and wellbeing brings a feeling of empowerment, thanks to gaining knowledge and control around your body and choices. Whatever choices you make towards building your family, a focus on health is also an investment in your future, and your future family.

For more information

- [Rainbow Health Ontario](#) has a number of resources as well as a Service Provider Directory to help you find care that is right for you. (Ontario only)
- **Public Health Agency of Canada:** [Preconception Health: Health Before Pregnancy](#)
- **The Society of Obstetricians and Gynaecologists of Canada:** [Before You Conceive: Considerations for the LGBTTQ+ Community](#)

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