

Fertility options for trans people

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Transgenderism and reproduction

Transsexual persons should be encouraged to consider fertility issues before starting cross-gender hormonal treatment

(World Professional Association for Transgender Health WPATH, 2011, sect. IX)
(Clinical practice guidelines of the Endocrine Society, 2009)

 Loosing fertility = the price to pay for transitioning

Transgenderism and reproduction

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Loosing fertility \neq the price to pay for transitioning



DEBATE—continued

Gender reassignment and assisted reproduction

Present and future reproductive options for transsexual people

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identity disorder'. Transsexualism is now generally recognized to be a condition that needs to be treated by state-of-the-art hormonal and surgical therapy to obtain reassignment to the desired gender [see also the standards of care in (Levine *et al.*, 1998)]. Reassignment therapy normally only takes place after psychiatric evaluation to rule out co-morbidity, and surgery is moreover only performed after a successful 'real life test', which means that the individual must have lived a specified

RBM Online - Vol 6, No 3, 382–383 Reproductive BioMedicine Online; www.rbmonline.com/Article/874 on web 4 February 2003

Letters

Donor inseminations in partners of female-to-male transsexuals: should the question be asked?

To the Editor,

It is with great interest that I read the article by Baetens *et al.* (2003) on the subject of donor inseminations in female partners of female-to-male (FTM) transsexuals (TS). Baetens *et al.* call for caution because of some ethical and psychological concerns and emphasize the need for follow-up studies. However, also from their own experience with five couples it is clear that no serious follow-up studies are available. In our institution we have now treated more than 20 couples of this kind over the last 10 years with donor inseminations, and our psychological screening interviews prior to treatment have shown good psychological adjustment,

balanced and emotionally stable individuals. Let us not forget that some 30 years ago the exact same discussion took place concerning gay and lesbian couples. These people also were believed not to be fit to be good parents and Society was also very hostile to them. Many studies have now shown that these concerns were not justified. We should not make the same mistake twice. If Society is unjustly hostile to some minority, it is our duty to help change the views in society, not to refuse these people the children they want.

Petra De Sutter

Infertility Centre

Transgenderism and reproduction

Transition -> reproductive age

Relationships

Desire to have children

The sex-change sweethearts: How a pageant princess and colonel's son fell in love after BOTH had transgender treatment

- Katie Hill and her boyfriend Arin Andrews were both born the opposite sex
- Katie, 18, and Arin, 16, met at a support group in Tulsa, Oklahoma
- Both have undergone hormone therapy and Katie had gender reassignment surgery shortly after her 18th birthday



Transgenderism and reproduction

Assistance in their need for parenthood post-transition?



Can they be good parents?

~~Whether?~~ How!

Transgenderism and reproduction

Thomas Beattie lives in Oregon and is married to a woman named Nancy. He's pregnant.



To our neighbors, my wife, Nancy, and I don't appear in the least unusual. To those in the quiet Oregon community where we live, we are viewed just as we are -- a happy couple deeply in love. Our desire to work hard, buy our first home, and start a family was nothing out of the ordinary. That is, until we decided that I would carry our child.

I am transgender, legally male, and legally married to Nancy. Unlike those in same-sex marriages, domestic partnerships, or civil unions, Nancy and I are afforded the more than 1,100 federal rights of marriage. Sterilization is not a requirement for sex reassignment, so I decided to have chest reconstruction and testosterone therapy but kept my reproductive rights. Wanting to have a biological child is neither a male nor female desire, but a human desire.

Transgenderism and reproduction

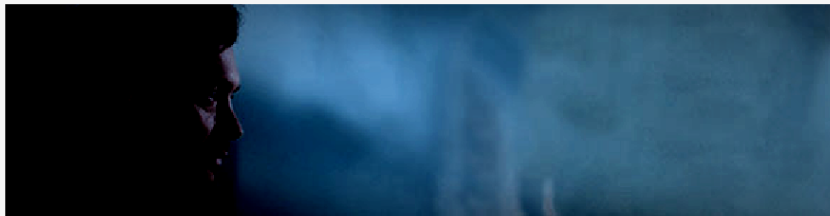
- Statement of psychiatrist, surgeon
- Persistent and irreversible conviction
- Sex change

NOT be able to reproduce and to have children according to the earlier sex

Law on transsexualism in Belgium_10th may 2007

Transgenderism and reproduction

DeMorgen. ▼ **Cult.** ▼ **Zine.** ▼ **City.** ▼
Muziek, film, tv, expo Interview, foto, lifestyle Stadsgids



BINNENLAND

Regering wil komaf maken met verplichte sterilisatie transgenders

ELINE DELRUE
07-11-14, 06.26u

Sleurs (N-VA): "Transgenderwet soepeler maken"



Petra De Sutter (l) en Elke Sleurs (r)

© De Standaard

Transgenderism and reproduction

Why is fertility preservation important?

Transition -> reproductive age

Relationships

Desire to have children



Transgenderism and reproduction

Male to female transsexual (**MTF**) persons (n=121)
need to discuss sperm freezing: 77 %
would have frozen sperm / seriously considered it: 51%

concern: genetic risk to transfer transsexuality
 preserve sperm = conflict with female gender

**The
International
Journal of
Transgenderism**

ISSN 1434-4599

[Introduction](#)

Volume 6, Number 3, 2003

The Desire to have Children and the Preservation of Fertility in Transsexual Women: A Survey

P. De Sutter, M.D., Ph.D., K. Kira, M.Sc., A. Verschoor, and A. Hotimsky

Transgenderism and reproduction

Female to male transsexual persons (FTM) (n=50)

have a desire to have children: >50%

would have frozen oocytes if possible: 37,5 %

Human Reproduction, Vol.27, No.2 pp. 483–487, 2012

Advanced Access publication on November 28, 2011 doi:10.1093/humrep/der406

human
reproduction

ORIGINAL ARTICLE *Infertility*

Reproductive wish in transsexual men

**Katrien Wierckx^{1,*†}, Eva Van Caenegem^{1,†}, Guido Pennings²,
Els Elaut³, David Dedecker¹, Fleur Van de Peer¹, Steven Weyers⁴,
Petra De Sutter⁴, and Guy T'Sjoen¹**

Transgenderism and reproduction

How!



Legislation



Hormone treatment

Bodily modifications

Gender reassignment surgery

How! → Fertility preservation

- The World Professional Association for Transgender Health Standards of Care and the Clinical practice guidelines of the Endocrine Society clearly state that transsexual persons should be encouraged to consider fertility issues before starting cross-sex hormonal treatment.

Male to Female transgender (MTF)



Fertility preservation options: MTF

Feminizing hormonal
therapy



Hypospermatogenesis

Azoospermia

Surgical reassignment
(removal of testicles)



Sterility

Fertility preservation options: MTF

To discuss
at clinical
diagnosis
and
before
starting
hormone
therapy

Testicular tissue
at orchiectomy

Sperm
before start of cross sex hormone
treatment
or
after stop 3-6 months hormone
treatment

Fertility preservation options: MTF

Ghent university Hospital stats: *on average yearly*
50 MTF

8 freeze sperm **(16%)** (age: 26.2year)

2.3 ejaculates per person

$V=3.6\text{ml}_63.9 \times 10^6/\text{ml}_48.2 \text{ (A+B)}/9.7 \text{ (C)}/42.1 \text{ (D)}$

12 straw (0.5ml) per ejaculate

0 testicular biopsies

0 testicular tissue at the moment of orchidectomy

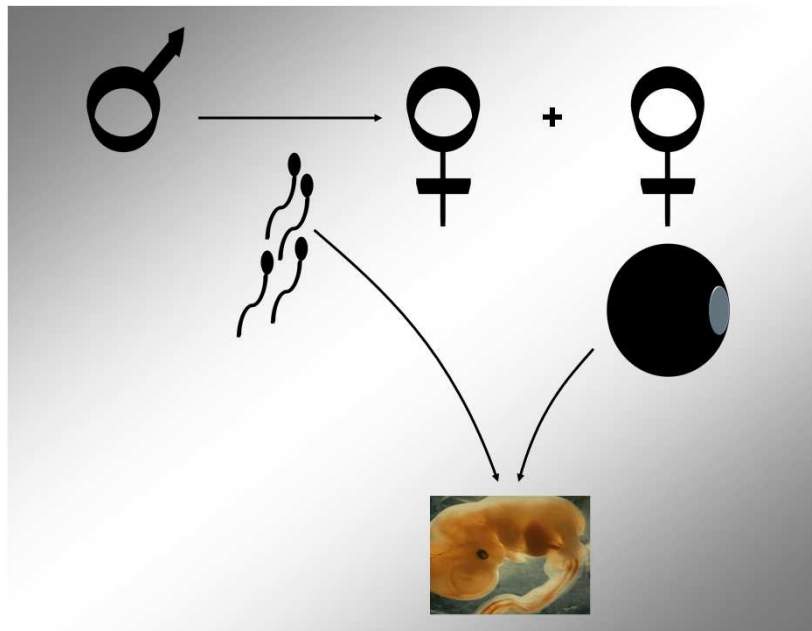
Fertility preservation options: MTF

Few MTF preserve fertility:

- > Fertility loss not important reason to defer transition process
- > In favour of a fast transition
- > Freezing sperm = not breaking up with the male past
- > burden: masturbation = difficult
- > sexual orientation (freeze -> lesbian or bisexual)

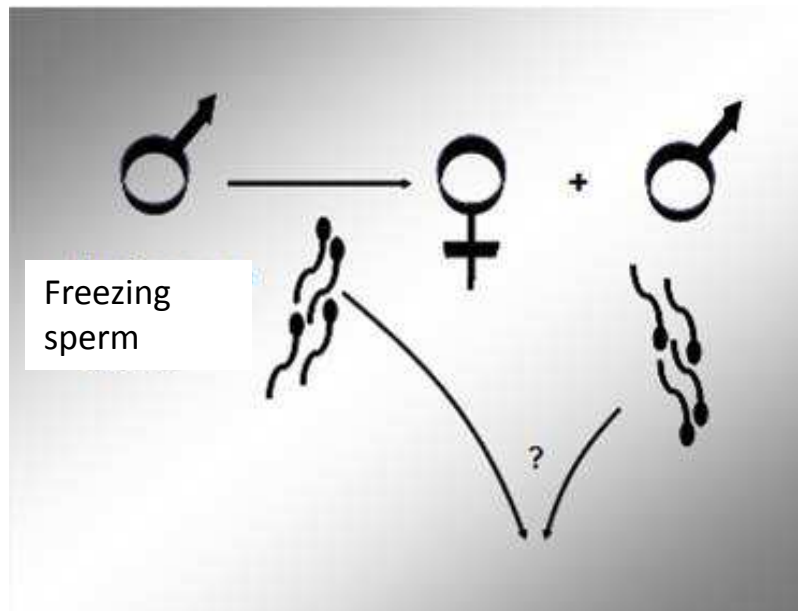
Fertility preservation options: MTF

Female partner



Fertility preservation options: MTF

Male partner



→ Oocyte donor
+
Surrogate mother

Source: University of Gothenburg

File photo: Surgeon specialists, L-R: Andreas G Tzakis, Pernilla Dahm-Kähler, Mats Brannstrom, Michael Olausson and Liza Johannesson after the world's first mother-to-daughter uterine transplants in 2012. The same team performed the womb transplant birth in Sep 2014. (AFP/Adam Ihse)

■ **texasnews**

Trans woman seeks uterine transplant

Sarah Luiz of The Colony, who's no stranger to the media spotlight, aims to be world's 1st trans mom.

RENEE BAKER | Contributing Writer

THE COLONY — Each of us has a story or a script that we fashion and live our lives by. When it takes us down the wrong path, we rewrite the script from a wiser place, and navigate closer and closer to our truth. Sarah Luiz says she knows in her heart of hearts that she's living a life true to her being — which is why she feels confident she'll be the first transgender woman to give birth.

Luiz knows it won't be an easy path. She knows there will be resistance all the way. But she's a strong woman shaped by life trials very few have endured, and she believes it's her rightful place and time, at age 44, to become a mom.

To many this may seem as if it's going too far, and it will require a uterine organ transplant — a controversial and dangerous operation. Doctors are only beginning to perfect this surgery, and no human has become pregnant with a transplanted uterus.

But Luiz has begun the medical candidacy interview process, and she says New York doctors at Downtown Hospital are looking her way.

"They need to have the right person," she says. "If you did this with a woman, amazing. If you do this with a transgender woman, it will receive a lot of attention."

Luiz says the doctors need the publicity to fund their research — and Luiz no doubt can deliver.

In the late 1980s and early 1990s, Luiz was considered one of the most controversial figures in the world. It was a time when the media exploited transgender people, and Luiz was one of the few who was out.



BIG STAR | Miramax Films once listed Sarah Luiz among its 100 most influential people in the world, and she holds the record for most appearances on Sally Jessy Raphael's talk show. (Renee Baker/Dallas Voice)

Miramax Films once considered Luiz among the 100 most influential people in the world. She holds the record for most appearances on Sally Jessy Raphael's talk show, 13. She sat across the desk from Larry King and toyed with Howard Stern.

The list of TV appearances is seemingly endless, and when Luiz was younger, she was quite the

diva. Now a mature woman still full of life, she's emerging from the shadows after a dozen years of enjoying her privacy. Much of her story has never been told.

Luiz first made news when she sued insurance giant Blue Cross Blue Shield for her gender reassignment surgery.

■ **TRANS WOMAN**, Page 10

Female to male transgender (FTM)



Fertility preservation options: FTM

Masculinizing
hormonal therapy



Amenorrhea

No depletion of primordial
follicles

No effect on developmental
capacity

Surgical reassignment
(oophorectomy)



Sterility

Fertility preservation options: FTM

To discuss
at clinical
diagnosis
and
before
starting
hormone
therapy

Ovarian tissue freezing
at oophorectomy

Before or after
testosterone
therapy



Ovarian stimulation with follicle aspiration:
vitrification of oocytes

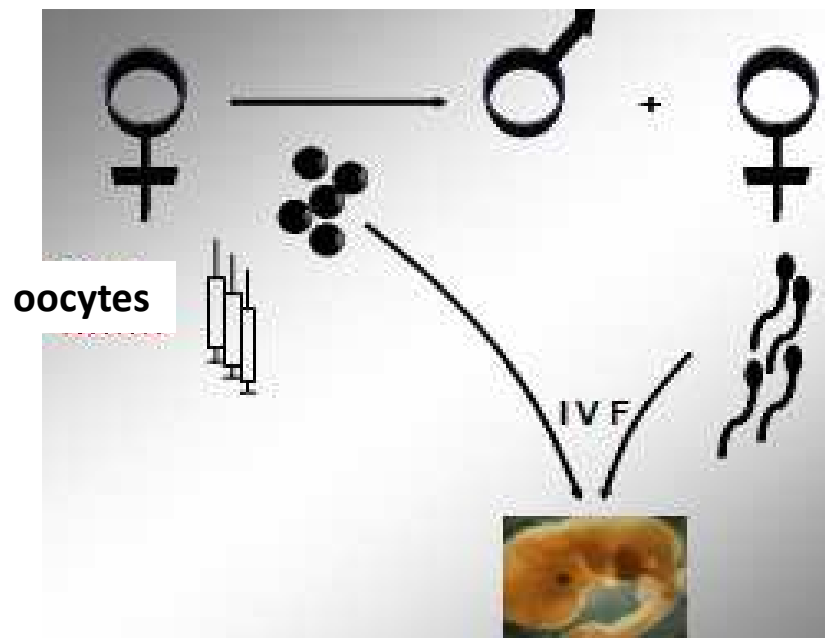
During
testosterone
therapy



experimental

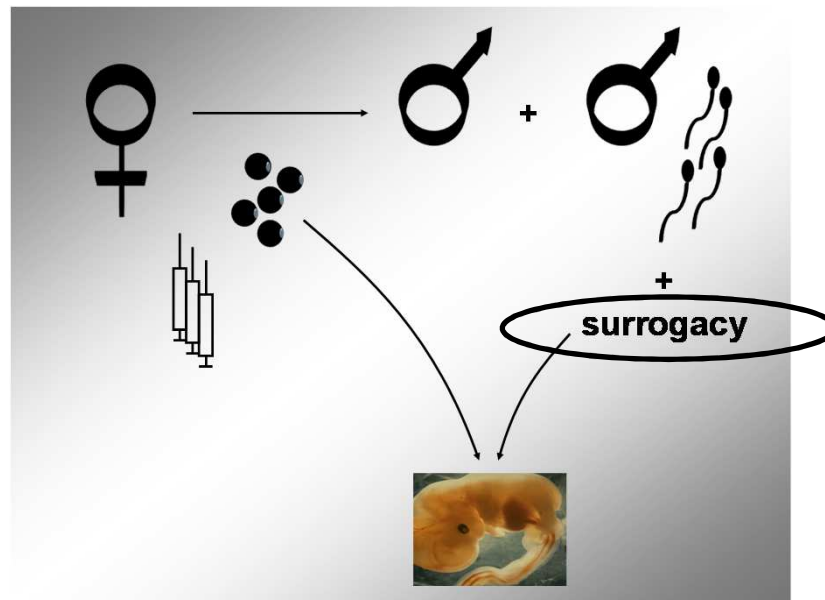
Fertility preservation options: FTM

Female partner



Fertility preservation options: FTM

Male partner



Fertility preservation options: FTM

Ghent university Hospital stats: *on average yearly*

24 FTM

0 freeze oocytes (0%)

0 freeze embryos (0%)

freeze ovarian tissue **(58.3%)** + donate part of the tissue to scientific research

donate both ovaries to scientific research (33.3%)

discard tissue without donation to scientific research (8.3%)

Fertility preservation options: FTM

Many FTM preserve fertility: likelihood to use?

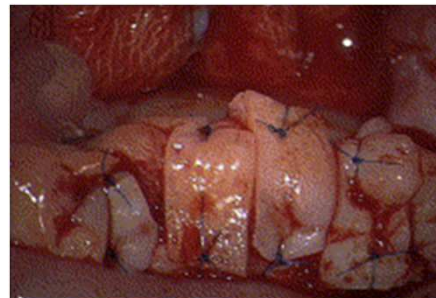
-> donation to scientific research feels good

-> no extra burden

-> will they be able to use the stored ovarian tissue?

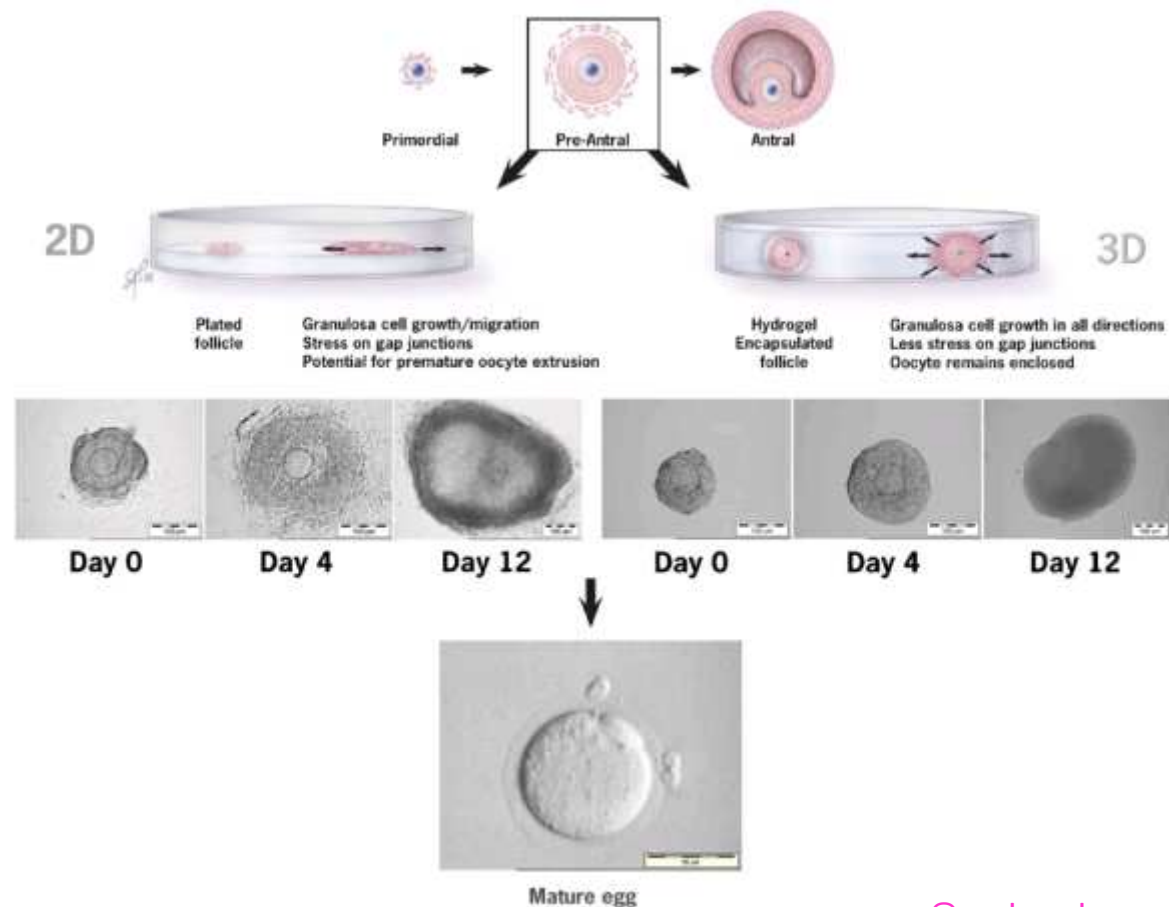
Fertility preservation options: FTM

Maximising fertility preservation options when freezing ovarian tissue




Not an option

Fertility preservation options: FTM

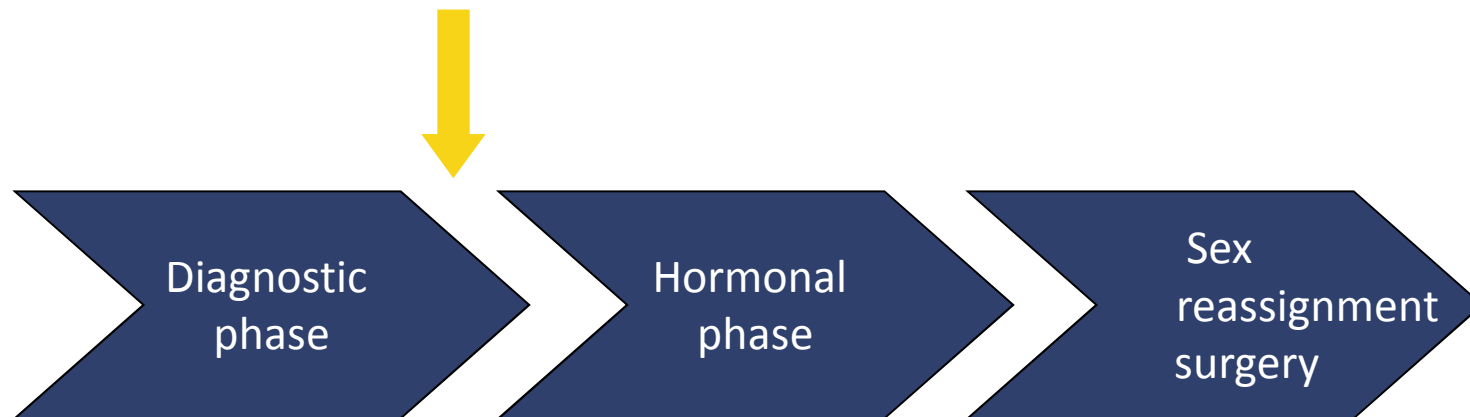


Transgenderism and fertility preservation

Dream  Reality

Technology
Emotion
Past gender – new gender
Sexual orientation

To discuss
at clinical
diagnosis
and before
starting
hormone
therapy



Transgenderism and reproduction

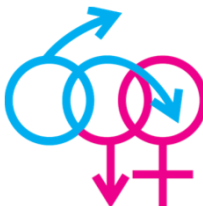
The prospect of producing gametes as a male or female, respectively, in relationship to children born with those gametes is not an outcome that may belong to transgendered people alone for very long.

Being a male (or female) gametic parent to a child, while serving as the same's child social father (or mother) respectively....

Transgenderism and reproduction

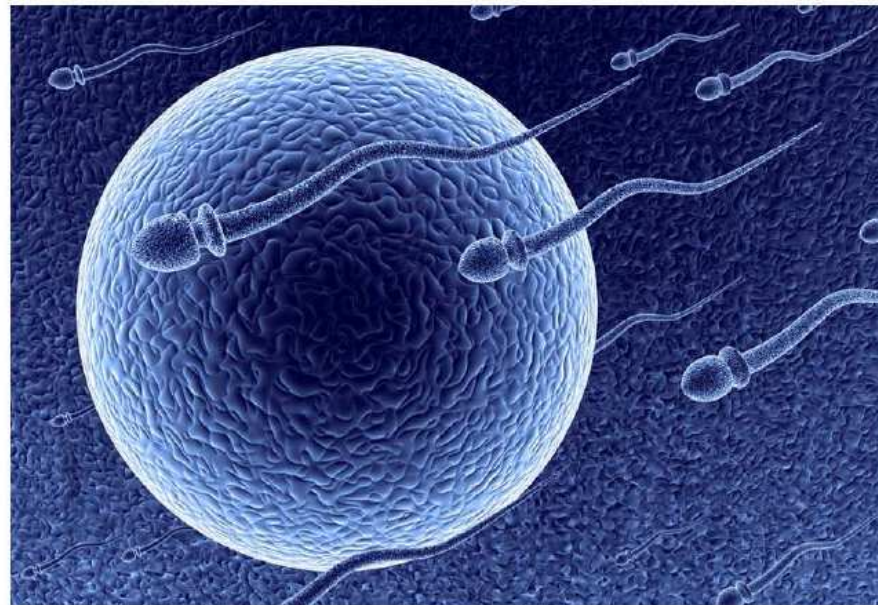
Fertility preservation might become moot.

Maternal –paternal roles..... What does it really mean?

Fertility preservation for  pioneering for the future....

SEGa

Science and Ethics of stem cell derived Gametes



Thank you!

