

## REPRODUCTIVE OPTIONS FOR GAY WOMEN

**For lesbians, there are a number of viable routes** that can be considered when achieving motherhood is the goal. Some women will explore the concept of at home insemination versus intrauterine insemination performed in a doctor's office, and others will find themselves pondering the benefits of reciprocal IVF. One way or the other, if you opt to create your family through a biological route as opposed to pursuing adoption, one of the first things you will need to do is learn all about sperm donation.



### WORKING WITH A KNOWN SPERM DONOR

Sperm can come from either a known or an anonymous donor. Often, women will opt to work with a donor that they know, either a friend or a relative. This decision needs to be weighed carefully, as there are pros and cons associated with either choice.

On the plus side, working with a known donor is typically less expensive, since the sperm does not need to be purchased. In the case of a known donor, it is also possible to obtain a fresh instead of a frozen sample. One of the potential limitations of this arrangement, however, is that fresh sperm will not have undergone two testings over a six month period of time to check for infectious diseases, including HIV. This standard testing protocol is required by law for anonymously given sperm that is purchased through a sperm bank.

For many women, the personal connection shared with their known donor is a plus, particularly if they are committed to their child(ren) having a relationship with the donor throughout their lifetime. However, if you do opt to go this route, it is imperative that you understand the laws about donor insemination in your particular state of residence, as the number one priority you should always keep in mind is the legal safety concerning paternity issues for both your children and yourself.

Laws about donor insemination vary from state to state, and are often changing. For example, some states have statutes in place specifically indicating that sperm donors are not considered to be the legal father of any child born through their donation as long as the donor's sperm was given directly to a physician, and not to the recipient directly. In addition, many of these same statutes explicitly apply only to married women, thus making it much more difficult for either single women or lesbian couples to protect themselves from a donor's attempt at establishing paternity<sup>1</sup>.

It is important to be aware, if an ongoing relationship does become established between your child and your donor, in some states the laws that have been put in place specifically to protect yours and your child's legal rights, may be nullified by the very fact of this relationship<sup>2</sup>.

In some states, your donor contract may not be honored if subsequently challenged in a court of law. This can create a variety of potentially jeopardous situations for all parties involved, including the donor who may have concerns about financial child support.

In order to protect all parties involved, and in particular any children born to you, it is imperative that you work with a knowledgeable attorney who understands the nuances of the law in your state of residence and who can ensure that any potential risks surrounding the custody of your child(ren) have been adequately addressed and diminished.

**If, as a lesbian couple, you reside in a state where second parent or co-parent adoptions are recognized, this additional legal step should also be taken.** The goal here is to make sure that both moms are considered to be the legal parents of the child(ren) in the eyes of the law.

Lastly, it is also very important to understand that the personal relationship you, as well as your partner, currently have with the person you are considering to be your donor may change over the course of your lifetime. Mapping out every potential scenario that you can visualize, including the death of either or both moms as well as possible financial issues and concerns, and discussing all of these in detail with your donor, will make this choice more tangible, realistic and safe for all of those involved.

## **WORKING WITH AN ANONYMOUS DONOR**

**Gay women may choose to work with an anonymous donor for a variety of reasons, including anonymity of identity, and safety from infectious diseases.**

Sperm donors currently have the option of being anonymous, meaning that they do not wish to have any identifying information about themselves disclosed to any adult offspring which may have been born as a result of their donation.

Others may choose to participate in the identity release programs that many sperm banks now offer. This means that the donor agrees to allow the sperm bank to release his identity at the request of adult offspring over the age of 18 years old.

Several registries also currently exist that enable donors and offspring to search for each other, as well as their half siblings. Given the general climate of openness that is slowly becoming standardized in this country, these initiatives will most likely become more available over time, but are currently put in place only at the discretion of the intended parent(s).

Based on current laws and social mores, unknown donors cannot claim any legal rights to the children born through their donation. Buying anonymous donor sperm from a sperm bank is the safest route that lesbians can take concerning potential parental rights issues. Complete anonymity cannot ever be assured, however. The use of increasingly sophisticated internet searches as well as wide spread accessibility to DNA testing have opened up new avenues for those wishing to know more about their biological father, siblings or half-siblings<sup>3</sup>.

**In the United States, there are no federal laws governing sperm donation, but there are FDA regulations in place that do have an impact on the process.** In addition, the American Society for Reproductive Medicine (ASRM) and other professional organizations, such as the American Association of Tissue Banks, provide recommendations and guidelines that can be followed. The ASRM guidelines limit a donor to 25 live births per population area of 850,000, although this is not typically enforced by law and there is no central tracking mechanism currently in place. It has been estimated that approximately 40% of live births through sperm donation are actually reported. Based on these facts, it is likely that some sperm donors may have over one hundred genetic children which can be linked to them<sup>4</sup>.

## **WHEN WORKING WITH A SPERM BANK YOU SHOULD KEEP THESE SPECIFIC GUIDELINES IN MIND:**

- Cryopreserved donor sperm can be released for insemination only after quarantine of at least 180 days, and repeat negative testing of the donor for all STI's (sexually transmitted diseases) including HIV.
- The sperm bank must be licensed by the Board of Health.
- The sperm bank must obtain and present a detailed personal and sexual history of the donor.
- The sperm bank must obtain and present a thorough physical examination of the donor and screen out potential donors who are at increased risk for STI's.
- The sperm bank must screen for heritable diseases, such as cystic fibrosis.
- In order to limit the number of half siblings that are generated from any one donor, strongly consider working with a sperm bank that controls the number of live births obtained from each donor.

Some studies show that children conceived through sperm donation have a birth defect rate of less than one fifth as compared with the general population. This may be explained by the fact that sperm banks only accept donors who have good semen quality, and because of the rigorous screening procedures which they utilize, including paternal age requirements. In addition, sperm banks may try to ensure that the sperm supplied for a particular recipient woman comes from a donor whose blood group and genetic profile is compatible with her own<sup>5</sup>.

**Cost can be a factor.** It is important to remember that conception often takes a number of months to accomplish and the purchasing of sperm can be expensive, particularly if artificial insemination is utilized on each successive try.

**Once you determine the type of sperm donation you will utilize, you are ready to determine how the insemination should take place.** While at home insemination may appeal to you at first, there are a number of issues that you should consider prior to considering this option.

Firstly, if you and your partner opt instead to be inseminated by a physician, any underlying reproductive issues that either of you may have and be unaware of will be discovered and addressed prior to your insemination taking place. Medical issues can range from tubal blockages to reduced ovarian (egg) reserve. Were you to attempt artificial inseminations at home without knowledge of these issues, conception would most likely not take place, month after month<sup>6</sup>.

Another concern can be advanced maternal age. This is especially important in women who are attempting pregnancy and are over thirty five years old.

Working with a reproductive specialist can actually save significant amounts of time and money in the long run. Because of this, many women opt to forgo at home inseminations and choose instead to work with a specialist from the very beginning.

## **INTRAUTERINE INSEMINATION**

There are several medical procedures that may be considered as viable for you, based on the results of diagnostic tests that will be performed to determine your fertility potential and ability to carry a pregnancy. The first of these is intrauterine insemination (IUI), which is sometimes also known as artificial insemination. IUI's are a low tech form of assisted reproductive technology, where a speculum is inserted into the vagina and then a thin flexible catheter is placed into the cervix. Washed sperm are then injected directly into the uterus with a syringe. The procedure is not uncomfortable for most women and takes around five minutes to complete. When infertility medication is utilized as part of this protocol, multiple births can often occur.

## **IN VITRO FERTILIZATION**

In some cases, In Vitro Fertilization (IVF) will be recommended to you as your best option for conception. In IVF, sperm are combined with an egg or eggs in a Petri dish, in an attempt to achieve fertilization. The embryos which result from this process are then either transferred into the uterus or cryopreserved (frozen) for future use.

**Some women of advanced maternal age may need to consider utilizing eggs from an outside donor.** If this seems to be the case, your doctor will be able to discuss this, and other treatment alternatives with you.

## **RECIPROCAL IN VITRO FERTILIZATION**

Lesbian couples not experiencing infertility may choose to retrieve the eggs from one partner, inseminate those eggs with donor sperm and then have the resulting embryo(s) placed into the other partner, who will hopefully become pregnant via this process. This is known as reciprocal IVF.

Through reciprocal IVF, both partners are able to experience tangible, physical involvement in the process of conception which for some, may carry emotional benefits. If reciprocal IVF appeals to both of you, you will need to determine which partner will supply the eggs and which partner will have the embryos implanted into her uterus. In order to do this, overall physical and reproductive health, as well as maternal age will need to be evaluated. As in all assisted reproductive technology, whenever the eggs of one woman are utilized in order to create embryos which will subsequently be transferred into someone else's uterus, the process will fall under the jurisdiction of the FDA regulations which currently govern tissue donation<sup>7</sup>.

In addition, the partner who is providing the eggs will be required to undergo a variety of infertility tests as well as a psychosocial evaluation. This too is standard procedure.

**The partner who is providing the eggs for reciprocal IVF will most likely be given infertility medications** in order to stimulate the ovaries to produce multiple, mature follicles. Upon maturation, the eggs are retrieved, fertilized with the donor sperm, and then implanted into the uterus of the other partner.

If fresh, not frozen, embryos are to be implanted, both women's menstrual cycles will be synchronized through the use of medications. This is to ensure that implantation of the embryo(s) can occur. The menstrual cycle of the partner who is carrying the pregnancy will be timed to coincide with the cycle of the partner providing the eggs; typically this will be achieved through the use of medications such as Lupron<sup>®</sup> and birth control pills. Preparation of the endometrium is then supported through the addition of estrogen and progesterone.

**No matter what role you play in the conception and birth of your baby, it is important that you always maintain your own physical and emotional health and well being.** Don't forget your annual check ups and dental exams! Long term studies recently completed<sup>8</sup> indicate that children raised in lesbian mother families since birth are remarkably well adjusted, hopefully, you have a wonderful future ahead for all of you. So remember to maintain healthy levels of exercise, eat right and don't smoke. You owe it to your child, your partner and yourself to be as healthy as you can be. The future is bright.

## END NOTES

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