



*ART for The  
Modern LGBTQ+  
Family*





Assisted reproductive technology has changed the face of parenting in the modern era, both literally and figuratively. For the first time in human history, the LGBTQ community can be connected to the physiologic - and potentially the genetic - aspects of the parenting journey via a range of fertility treatments. Whether that looks like a lesbian couple using donated sperm and intrauterine insemination, or perhaps a gay or transgender couple who use a sperm donor and a gestational carrier, there are fertility options for every type of partnership.

Unlike heterosexual couples, where infertility is a problem to be solved, LGBTQ couples typically have peace of mind that infertility is not the issue. For this reason, LGBTQ couples experience higher success rates than their infertile counterparts when they use fertility treatments such as intrauterine insemination or in-vitro fertilization. The method by which they translate their fertility into the conception and birth of a healthy baby depends on the couple and their preferences.

For example, (assuming there is no infertility diagnosis in play):

- ✓ Women have an 86% chance of conceiving using repeat cycles of intrauterine insemination (IUI).
- ✓ In vitro fertilization (IVF) success rates for women 34-years old and younger are roughly 40%.

- ✓ Men who choose a surrogate using her own egg experience success rates as high as 90% within three IUI cycles, roughly the same success rates as fertile heterosexual couples.

These *statistics* bode well for LGBTQ couples who are interested in having a biological connection to their children and/or desire to be a close participant in the neonatal development - as well as the birth -of their baby.

Are you part of an LGBTQ partnership, exploring the options for growing your family? Here are some of the most common fertility procedures used to help LGBTQ couples enjoy the miracles of pregnancy and birth.

# *Common Procedures Used to Build LGBTQ Families*

In the past, fertility clinics divided their LGB services up according to subheadings like “Fertility Planning for Gay Couples” and “Fertility Planning for Lesbian Partners.” In the 21st century, however, female-to-male transgender changes have made it nearly impossible to divide things into two even columns.

Thus, it now makes more sense to list a variety of fertility services available to LGBTQ families so couples can choose the route that makes the most sense for them.



# Fertility Testing

If you or your partner plan to use your own sperm or egg(s), we highly recommend going through the full fertility protocol. Infertility affects about 12% of the adult population. If you are one of the 12%, it makes more sense to find out sooner, rather than later, so adjustments can be made to your fertility plan. There's no point on spending valuable dollars on a treatment that isn't likely to work given your diagnosis. Typically, fertility testing requires a detailed review of your family and medical histories, a physical with routine lab screenings and an assessment of your lifestyle habits. Then, depending on whether we'll be using sperm or eggs, we'll evaluate things like sperm count, morphology and motility, hormone levels and egg reserves. Read, [7 Common Tests Used to Diagnose Infertility](#), to learn more about what's included in a typical round of fertility testing.

# Intrauterine Insemination (IUI)

This is the controlled, medical version of what lesbian couples and their willing sperm donors jokingly refer to as the “turkey baster method.” Only, in this case, we take a washed and primed sperm specimen from a donor. When we’ve confirmed ovulation is about to occur, we time the sample’s insertion through the cervix in the hopes that it will meet a recipient’s egg. *IUI* is used most commonly for couples using donor sperm and/or those who choose a surrogate. If IUI is not effective after a cycle or two, couples may opt to move on to IVF.

***Emotional Considerations.*** For gay couples, it may be difficult to determine whose sperm will be used because the contributor will be genetically related to the child. If you know you want more than one child, you may decide to take turns using each person’s sperm and a surrogate. For women, the choice becomes whether or not to use a sperm donor you know or one that you don’t. There are pros and cons of each so discuss them thoroughly before moving forward.

# Donor Sperm

If there are no sperm available between the two of you, or if the two of you decide it's more equitable to use sperm that is not genetically related to either of you, *donor sperm* is available. You will have a comprehensive profile of donors to review so you can select a donor who seems like a potential match for your own physical and ethnic traits, interests, skills, hobbies, education level and so on. This sperm can be used for IUI or IVF, depending on which route you choose.

***Emotional considerations:*** Donor sperm can come from someone you know or from a sperm donor bank. Thoroughly discuss the pros and cons of each before deciding which route you prefer.



## In-Vitro Fertilization (IVF)

*IVF* is used in a variety of scenarios. Most commonly, we use IVF after a series of unsuccessful IUI cycles, in cases where the female-half of the partnership is of advanced age (meaning 40-years or older), or in certain infertility cases. IVF will also be used when the couple has chosen a gestational carrier. For IVF, we fertilize a donor/partner's eggs with donor/partner's sperm. The embryo transfer is carefully synced with the recipient's cycle (typically five days after ovulation) so the uterine lining is primed to receive a healthy embryo. The recipient may be the mother, a surrogate or a gestational carrier, depending on the situation.

***Emotional Considerations.*** For the LGBTQ community, the emotional considerations are typically less complex than they are for couples battling infertility rates. Unless you have an infertility issue yourself, you will benefit from the highest success rates out there. That being said, it may take two or more cycles before a baby is carried full-term, so you will want to be prepared for potential failed implants and/or miscarriages.

## Using a Surrogate

Sometimes you'll see the term surrogate used when a fertility procedure actually uses a gestational carrier. The terms are not, technically, the same. A surrogate is a woman who is willing to donate her own egg and her womb in order to *help a couple have a baby*. In most cases, her egg is fertilized by sperm from one of the LGBTQ couple's partners or donor sperm. The couple can attend doctor's appointments with the surrogate and are kept closely in the loop regarding the pregnancy's progression. When the baby is born, the surrogate gives the baby to the couple and relinquishes all legal parental rights (we'll discuss basic legal logistics later on). Usually, surrogates become pregnant via IUI, but if that isn't successful, IVF would be the next step.

***Emotional Considerations.*** It is imperative that you work with a legal professional and/or a reputable surrogacy agency if you go this route. The mother is genetically related to the child; you want to make sure that all the "i"s are dotted and all the "t"s are crossed so you do not face any heartbreaking complications down the road. It's also important that the surrogate has been through specialized psychological and legal counseling as well.

## Gestational Carrier

*Gestational carriers* are similar to surrogates in the sense that they donate their womb and body for the gestation and delivery of the couple's baby. The difference is that she does not donate her own egg(s). Rather, an embryo is conceived *using a donor egg* and transferred into her uterus via IVF. Again, the ideal is that the couple and the gestational carrier will remain in close contact so the couple is included as much as possible in the development of their baby, as well as the delivery. The LGBTQ couple will be the child's legal parents or guardians (depending on the laws in your state).

***Emotional Considerations.*** While the legalities here are not quite as complex as they are with a surrogate, it is still important that everything is clearly laid out via counseling and legal professionals before moving forward with IUI or IVF.

# Donor Egg

In some cases, couples may opt to use a donor egg, which then becomes part of an IVF transfer and surrogate or gestational carrier pregnancy. Donor eggs are also used to increase IVF success rates for women who are 40-years or older and/or who have an infertility diagnosis that makes it difficult for them to conceive or carry a healthy baby using their own eggs.

***Emotional Considerations.*** The emotional considerations of using a donor egg are similar to those associated with using donor sperm. You may be offered eggs by friends or relatives eager to help you begin or grow your family - even so, it's important that all the legal and psychological angles have been addressed.

The best advice we can give is to “be prepared” and “keep an open, flexible mind.” While it’s true that success rates for fertility treatments are higher for the majority of the LGBTQ population, the road can still be long and winding. The better prepared you both are for the potential bumps and curves ahead, better you’ll be able to remain calm and focused. Each of these procedures have advantages and disadvantages, so you will need to weigh the pros and cons to determine which ones is the right path to start your family.

For some couples, the financial picture may be a determining factor in which route they choose.

# *Financing Your Family*

Regardless of the treatment(s) you select, there is a financial obligation attached. These costs vary depending on the complexity of the procedure. For example, the average cost of an IUI cycle is about \$865 (without donor sperm). The average cost for IVF in the U.S. is \$12,400 (costs courtesy of [RESOLVE](#)). However, those costs do not reflect additional fees associated with medications, variances in pricing between medical centers, or other treatments often associated with a given procedure.

As a result, financing is worth your time and planning. LGBTQ couples interested in fertility procedures have a few options available.

✓ **Health Insurance.** Here's another reason to pursue infertility testing; if you receive an infertility diagnosis, certain portions of your fertility treatment may be covered by your plan. Health insurance companies are increasingly offering more fertility treatment benefits. Contact your health plan to learn what is and isn't covered.

✓ **Financing.** Most fertility centers offer some type of in-house or third-party financing options. Depending on your credit score, the interest rates can be quite low. This can transform the more threatening aspects of expensive fertility treatment costs into a mild and manageable monthly payments.

- ✓ **Special promotions.** You can also check to see if a fertility center offers any incentives or special promotions. For example, many centers offer decreased rates for bundled or packaged fertility treatments.
- ✓ **Credit Card.** If you have good credit and a long history, your credit card lender may offer an extension or a lower-interest term to finance a bigger-ticket item. It is worth a call to their customer care center to see if they are willing to work with you.

We also recommend that couples consider the hidden-costs of fertility treatments, such as missed time off work for appointments, counseling and legal fees, maternity/paternity and family leave options (both paid

and unpaid), the costs of traveling to and from the clinic, and so on.

Work with a fertility center who is patient and spends the time to go over all of the financials so your decision to become parents is anchored in a sense of financial security – or, at the very least, an overall sense of “where there’s a will, there’s a way...”

Short of the aforementioned, inexpensive, home turkey baster option (not recommended – not the right conditions), fertility treatments are not cheap. Knowing all the options and creating a smart financial plan will help to alleviate the burden, as well as the stress that comes along with any large, financial investment.

# *Fertility Support Services*

There are several support services recommended for couples using fertility treatments:

- ✓ **Legal Counsel:** Legal counsel is always beneficial – and often required - for couples using donor egg, sperm, gestational carriers, etc., so everyone is clear in regards to federal and state laws. We recommend setting up a consultation or two with a legal team that specializes in LGBTQ couples and family law.
- ✓ **Fertility counselors:** The fertility journey can be tough for any couple, which is why fertility counseling is highly recommended. We recommend working with a licensed

therapist or social worker who specializes in fertility counseling and/or LGBTQ couples and family issues. Counselling can be especially helpful for LGBTQ couples who might want to pre-empt their responses for family, friends, public, etc. In addition to the “emotional considerations” we’ve highlighted underneath the potential fertility treatments, your counsellor will get down the nitty gritty, including things like your varying parenting styles, when and how you plan to tell your child his/her birth story, how you plan to weather the potential storm from family and/or the world at large. Again, the more prepared you are and the more you’ve considered the

finer points, the better adjusted you and your partner will be when potential triggers are activated down the road.

✓ **Support groups:** Support groups can be a tremendous source of information and emotional support for any parents or couples seeking fertility treatment. That support is even more invaluable for LGBTQ couples and families. From your spiritual community and *support groups dedicated to serving the LGBTQ families community*, to the support groups offered by nationally recognized infertility organizations such as *RESOLVE* - meeting, communicating and gathering with others sharing your boat can be a tremendous help as you begin to build your family. Search online for support

groups in your area or start your own.

There has never been a better time for LGBTQ couples to start their families. You have abundant resources from which to choose, evolving legislation continues to support family equality in all of its forms, and the medical community is working hard, innovating new solutions that allow loving individuals and parents to become mothers and fathers (or mother and mothers, or fathers and fathers) via the miraculous experience of conception, pregnancy and childbirth.

Contact the team at *Columbia Fertility Associates* to get started on your parenting journey. We're proud to help our LGBTQ clients prepare to enjoy their own modern families.





**Washington, DC**

2440 M Street NW  
Suite 401  
Washington, D.C. 20037  
Phone (202) 293-6567  
Fax (202) 778-6190

**Bethesda, MD**

10215 Fernwood Road  
Suite 301A  
Bethesda, MD 20817  
Phone (301) 897-8850  
Fax (301) 897-8040

**Arlington, VA**

1005 North Glebe Road,  
Suite 470  
Arlington, VA 22201  
Phone: 571.389.8847

