

# Counseling lesbian patients about getting pregnant

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## ABSTRACT

**OBJECTIVE** To describe an approach to counseling lesbian patients about getting pregnant.

**SOURCES OF INFORMATION** Information in this paper is based on evidence from randomized controlled trials (level I evidence), non-randomized trials (level II evidence), expert opinion (level III evidence), and government regulations.

**MAIN MESSAGE** We review 5 steps that comprise an approach to counseling lesbian patients about getting pregnant safely and efficiently. These steps are preconception care (including counseling, testing, and immunization); donor choice (including explaining the risks and benefits of choosing between a known or anonymous donor and the difference between fresh and frozen semen); donor testing (including Health Canada's requirements for semen processing and recommendations for testing before home insemination); ordering the semen (including information about sperm banks and the need for "Canadian compliant" semen); and the insemination process (including techniques for monitoring ovulation and various methods of insemination).

**CONCLUSION** Primary care physicians can help lesbians achieve pregnancy by providing education, testing, referrals, and insemination services.

## RÉSUMÉ

**OBJECTIF** Proposer une façon de conseiller les patientes lesbiennes qui désirent devenir enceintes.

**SOURCE DE L'INFORMATION** L'information présentée dans cet article est fondée sur des preuves provenant d'essais cliniques à répartition aléatoire (preuves de niveau I), d'études non randomisées (preuves de niveau II), d'opinions d'experts (preuves de niveau III) et sur la réglementation gouvernementale.

**PRINCIPAL MESSAGE** L'article propose une approche en cinq étapes pour aider les patientes lesbiennes à devenir enceintes de façon sécuritaire et efficace. Ces étapes sont les soins pré-conception (incluant le counseling et certains tests et immunisations); le choix du donneur (avec explications sur les risques et avantages d'un donneur connu ou anonyme et sur la différence entre sperme frais et congelé); les tests requis du donneur (incluant les exigences de Santé Canada pour le traitement du sperme et les recommandations d'examens spéciaux avant l'auto-insémination); la façon de commander le sperme (incluant de l'information sur les banques de sperme et la nécessité d'utiliser un sperme conforme aux normes canadiennes); et le processus d'insémination (incluant les techniques de détection de l'ovulation et les diverses méthodes d'insémination).

**CONCLUSION** Le médecin de soins primaires peut aider les lesbiennes à devenir enceintes en leur fournissant de l'information et en leur facilitant l'accès aux examens et consultations appropriés et aux services d'insémination.

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Using conservative prevalence estimates of lesbian sexual orientation from the United States<sup>1,2</sup> and applying them to the Canadian population,<sup>3</sup> we can assume that approximately 100 000 Canadian women are lesbians of childbearing age. About one third of young lesbians plan to have children.<sup>4</sup>

Many of these 30 000 Canadian women will look to their primary care physicians for information on how to become pregnant safely and efficiently. While there are no legal barriers to accessing fertility services in Canada, important financial barriers do exist. Providers' attitudes and lack of knowledge can also constitute barriers to providing fully informed, high-quality care to lesbian patients. Because alternative methods of conception can carry greater risk than conventional methods, it is important that women fully understand the risks associated with donor insemination and how these risks can be mitigated.<sup>5</sup> This paper aims to give family doctors an approach for educating, counseling, referring, and assisting women to achieve pregnancy safely.

### Case description

Lisa is a 33-year-old architect who visits your office with Jennifer, her same-sex common-law partner. The couple would like to become parents and are investigating methods of conceiving. They know a man who is willing to be a semen donor, but are also considering using semen from an anonymous donor through a sperm bank.

Lisa would like to carry the pregnancy. She has never been pregnant, and her periods are regular with a 28-day cycle and menses lasting 5 days. Lisa and Jennifer are hoping you can give them information about how to proceed in the safest and most efficient way to achieve pregnancy. They tell you they do not want to go to a fertility clinic because they are not aware of a fertility problem.

### Sources of information

We reviewed the literature, contacted relevant government and community agencies, and drew upon our own clinical experience offering family planning and insemination services to lesbians to suggest how Canadian family physicians can counsel lesbians about safely becoming pregnant. Information in this paper is based on evidence from randomized controlled trials (level I evidence), non-randomized trials (level II evidence), expert opinion including our own clinical experience (level III evidence), and government regulations.

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### Main message

Counseling patients about getting pregnant safely and efficiently involves several steps (**Figure 1**).

**Preconception care.** Preconception counseling for lesbians includes the counseling that family physicians provide regularly to all women and some additional steps specific to the insemination process. Several books and resources on the subjects of donor insemination and same-sex parenting are available that women might find valuable (**Table 1**).

Recommendations for preconception counseling and testing are summarized in **Table 2**. All women should be offered regular preconception counseling and preventive maneuvers including:

- rubella serology and immunization at least 1 month before insemination if susceptible (level II evidence),<sup>6,7</sup>
- varicella immunization at least 1 month before insemination if susceptible (level II evidence),<sup>8</sup>
- folic acid supplementation (level I evidence),<sup>9</sup> and
- a routine Pap smear (level II evidence).<sup>10</sup>

In addition, women who are planning donor insemination should have a baseline workup for sexually transmissible infections (STIs). Testing before insemination can help to pinpoint the source of an infection in the event that a woman develops an STI sometime later. The baseline workup includes antibodies to HIV-1 and HIV-2 (level I evidence),<sup>11</sup> hepatitis B surface antigen (level III evidence),<sup>12</sup> hepatitis C antibody (level II evidence),<sup>13</sup> a Venereal Disease Research Laboratory test for syphilis (level III evidence),<sup>14</sup> and cervical swabs for gonorrhea and chlamydia (level II evidence).<sup>15</sup>

Because transmission of human T-lymphotrophic virus is possible, physicians may consider adding HTLV-I and HTLV-II testing for women at risk of this infection (ie, women who come from, or share body fluids with someone from, an area in which HTLV infection is endemic).<sup>16</sup> Health Canada recommends that women be screened for cytomegalovirus (CMV) IgG antibody and that women who test negative for CMV IgG antibody use semen from a donor who also tests negative for CMV IgG antibody (level III evidence).<sup>16</sup> Women who are not immune to hepatitis B and are planning home inseminations should consider immunization. While treatment for bacterial vaginosis does not appear to reduce spontaneous abortions and premature births,<sup>17</sup> physicians who

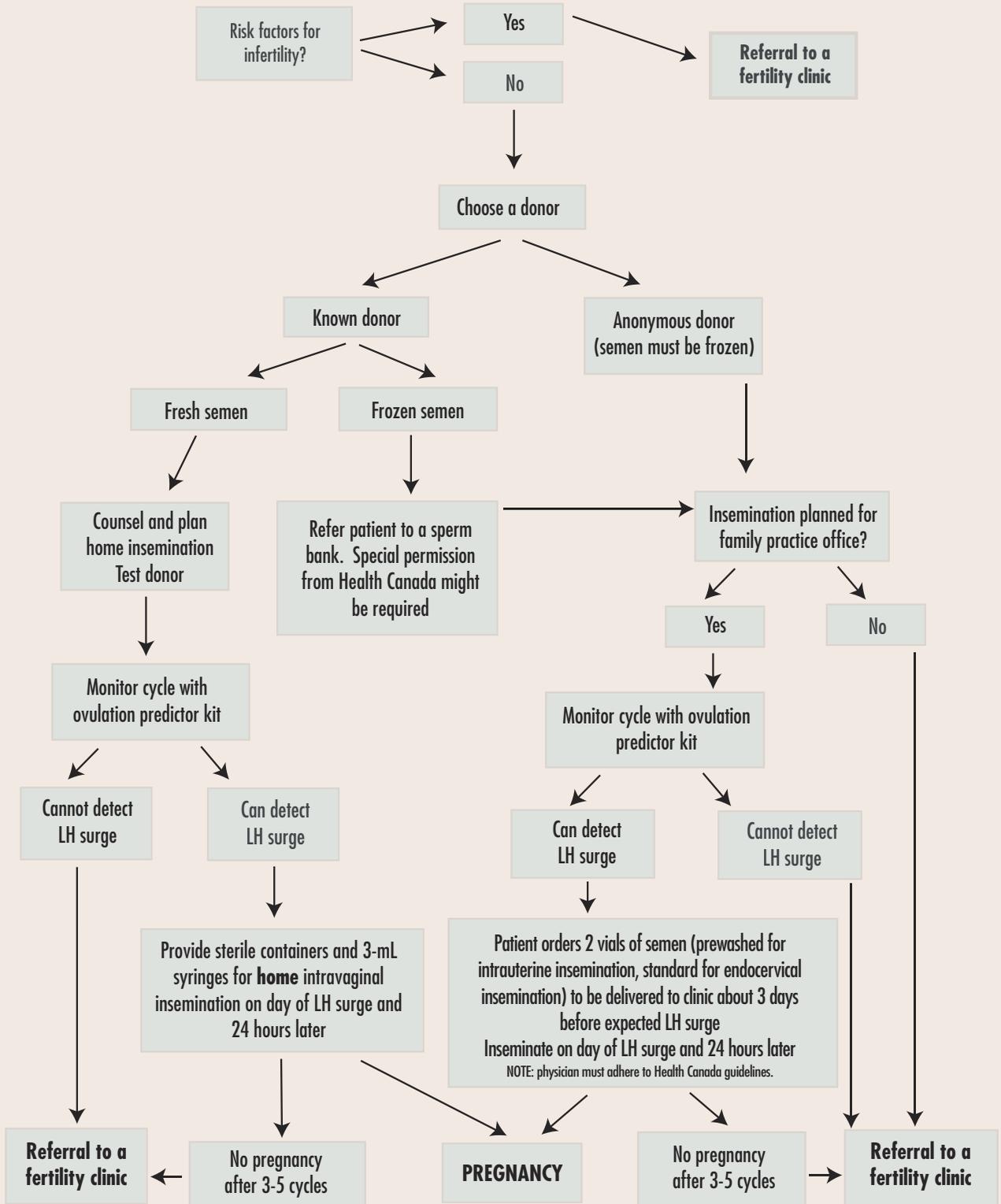
### Levels of evidence

**Level I:** At least one properly conducted randomized controlled trial, systematic review, or meta-analysis

**Level II:** Other comparison trials, non-randomized, cohort, case-control, or epidemiologic studies, and preferably more than one study

**Level III:** Expert opinion or consensus statements

Figure 1. Flowchart for counseling lesbian patients about therapeutic donor insemination



**Table 1. Resources for Canadian patients and physicians**

EXAMPLES OF SPERM BANKS COMPLYING WITH CANADIAN REGULATIONS
<a href="http://www.repromedltd.com">www.repromedltd.com</a>
<a href="http://www.xytex.com">www.xytex.com</a>
<a href="http://www.canamcryo.com">www.canamcryo.com</a>
ON-LINE GOVERNMENT DOCUMENTS RELATED TO CANADIAN REGULATIONS FOR SEMEN DISTRIBUTION
Health Canada, Therapeutic Products Programme. <i>Health Canada directive: technical requirements for therapeutic donor insemination</i> . Available at: <a href="http://www.hc-sc.gc.ca/dhp-mps/brgtherap/applic-demande/guides/semen-sperme-acces/semen-sperme_directive_e.html">http://www.hc-sc.gc.ca/dhp-mps/brgtherap/applic-demande/guides/semen-sperme-acces/semen-sperme_directive_e.html</a> <sup>16</sup>
Health Canada, Health Products and Food Branch Inspectorate. <i>Guidance on the processing and distribution of semen for assisted conception regulations</i> . Available at: <a href="http://www.hc-sc.gc.ca/dhp-mps/alt_formats/hpfb-dgpsa/pdf/compli-conform/gui_41_e.pdf">http://www.hc-sc.gc.ca/dhp-mps/alt_formats/hpfb-dgpsa/pdf/compli-conform/gui_41_e.pdf</a> <sup>23</sup>
Donor Semen Special Access Programme, Therapeutic Products Programme. <i>Therapeutic Products Programme guidance on the donor semen special access programme</i> . Available at: <a href="http://www.hc-sc.gc.ca/dhp-mps/brgtherap/applic-demande/guides/semen-sperme-acces/dssap-passd_gui_doc-ori_e.html">http://www.hc-sc.gc.ca/dhp-mps/brgtherap/applic-demande/guides/semen-sperme-acces/dssap-passd_gui_doc-ori_e.html</a> <sup>24</sup>
RESOURCES RELATED TO LESBIAN PREGNANCY AND PARENTING
<b>Books</b>
<ul style="list-style-type: none"> <li>• Pepper R. <i>The ultimate guide to pregnancy for lesbians: tips and techniques from conception through childbirth</i>. Pittsburgh, Pa: Cleis Press; 1999</li> <li>• Mohler M, Frazer L. <i>A complete donor insemination guide: written by and for lesbian women</i>. Binghamton, NY: Alice Street Editions, Harrington Park Press; 2002</li> <li>• Toevs K, Brill S. <i>The essential guide to lesbian conception, pregnancy and birth</i>. Boston, Mass: Alyson Books; 2002</li> <li>• Lev AI. <i>The complete lesbian and gay parenting guide</i>. New York, NY: Berkley Books; 2004</li> </ul>
<b>Websites</b>
<ul style="list-style-type: none"> <li>• Family Pride Canada: <a href="http://familypride.uwo.ca/">http://familypride.uwo.ca/</a></li> <li>• Lesbian, gay, bisexual, transsexual parenting network; Family Services Association: <a href="http://www.fsatoronto.com/programs/lgbtparenting.html">http://www.fsatoronto.com/programs/lgbtparenting.html</a></li> </ul>

choose to treat their patients should be aware that lesbians are at high risk of this infection.<sup>18</sup>

**Donor choice.** There are three primary options open to lesbians for becoming pregnant:

- therapeutic donor insemination (TDI) (also called assisted or artificial insemination) with *fresh* semen from a *known* donor,
- TDI with *frozen* (ie, cryopreserved) semen from a *known* donor, or
- TDI with *frozen* semen from an *unknown* donor.

The choice of method depends on patients' preferences, risk tolerance, and financial position, and on accessibility of services in their area. One survey reported that,

**Table 2. Counseling and screening maneuvers for lesbians planning pregnancy**

MANEUVER	LEVEL OF EVIDENCE
<b>CYTOLOGY AND MICROBIOLOGY</b>	
Pap smear	II
Cervical swab for <i>Neisseria gonorrhoea</i>	II
Cervical swab for <i>Chlamydia trachomatis</i>	II
Vaginal swab for bacterial vaginosis	III
<b>SEROLOGY</b>	
Rubella antibody	II
Antibody to HIV-1 and HIV-2	I
Hepatitis B surface antigen	II
Antibody to hepatitis C	II
Syphilis (VDRL)	III
Human T-lymphotrophic virus (HTLV-I and HTLV-II)	III
Cytomegalovirus IgG	III
Varicella antibody	II
<b>COUNSELING</b>	
Folic acid supplementation	I
Immunization where indicated (rubella,* varicella,* hepatitis B)	II/III

\*Should be completed at least 1 month before insemination.

in a sample of lesbians who became pregnant using assisted insemination, 45% preferred a known donor, 47% preferred an unknown donor, and 8% had no preference.<sup>19</sup>

Risks and benefits of options for donors fall into several categories (Table 3): risk of infection, cost, relationship with the donor, and pregnancy rates.

**Risk of infection:** Women who use fresh semen should be counseled to have their donors tested for STIs and to ascertain as much as possible the risk behaviour of their donors. Women should also be counseled about the "window period" during which false-negative results can be obtained for recently acquired infections. Using cryopreserved semen that has been quarantined for 6 months is the safest way to reduce the risk of infection.

**Cost:** Anonymous cryopreserved semen generally costs between \$600 and \$900 each cycle for 2 inseminations. The cost of the initial screen before cryopreservation services for a known donor ranges from \$500 to \$600, and the cost for preparing specimens ranges from \$200 to \$500 per donation. Doing home inseminations with fresh semen is by far the cheapest option.

**Relationship with the donor:** Women might or might not want a formal parenting relationship with the donor. Agreements that specify the parameters of relationships between known donors, recipients, and any offspring help to identify the initial intentions of the parents but are not legally binding. Anonymous donors do not have

**Table 3. Risks and benefits for various types of therapeutic donor inseminations**

TYPE OF SEMEN AND DONOR	RISKS	BENEFITS
FRESH semen KNOWN donor	<ul style="list-style-type: none"> <li>• Highest risk of sexually transmissible infections among all options</li> <li>• Donor could have false-negative results on serology because of "window period"</li> <li>• Risk of medicolegal complications based on disagreements between woman and donor</li> </ul>	<ul style="list-style-type: none"> <li>• Cheap</li> <li>• Must be done at home</li> <li>• Most effective</li> <li>• Child might be able to have relationship with biological father</li> <li>• Parents might be able to enter into mutually beneficial coparenting arrangement with donor</li> </ul>
FROZEN semen KNOWN donor	<ul style="list-style-type: none"> <li>• Expensive</li> <li>• Might need special exemption from Health Canada to use donor of choice</li> <li>• Risk of medicolegal complications based on disagreements between woman and donor</li> <li>• Need for 6-mo quarantine period</li> </ul>	<ul style="list-style-type: none"> <li>• Very safe</li> <li>• Semen may be washed for intrauterine insemination</li> <li>• Convenient for women; insemination will not depend on availability of donor</li> <li>• Parents might be able to enter into mutually beneficial coparenting arrangement with donor</li> </ul>
FROZEN semen UNKNOWN donor	<ul style="list-style-type: none"> <li>• Expensive</li> <li>• Limited choice of donors</li> <li>• Limited information about donor's characteristics</li> <li>• Donor might not be available for second child</li> <li>• Child unlikely to have a relationship with biological father</li> </ul>	<ul style="list-style-type: none"> <li>• Very safe</li> <li>• Washed semen may be used for intrauterine insemination</li> <li>• Convenient for women</li> <li>• In some cases, child may be able to meet biological father</li> </ul>

parental rights to the children. In some cases, however, anonymous donors can participate in an "open identity" program, which allows a child access to a donor's identity at the age of majority.

**Pregnancy rates:** When all else is equal, insemination with fresh semen is more effective than insemination with frozen semen,<sup>20</sup> and intrauterine insemination is more effective than endocervical insemination or intravaginal insemination.<sup>21,22</sup> For women of a more advanced maternal age, this could be an important consideration.

**Testing the donor.** All semen distributed through a physician's office is subject to Health Canada's stringent regulations for use of semen. Any physician planning TDI is legally obliged to use semen that has been cryopreserved for 6 months and that comes from a donor who has been appropriately screened at the time of donation and screened again after the 6-month quarantine. Currently, Health Canada makes no distinction between semen from known donors (designated men who are not a patient's spouse or sexual partner) and semen from anonymous donors.<sup>23</sup> Consequently, family physicians should not use fresh donor semen in their offices. Rather, women who choose fresh semen from a known donor should be counseled about the risks of STIs, be offered preinsemination testing for both themselves and their donors, and be advised to perform a home insemination.

To reduce the risk to women, it makes sense to use Health Canada's recommendations<sup>16</sup> to guide screening of donors who plan to participate in home inseminations.

Family physicians can counsel their lesbian patients on the recommended tests for their donors. Often, donors will present to their own physicians with these recommendations for testing. Recommendations for donor testing are summarized in **Table 4**. Like anonymous donors, known donors should undergo a regular physical examination and give a medical history. Where available, donor testing should include serology for Rhesus factor status (if recipient is Rh negative), HIV-1 and HIV-2, hepatitis C, hepatitis B, HTLV-I and HTLV-II, and syphilis. Polymerase chain reaction testing or urethral swabs for chlamydia and gonorrhea should also be completed. A semen analysis and culture can be of value. Finally, physicians should consider screening for CMV antibody (IgM and IgG). Cytomegalovirus IgM-positive donors should wait to donate semen until they are IgM negative. Although the risk of congenital CMV infection is probably very low, Health Canada recommends that IgG-positive donors' semen be used only for IgG-positive recipients.<sup>16</sup>

Women using known donors should be aware that it is possible to have their donors' semen cryopreserved even if they do not meet Health Canada requirements for semen processing (eg, are older than 40 years or have had sex with men).<sup>24</sup> In these cases, physicians should apply to Health Canada for permission to use the semen via the Donor Semen Special Access Programme. This process is similar to applying for special access for a new drug.

**Ordering the semen.** Most sperm banks have webpages that contain information about their donors (**Table 1**).

**Table 4. Initial screening tests for potential sperm donors**

RECOMMENDED TEST	HEALTH CANADA REQUIREMENTS FOR PHYSICIAN-ASSISTED INSEMINATION OF CRYOPRESERVED DONOR SEMEN*
Antibody to HIV-1 and HIV-2	Required
Syphilis	Nontreponemal test (VDRL) and treponemal-specific test (FTA-ABS or MHA-TP) required
Hepatitis B	Hepatitis B surface antigen (HbsAg) and antibody to hepatitis B core antigen (IgG anti-HbcAg) required
Antibody to hepatitis C	Required
Cytomegalovirus antibody IgG and IgM	Recommended
Human T-lymphotrophic virus (HTLV-I and HTLV-II)	Required
<i>Neisseria gonorrhoea</i>	Urethral or semen cultures or a nucleic acid amplification test on urine specimens, urethral swabs, or semen specimens required
<i>Chlamydia trachomatis</i>	Nucleic acid amplification test on urine specimens, urethral swabs, or semen specimens required
Semen analysis	Required with cryopreservation test
Semen culture and sensitivity	Required
Rhesus factor status	Required
Medical history and physical examination	Required

\*These tests are required for the initial workup of potential donors by semen banking facilities. Family physicians should consider conducting these tests on potential donors before a patient performs home insemination.

Women can view donors' characteristics on-line and then place an order by fax, e-mail, or telephone. Patients should be informed that the donor must be "Canadian compliant," that is, the bank must indicate that donor semen has met Health Canada's technical requirements. Prewashed semen is needed for intrauterine insemination, while standard specimens may be used for endocervical insemination. Semen must be delivered to a physician's office. Therefore, patients should have the agreement of the physician who will perform the insemination before purchasing the semen.

**Insemination.** To coordinate insemination with ovulation successfully, patients should follow their cycles prospectively to detect ovulation. When ovulation is monitored at home or in a family practice setting, the LH surge is detected with a urinary monitoring kit. Urinary ovulation predictor kits are widely available, easy to

use, and accurate.<sup>25,26</sup> They can be bought at a pharmacy for \$30 to \$50. They typically contain 5 sticks for measuring the LH concentration in urine on 5 consecutive days to pinpoint the LH surge. Women should start using the predictor kit 17 days before their next period. Therapeutic donor insemination is performed on the day of the LH surge and again 24 hours later if desired.<sup>27,28</sup>

At home, women can draw up fresh ejaculate from a sterile specimen container into a 3-mL syringe and self-inseminate intravaginally. Most women are comfortable with this procedure once they have handled a syringe. Most family doctors refer women requiring cryopreserved anonymous semen to fertility clinics. It is feasible, however, for family doctors to perform either endocervical or intrauterine insemination in their offices. While the procedure itself is very straightforward, important Health Canada regulations apply to any physician who is distributing donor semen. Family physicians who plan to perform inseminations should be familiar with the documentation requirements of Health Canada that relate to the distribution of semen (Table 1).

**Case conclusion**

You give Lisa and Jennifer a reference for a book on lesbian parenting and guide them to the websites of 3 sperm banks. You review the risks and benefits associated with using fresh and frozen semen and known or unknown donors. You also advise Lisa to start taking folic acid supplements. You order the recommended serologic tests and ask her back for a complete physical examination.

At the next visit, you confirm that Lisa is immune to rubella and chickenpox and that her hepatitis, HIV, and syphilis serology is negative. She is CMV IgG positive. She is Rh positive. Her results from Pap smear and cervical swabs are normal.

Lisa and Jennifer elect to try fresh insemination with their known donor at home. You counsel them again regarding the risk of STIs and the window period. You give them a list of recommended tests for their donor to complete and recommend that they get legal advice to construct a donor contract. Finally you inform them about cycle monitoring and provide them with syringes and sterile specimen containers.

Three months later, Lisa and Jennifer arrive at your office with flowers. Lisa has just tested positive with a home pregnancy test. She is euphoric and very grateful for your assistance. She books her first prenatal visit with you for later in the month.

**Conclusion**

Lesbians form part of the female patient population of any physician's office. A large proportion of lesbian women are planning pregnancies. Family physicians are in an excellent position to help educate and assist

women in achieving their procreative goals safely and efficiently. ❁

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### Competing interests

None declared

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### EDITOR'S KEY POINTS

- Approximately 100 000 women in Canada are lesbians of childbearing age, and about one third plan to have children. Family doctors sometimes are consulted to provide information and counseling on safe artificial insemination.
- Preconception counseling includes usual care (folic acid supplements, testing for rubella and varicella antibodies, performing Pap smears, and vaginal culture and sensitivity) and screening for HIV, hepatitis B and C, syphilis, and cytomegalovirus.
- The 3 options for artificial insemination are insemination with fresh semen from a known donor, with frozen semen from a known donor, or with frozen semen from an unknown donor (sperm bank). Fresh is more effective than frozen semen, and intrauterine placement is more effective than endocervical placement.
- Screening of donors and insemination procedures should follow strict Health Canada criteria. Family physicians can explore legal parenting issues and what kind of relationship a donor and recipient desire.

### POINTS DE REPÈRE DU RÉDACTEUR

- Au Canada, on compte environ 100 000 lesbiennes en âge d'enfanter; environ un tiers d'entre elles envisagent d'avoir un enfant. Le médecin de famille est parfois appelé à renseigner et conseiller ces femmes sur une insémination artificielle sécuritaire.
- Le counseling pré-conception comprend les soins habituels (suppléments d'acide folique, recherche des anticorps de la rougeole et de la varicelle, frottis vaginal et culture et antibiogramme vaginaux) et des tests de dépistage pour le VIH, les hépatites B et C, la syphilis et le cytomégalovirus.
- Les trois options pour l'insémination artificielle sont l'insémination avec le sperme frais d'un donneur connu, avec le sperme congelé d'un donneur connu ou avec le sperme congelé d'un donneur inconnu (banque de sperme). Le sperme frais est plus efficace que le sperme congelé et l'insémination intra-utérine est supérieure à l'endo-cervicale.
- Les examens de dépistage pour le donneur et les méthodes d'insémination doivent être conformes aux stricts critères de Santé Canada. Le médecin de famille peut discuter des aspects légaux de la relation parentale et du type de relation que le donneur et la receveuse désirent entretenir.

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