

Gay men choosing parenthood through assisted reproduction: medical and psychosocial considerations

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Objective: To medically and psychologically assess gay men seeking parenthood through assisted reproduction and to provide guidelines for the assessment.

Design: Qualitative observational study.

Setting: Academic medical center.

Patient(s): Thirty gay males (15 couples) presenting for assisted reproduction using an oocyte donor and a gestational carrier.

Intervention(s): Semistructured interview and medical evaluation.

Main Outcome Measure(s): Determination of psychological and medical eligibility for treatment.

Result(s): The average age of men was 38.4 years. All couples were in a committed relationship and had been together for an average 6.4 years. All met medical and psychological criteria for acceptance.

Conclusion(s): Gay men increasingly choose fatherhood through assisted reproduction. Counseling these couples on the medical and emotional demands of in vitro fertilization with a gestational carrier and an oocyte donor is a vital component of pretreatment preparation. (*Fertil Steril*® 2011;95:225–9. ©2011 by American Society for Reproductive Medicine.)

Key Words: Fatherhood, gay men, gestational surrogacy, homosexuality, in vitro fertilization, oocyte donation, psychological assessment

In the past 30 years, the gay rights movement has increasingly encouraged gay men and women to be open about their homosexuality, open about their relationships, and, more recently, to be open about choosing to have children within the context of those relationships (1, 2). This phenomenon has resulted in rising numbers of gay persons seeking parenthood through assisted reproductive technology (ART). Lesbians are routinely treated in fertility centers, and there is an emergent literature on the medical and psychological demands of their experience (3–6) as well as on the developmental and psychological well-being of their children conceived through donor insemination (7–10). Unfortunately, the same is not true for gay men. Although gay men increasingly seek parenthood through assisted reproduction using an oocyte donor and a gestational carrier (11, 12), they are not always welcomed by fertility centers (13) despite the call for nondiscrimination of gay persons by the American Society for Reproductive Medicine (14). So far, the literature is lacking in reports describing the medical and psychological aspects of treatment unique to gay men and studies on the developmental and psychological well-being of their children conceived through assisted reproduction. We describe the medical and psychological experience of a cohort of gay men who

presented for treatment in a university-based ART program and describe a protocol for medical and psychological assessment of gay men choosing to become fathers through assisted reproduction.

MATERIALS AND METHODS

Patients participating in the study were recruited from Yale Fertility Center, New Haven, Connecticut. All gay male couples seeking gestational surrogacy and oocyte donation between January 2006 and February 2009 (n = 15 couples) have been included in the study. Institutional review board approval was obtained.

All patients were medically and psychologically screened. The purpose of the psychological interview is both educational and evaluative. It gives the couple a thorough overview of the program and the essential medical and psychological implications of ART with gestational surrogacy and oocyte donation. Psychological criteria for patient acceptance or rejection are the same as those for heterosexual couples. These include the ability to understand and tolerate the stress of the treatment, the ability to give consent, the quality and stability of the relationship, and the absence of severe or disabling psychopathology.

Each couple met with the program's mental health counselor for a 60-minute interview. During that meeting, the process was explained, and a semi-structured interview was completed. This interview was specifically developed for patients entering fertility treatment (15). Additional questions addressed issues pertinent to gay male couples using an oocyte donor and a gestational carrier. These included how the couple came to the decision about who would provide the sperm; their understanding of the female reproductive system and pregnancy; their "coming out" history and how it may have impacted family and social relationships; and whether family and friends supported their decision to have children. The interview also included

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TABLE 1

Medical evaluation of male same-sex couples undergoing assisted reproduction treatment using donor oocyte(s) and a gestational carrier.

Medical evaluation of the sperm donor(s)	Medical evaluation of the partner who does not provide sperm
Health history and physical evaluation	Health history and physical evaluation
Semen analysis	
Laboratory testing for transmissible diseases (required by the FDA as of January 1, 2010)	Laboratory testing for transmissible diseases (not required by the FDA as of January 1, 2010)
Hepatitis B surface antigen	Hepatitis B surface antigen
Hepatitis B core antibody	Hepatitis B core antibody
Hepatitis C antibody	Hepatitis C antibody
HIV I/II	HIV I/II
RPR with reflex syphilis IgG	RPR with reflex syphilis IgG
Gonorrhea and chlamydia urine cultures	HTLV I/II
CMV antibody	

Note: Based on U.S. Food and Drug Administration (FDA) regulations, a donor eligibility determination must be made for male member(s) of the gay couple providing sperm (24), but the use of reproductive cells or tissue from an ineligible directed donor is not prohibited (24). Similarly, neither quarantine of the directed donor semen nor re-testing of the directed donor is required (24). CMV = cytomegalovirus; HIV = human immunodeficiency virus; HTLV = human T-lymphotropic virus; IgG = immunoglobulin G.

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questions about the couple's decision to use a known or anonymous oocyte donor, donor characteristics, their relationship with their gestational carrier, and their plans for disclosure to offspring about the nature of their conception.

Medical screening included a meeting with the primary physician, who obtained the medical history of both partners and provided an explanation of the procedures involved in ART using oocyte donation and gestational surrogacy. Medical screening also included the U.S. Food and Drug Administration (FDA) mandated communicable disease testing for the partner or partners providing sperm, who also underwent a semen analysis. A description of the medical screening is presented in Table 1.

RESULTS

The average age of the men in this study was 38.4 years. Twenty-seven men (90%) were Caucasian, three were Hispanic. Twelve couples from the United States, two couples from Europe, and one couple from Canada came specifically for this treatment.

All couples lived together, were in a committed relationship, and had been together for an average of 6.4 years. However, their histories and specific circumstances varied considerably (cases illustrating some of these differences are included in Table 2). Six couples (40%) had been joined in a civil union, which was recognized in the states of Connecticut, New Hampshire, New Jersey, and Vermont (16). Two couples had been married in countries where same-sex marriage is legal (in this case the Netherlands and Canada), and one other couple was in the process of being married in the state of Connecticut, which has recently legalized same-sex marriage

TABLE 2

Examples of male same-sex couples seeking parenthood through assisted reproduction.

Case 1: A and L

The couple has been in a committed relationship for 6 years. They live together with A's two teenage children from a previous heterosexual relationship. L has no children but "always wanted to be a father." The couple worked with a private agency to recruit the carrier and used an anonymous oocyte donor through our program. The couple chose to have L's sperm fertilize the oocytes because he had never biologically fathered a child. They requested that the donor's physical characteristic match those of the nonbiological father. The carrier gave birth to a baby girl. Two years later, the couple came back with the same carrier and had a frozen embryo transfer resulting in the birth of a baby boy.

Case 2: B and K

The couple has been in a committed relationship for 5 years. B says that he "dreamed of being a father his whole life" and that when he and K became a couple having children together was their goal. The couple reports that they both come from large, supportive families who have encouraged them to become parents. They pursued adoption only to learn that gay men are "at the bottom of the heap" in the adoption process. Subsequently, they were encouraged by gay friends who became parents through assisted reproduction. They were matched to a carrier and an anonymous oocyte donor through a private agency. They decided that B would provide the sperm because he is older and the one "who always had the dream." Their carrier gave birth to twin girls. They hope to have more children in the future using K's sperm.

Case 3: G and J

The Hispanic couple has been together for 10 years. In the course of their relationship they have been foster parents to eight children and have two adopted sons, ages 8 and 9. When a 2-year-old they had fostered from birth and hoped to adopt was returned to his biological mother, the couple decided to pursue parenthood through assisted reproduction. A family member agreed to carry the pregnancy, and they used an anonymous oocyte donor from our program. After the medical consultation, the couple elected to have half of the oocytes fertilized with G's sperm and half with J's sperm with the understanding that the two best embryos would be transferred regardless of inseminator. The couple explained that they would both like a "chance" at being the biological father and would disclose true paternity to the offspring. As it turned out, two embryos were transferred, one from each partner, and the carrier gave birth to twins, a boy and a girl.

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(17). In the United States, laws regarding same-sex marriage are currently in flux, but as of this writing, gay marriage is legal in Connecticut, Iowa, Massachusetts, New Hampshire, Vermont, and the District of Columbia (18).

All the men met the medical and psychological criteria for acceptance. One individual had bipolar disorder, which was controlled by medication and in remission for many years. He chose not to be the sperm donor for that reason. Another man had a history of panic attacks during adolescence. Five men had sought psychological

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