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Assisted reproduction in a cohort of same-sex male couples and single men


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Abstract To date, there is limited published data on same-sex male couples and single men using assisted reproduction treatment to build their families. The objective of this retrospective study was to better understand treatment considerations and outcomes for this population when using assisted reproduction treatment. A total of 37 same-sex male couples and eight single men (seven homosexual and one heterosexual) who attended the CReATe Fertility Centre for assisted reproduction services were studied. There was a 21-fold increase in the number of same-sex male couples and single men undergoing assisted reproduction treatment since 2003. The mean age was 46 years (24–58). Twenty-eight couples (76%) chose to use spermatozoa from both partners to fertilize their donated oocytes. Most men (32 same-sex male couples and seven single men; 87%) obtained oocytes from an anonymous donor, whereas five couples and one single man (13%) had a known donor. Anonymous donors who were open to be contacted by the child after the age of 18 were selected by 67% of patients. Of all 25 deliveries, eight (32%) were sets of twins. All of the twins were half genetic siblings. 

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KEYWORDS: assisted reproduction treatment, gay men, homosexuality, ovum donor, parenthood, same-sex couples

Introduction

As societal views continue to change with respect to gay rights, the number of gay men and lesbian women who

embark on the journey to parenthood is increasing. Gay men seek fatherhood for many of the same reasons that heterosexual men do, such as the desire to raise children,

create families and pass on their genes to offspring (Bigner, 1999; Bigner and Jacobsen, 1989; Greenfeld, 2005, 2007).

Prior to the advent of assisted reproduction, the options for gay and single men looking to have children were to adopt, foster or co-parent with lesbian or heterosexual females (Gates et al., 2007). Historically, negative societal attitudes as well as lack of physicians' willingness to treat gay men have contributed to fewer gay men having access to treatment. Since the advent of assisted reproduction, lack of knowledge with regards to available fertility options may have contributed to a relatively limited number of men pursuing third-party reproduction (American Society for Reproductive Medicine, 2009). In addition, the significant assisted reproduction and legal costs for this population, who require both a surrogate and an egg donor, could be prohibitive for many.

There is some research that addresses the different needs and options of lesbian and bisexual women in regards to the experiences of fertility treatment (Donovan and Wilson, 2008; Ross et al., 2006), but there are very little published data that address assisted reproduction for gay couples or single men (Greenfeld and Seli, 2011). The retrospective study by Greenfeld and Seli recommended that counselling on the medical and emotional demands of having a child with assisted reproduction treatment should be a necessary part of pretreatment preparation for the gay male population. They found that supportive psycho-educational counselling as part of the medical treatment helps gay men to make informed decisions with regards to fertility treatment and their journey to parenthood (Greenfeld and Seli, 2011).

Prior publications on gay parentage for both men and women have addressed the emotional and physical welfare of the offspring, professional practices and current laws (American Society for Reproductive Medicine, 2009). With respect to child welfare, this research has demonstrated that the overall psychological adjustment and wellbeing of offspring from heterosexual couples and gay parents does not differ (American Society for Reproductive Medicine, 2009; Anderssen et al., 2002; Gates et al., 2007; Golombok and Tasker, 1996; Teligator and Patterson, 2008).

The aim of this retrospective study is to better understand the demographics, characteristics, treatment considerations and assisted reproduction outcomes of same-sex male couples and single men seeking third-party reproduction in order to optimize the service provided to this population group.

Materials and methods

In all, 82 patients were included in this study; this comprised of 37 same-sex male couples and eight single men. Seven of the eight single men indicated that their sexual orientation was homosexual and one was heterosexual. These patients attended the CReATe Fertility Centre, Toronto, Ontario, Canada from January 2003 to December 2011 to have children with the help of an ovum donor and a gestational carrier. In this retrospective study, data were compiled following review of CReATe clinic patient charts, in which the collected data included: demographic information, sperm parentage decisions, type of ovum donor (known versus anonymous), treatment cycle data and pregnancy outcomes. All patients undergoing third-party repro-

duction, as per the CReATe fertility centre's policy, are required to attend a psychosocial counselling session prior to any attempts. During a counselling session, a fertility counsellor discusses the emotional, social and psychological implications of using third-party reproduction with ovum donation (anonymous or known) and gestational surrogacy. Information was compiled from the evaluation of the reports from these counselling sessions. To obtain pregnancy outcome data, as is standard practice at the clinic, a follow-up call is made by a nurse after the expected due date. The data collected included: date of birth, type of delivery, pregnancy complications, number of children born, birthweight and information on minor or major congenital anomalies, stillbirths or neonatal deaths.

As a control group, this study determined the pregnancy rate in a cohort of heterosexual couples who underwent treatment with both ovum donor and gestational carrier from the same time period ($n = 47$).

Data was collected in a Microsoft Access database prepared for the study and descriptive statistical analysis was performed. Chi-squared analysis was used to compare pregnancy rates in the study population with the control population. Research ethics board approval for this study was obtained from Sunnybrook Health Sciences Centre, Toronto, Canada (No. 144–2011, approved 9 May, 2012).

Results

A total of 82 men (37 same-sex male couples and eight single men) underwent assisted reproduction treatment in the CReATe Fertility Centre from 2003 to 2011. This study found that there was a steady increase in the number of same-sex male couples and single men who came to the clinic seeking reproductive assistance in the last 5 years. In fact, there was a 21-fold increase when comparing the years 2003–2006 (one couple and one single man) versus 2007–2011 (36 couples and seven single men) (Figure 1).

The population pool came from Canada as well as outside Canada. The countries of residence were as follows: 22 couples and seven single men from Canada; nine couples from Israel; two couples and one single man from France; two couples from the USA; one couple from the UK; and one couple from Australia.

The mean age of the men was 46.1 years (range 24–58). The relationship status of the couples varied: 24.3% (9/37) were legally married, 16.2% (6/37) were in common-law relationships and 59.5% (22/37) were in committed relationships but not legally bound to one another. The mean duration of time that the couples had been together before coming to the clinic was 7.7 years.

Of the study cohort, 15.6% (7/45) had children before approaching the clinic, whereas 84.4% (38/45) came to the clinic having no previous children (Figure 2). In the seven cases where patients already had children before coming to CReATe, four had children from previous heterosexual relationships (for examples, see Table 1, cases 1 and 2), one had stepchildren from a previous heterosexual relationship and two had children from previous assisted reproduction cycles performed at other clinics.

This study looked at whether the same-sex male couples chose to use one partner's or both partners' spermatozoa to

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