Lesbian, gay, bisexual, transgender content on reproductive endocrinology and infertility clinic websites

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Objective: To assess geographical distribution and practice characteristics of fertility clinics inclusive of lesbian, gay, bisexual, and transgender (LGBT) patients.
Design: Cross-sectional analysis.
Setting: Not applicable.
Patient(s): None.
Intervention(s): None.
Main Outcome Measure(s): Prevalence and geographical distribution of fertility clinic websites with LGBT-specific content, indicated by keywords and home page cues specific to the LGBT patient population. Assessment of relationship between LGBT-specific content and clinic characteristics, including U.S. region, clinic size, private versus academic setting, and state-mandated fertility insurance coverage.
Result(s): Of 379 websites analyzed, 201 (53%) contained LGBT content. Clinics with the highest proportion of LGBT website content were in the Northeast (59/82, 72%) and West (63/96, 66%), while the lowest proportion was in the Midwest (29/74, 39%) and South (50/127, 39%). Most frequently used terms included lesbian (72%), LGBT/LGBTQ (69%), and gay (68%), while less used terms included trans/transgender (32%) and bisexual (15%). Larger clinic size was associated with LGBT-specific website content (odds ratio, 4.42; 95% confidence interval, 2.07–9.67). Practice type and state-mandated fertility insurance coverage were not associated with a clinic website having LGBT content.
Conclusion(s): Over half of Society for Assisted Reproductive Technology member fertility clinics included LGBT content on their websites, yet those in the Midwest and South were significantly less likely to do so. Predictive factors for having LGBT website content included location in northeastern and western regions and increasing clinic size. Further studies are needed to evaluate whether inclusion of LGBT content on clinic websites impacts use of reproductive services by the LGBT patient population. (Fertil Steril® 2017;■: ■–■. ©2017 by American Society for Reproductive Medicine.)
Key Words: LGBT, assisted reproduction technology, healthcare disparity, transgender, bisexual

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In 2011, the Institute of Medicine issued a report highlighting the general lack of knowledge regarding the unique health experiences and needs of the lesbian, gay, bisexual, and transgender (LGBT) population, recommending further research to establish a solid evidence base for LGBT health concerns (1). This is particularly pertinent to the field of reproductive endocrinology and infertility (REI), as 2.8%–5.6% of reproductive-aged persons in the United States identify as LGBT (2). In recent years, there has been a notable trend in lesbian women and couples and, increasingly, single and coupled gay men using reproductive services for family-building purposes (3). Furthermore, this demand for reproductive services will likely increase after the *Obergefell vs. Hodges* ruling in 2015, which legalized same-sex marriage; recent research demonstrated that the marriage rate of same-sex couples more than doubled after this ruling, and prior research has shown that married same-sex couples are twice as likely to have children than their unmarried counterparts (4, 5).

However, a certain degree of controversy exists surrounding the care of LGBT patients desiring fertility treatments, and centers vary widely in the services they are willing to provide this patient population. Most recently in 2013 and 2015, the American Society for Reproductive Medicine published committee opinions on single parent, lesbian, gay, and transgender use of fertility care, concluding that there is no sound ethical basis for unequal treatment of persons due to marital status, sexual orientation, or gender identity (6, 7). Even so, previous studies surveying a diverse range of populations have noted that many clinicians believe reproductive services should be restricted in situations that undermine traditional values of marriage, family, and lineage (8, 9). Other objections to the provision of fertility services to the LGBT population propose that offspring of LGBT parents will struggle with identity, social acceptance, or emotional and cognitive stability (10, 11). Surveys of assisted reproductive technology directors and obstetrician gynecologists demonstrate that at least some proportion of programs and providers would likely turn away or discourage single parents, gay couples, or lesbian couples (12, 13). Thus, it is not difficult to imagine how differing views on providing fertility services to the LGBT community can be a natural catalyst for disparities in care.

Currently, the response of fertility centers in the United States to the higher demand for reproductive services by LGBT individuals is largely unknown. In the current information age, clinic websites are a main starting point for understanding a fertility clinic's policies regarding provision of care to LGBT patients. Although a website may not be a true representation of a clinic's philosophy regarding fertility treatment for LGBT patients, it can provide a snapshot of its patient care attitudes (14). In addition, the number of fertility patients using the Internet for fertility information has continued to increase, and stigmatized patients are more likely to use the Internet for health-related information (15–17). Therefore, as a virtual front door, a clinic's website has the potential to influence consumer opinions and patient population as well as signal values in regards to care for LGBT patients.

In 2012, Johnson published a website content analysis of 402 clinics that reported to the Centers for Disease Control and Prevention (CDC) and the Society for Assisted Reproductive Technology (SART), noting that in 2009 less than one-third (29.6%) explicitly acknowledged alternative family building and 6.6% had ambiguous wording at best (18). A more recent study similarly sought to characterize the prevalence of online information pertaining to ART services to the LGBT patient population. The study involved website reviews of fertility practices that reported to the CDC at two points in time, once in 2014 and again in 2015, to examine possible effects of the 2015 *Obergefell vs. Hodges* ruling. It reported a statistically significant increase in the prevalence of clinic websites containing educational content for LGBT patients, from 31.1% (121/389) to 45.5% (185/407) (19). These prior studies demonstrate that LGBT inclusion in fertility care is growing but incomplete, despite favorable legislation. What remains unknown, however, are the reasons behind continued underrepresentation of LGBT patients in relation to fertility services; identification of systematic biases or characteristics associated with greater clinic receptivity can help guide future interventions toward eliminating disparities in LGBT fertility treatment.

There are several factors that may influence whether a fertility clinic may be inclusive toward the LGBT population. Past research has identified an association between geography and LGBT health care disparities; one study found that gay and bisexual men were more likely to disclose their sexual behavior to their primary care provider if they lived in the Western United States or an urban environment. Moreover, gay and bisexual men in the South and Midwest were significantly less likely to have insurance than their Northeast counterparts, which could contribute to underuse of necessary health care (20). For reproductive services in particular, state-mandated insurance for fertility-related therapies may significantly affect whether LGBT patients can afford services such as IUI, IVF, gamete donation, and gestational surrogacy on top of additional second parent adoption and legal counsel fees faced by many LGBT parents; those clinics in states that provide such coverage may be more likely to advertise to LGBT patients (21). Furthermore, it is reasonable to consider that size of the practice may play a role as well in that higher-volume centers may have more resources dedicated to patient recruitment and attempt to broaden their patient base for improved profitability.

The objective of our study was to conduct a comprehensive, cross-sectional survey of the websites of all fertility clinics listed on the SART database to identify those with LGBT-specific content. This was used as a proxy for determining clinic receptivity to LGBT patients across the United States. We then sought to identify characteristics of fertility clinics that predict a higher likelihood of LGBT content inclusion on clinic websites, including the clinic's geographic region, location in a state with mandated insurance for fertility services, clinic size, and practice affiliation with an academic institution.