

Fertility Preservation for Young People Planning to Transition

The option to have children later

If you are planning to take medication called ‘hormone-blockers’ to stop the changes to your body that happen during puberty, this will have an effect on your ability to have biologically-related children at a later stage of your life. So before starting to take medication, you may want to think about taking steps to preserve your fertility. This can be done by saving genetic material, referred to as ‘gametes’. If you were registered as female at birth, your gametes would be eggs from your ovaries; if you were registered as male, this would mean sperm from your testes. Eggs and sperm can be collected and frozen – a process called ‘cryopreservation’ – giving you the option of having your own children when you are a bit older. Currently, cryopreservation can only be done *after* puberty has started and your gametes are sufficiently developed.

If you start medication *after* your eggs or sperm have developed, they will not disappear entirely, even when you take cross-sex hormones. However, although the gametes are still there, they may not be as healthy and they will be less likely to lead to fertilisation and pregnancy.

Talking to families, doctors and older trans people

Of course some people do not wish to have children at all, or they may choose a different way to create a family, for instance, by adopting children. The adoption process is not straightforward, but can be very rewarding. <https://www.gov.uk/child-adoption/adoption-assessment>.

Even though having children may not be your priority right now, it is helpful to discuss the topic with trans people in their 20s and 30s who may have a different perspective, and may perhaps even regret not having stored gametes.

It may also be helpful to discuss fertility with family members or main carers. The Gender Identity Development Service (GIDS) will discuss fertility with you and, if you wish, with your family too. Try to learn as much as possible because it will help you make your final decision. It is still your decision to make; not anyone else’s.

www.tavistockandportman.nhs.uk/childrenyoungpeoplegenderidentityissues

Referral

If you decide to collect your gametes, the GIDS may refer you directly, or via your GP, to a clinic where you can have advice and counselling by licensed fertility specialist doctors and nurses, who are qualified to treat young people under 18. Alternatively, your GP can refer you to a local provider of this service. The process is quite slow, so it’s best to make an early start. You can change your mind at any stage.

Collecting and storage of gametes

The process of egg retrieval starts with daily hormone injections for two weeks to stimulate your ovaries. During this time your eggs will be monitored using blood-tests and ultrasound, to check whether they are ready. The retrieval is then done under sedation. Sperm can be collected from ejaculated semen, in a sterile environment. But if you are not comfortable about masturbating, sperm can be collected directly from the testes by surgical techniques called 'Testicular Sperm Aspiration', also done under sedation.

Once eggs or sperm are obtained, they are then frozen and stored for you in special containers, and kept in a fertility clinic. No one else can use them without your permission. The NHS currently funds storage of eggs or sperm for ten years. The law recognises that some people may need to store eggs or sperm for longer, but after ten years this may need to be paid for privately.

Once the gametes are frozen you can continue with your hormone treatment with the knowledge that you have genetic material stored for the future. The quality of gametes varies naturally between individuals, and the process of storage is not an absolute guarantee of success. However, it gives you the option to try. Advances are underway which, in future, will allow gamete collection before puberty. Although these show promise, they are still experimental and unlikely to be available for some time.

Some trans men have given birth after several years on testosterone, where menstruation (periods) had already been established before blocking or cross-sex hormones were initiated and, of course, where surgery to remove the uterus and ovaries has not taken place. If testosterone is stopped, periods can restart after a few months, and pregnancy can follow. Male characteristics, such as facial hair and male pattern baldness will not be reversed.

Funding

Funding is not automatically available for this care on the NHS. You may have to make a special application for "exceptional funding." The organisation Mermaids can assist if you do need to make this application, as other families have been successful in gaining funding for this care.

Human Fertilisation & Embryology Authority:

<http://www.hfea.gov.uk/search.html?fldSearchFor=gamet+storage+puberty&fldFilter1=on&x=45&y=12>

Mermaids - <http://www.mermaidsuk.org.uk/>

Recent and ongoing research, see: "Fertility options in transgender people" De Roo, C, Tilleman, K, T'Sjoen, G & De Sutter P (2016) *International Review of Psychiatry*, 28:1, 112-119