FERTILITY PRESERVATION FOR TRANSGENDER PEOPLE: SHOULD WE GO THERE?
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Introduction: A patient group that might benefit from fertility preservation but that has so far received little attention are people who undergo sex reassignment surgery. Scenarios are outlined in which a fertility preserving intervention may or may not be useful and possible reservations are discussed.

Materials and Methods: Literature regarding the reproductive wishes of transgender people and regarding sperm, oocyte and ovarian tissue cryopreservation was gathered. Four types of patients are discerned: heterosexual transwomen (male to female transition), lesbian transwomen, heterosexual transmen (female to male transition) and homosexual transmen. Fertility preserving options are outlined for each category, as are the concerns associated with each option on a practical, legal and ethical level (for example the need for a surrogate).

Results: Lesbian transwomen and homosexual transmen can theoretically retain the option to have offspring that is genetically related to both them and their partner, and heterosexual transmen could become the genetic parent from the child that their partner carries to term if reproductive tissue is cryopreserved at the time of or before gender reassignment. While prejudices about the suitability of transgender people to become parents may linger, there are no valid reasons to deny them access to fertility preservation.

Conclusions: All transgender people should be counseled about fertility preservation options before undergoing body modifications that render them infertile. However, reproducing after gender reassignment is more feasible for some categories than for others so that fertility preservation is not always warranted.