



FROM JULY 2022

Transgender fertility

PRESERVATION AND TREATMENT



FERTILITY
associates

| a better understanding
TE RAUHANGA O TE WHARETANGATA

Fertility Associates offer a variety of treatments tailored for trans men and women before, during, and after transitioning.

We pride ourselves on creating a welcoming space for people of all gender identities and sexual orientations to discuss their fertility needs.

Wherever you are in the transition process we can help you get started on your fertility journey.





Getting started

KNOW YOUR OPTIONS

Gender-affirming hormones and genital reconstruction surgeries can affect your ability to have biological children, however we do have options for preserving your fertility. Sperm or eggs can be frozen before gender-affirming hormone treatment (GAHT) or surgery:

- **AMAB** (Assigned Male at Birth)
-or-
M→F (Trans women and non-binary transfeminine patients)
- **AFAB** (Assigned Female at Birth)
-or-
F→M (Trans men and non-binary transmasculine patients)

Ideally, fertility preservation should be discussed before hormonal treatment commences.

However, if you've already started receiving hormones to transition, fertility preservation and treatment is still possible.

Each case requires evaluation by a trained fertility specialist, so talk to one of ours today.

COUNSELLING

We have a team of professional counsellors with expertise in fertility, who understand the emotional complexities and challenges of fertility treatment and related issues.

It is recommended that transgender children and adolescents, and their guardians, also be informed and counselled regarding options for fertility preservation prior to the initiation of pubertal suppression and treatment with gender affirming hormones.



Even if you're uncertain about wanting a family, freezing your eggs and/or sperm today will give you possibilities in the years to come.



Assigned Female at Birth

EGG FREEZING

If you are a trans man or non-binary transmasculine person, who was assigned female at birth.

WHAT IS EGG FREEZING?

Egg freezing (also known as egg banking) involves a person with a uterus choosing to have eggs retrieved from their ovaries. The eggs are then frozen and stored until they are ready to use in the future with in vitro fertilization (IVF) treatment.

How egg freezing works:

- 1. Ovarian stimulation**
This involves using medication to mimic the body's reproductive hormones and increase the number of eggs available.
- 2. Egg collection and freezing**
When the eggs have matured, they are collected by a simple medical procedure, and frozen using a method called 'vitrification'.*
- 3. Egg thawing and fertilisation**
When you're ready to use the eggs, they are thawed and sperm will be used to create embryos. This takes place via a process called intracytoplasmic sperm injection (ICSI) with IVF.
- 4. Embryo transfer**
The best resulting embryo will be transferred to a person's uterus to hopefully result in a pregnancy (this could be you, your partner, or a surrogate).

i More detailed information can be found in our latest 'Pathways to a Child' booklet.

*IVF with either frozen eggs or embryos provides a chance to have a baby, not a guarantee. Please see our latest 'Pathways to a Child' booklet for success rates. You can also view our Future Fertility Egg Freezing Brochure to learn more about number of eggs required by age and AMH with success rates.

WILL I NEED TO STOP HORMONE THERAPY?

If you are assigned female at birth and have already commenced masculinising hormone therapy, you may wish to consider stopping testosterone treatment three months prior to beginning the egg freezing process. Previously there was concern testosterone may effect how your body responds to the medications needed for egg retrieval. Recent experience shows that it may be possible to continue testosterone.

However, this choice will need to be weighed against your personal circumstances, your medical history, and the risk of struggling with gender dysphoria. We'll work with you to select the treatment path that suits you best.

EGG STORAGE

The Human Assisted Reproductive Technology (HART) Act limits storage of eggs, sperm or embryos to a maximum of **10 years** initially.

Storage for longer than this requires approval by the Ethics Committee for Assisted Reproductive Technology (ECART). It's important to discuss how you plan to use your stored eggs, sperm or embryos. We provide a free counselling consultation, which is encouraged, at any time while you have eggs, sperm or embryos stored with us.

We can help you apply to the ethics committee if you want to extend storage before you reach the 10 year limit.

Please note: It is important that you keep your contact details up to date, while you have storage with the clinic.

GP referral note: Before the egg freezing process can begin, patients will need to have screening tests for Hepatitis B and C, HIV and Syphilis. Please arrange these tests before referring to Fertility Associates.

i For more information on funding options, please refer to the 'Transgender fertility funding' section.



Assigned Male at Birth

SPERM FREEZING

If you are a trans woman or non-binary transfeminine person, who was assigned male at birth.

WHAT IS SPERM FREEZING?

Sperm freezing involves a person with testicles choosing to have a sample of their sperm collected, analysed, frozen and stored for future use in fertility treatments. Sperm freezing may also be referred to as cryopreservation or sperm banking.

How sperm freezing works:

1. You'll need to provide a semen sample, which will be analysed to determine sperm quality and quantity.
2. The viable sperm will then be frozen (you may need to provide more than one sample).
3. When you're ready to use the sperm, the sperm will be thawed so fertility treatment can commence.

The first approach will generally be to try Intrauterine Insemination (IUI) treatment with a donor or a partner, keeping some sperm in reserve to try In Vitro Fertilisation (IVF) later if this is unsuccessful. If you have been taking hormone treatments for a long time, the sperm quality may not be as good, therefore IVF with Intracytoplasmic Sperm Injection (ICSI) may be needed.

i For more information on IUI and IVF, see our latest 'Pathways to a Child' booklet.

WILL I NEED TO STOP HORMONE THERAPY?

If you are assigned male at birth and have already commenced feminising hormone therapy, you may wish to consider stopping oestrogen treatment prior to beginning the sperm freezing process. Evidence suggests that this makes for a more reliable collection, as oestrogen impacts sperm production.

However, this choice will need to be weighed against your personal circumstances, your medical history, and the risk of struggling with dysphoria. One of our specialists can work with you to select the treatment path that suits you best.

GP referral note: Before the sperm freezing process can begin, patients will need to have screening tests for Hepatitis B and C, HIV and Syphilis. Please arrange these tests before referring to Fertility Associates.

SPERM STORAGE

The Human Assisted Reproductive Technology (HART) Act limits storage of sperm, eggs or embryos to a maximum of **10 years** initially.

Storage for longer than this requires approval by the Ethics Committee for Assisted Reproductive Technology (ECART). It's important to discuss how you plan to use your stored sperm, eggs or embryos. We provide a free counselling consultation, which is encouraged, at any time while you have sperm, eggs or embryos stored with us.

We can help you apply to the ethics committee if you want to extend storage before you reach the 10 year limit.

Please note: It is important that you keep your contact details up to date, while you have storage with the clinic.



TIME LIMIT FOR STORAGE OF SPERM, EGGS OR EMBRYOS



Transgender fertility funding

DEPENDING ON YOUR CIRCUMSTANCES, YOU MAY BE ABLE TO ACCESS FUNDING FOR EGG OR SPERM FREEZING.



Male to female:

Sperm freezing is funded if you meet all the listed criteria.



Female to male:

Egg freezing is publicly funded if you meet all the listed criteria AND you will be having your ovaries removed.

NZ criteria for publicly funded fertility preservation (egg/sperm/embryo freezing):

- The person is about to undergo publicly funded treatment (they must be under the public system).
- This treatment may permanently impair their fertility.
- They have not previously had any children.
- They are a NZ resident (or otherwise eligible for funded treatment under their visa).
- They are aged under 40.

If you would like to begin the process of accessing publicly funded fertility preservation please visit your GP or contact your nearest Fertility Associates clinic and we can help get you started. You'll need to provide us with a specialist letter, and undergo screening for Hepatitis B and C, HIV and Syphilis.



33%
TRANSGENDER
PEOPLE

HOPE TO HAVE A CHILD IN THE FUTURE



Info for GPs

GENDER-AFFIRMING HORMONES AND GENITAL RECONSTRUCTION SURGERIES INFLUENCE AN INDIVIDUAL'S ABILITY TO HAVE BIOLOGICAL CHILDREN.

ASSIGNED FEMALE AT BIRTH

Testosterone affects the following:

- Masculinisation (deeper voice, hair growth, and increased muscle mass).
- Consider stopping testosterone three months before Fertility Preservation treatment as dysphoria may be an issue. Please discuss with one of our specialists.
- Uterine atrophy
- Ovarian suppression

It is possible that these effects can be irreversible, but it's also possible that they are reversible. Ovarian suppression, for example, is often reversed.

ASSIGNED MALE AT BIRTH

Oestrogen affects the following:

- Testicular atrophy
- Hypospermatogenesis → azoospermia whilst on oestrogens

If Oestrogen treatment is stopped some of these effects may be reversible.

i **Transgender fertility funding** – for information, please see overleaf.

SEEK ADVICE EARLY

Surgery makes fertility issues for transgender patients irreversible. Hormone treatments on the other hand can often be reversed – it is important to note that in some cases hormone treatments can cause permanent infertility.

If a transgender patient has started receiving hormones to transition, fertility preservation and treatment is still possible. This usually involves a discontinuation of hormone treatment, though each case requires evaluation by a trained fertility specialist.

Ideally, please make a referral to Fertility Associates as many days before hormone therapy as possible.

SCREENING TESTS

Before eggs, sperm or embryo(s) are frozen, patients will require screening tests for Hepatitis B and C, HIV and Syphilis. Please arrange these tests before referring to Fertility Associates.

HOW TO REFER

1. Email a specialist letter with patient's full name, NHI number, date of birth, physical address and contact email and telephone details.
2. Please provide us with the expected date of treatment (so that we can organise MOH funding).
3. Send us a copy of the patient's Hepatitis B and C, HIV and Syphilis results.



Why choose Fertility Associates?

WE BELIEVE WE OFFER YOU THE BEST CHANCE OF HAVING A BABY AND THERE ARE MANY REASONS FOR THIS:

Fertility specialists giving you expert care

For nearly all our doctors, fertility is their prime focus. It's what they trained in, what they spend most of their time doing, and what they care most about. That makes them experts in caring for you and guiding you through your fertility journey.

Leaders in fertility

We were the first NZ clinic to begin offering all significant new technological advances in fertility. Our latest technologies PGS (Pre-Genetic Screening) and TiMI (Time-lapse Morphometry Imaging) provide more information during an IVF cycle, which can help our patients achieve a positive result sooner.

There's always more to come, and as the leaders in reproductive science we aim to continue introducing new proven technologies for our patients.



25K+
BABIES

Born with our help.



33+
YEARS

Experience since 1987.



Contact

To find out more and book your initial consultation with a fertility specialist, visit fertilityassociates.co.nz or call **0800 10 28 28**.



*FERTILITY
associates*