

Fertility preservation counseling needed for transgender men

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There are no standards on comprehensive counseling for transgender men on how to preserve their fertility while undergoing gender-affirming medical procedures, according to a new Rutgers study.

The study, published in the journal *F&S Reports*, lists guidelines that health care providers can follow to effectively counsel transgender men on fertility preservation to help them make informed decisions regarding pelvic surgery and future family-building plans. An estimated 1.4 million adults and 150,000 youth in the United States are transgender.

"Fertility preservation is important to discuss with patients prior to beginning gender-affirming interventions like hysterectomy and removal of ovaries, which result in irreversible infertility," said Juana Hutchinson-Colas, a co-author of the study, who is director of the division of Female Pelvic Medicine and Reconstructive Surgery and co-director of the Women's Health Institute at Rutgers Robert Wood Johnson Medical School.

Researchers reviewed six medical databases to determine guidelines for fertility preservation [counseling](#) in transgender men and created the following guidelines for health care providers to follow:

- Offer fertility preservation counseling in an inclusive environment that is welcoming, gender-neutral and with staff that is trained on the proper use of pronouns. Office spaces should clearly state a nondiscrimination policy and avoid assumptions about a patient's orientation, name or pronoun. Providers should be aware of biases that may affect how they offer and deliver fertility counseling.
- Start fertility preservation counseling before the transition. "Transgender youth and adolescents also should be counseled that the long-term impact of medical treatment on fertility remains unclear," said Hutchinson-Colas. "They should also be counseled on the effect of puberty suppression medications and the psychosocial implications of treatments. However, fertility preservation options for transgender men can be pursued during any stage of gender transition, even after gender-affirming

hormonal therapy has started."

- Include discussions of ovarian tissue cryopreservation—surgical excision of ovarian tissue for preservation for future thawing and maturing of follicles—which is the only procedure that can be offered to adolescents before puberty as well as oocyte or embryo cryopreservation, which are the preferred methods of fertility preservation in transgender men after puberty.
- Include discussions of other family-building options, such as fostering, adoption and donor eggs. "Some studies suggest transgender men prefer adoption, but that might be because they do not realize that they can start a family through [fertility preservation](#)," said Hutchinson-Colas.
- Provide contraception counseling, which includes addressing the misconception that testosterone is an effective contraceptive. About one-quarter of [transgender men](#) on testosterone experience unplanned pregnancies.
- Provide information about third-party reproduction options, such as surrogacy.
- Discuss the importance of disclosing a parent's identity to a child early in childhood and disclose the limited, but positive, data showing normal development of children of transgender parents. "Patients should be reassured that children of transgender parents are not adversely affected and few experience psychosocial problems, identity distress, depression or [gender dysphoria](#)," said Hutchinson-Colas.
- Acknowledge and address all barriers to family-building and fertility services that transgender patients may face, particularly the barrier of cost.
- Use a multidisciplinary approach, including fertility specialists, obstetricians, [transgender](#) care specialists, mental health professionals, financial advisers and patient navigators.

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More information: Selena U. Park et al, Fertility preservation in transgender men and the need for uniform, comprehensive counseling, *F&S Reports* (2022). [DOI: 10.1016/j.xfre.2022.07.006](https://doi.org/10.1016/j.xfre.2022.07.006)

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