
Information for trans and non-binary people seeking fertility treatment

Fertility may be the last thing on your mind when you're experiencing the distress of having a body that doesn't express your identity. Understandably, many trans and non-binary people are keen to start hormone therapy or have surgery as quickly as possible. However, you may find it a source of regret if you have treatment without preserving your fertility and then realise later on that you want a biological family. Thinking through all these issues now and understanding your options will help you make an informed decision.

Fertility treatment for trans people

Some medical treatments for gender dysphoria, including hormone therapy and surgery, can have an impact on your fertility. If you're considering starting treatment to physically alter your body, or you've already started, find out what your options are for preserving your fertility.

How does medical treatment for gender dysphoria affect fertility?

Hormone therapy (oestrogen or testosterone) suppresses your fertility function and over time can lead to a complete loss of fertility. In some cases, people who stop taking their hormone therapy will have their fertility restored, although this is by no means guaranteed. Generally, the longer you are having hormone therapy the more your fertility is likely to be permanently affected.

If you think you would like biological children at some point and you haven't started medical treatment or had surgery, you may wish to preserve your fertility by having your sperm, eggs or embryos frozen and stored for later use in fertility treatment.

Depending on your situation, you, your partner or a surrogate may undergo fertility treatment (such as IVF) using your stored sperm, eggs or embryos. Having genital reconstructive surgery will prevent you from having biological children without the use of a surrogate or interventional fertility treatments.

Relevant genital surgery includes having a salpingo-oophorectomy (removal of the fallopian tubes and ovaries), [hysterectomy \(removal of the womb\)](#)

<http://www.nhs.uk/conditions/hysterectomy/pages/introduction.aspx>, orchidectomy (removal of the testes) and penectomy (removal of the penis).

Key facts:

Currently, it's not possible to have children using your own sperm, eggs or embryos once you've had genital reconstructive surgery without prior storage.

Hormone therapies and medications can lead to loss of fertility

It is best to store your sperm, eggs, or embryos before medical treatments for gender dysphoria, if you wish to have children who are biologically related to you

If you decide to store your sperm, eggs or embryos or have fertility treatment your fertility clinic will give you the opportunity to talk to a counsellor

I haven't started hormone therapy or puberty suppressing medication yet – what are my options for preserving my fertility?

If you've already gone through puberty you may be able to freeze your eggs or sperm and store them until you're ready to use them in treatment.

Egg freezing involves taking fertility drugs to stimulate your ovaries and then collecting the eggs by a surgical procedure whilst you're sedated. It is mostly very safe, although there is a risk of ovarian hyperstimulation, which can need hospital treatment and in very rare cases can be fatal.

[Find out more about egg freezing \(/treatments/fertility-preservation/egg-freezing/\)](/treatments/fertility-preservation/egg-freezing/)

[Find out more about the risks of fertility treatment \(/treatments/explore-all-treatments/risks-of-fertility-treatment/\)](/treatments/explore-all-treatments/risks-of-fertility-treatment/)

Sperm freezing involves masturbating or undergoing vibratory stimulation to produce a sperm sample, which is then frozen and stored. If you do not feel comfortable producing sperm in this way, it is possible to extract the sperm in different ways (such as through surgical sperm extraction) although these involve more invasive surgical procedures.

[Find out more about surgical sperm extraction \(/donation/donors/donating-your-sperm/\)](/donation/donors/donating-your-sperm/)

Remember that hormone therapies are not an effective form of birth control

Before puberty

If you haven't gone through puberty yet and you're keen to start hormone therapy or puberty suppressing medication as soon as possible, it may be possible for you to store your ovarian tissue or testicular tissue, which can be collected via a surgical procedure. These treatments are experimental and there have only been a very small number of resulting live births worldwide following replacement of the ovarian tissue. It is unclear at present how stored testicular tissue would be used to restore fertility: this has not been achieved yet. It's also worth bearing in mind that very few clinics offer these treatments so you may need to travel some way on multiple occasions to have this procedure.

You can use the [Choose a fertility clinic \(/choose-a-clinic/clinic-search/\)](/choose-a-clinic/clinic-search/) search function to find clinics that store ovarian or testicular tissue.

I've already started taking hormone therapies or puberty suppressing medication, what are my options for preserving my fertility?

If you've already started hormone therapy or you're taking puberty suppressing medication you should speak to a fertility specialist. They will probably recommend that you stop taking your medication to increase your chance of having a family through assisted family treatment. This means your ovaries may start to ovulate again or your body may start producing sperm, generally over a few months.

Some Trans and non-binary people find it distressing to come off their hormone therapy and may consider other options for having a family, such as using donated sperm or eggs in treatment or adoption. Done in the right way, using a donor is a safe and increasingly common way of creating a family.

[Using donated eggs, sperm or embryos \(/treatments/explore-all-treatments/using-donated-eggs-sperm-or-embryos-in-treatment/\)](/treatments/explore-all-treatments/using-donated-eggs-sperm-or-embryos-in-treatment/)

Using donated eggs and sperm

Using donated eggs, sperm, or embryos is an option for people who can't or don't want to use their own sperm, eggs or embryos.

Find out more about donation (</donation/>)

I've been undergoing hormone therapy and am about to go for genital reconstructive surgery, what are my options for preserving my fertility?

If you're ready for genital reconstructive surgery, it may be possible for your surgeon to collect ovarian tissue or collect sperm via surgery which you can store for future fertility treatment. The only way in which the ovarian tissue can be used at the moment is by replacing it back in you: it cannot be put in another person, and eggs cannot be grown from it 'in the lab' at the moment, though this may become possible in the future. You should discuss this with a fertility specialist.

You can't have children using your own sperm, eggs or embryos once you've had genital reconstructive surgery, unless you store your sperm, eggs or embryos prior to surgery.

How long can I store my eggs, sperm, embryos or reproductive tissue?

The standard storage period for eggs, sperm, embryos or reproductive tissue is 10 years but it can be extended to up to 55 years if you are, or are likely to become, prematurely infertile, for example as a result of hormone therapy or genital reconstructive surgery. Your clinic should advise you how to give consent to your storage being extended beyond 10 years.

How will my eggs, sperm or reproductive tissue be used in treatment?

What kind of tests will I need?

What paperwork will I need to complete?

Can I have fertility preservation treatment on the NHS?

Where can I go to get support, or discuss these issues further?

In terms of funding, what are the next steps to having eggs, sperm or embryos stored or to have fertility treatment?

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