

Fertility preservation in gender transition: sperm storage

Information for patients



This booklet has been written to help you understand the purpose and method of sperm storage. We hope that it will answer some of the questions that you may have.

We recognise that undergoing transition from one gender to another presents many challenges, including the potential to have your own genetic children in the future. Having to think about having children may not be a high priority right now. However, thinking about it now may allow you the opportunity to have children in the future. This opportunity may not exist or be reduced if you do not consider storing sperm before starting hormone drugs that can irreversibly stop sperm production and / or before definitive gender affirming surgery. We will help you to make the right decisions for you as sensitively as we possibly can.

You can find further information at:
www.leedsfertilityclinic.co.uk

How to contact us:

Please see page 19 for urgent and non-urgent contact details.

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Why am I being asked to consider storing my sperm?

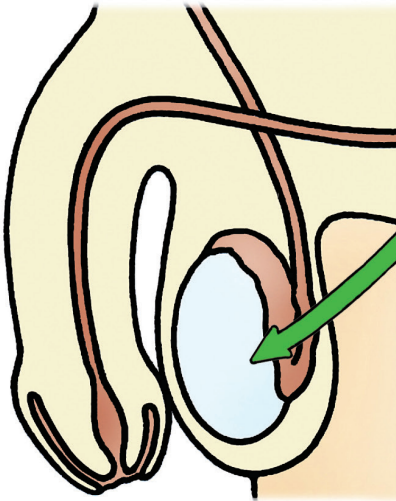
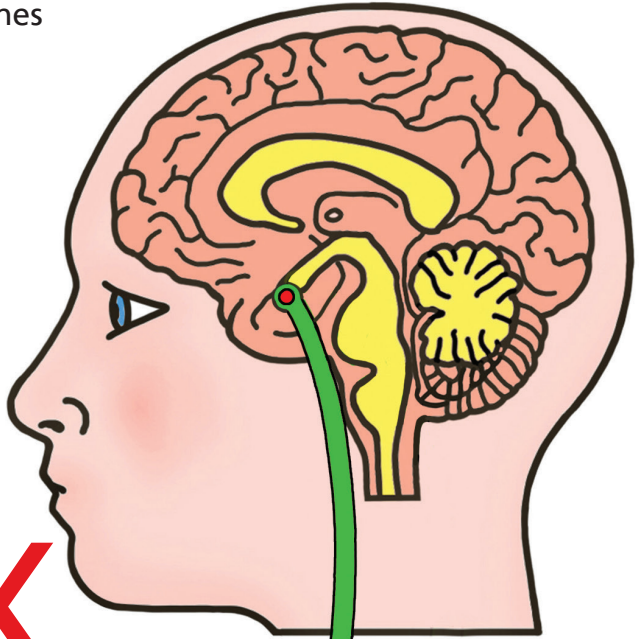
For those assigned male at birth, the testes start to produce millions of sperm after puberty. Sperm are made continuously under the influence of hormones including testosterone. A sperm contains half of the building blocks, or genetic material needed to develop into a baby. To make a baby the sperm needs to fertilize an egg to complete the building blocks needed.

You are considering taking or have already started drugs that will lead to the transition from your male birth gender into the female gender you identify with. The types of medications used could reduce or remove your own natural chance of having children (fertility). It is often difficult to know exactly what the effect of your treatment will be. It can vary depending on the type of treatment and the amount of time you have taken the medication. Fertility can be temporarily or permanently affected. Both 'blockers' (gonadotrophin releasing hormone agonists e.g. Gonapeptyl / Decapeptyl) or cross-sex hormones e.g. Oestradiol (the hormone usually produced from the ovary) switch off the pituitary gland (in the brain) which turns off the hormonal signal to the testes to produce sperm. The best time to store sperm is before any medication ('blockers' or cross-sex hormones) is started but it is possible to stop any of the transition drugs to attempt to store sperm at any time. It may take months or even years off medication for sperm to be produced again and unfortunately there are no guarantees that normal function will be restored. Sperm banking can enable those who may not have completed (or even started) their families to have genetically-related children in the future. This is not to say that other ways of having a family cannot be equally rewarding such as using donated gametes (egg or sperm), adoption or fostering.

FSH and LH hormones from the pituitary gland in the brain



Taking GnRH analogues ('blockers') or testosterone stop FSH and LH release



Control sperm production in the testes

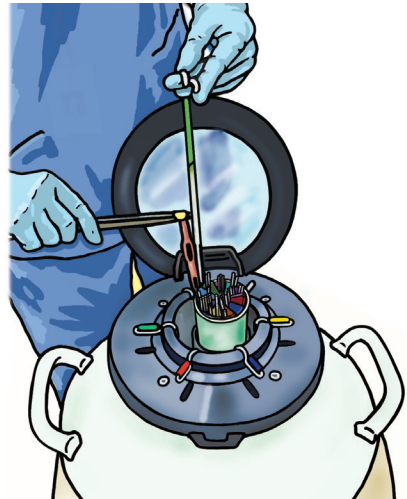
How is sperm collected?

If you wish to freeze sperm, you will need to produce a sample yourself through masturbation. We are not able to offer any surgical procedures to retrieve sperm.

What happens next if I decide to store sperm?

1. An appointment will be made with a fertility doctor at Leeds Fertility who will take your medical history and explain in more detail about fertility preservation for those undergoing gender transition. If you are already on hormonal medication this will have to be stopped for a minimum of 3 months before attempting storage. This will mean that you may temporarily regain some of the male features you had transitioned away from.
2. The doctor will confirm if funding is in place or do an 'individual funding request' to your local Clinical Commissioning Group (CCG) to request NHS funding.
3. An appointment will then be made with a fertility counsellor to allow you to explore any questions you may have about your own fertility and your ability to have children in the future, including the legal aspects you need to understand. This appointment is compulsory.
4. After you have seen the counsellor, you should contact the nurse specialist who organises sperm storage for people undergoing gender reassignment (**Sister Karen Meadows, 0113 206 3102**). She will coordinate your care. We will confirm how the process is being funded.

5. When the time is right to store your sperm (depending on your stage of transition and time off your medication) an appointment will be made to sign the required agreements (consent forms). You will need to have a blood test to screen for infections (including Hepatitis A / B / C / HIV / Syphilis) as we can only provide storage for people without these infections. You may need to have a blood test to check that your hormones indicate that sperm should be available and therefore storage should be possible.
6. When you come to give your sample, an embryologist (scientist who freezes the sperm) will see you to explain what they do, before showing you to a private, lockable room at Leeds Fertility where you will provide your first sperm sample by masturbation.
7. You may be advised to produce a second sample a few days later, to increase the amount in storage to improve your chances of success in the future. If no sperm is found, we will talk to you about when to try again.
8. The sperm sample will be stored in small portions in the long-term storage freezer at Leeds Fertility.



9) Leeds Fertility will plan to see you one year after sperm storage and then keep in postal contact with you for nine years to make sure that we are doing the correct thing by keeping your sperm in storage:

- That you still want it to be kept.
- That it still needs to be kept.
- That there is funding available to keep it.
- That we are still legally allowed to keep it.

Before the sperm has been in storage for 10 years you will need to see a Leeds Fertility doctor to confirm that your sample needs to stay in storage. This is a legal requirement that the clinic must do.

Leeds Fertility is the guardian of your sperm. The next section explains the responsibilities of the Clinic, your responsibilities and where we both stand legally under a variety of circumstances. Whilst these details may not seem important now, they are extremely important as time goes by, to make sure that the Clinic is able to give you accurate advice regarding the safe, long-term and legal storage of your samples.

What happens when I want to use the sperm?

When you want to discuss using the stored sperm, you should request a referral to Leeds Fertility from your GP. Any issues that have arisen with your health or well-being since your initial contact with Leeds Fertility will be discussed. We will also talk you through the chances of your sperm surviving after being frozen and thawed. We will explain how the sperm may be used and the chances of having a baby with it.

How the sperm is used will depend on the type of relationship you are in. If you have a female partner, the sperm could be placed into her womb or used to fertilise her eggs (with IVF technology) to make an embryo (earliest stage of a baby). If you have a male partner, you will need to consider using a surrogate (somebody who carries a pregnancy for you in their womb) using donated eggs. These are delicate choices and ideas and will need to be carefully thought about by you and your partner (if you have one then). At least one session with a fertility counsellor will be required.

Currently, about one in four IVF treatments where an embryo is transferred, results in a pregnancy. This is likely to get better in the future.

Who pays for sperm storage?

At the beginning, the NHS (Hospital) may fund the hospital appointments and sperm storage but this depends on your local Commissioner of Services (CCG for your GP's Practice). Gender Dysphoria must be diagnosed by an approved clinician to allow the NHS to fund the freezing of sperm.

If your CCG has not agreed to fund this treatment routinely, a special individual request will be made to them on your behalf. If this is not successful you will have the option to pay for it yourself. Please ask for current charges if you are interested.

The Law allows your sperm to be stored for 55 years. After 10 years, the Law requires confirmation that there is a medical need for the sperm to remain in storage. This requires an appointment at Leeds Fertility.

It is important to realise that if the sperm needs to be used for fertility treatment in the future, this part of the process may not be paid for by the NHS as different rules apply.

Ending sperm storage

Once the samples are no longer required by you, we expect you to advise Leeds Fertility to discard them. We can discuss this with you at any time but also expect you to keep in regular contact with Leeds Fertility.

Leeds Fertility together with your Transition clinician, may advise you to discard your sperm in the future if you have completed your family or decide to stop the transition process.

If gender-affirming surgery has not been done and if you stop hormone medication, sperm production may restart. Natural pregnancy may be possible.

If you still want to keep the samples in storage you will need to fund this yourself. You will be invoiced annually.

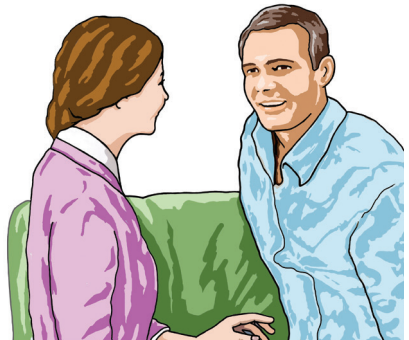
What happens if I don't want to store sperm or I'm unable to produce a sample?

This is your decision to make with the support of those close to you and ourselves if needed. Nothing will change in your transition journey if you decide not to store any sperm. We can still see you at a future time if you wish to explore your fertility options again.

If you are not able to produce a sample on that day then we could rearrange the appointment. This will be your choice.

Is there anyone else I can talk to?

We know there is a lot of information to take in. Some people find it helpful to talk to someone who is not a close family member, friend or doctor / nurse involved in their treatment about how they feel and the decisions they are being asked to take.



Leeds Fertility can offer experienced counsellors to discuss fertility-related issues at any time including the distant future, not just during your initial counselling appointment.

Important legal information

Storage of sperm for your own use

The following information is for your guidance.

For further information please refer to the Human Fertilisation and Embryology Authority (HFEA) website www.hfea.gov.uk

1. Your right to confidentiality under the HFE Act of parliament prohibits the normal exchange of information between clinicians without specific written consent unless it is deemed necessary for your continuing medical care.
2. Before consenting to the storage of sperm you will receive verbal and written information and may wish to receive further counselling regarding the implications of taking the proposed steps.
3. Anyone consenting to storage of their sperm must give their consent in writing prior to the storage.

NB Sperm should not be taken from anyone who is not capable of giving their consent. However, a person under 18 years old can, in exceptional circumstances, give consent if it is the intention to use the sperm solely for their own treatment and in their life time. It is not essential to obtain the consent of your parent or guardian under these circumstances although we always endeavour to do so.

Consent:

The consent must specify one or more of the following:

1. Whether the treatment is provided for yourself, or yourself and a named partner.
2. Whether any sperm obtained can be used for research.
3. The legal maximum period of storage is 55 years, allowed only with regular follow-up with a reproductive medicine medical practitioner.
4. What is to be done with the sperm in the event of your death or you become incapable of changing or withdrawing your consent. This is a legal requirement.
 - A. You may request that it is allowed to perish.
 - B. You may donate it for research.
 - C. Your named partner could be able to use it.

If you have female partner and they wish to use your stored sperm if you die, you must have nominate that person to use your sperm beforehand. Without your written, legal consent, your partner will not be able to use it.

- D. You cannot donate it for the treatment of anyone else.

Infection screening and transmission

It is our policy to screen all patients, donors and recipients for HIV, Hepatitis A, B, C and Syphilis prior to sperm storage because there is a very small possible risk of cross-infection when unscreened samples are stored in the same containers. However, it is important to note that such an incident has never been reported.

At the moment, we are unable to offer treatment services locally to individuals who test positive to HIV, Hepatitis B or C.

Power Failure

Whilst we take every effort to maintain the safety of your stored samples we must warn you of the small yet possible risk of power failure to the storage tanks leading to loss of your stored sample. This risk is lowered by the fact that storage facilities are alarmed and equipped with back up temporary power in the event of failure and there are on-call teams available however this does not completely remove the risk of sample loss.

We hope that this provides you with all of the information needed. Specialist counselling can be arranged when needed. You are welcome to ask questions that arise during the course of reading this booklet.

Glossary

- **CCG:** a Clinical Commissioning Group decides on how treatment should be funded in local areas.
- **Eggs:** a woman's lifetime supply of eggs is present in the ovary at birth. They reduce in number and quality with time. They pass on the half of the genetic instructions to the embryo/baby.
- **Embryo:** once the egg is fertilised with sperm, it begins to cleave (multiply its cells) and is called an embryo
- **Fertilisation:** fertilisation is when the genetic material from the egg and sperm combine to create a new and unique cell which may go on to develop into an embryo and then a baby.
- **FSH:** Follicle Stimulating Hormone helps sperm production in the testis.
- **GnRH agonist ('Blocker'):** a hormonal drug that first stimulates and then inactivates the pituitary gland e.g. Prostag, Buserelin; these can be used to block sperm production.
- **Gonadotrophins:** hormones produced naturally by the pituitary gland to stimulate the testis to produce and release sperm e.g. FSH, LH.
- **Oestrogen:** this hormone is naturally produced by the ovary. It helps give female features.
- **Pituitary gland:** in the head, behind the nose, produces many hormones including those that control the ovary and testis.

- **Sperm:** the sperm develop in testis and continue to do so throughout adult life. They do not suffer the same deterioration with age as eggs, as they are constantly being replaced. They pass on half of the genetic instructions to the embryo / baby.
- **Surrogate:** a woman who carries a pregnancy in her womb for another person.
- **Testis:** where sperm production and storage takes place.
- **Testosterone:** the hormone mainly produced from the testes, that helps give male features e.g. facial hair, deeper voice whilst being involved in sperm production.

Useful resources

Human Fertilisation and Embryology Authority, HFEA

- www.hfea.gov.uk

The regulatory body website has lots of information for patients.

British Fertility Society

- www.britishfertilitysociety.org.uk

The UK professional society promoting high quality practice and research.

Fertility Network UK

- www.fertilitynetworkuk.org

The UK's leading fertility support network offering extensive information and support through treatment. They provide advice regarding funding and a variety of factsheets.

British Fertility Counselling Association

- www.bica.net

The professional association of infertility counsellors in the UK.

Gender Identity Development Service

- www.gids.nhs.uk

A specialised clinic for young people presenting with difficulties with their gender identity.

TransUnite

- www.transunite.co.uk

A comprehensive resource for connecting people searching for support in the transgender community.

Transwiki

- www.transwiki.net

A website providing links to the majority of support networks in the UK.

Mermaids

- www.mermaidsuk.org.uk

A support group for young people with gender dysphoria, their parents and professionals involved in their care.

Contact us

By post

- Leeds Fertility, Leeds Teaching Hospitals NHS Trust, Seacroft Hospital, York Road, Leeds, LS14 6UH

By Email

- leedsrmenquiries@leedsth.nhs.uk

Online

- Web: www.leedsfertilityclinic.co.uk

By telephone

Mon-Fri 08.00-17.00

- Administrative queries: 0113 206 3111
- For clinical queries: 0113 206 3102

Saturday, Sunday and Bank holidays 08.00-12.00

- Clinical queries only: 0113 206 3102

