

BARRIERS TO FERTILITY PRESERVATION IN TRANSGENDER AND NON-BINARY PATIENTS: A LITERATURE REVIEW

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BACKGROUND AND CONTEXT

- Gender affirming care for transgender patients mistakenly includes only access to gender affirming surgery and hormone therapy.
- Fertility preservation should also be discussed, ideally prior to starting any type of gender affirming care.
- Insurance companies are also increasing their coverage to include hormonal treatment and surgical gender affirming therapy.
- This begs the question about whether insurance companies should also be covering the cost of fertility preservation for those individuals seeking care.

HYPOTHESIS AND AIMS

- To discuss impacts of gender affirming treatment on fertility potential
- To outline the current clinical approaches and guidelines on counseling fertility preservation
- To describe patient experiences pursuing fertility treatment in transgender and non-binary individuals.

RESEARCH METHODS

- PubMed was searched for articles published from January 1st 2010 to August 1st 2023 using search terms (“fertility preservation” OR “fertility treatment”) and (“transgender” OR “nonbinary” OR “non-binary”)
- Eligible papers included those in the English language describing at least one of the following:
 1. Impact of gender affirming hormone therapy or surgery on fertility potential,
 2. Clinical practices and guidelines for counseling patients on fertility preservation, or
 3. Patient experiences pursuing fertility treatment

RESULTS AND FINDINGS

Our search resulted in 205 English publications spanning from 2012 – 2023. Thus far, we have identified 30 eligible papers that fit our inclusion criteria in the discussion of fertility preservation (FP) in the transgender population.

- Our review included 14 retrospective studies, 6 cross sectional studies/ surveys, 5 mixed method papers, 3 prospective studies, 1 binational ethnographic study, and 1 observational study.
- 14 studies were conducted in the United States, 16 studies were conducted internationally.
- 18 studies provided the mean age of their subject set, ranging from 14.8 to 40 years old [1,2].
- 15 studies stated the number of patients who received information regarding FP, ranging from 5 to 242, and the number of patients who proceeded with FP, ranged from 0 to 102 [3,4]. The range in percentage of patients receiving FP after discussion was 0 to 90.9%, with 10 out of 11 patients receiving FP in one particular study [3,5].

DISCUSSION

Transgender patients are at an increased risk for decreased fertility rates, and clinical guidelines suggest discussions around fertility preservation should start prior to receiving gender affirming therapy (GAT).

- Despite many of these discussion occurring prior to GAT, overall the use of fertility preservation (FP) in transgender patients continues to be low [1-11].
- In those that do pursue FP, 6 studies in our review showed higher proportions of assigned male at birth (AMAB) participants completing FP compared to assigned female at birth (AFAB) individuals. [4,6-10].
- The most commonly cited reason for not pursuing FP was the unwillingness to stop or postpone GAT [11].
- Other barriers included high costs in the United States, lack of access to specific resources, stigma due to heteronormative family building standards, discrimination, and for adolescents, the variable developmental ability to make decisions about future fertility.
- Limitations of our study include the different countries, and therefore the different guidelines that exist in order to access GAT. While the World Professional Association for Transgender Health (WPATH) exists, countries are not obligated to follow their guidelines.
- Studies in our review also included participants at variable stages in their transition timeline, likely affecting desire to pursue FP.

FUTURE DIRECTIONS

Future studies should be conducted to explore external factors surrounding the discussion on FP, including:

- How social networks impact decision making
- How FP would affect access to healthcare outside of fertility care
- How discussion of post-FP outcome data affect one's own decision making.

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