Fertility-related references for Trans People

*This wonderful resource came to us from Zack Marshall, who put it together. What is in this list is an ‘abstract’ or summary of each article. If you wanted to get the entire article you can ask your public or university library to get it for you.*

*Here’s how to understand the coding:*

*TY type of publication*

*T1 main title of article*

*JF Journal name*

*A1 first author*

*PY publication year*

*AB abstract (summary of article).*

What Zack did was to search all databases for the terms “reproduction, assisted reproduction, fertility, pregnancy, preservation”. The results are current to July 28, 2015.

To contact Zack: Zack Marshall (marshall.zack@gmail.com)

TY - JOURT1 - Semen characteristics of transwomen referred for sperm banking before sex transition: a case series.JF - AndrologiaA1 - Hamada AA1 - Kingsberg SA1 - Wierckx KA1 - T'Sjoen GA1 - De Sutter PA1 - Knudson GA1 - Agarwal APY - 2014AB - Transwomen (TW) can now turn to cryopreserve spermatozoa before gender reassignment (GR). The objective is to assess semen quality of TW and evaluate adequacy for assisted reproduction technology (ART). Pre-freezing (PF) and post-thaw (PT) semen parameters of 2 and PF data of 27 TW who were referred for sperm banking in Cleveland Clinic/USA and Ghent Center/Belgium, before GR, were retrospectively analysed. The study period was between February, 2003 and October, 2011. We also evaluated adequacy of 24-h PT data for ART. PF data of 29 TW, mean age of 28.9 years, showed high incidence of oligozoospermia (27.58%), asthenozoospermia (31%) and teratozoospermia (31%). Mean sperm concentration was 46.9 x 106 /ml, mean per cent motility was 42.9 and mean per cent sperm morphology (Kruger's) was 7.98. The 24-h PT data, for 2 TW, showed mean motility 22.4%, mean total motile sperm count 13.7 x 106 and total motile sperm concentration 8.7 x 106/ml. Single patient had used the frozen spermatozoon for intrauterine insemination (IUI) of a surrogate mother resulting in birth of healthy newborn. It is concluded that poor PF and 24-h PT semen quality is frequently seen among TW. As such, considerable proportion of TW should use more expensive method of ART, for example IVF/ICSI rather than inexpensive IUI.DO - 10.1111/and.12330 VL - IS - TY - JOURT1 - Female-to-male transsexuals who have delivered and reared their children.JF - Annals of Sex ResearchA1 - Lothstein Leslie MPY - 1988AB - Examined 11 female-to-male transsexuals (aged 19-31 yrs), who had experienced pregnancy and at times raised their children, focusing on pregnancy and childrearing issues. Questionnaire results indicate that most Ss (1) felt coerced into pregnancy and (2) were opposed to abortion and carried their children to term. Three Ss were rape victims, 2 by their own fathers. A wide range of maternal responses to their children were seen, but generally Ss experienced parenting problems in part related to their severe character pathologies and disorganized lives. (PsycINFO Database Record (c) 2012 APA, all rights reserved)VL - 1IS - 1SP - 151EP - 166TY - JOURT1 - Gender and reproductionJF - Asian Journal of Women's StudiesA1 - Alcoff L MPY - 2008AB - What is the role of reproduction in formulating the categories of sex, gender, or of sexual difference? If Judith Butler is right that gender and sex cannot be neatly disentangled from the realm of affects, "sensation, acts, and sexual practice," then it is equally doubtful that the realm of biological reproduction can be disentangled. There is a danger, however, of re-inscribing heterosexism or heteronormativity. Clearly, reproduction has historically been used to justify the conventional binary, oppositional, and hierarchical meanings of sex and gender. In response, feminist and LGBT theorists have argued that reproduction is irrelevant to gender identity. But does this make metaphysical sense? This paper argues that reproduction has a legitimate and substantive impact in determining the category of sex and influencing the category of gender, but that considerations of reproduction do not justify either heterosexism or homophobia.VL - 14IS - 4SP - 7EP - 27T1 - Japan's 2003 Gender Identity Disorder Act: The Sex Reassignment Surgery, No Marriage, and No Child Requirements as Perpetuations of Gender Norms in Japan.JF - Asian-Pacific Law & Policy JournalA1 - Taniguchi HiroyukiPY - 2013AB - The article offers information on the history, development and significance of the Gender Identity Disorder (GID) Act of 2003, which provides assistance to transgender people to legally change their gender identity in Japan. Topics discussed include the preservation of the societal gender norms under the Japanese law, no marriage and no child requirement for sex reassignment surgery, and Guidelines for Diagnosis and Treatment Concerning Gender Identity Disorder (GID Guidelines).VL - 14IS - 2SP - 108EP - 117TY - JOURT1 - Assisted Gestation and Transgender Women.JF - BioethicsA1 - Murphy TFPY - 2014AB - Developments in uterus transplant put assisted gestation within meaningful range of clinical success for women with uterine infertility who want to gestate children. Should this kind of transplantation prove routine and effective for those women, would there be any morally significant reason why men or transgender women should not be eligible for the same opportunity for gestation? Getting to the point of safe and effective uterus transplantation for those parties would require a focused line of research, over and above the study of uterus transplantation for non-transgender women. Some commentators object to the idea that the state has any duty to sponsor research of this kind. They would limit all publicly-funded fertility research to sex-typical ways of having children, which they construe as the basis of reproductive rights. This objection has no force against privately-funded research, of course, and in any case not all social expenditures are responses to 'rights' properly speaking. Another possible objection raised against gestation by transgender women is that it could alter the social meaning of sexed bodies. This line of argument fails, however, to substantiate a meaningful objection to gestation by transgender women because social meanings of sexed bodies do not remain constant and because the change in this case would not elicit social effects significant enough to justify closing off gestation to transgender women as a class.DO - 10.1111/bioe.12132 VL - IS - TY - JOURT1 - Developing a clinical-grade cryopreservation protocol for human testicular tissue and cells.JF - BioMed research internationalA1 - Pacchiarotti JA1 - Ramos TA1 - Howerton KA1 - Greilach SA1 - Zaragoza KA1 - Olmstead MA1 - Izadyar FPY - 2013AB - Recent work in preservation of female fertility as well as new information on the nature of spermatogonial stem cells has prompted an investigation into the possibility of an effective clinical-grade procedure for the cryopreservation of testicular cells and/or tissue. Clinical-grade reagents, validated equipment, and protocols consistent with cGTP/cGMP standards were used in developing a procedure suitable for the safe and effective cryopreservation of human testicular cells and tissues. These procedures were designed to be compliant with the relevant FDA regulations. The procedure proved to effectively cryopreserve both testicular cells and tissue. The cryopreservation of testicular tissue was comparable in most aspects we measured to the cryopreservation of isolated cells, except that the viability of the cells from cryopreserved testicular tissue was found to be significantly higher. On the other hand, cryopreservation of cells is preferred for cell analysis, quality control, and sterility testing. This study demonstrates that testicular tissue and cells from sexual reassignment patients can be successfully cryopreserved with a clinical-grade procedure and important cell populations are not only preserved but also enriched by the process. Further studies will determine whether these findings from hormone-treated patients can be generalized to other patients.DO - 10.1155/2013/930962 VL - 2013IS - TY - JOURT1 - Good preservation of stromal cells and no apoptosis in human ovarian tissue after vitrificationJF - BioMed Research InternationalA1 - Fabbri RA1 - Vicenti RA1 - Macciocca MA1 - Pasquinelli GA1 - Paradisi RA1 - Battaglia CA1 - Martino N AA1 - Venturoli SPY - 2014AB - The aim of this study was to develop a vitrification procedure for human ovarian tissue cryopreservation in order to better preserve the ovarian tissue. Large size samples of ovarian tissue retrieved from 15 female-to-male transgender subjects (18-38 years) were vitrified using two solutions (containing propylene glycol, ethylene glycol, and sucrose at different concentrations) in an open system. Light microscopy, transmission electron microscopy, and TUNEL assay were applied to evaluate the efficiency of the vitrification protocol. After vitrification/warming, light microscopy showed oocyte nucleus with slightly thickened chromatin and irregular shape, while granulosa and stromal cells appeared well preserved. Transmission electron microscopy showed oocytes with slightly irregular nuclear shape and finely dispersed chromatin. Clear vacuoles and alterations in cellular organelles were seen in the oocyte cytoplasm. Stromal cells had a moderately dispersed chromatin and homogeneous cytoplasm with slight vacuolization. TUNEL assay revealed the lack of apoptosis induction by vitrification in all ovarian cell types. In conclusion after vitrification/warming the stromal compartment maintained morphological and ultrastructural features similar to fresh tissue, while the oocyte cytoplasm was slightly damaged. Although these data are encouraging, further studies are necessary and essential to optimize vitrification procedure. Â© 2014 Raffaella Fabbri et al.VL - 2014IS - TY - JOURT1 - An intimate construction of trans identity as displacement strategy in function of contexts and moments, interactions and practices. (English) = Sociologando: Una construcciÃ³n Ã­ntima de la identidad trans como estrategia de desplazamiento en funciÃ³n de contextos, momentos, interacciones y prÃ¡cticas. (Spanish)JF - Boletin CientÃ­fico Sapiens A1 - BarbÃ©-i-Serra AlbaPY - 2013AB - This article aims to approach at the particular processes that have formed the development of a trans identity, its connection to body perception and the experience itself, from an ethnographic look. It aim to investigate the experience between the ideal and the actual level of bodily experience and the resources that the subject activates to define social reality that embodies, experience and redefines, in different contexts where transphobia operates. The focus of this paper addresses to the processes of adaptation and / or survival of the bodies/identities to the environment, from an awareness of how the body performativity sets to our. Throughout this article, the Corporal Itinerary (Esteban, 2004) will be used as an analysis tool. A reflective-body base that it allows to us to link the macro and micro level of experience, the contextual and procedural relation, enabling linking hegemonic socio-sexual order with the particular reinterpretation of the significance frames made by subjects. We introduce, in a transversal way, how the transphobia violence, its specificity, is placed in an influence over the reproduction of the social organization, underlying the processes building the (hetero)-normativity. The analysis conclude that in front to them, the practices and strategies regulating the conflict are contextual and contingent in relation to the multiple crossroads of the subjects and the social spaces/spheres that they inhabit. (English) [ABSTRACT FROM AUTHOR] VL - 3IS - 2SP - 18EP - 23TY - JOURT1 - You can't expect rationality from pregnant men: reflections on multi-disciplinarity in management researchJF - British journal of managementA1 - Brown R BPY - 1997AB - VL - 8IS - 1SP - 23EP - 30T1 - Commentary: The Questions We ShouldnÕt Ask.JF - Cambridge Quarterly of Healthcare EthicsA1 - Wahlert LanceA1 - Fiester AutumnPY - 2012AB - The authors reflect on clinical ethics and inquiries into the clinical choices of certain types of patients. They mention that if clinicians subjected heterosexual to the kind of minute inquiry that is given to a transgender couple who wish to become pregnant the couple would be rightly offended and accuse clinicians of overstepping appropriate clinical boundaries. They comment on the intense scrutiny that transgender people go through to secure clinical approval to become the other sex.VL - 21IS - 2SP - 282EP - 284TY - JOURT1 - ResearchTracking: Monitoring gender and ethnic minority recruitment and retention in cancer symptom studiesJF - Cancer NursingTY - JOURT1 - Providing culturally sensitive care for transgender patientsJF - Cognitive and Behavioral PracticeA1 - Maguen SA1 - Shipherd J CA1 - Harris H NPY - 2005AB - Culturally sensitive information is crucial for providing appropriate care to any minority population. This article provides an overview of important issues to consider when working with transgender patients, including clarification of transgender terminology, diagnosis issues, identity development, and appropriate pronoun use. We also review common clinical issues for transgender individuals seeking mental health care, how these can be addressed within a CBT framework, and the process of setting up a CBT support group within a VA hospital system. CBT group outcome data and demonstrative examples from male to female, transsexuals are also presented. Copyright Â© 2005 by Association for Advancement of Behavior Therapy. All rights of reproduction in any form reserved.VL - 12IS - 4SP - 479EP - 490TY - JOURT1 - Transgenderism and reproduction.JF - Current opinion in endocrinology, diabetes, and obesityA1 - T'Sjoen GA1 - Van Caenegem EA1 - Wierckx KPY - 2013AB - PURPOSE OF REVIEW: The development of new reproductive medicine techniques creates opportunities for preserving fertility in transgender persons. Before, losing fertility was accepted as the price to pay for transitioning. RECENT FINDINGS: The desire for children is present in many trans persons, as in the general population. Ethical concerns are sometimes raised against the preservation of fertility; however, the only unique aspect of this group is the gender transition of one of the parents. All other elements such as same sex parenthood, use of donor gametes, social stigma, etc., can be found in other groups of parents. Not all reproductive options for all trans persons are equal because not only the gametes are of importance, but also the sex of the (future) partner. In trans women, the best option to preserve gametes is cryopreservation of sperm by preference initiated before starting hormonal therapy. In trans men, donor sperm is most often used, but in theory, there are three options available to preserve fertility: oocyte banking, embryo banking and banking of ovarian tissue. SUMMARY: Fertility is possible for both trans men and women, but it requires timely cryopreservation of gametes or stopping cross-sex hormones and possible fertility treatments which are costly and may be unpleasant. Centers should elucidate their policy and inform trans persons on the possibilities and limitations.DO - 10.1097/01.med.0000436184.42554.b7 VL - 20IS - 6SP - 575EP - 9TY - JOURT1 - Sexuality and reproduction, an important field in endocrinologyJF - Endocrinologia y NutricionA1 - Becerra-FernÃ¡ndez APY - 2006AB - The Gender Dysphoria Working Group was created in response to an increasing need for the medical care of transsexualism. After several years, the Group decided to extend its activity to the field of sexuality and reproduction because insufficient attention is paid to this topic by Spanish endocrinologists. Factors contributing to the lack of endocrinologists interested in this field include the burden of medical care produced by other, more prevalent diseases, the secondary role assigned to endocrinologists by public and private institutions, and the diagnostic and therapeutic difficulties associated with this field. Therefore, our Working Group aims to deal with clinic pictures whose origins or consequences are directly or undirectly related to alterations in gonadal function (male or female). These alterations, which are mainly hormonal, precipitate diverse disorders in many organs and systems. Because the clinical pictures are so varied, other disciplines (gynecology, urology, internal medicine, cardiology, traumatology, dermatology, geriatrics, etc.) have taken on the leading role in the clinical and research settings. We believe that the field of endocrinology should play a role in the clinical, teaching and research activity performed as a result of diseases with a hormonal substratum (and specifically gonadal), a task which is the raison d'Ãªtre for the activities of our Group.VL - 53IS - 1SP - 34EP - 41TY - JOURT1 - Preserving eggs for men's fertility. a pilot experience with fertility preservation for female-to-male transsexuals in sweden.JF - Fertility & SterilityA1 - Rodriguez-Wallberg K AA1 - Dhejne CA1 - Stefenson MA1 - Degerblad MA1 - Olofsson J IPY - 2014AB - VL - 102IS - SSP - e160EP - e161TY - JOURT1 - Access to fertility treatment by gays, lesbians, and unmarried persons: A committee opinionJF - Fertility and SterilityPY - 2013AB - This statement explores the implications of reproduction by single individuals, unmarried heterosexual couples, and gay and lesbian couples, and concludes that ethical arguments supporting denial of access to fertility services on the basis of marital status or sexual orientation cannot be justified. This document replaces the previous version of this document by the same name, published in November 2006 (Fertil Steril 2009;92:1190-3). Â© 2013 American Society for Reproductive Medicine, Published by Elsevier Inc.VL - 100IS - 6SP - 1524EP - 1527TY - JOURT1 - A father's motherhood... or a mother's fatherhood? Transgender, assisted reproduction and bioethicsJF - Gaceta Medica de MexicoA1 - Ãlvarez-DÃ­az J APY - 2009AB - The presence of a transsexual pregnant male in the mass media has made people reassess if transsexuals should have access to assisted reproduction. The bioethical discussion should focus on the future child best interests. This article describes the story of this transsexual man, legally married to a woman in the state of Oregon in the United States. A brief overview of transsexuality and the specific characteristics of this case, with special considerations towards fertility in transsexual people is included. We suggest reflections on what constitutes motherhood and fatherhood and bioethical considerations brought forth by this groundbreaking event.VL - 145IS - 2SP - 151EP - 157TY - JOURT1 - ASSESTED REPRODUCTIVE TECHNOLOGY.JF - Georgetown Journal of Gender & the LawA1 - Minnaert MarenA1 - Tai MelissaAB - With the advent of new medical knowledge, assisted reproductive technology (ART) has become a hotly contested topic challenging lawmakers across the United States to resolve issues involving legal, medical, and moral implications. Faced with the increased use of ART, state and federal lawmakers have sought to uniformly enact and execute parentage laws in a new legal frontier. Part I of this section will provide a general overview of ART and discuss its impact on the heterosexual, lesbian, gay, and transgender communities. Part II will address the legal implications of ART and will analyze artificial insemination, surrogacy, and in vitro fertilization including gamete intrafallopian transfer and zygote intrafallopian transfer. Part III will address stem cell research and cloning. Finally, Part IV will discuss the insurance laws affecting ART. ART is a fertility treatment in which "pregnancy is attempted through the use of external means" by manipulating either the egg or sperm. ART has expanded fertilization methods beyond traditional sexual intercourse to include artificial insemination, surrogacy, and in vitro fertilization.VL - 4IS - 1SP - 299EP - 327TY - JOURT1 - Fertility preservation in the transgender patient: Expanding oncofertility care beyond cancerJF - Gynecological EndocrinologyA1 - Wallace S AA1 - Blough K LA1 - Kondapalli L APY - 2014AB - While the field of oncofertility raised awareness about fertility concerns in oncology patients, new applications for fertility preservation are emerging, such as transgender medicine. As transgender medicine evolves, the number of individuals seeking gender reassignment hormone therapy is drastically increasing, generating a population of patients with unmet fertility needs and unknown reproductive potential. We present the first case report of a female-to-male (FtM) transgender patient to undergo oocyte cryopreservation before initiating androgen therapy. Our patient is a 17-year-old FtM transgender person undergoing gender transition throughout adolescence with an endocrinologist. The patient wished to complete androgen therapy before starting his first year of college to avoid gender ambiguity. After extensive consultation and psychological assessment, the patient was considered an appropriate candidate and proceeded with oocyte cryopreservation. He underwent baseline fertility testing followed by successful ovarian stimulation and surgical retrieval. We recommend that a discussion of reproductive health concerns and fertility preservation options be incorporated into the comprehensive care of transgender patients.VL - 30IS - 12SP - 868EP - 871TY - MGZNT1 - Talking points.JF - Hastings Center ReportA1 - Johnston JosephineAB - The author comments on the story of transsexual Thomas Beatie, who got pregnant using donor sperm, from a bioethicist's view. He was born a woman, but legally became a man and married a woman who had a hysterectomy. According to the author, it does not matter much to her that Beatie is a transgender, or that the daughter he gives birth to will grow up calling him Daddy rather than Mommy. She asserts that there are lots of different family formations in the society and many kids seem to do well in them if the key elements are there.VL - 38IS - 3SP - 1EP - 1TY - JOURT1 - ESHRE Task Force on Ethics and Law 23: medically assisted reproduction in singles, lesbian and gay couples, and transsexual peopleâ€ .JF - Human ReproductionA1 - De Wert GA1 - Dondorp WA1 - Shenfield FA1 - Barri PA1 - Devroey PA1 - Diedrich KA1 - Tarlatzis BA1 - Provoost VA1 - Pennings GPY - 2014AB - This Task Force document discusses ethical issues arising with requests for medically assisted reproduction from people in what may be called â€˜non-standardâ€™ situations and relationships. The document stresses that categorically denying access to any of these groups cannot be reconciled with a human rights perspective. If there are concerns about the implications of assisted reproduction on the wellbeing of any of the persons involved, including the future child, a surrogate mother or the applicants themselves, these concerns have to be considered in the light of the available scientific evidence. When doing so it is important to avoid the use of double standards. More research is needed into the psychosocial implications of raising children in non-standard situations, especially with regard to single women, male homosexual couples and transsexual people. [ABSTRACT FROM PUBLISHER] VL - 29IS - 9SP - 1859EP - 1865TY - JOURT1 - POSTER VIEWING SESSION - MALE AND FEMALE FERTILITY PRESERVATION.JF - Human ReproductionAB - VL - 26IS - suppl\_1SP - i248EP - i256TY - JOURT1 - Gender reassignment and assisted reproduction: present and future reproductive options for transsexual people.JF - Human reproduction (Oxford, England)A1 - De Sutter PPY - 2001AB - Transsexual people who want transition to their desired gender have to undergo hormonal and surgical treatments, which lead to irreversible loss of their reproductive potential. This paper argues that transsexual people should be offered the same options as any person that risks losing their germ cells because of treatment for a malignant disease. Indeed, transsexual women (male-to-female transsexual patients) may be given the option to store spermatozoa before they start hormonal therapy, so that their gametes may be used in future relationships. This may be especially important for the many transsexual women who identify as lesbians after their transition. Conversely, transsexual men (female-to-male transsexual patients) may be offered storage of oocytes or ovarian tissue, possibly obtained at the time of their oophorectomy. Current technology offers transsexual people the possibility to obtain children who are genetically their own in their future relationships and the option of gamete banking should therefore be discussed before starting hormonal and surgical reassignment treatment. This is particularly important for transsexual people who are diagnosed and treated at a young age.VL - 16IS - 4SP - 612EP - 4TY - JOURT1 - Gender reassignment and assisted reproduction. Evaluation of multiple aspects.JF - Human reproduction (Oxford, England)A1 - Jones HW JrPY - 2000AB - VL - 15IS - 5SP - 987TY - JOURT1 - Gender reassignment and assisted reproduction: An ethical analysis.JF - Human reproduction (Oxford, England)A1 - Brothers DA1 - Ford WCPY - 2000AB - VL - 15IS - 4SP - 737EP - 8TY - JOURT1 - Reproductive Options for Transpeople: Recommendations for Revision of the WPATH's Standards of Care.JF - International Journal of TransgenderismA1 - De Sutter PetraPY - 2009AB - Reproductive issues should be discussed with transpeople and especially the loss of fertility following treatment. Semen banking should be offered to transwomen, and although ovarian tissue freezing is easy to perform in transmen, future possibilities using this tissue after thawing are uncertain. Oocyte or embryo freezing is technically a more realistic option but will not be desired by most transmen. [ABSTRACT FROM AUTHOR] Copyright of International Journal of Transgenderism is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)VL - 11IS - 3SP - 183EP - 185TY - JOURT1 - The Desire to have Children and the Preservation of Fertility in Transsexual Women: A Survey.JF - International Journal of TransgenderismA1 - De Sutter PA1 - Kira KA1 - Verschoor AA1 - Hotimsky APY - 2002AB - A survey was conducted among transsexual women to ask their opinion about the option of freezing sperm, before the start of any medical treatment. We received responses from 121 women. The vast majority feel that the availability of freezing sperm should be discussed and offered by the medical world. A smaller majority would indeed have frozen their own sperm, or at least have seriously considered doing so, if this had been an option. Most women in favour of the idea of sperm freezing were under 40 years of age and identified as lesbian or bisexual. A minority of respondents expressed concern about possible risks of genetically transmitting transsexualism to their children, or considered the whole idea of sperm freezing to be in conflict with their female core identity. Many women expressed regret that they could not become pregnant and have a child themselves. [ABSTRACT FROM AUTHOR] VL - 6IS - 3SP - 1EP - 1

TY - JOUR

T1 - The ethics of fertility preservation in transgender body modifications.

JF - Journal of Bioethical Inquiry

A1 - Murphy Timothy F

PY - 2012

AB - In some areas of clinical medicine, discussions about fertility preservation are routine, such as in the treatment of children and adolescents facing cancer treatments that will destroy their ability to produce gametes of their own. Certain professional organizations now offer guidelines for people who wish to modify their bodies and appearance in regard to sex traits, and these guidelines extend to recommendations about fertility preservation. Since the removal of testicles or ovaries will destroy the ability to have genetically related children later on, it is imperative to counsel transgender people seeking body modifications about fertility preservation options. Fertility preservation with transgender people will, however, lead to unconventional outcomes. If transgender men and women use their ova and sperm, respectively, to have children, they will function as a mother or father in a gametic sense but will function in socially reversed parental identities. There is nothing, however, about fertility preservation with transgender men and women that is objectionable in its motives, practices, or outcomes that would justify closing off these options. In any case, novel reproductive technologies may extend this kind of role reversal in principle to all people, if sperm and ova can be derived from all human beings regardless of sex, as has happened with certain laboratory animals. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

VL - 9

IS - 3

SP - 311

EP - 316

TY - JOUR

T1 - Queer Intimacies and Structural Inequalities: New Directions in Stratified Reproduction

JF - Journal of Family Issues

A1 - Mamo L

A1 - Alston-Stepnitz E

PY - 2015

AB - This article examines queer intimacies produced by and within a growing industry in assisting human reproduction. Queer users of fertility biomedicine such as gay men, gender queer, and transgender people are constituted within expanded biomedical fertility services in ways similar to their heterosexual counterparts, reproduce more than humans: they reproduce consumer marketplaces, normativities, notions of belonging, and intensifying inequalities. Yet as they negotiate and, at times, reinforce these contours, they also participate in new kinship forms as they demand inclusion in one of the most durable and supported social practices: having children.

VL - 36

IS - 4

SP - 519

EP - 540

TY - JOUR

T1 - Author's Reply.

JF - Journal of Gay & Lesbian Mental Health

A1 - Herbert Sarah E

AB - The article presents a response which was written by author Sarah E. Herbert to address a letter to the editor which was submitted in response to her article "Butch/Femme, F2M, Pregnant Man, Tranny-Boi: Gender Issues in the Lesbian Community." In the response Herbert discusses the language contained in her article and psychotherapy that is provided to transgender people.

VL - 14

IS - 3

SP - 259

EP - 260

TY - JOUR

T1 - Editors' Reply.

JF - Journal of Gay & Lesbian Mental Health

A1 - Barber Mary E

A1 - Schwartz Alan

AB - The article presents a response from the editors of the "Journal of Gay & Lesbian Mental Health," which was written to address a letter to the editor which was submitted in response to the article "Butch/Femme, F2M, Pregnant Man, Tranny-Boi: Gender Issues in the Lesbian Community," by Sarah E. Herbert. In their response the editors discuss language which was contained in the article.

VL - 14

IS - 3

SP - 261

EP - 262

TY - GEN

T1 - To the Editors.

T2 - Journal of Gay & Lesbian Mental Health

A1 - Lombardi Emilia

A1 - White Bali

AB - A letter to the editor is presented in response to the article "Butch/Femme, F2M, Pregnant Man, TrannyBoi: Gender Issues in the Lesbian Community," by Sarah E. Herbert, which appeared in the January 2010 issue.

VL - 14

IS - 3

SP - 257

EP - 258

TY - JOUR

T1 - Butch/femme, F2M, pregnant man, trannyboi: Gender issues in the lesbian community: Comment.

JF - Journal of Gay & Lesbian Mental Health

A1 - Scout

A1 - Lombardi Emilia

A1 - White Bali

PY - 2010

AB - Comments on an article by Sarah E. Herbert (see record [rid]2011-26726-008[/rid]). The authors misused terminology and referred to "transgender women and girls" and "women identifying as male or transitioning to become male" for those assigned female at birth and identifying and presenting themselves as men. The article's reduction of gender issues into a focus on transmasculine people within lesbian communities also ignored the history and issues faced by transgender women. Transgender people are an underrepresented population who experience pronounced health disparities. As transgender researchers, we know this systemic discrimination has limited the number of transgender people who can obtain sufficient qualification to become researchers. We also have concerns about the difficulties we hear and have experienced in getting research published on this population. Thus, both promoting research by non-transgender people and encouraging publication of these studies are very important. While we want to provide this encouragement, the research must clearly meet basic standards and not misrepresent our population. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

VL - 14

IS - 3

SP - 257

EP - 258

TY - JOUR

T1 - Butch/femme, F2M, pregnant man, trannyboi: Gender issues in the lesbian community: Comment: Reply.

JF - Journal of Gay & Lesbian Mental Health

A1 - Herbert Sarah E

PY - 2010

AB - Reply by the current author to the comments made by Scout and Bali White (see record [rid]2011-26719-010[/rid]) on the original article (see record [rid]2011-26726-008[/rid]). I can give several explanations for how the unfortunate language mistakes in the paper came about, but I am sure they will all sound like weak excuses. All I can really do is apologize for the errors in the paper. In reflecting on why the errors occurred, I can say that the paper started as an oral presentation and suffered from translation problems in being put to paper. A second issue was that I am a clinician foremost and not primarily an academic. While I try to stay current with the literature and appropriate terminology, there are times when I clearly have made mistakes. The final issue is that I often work with young people, both children and adolescents, some of whom are firm in their gender identity and some of whom are still in the process of clarifying it, or finding the identity and role where they feel most comfortable. That identity could be as a tomboy, a gender-variant girl, a lesbian, a transmasculine individual, a transboy, or a transman. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

VL - 14

IS - 3

SP - 259

EP - 260

TY - JOUR

T1 - Butch/femme, F2M, pregnant man, trannyboi: Gender issues in the lesbian community: Editor's reply to comments.

JF - Journal of Gay & Lesbian Mental Health

A1 - Barber Mary E

A1 - Schwartz Alan

PY - 2010

AB - Comments on an article by Sarah E. Herbert (see record [rid]2011-26726-008[/rid]) and the comment to the article by Scout (see record [rid]2011-26719-010[/rid]). The article contains problematic and confusing language. The author of this article talks about young people who initially identify as butch lesbians and later come to realize an identity as transmen. Unfortunately, this process of realizing one's identity as trans was oversimplified, and several issues were conflated in the incorrect use of terms such as "transgender women and girls". Scout and colleagues are correct in pointing out that the mention of the Michigan Womyn's Festival, while related to the lesbian community, is problematic as well in that it relates to transgender women (male to female transgender people), which was not the focus of the article. We hope that the author's intent in giving the original talk and writing the article comes through in the paper as a whole. The article is about the importance of clinicians appreciating the issues that transgender men and transmasculine people may face as they become aware of their identities, and the different ways they may express their identities. It is fundamentally about openness and understanding, and as editors we regret that our failure to correct language errors in the article may have diverted from that intent. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

VL - 14

IS - 3

SP - 261

EP - 262

TY - JOUR

T1 - Butch/femme, F2M, pregnant man, tranny-boi: Gender issues in the lesbian community.

JF - Journal of Gay & Lesbian Mental Health

A1 - Herbert Sarah

PY - 2010

AB - The author discusses issues pertaining to transgender women and girls. Women identifying as male or transitioning to becoming male are often ignored in the scientific and lay literature on transgender people. The many newer terms for transgender women and girls are discussed, as well as new ways for transgender girls to express their identities. The importance of family and community supports is discussed, and common issues that young transgender people bring into mental health treatment are elucidated. (PsycINFO Database Record (c) 2012 APA, all rights reserved). (journal abstract)

VL - 14

IS - 1

SP - 70

EP - 78

TY - JOUR

T1 - The pregnant man - An oxymoron?

JF - JOURNAL OF GENDER STUDIES

A1 - More SD

AB - The desire to found a family is a gender neutral one. Pregnancy is not-in our culture it is considered to be an exclusively female activity. This study focuses on female to male transsexuals (FTMs) who chose to bear a child, white being conscious of their transsexual mab identity, and who therefore transitioned shortly afterwards. Problems this group have to face include: finding a supportive environment, defining their individual perception of masculine identity and handling the organisational aspects of transitioning. These consist of dealing with therapists and or medical caregivers who an required to write or approve the necessary referrals for name change, hormones or surgeries. Additionally meeting the standards legally required for a name/gender change can be complicated as these frequently request permanent sterilisation or a non-marital status. Several FTMs who transitioned either during or after pregnancy (a maximum of three years afterwards) have been interviewed particularly in respect to the response of their social environment. The request of permanent sterility for FTMs who wish to change their gender legally is discussed from a feminist and human rights perspective and from the male self-perception of the FTMs involved in the study.

VL - 7

IS - 3

SP - 319

EP - 328

TY - JOUR

T1 - Reviews of Gay and lesbian parents and their children: Research on the family life cycle; Who's your daddy? And other writings on queer parenting and becoming parent: Lesbians, gay men, and family.

JF - Journal of GLBT Family Studies

A1 - Lev Arlene Istar

PY - 2010

AB - Reviews the books, Gay and lesbian parents and their children: Research on the family life cycle by A. E. Goldberg (2010); Who's your daddy? And other writings on queer parenting by R. Epstein (2009); and Becoming parent: Lesbians, gay men, and family by D. W. Riggs (2007). Goldberg has succeeded in bringing together the past three decades of research on GLBTQ coupling, parenting, and family building, and creating a comprehensive compendium of everything you ever wanted to know about GLBTQ families. Goldberg has brought together this research, both qualitative and quantitative studies, into one thorough document and presented it in an organized and structured format. Whoâ€™s Your Daddy? is a collection of writings from Canada, England, Australia, and the United States and includes more than 30 essays on diverse topics impacting GLBTQ parents, including transgender parenting, butches as parents, young queer parents, critical examinations of fertility clinics and adoption practices, and race and class issues. Riggs examines gay parenting, particularly gay foster parenting, through a particular Australian lensâ€”one that is similar to yet different from other Western countries. We are finally beginning to move past defending our right to be here, justifying our right to parent, and insisting on simply being visible as we are. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

VL - 6

IS - 3

SP - 341

EP - 348

TY - JOUR

T1 - Assisted human reproduction: Issues for takatapui (New Zealand indigenous non-heterosexuals)

JF - Journal of GLBT Family Studies

A1 - Glover M P

A1 - McKree A

A1 - Dyall L

PY - 2009

AB - GLBT people's right to access assisted human reproduction (AHR) technologies have been widely discussed, but their attitudes to-ward and experiences of AHR remain relatively unexplored. In New Zealand, the attitudes of the indigenous MÄori population toward AHR have also not been comprehensively studied, largely because of the misperception that MÄori enjoy optimal fertility. This paper presents, for the first time, the views of takatapui (MÄori GLBT individuals) toward AHR gathered within a larger qualita-tive study that used key informant interviews and focus groups with a diverse range of MÄori participants. Owing to the importance of children, family, and genealogy in MÄori culture, takatapui ex-perienced the same cultural assumptions that they would have children as heterosexuals. However, homophobia and heterosex-ism were seen as barriers to takatÄpui becoming parents. Concerns were raised that the current underground pathway to parenthood taken by some takatapui may result in health risks and uncertain legal status. Participants recommended informing takatapui about the various pathways to parenthood when they are young so that they could enjoy the same fertility choices as their heterosexual peers. Â© Taylor & Francis Group, LLC.

VL - 5

IS - 4

SP - 295

EP - 311

TY - JOUR

T1 - Queering the Fertility Clinic

JF - Journal of Medical Humanities

A1 - Mamo L

PY - 2013

AB - A sociologist examines contemporary engagements of queer bodies and identities with fertility biomedicine. Drawing on social science, media culture, and the author's own empirical research, three questions frame the analysis: 1. In what ways have queers on the gendered margins moved into the center and become implicated or central users of biomedicine's fertility offerings? 2. In what ways is Fertility Inc. transformed by its own incorporation of various gendered and queered bodies and identities? And 3. What are the biosocial and bioethical implications of expanded queer engagements and possibilities with Fertility Inc.? The author argues that "patient" activism through web 2.0 coupled with a largely unregulated free-market of assisted reproduction has included various queer identities as "parents-in-waiting." Such inclusions raise a set of ethical tensions regarding how to be accountable to the many people implicated in this supply and demand industry. Â© 2013 Springer Science+Business Media New York.

VL - 34

IS - 2

SP - 227

EP - 239

CY -

UR - http://www.scopus.com/inward/record.url?eid=2-s2.0-84878115212&partnerID=40&md5=4d89baa57361604bc0067f96c582f80b

U1 - 14120699

N1 - Cited By :3 | Export Date: 22 February 2015

ER -

TY - JOUR

T1 - Conception, Pregnancy, and Birth Experiences of Male and Gender Variant Gestational Parents: It's How We Could Have a Family.

JF - Journal of midwifery & women's health

A1 - Ellis SA

A1 - Wojnar DM

A1 - Pettinato M

PY - 2014

AB - INTRODUCTION: Like members of any other population, transgender and gender variant people - individuals whose gender identity varies from the traditional norm or from the sex they were assigned at birth - often seek parenthood. Little is known about the decision making and experiences of these individuals, including male-identified and gender-variant natal females who wish to achieve parenthood by carrying a pregnancy. This pilot qualitative study used grounded theory methodology to explore the conception, pregnancy, and birth experiences of this population of parents. METHODS: A grounded theory methodology was used to guide data collection and analysis. Eight male-identified or gender-variant gestational parents participated in the study. Data collection included individual 60-minute to 90-minute interviews conducted by recorded online video calls, as well as a self-administered online demographic survey. Data were collected from September 2011 through May 2012. Data saturation was achieved at 6 interviews, after which 2 more interviews were conducted. The interviews were transcribed verbatim, and a constant comparative method was used to analyze the interview transcripts. RESULTS: Loneliness was the overarching theme that permeated participants' experiences, social interactions, and emotional responses during every stage of achieving biologic parenthood. Within this context of loneliness, participants described complex internal and external processes of navigating identity. Navigating identity encapsulated 2 subthemes: undergoing internal struggles and engaging with the external world. The preconception period was identified as participants' time of greatest distress and least involvement with health care. DISCUSSION: The findings of this study suggest that culturally-sensitive preconception counseling could be beneficial for transgender and gender-variant individuals. The grounded theory produced by this pilot investigation also provides insights that will be useful to health care providers and others working with male-identified and gender-variant prospective parents.

DO - 10.1111/jmwh.12213

VL -

IS -

TY - JOUR

T1 - The devil we know: the implications of bill C-38 for assisted human reproduction in Canada.

JF - Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstÃ©trique et gynÃ©cologie du Canada : JOGC

A1 - Cattapan A

A1 - Cohen S R

PY - 2013

AB - In June 2012, the Canadian House of Commons passed the so-called omnibus budget bill, making several important changes to the governance of assisted reproduction in Canada. The bill (Bill C-38) was widely criticized for its unwieldy size and rapid passage through Parliament, preventing adequate parliamentary debate and public scrutiny. Given the substantive nature of the amendments to the Assisted Human Reproduction Act made by Bill C-38, and the lack of relevant discussion about these changes both before and following its passage, this commentary is intended to identify how Bill C-38 may alter the governance of reproductive technologies in Canada. In this commentary, we address some of the more significant changes made by Bill C-38 to the regulation of reproductive medicine in Canada. We identify the benefits and challenges of closing Assisted Human Reproduction Canada, noting that doing so eliminates a much-needed forum for stakeholder consultation in this field. Further, we explore the implications of moving the regulation of donor semen from the Food and Drugs Act to the Assisted Human Reproduction Act; these include increased liability for physicians, and opportunities to expand the existing regulations to account for the needs of lesbian, gay, bisexual, trans, and queer Canadians using donor gametes and recent advances in reproductive technologies. Overall, we argue that although the implementation of a policy framework in this field remains highly dependent on yet-to-be written regulations, the changes to the Assisted Human Reproduction Act enabled by Bill C-38 may significantly alter how Canadians interact with reproductive technologies.

VL - 35

IS - 7

SP - 654

EP - 656

TY - JOUR

T1 - Sexual and gender minority peoples' recommendations for assisted human reproduction services.

JF - Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstÃ©trique et gynÃ©cologie du Canada : JOGC

A1 - Ross L E

A1 - Tarasoff L A

A1 - Anderson S

A1 - Green D

A1 - Epstein R

A1 - Marvel S

A1 - Steele L S

PY - 2014

AB - To determine what recommendations lesbian, gay, bisexual, trans, and queer (LGBTQ) people have for provision of assisted human reproduction (AHR) services to their communities. Using a semi-structured guide, we interviewed a purposeful sample of 66 LGBTQ-identified individuals from across the province of Ontario who had used or had considered using AHR services since 2007. Participants were predominantly cisgender (non-trans), white, same-sex partnered, urban women with relatively high levels of education and income. Participants made recommendations for changes to the following aspects of AHR service provision: (1) access to LGBTQ-relevant information, (2) adoption of patient-centred practices by AHR service providers, (3) training and education of service providers regarding LGBTQ issues and needs, (4) increased visibility of LGBTQ people in clinic environments, and (5) attention to service gaps of particular concern to LGBTQ people. Many of the recommendations made by study participants show how patient-centred models may address inequities in service delivery for LGBTQ people and for other patients who may have particular AHR service needs. Our results suggest that service providers need education to enact these patient-centred practices and to deliver equitable care to LGBTQ patients.

VL - 36

IS - 2

SP - 146

EP - 153

TY - JOUR

T1 - Male delivery: reproduction, effeminancy, and pregnant men in early modern Spain

JF - Journal of women's history

A1 - Velasco Sherry

A1 - Smith Susan L

PY - 2009

AB -

VL - 21

IS - 1

SP - 145

EP - 153

TY - JOUR

T1 - Fathers of a new gender and their children. = PÃ¨res d'un nouveau genre et leurs enfants.

JF - La Psychiatrie de l'Enfant

A1 - Chiland Colette

A1 - Clouet Anne-Marie

A1 - Guinot MichÃ¨le

A1 - Golse Bernard

A1 - Jouannet Pierre

A1 - Revidi Patrick

PY - 2013

AB - In 1999, the Cecos (Centre for the Study and Preservation of Human Eggs and Sperm) in the Cochin Hospital in Paris set up a programme for Artificial Insemination by Donor (AID) of female partners of female-to-male transsexual men (transmen). The project met with some resistance, and the issues were discussed in meetings of the Ethics Committee: questions were raised as to the transman's mental health, his ability to be a father, and the child's future developmentâ€”would this be normal, particularly as regards the construction of his or her gender identity? The parents were offered a follow-up evaluation of their children in order to decide whether these objections were in any way relevant, in which case the programme would be halted; if they were unfounded, the programme would be maintained and perhaps adopted by other Centres in France. The proposed follow-up was accepted by the parents who were seen with their children at the end of the child's first year, then once every two years thereafter in a consultation framework. Between 2000 and 2010, 42 children (28 boys and 14 girls) were born to 29 couples. By the end of 2010, 24 of these children had participated in our follow-up study; the others would be seen the following years. These are not homosexual couples. They are in a steady relationship; the fathers fulfil their function competently. They are, nevertheless, fathers without a penis, who identify with the masculine and paternal values of their culture. The children are in good health, their development is normal, they seem happy and consider themselves as either boys or girls, in harmony with their biological sex. It was recommended that the parents tell the truth about AID and the father's transsexualism. As for the AID, it rarely gave rise to problems. As regards their transsexualism, in spite of their wish to talk to their child about it, many fathers did not find appropriate words. A booklet, written and illustrated by one of them, was helpful for the others, showing that they need only to talk in fairly simple terms about their childhood as they had experienced itâ€”something that they did not do spontaneously. There is no reason to regret helping transmen to become fathers. It will be interesting to see how their children experience adolescence. (PsycINFO Database Record (c) 2014 APA, all rights reserved). (journal abstract)

VL - 56

IS - 1

SP - 97

EP - 125

TY - JOUR

T1 - If transmen can have babies, how will perinatal nursing adapt?

JF - MCN. The American journal of maternal child nursing

A1 - Adams ED

PY - 2010

AB - Reproductive technology has made it possible for those born biologically female and who have partially transitioned to the male gender via hormones to become pregnant and give birth. This article explores the role of the perinatal nurse in providing care during the obstetric experience for a transgender male and his significant other. A carefully executed plan of care can assist the nurse in providing nonjudgmental, nondiscriminatory physical and emotional nursing care, and ensure that the family's healthcare needs are met and that their transition into parenthood is effective.

DO - 10.1097/01.NMC.0000366807.67455.de

VL - 35

IS - 1

SP - 26

EP - 32

TY - JOUR

T1 - Using interactive theatre to help fertility providers better understand sexual and gender minority patients

JF - Medical Humanities

A1 - Tarasoff L A

A1 - Epstein R

A1 - Green D C

A1 - Anderson S

A1 - Ross L E

PY - 2014

AB - Objective To determine the effectiveness of interactive theatre as a knowledge translation and exchange (KTE) method to educate assisted human reproduction (AHR) service providers about lesbian, gay, bisexual, trans and queer (LGBTQ) patients. Design We transformed data from the â€˜Creating Our Familiesâ€™ study, a qualitative, community-based study of LGBTQ peoplesâ€™ experiences accessing AHR services, into a script for an interactive theatre workshop for AHR service providers. Based on forum theatre principles, our workshop included five scenes illustrating LGBTQ people interacting with service providers, followed by audience interventions to these scenes. Before and after the workshop, service providers completed surveys to assess their knowledge and comfort concerning LGBTQ patients, as well as the modality of the interactive theatre workshop as a KTE strategy. Wilcoxon signed- rank tests were used to determine changes in preworkshop and postworkshop knowledge and comfort scores. Results Thirty AHR service providers attended the workshop. Twenty-three service providers (76.7%) fully completed the preworkshop and postworkshop evaluation forms. Service providersâ€™ knowledge scores significantly improved after the workshop, while their comfort scores minimally decreased. Most agreed that the interactive workshop was an effective KTE method. Conclusions In comparison with traditional forms of KTE, interactive theatre may be particularly effective in engaging service providers and addressing their attitudes towards marginalised patient populations. Although the evaluation results of our interactive workshop were mostly positive, the long-term impact of the workshop is unknown. Long-term evaluations are needed to determine the effectiveness of arts-based KTE efforts. Other considerations for developing effective arts-based KTE strategies include adequate funding, institutional support, attention to power dynamics and thoughtful collaboration with forum theatre experts.

VL - 40

IS - 2

SP - 135

EP - 141

TY - JOUR

T1 - Transgender men who experienced pregnancy after female-to-male gender transitioning

JF - Obstetrics and Gynecology

A1 - Light A D

A1 - Obedin-Maliver J

A1 - Sevelius J M

A1 - Kerns J L

PY - 2014

AB - RESULTS: Forty-one self-described transgender men completed the survey. Before pregnancy, 61% (n=25) had used testosterone. Mean age at conception was 28 years with a standard deviation of 6.8 years. Eighty-eight percent of oocytes (n=36) came from participants' own ovaries. Half of the participants received prenatal care from a physician and 78% delivered in a hospital. Qualitative themes included low levels of health care provider awareness and knowledge about the unique needs of pregnant transgender men as well as a desire for resources to support transgender men through their pregnancy. CONCLUSION: Transgender men are achieving pregnancy after having socially, medically, or both transitioned. Themes from this study can be used to develop transgender-appropriate services and interventions that may improve the health and health care experiences of transgender men. OBJECTIVE: To conduct a cross-sectional study of transgender men who had been pregnant and delivered after transitioning from female-to-male gender to help guide practice and further investigation. MATERIALS AND METHODS: We administered a webbased survey from March to December 2013 to inquire about demographics, hormone use, fertility, pregnancy experience, and birth outcomes. Participants were not required to have been on hormone therapy to be eligible. We used a mixed-methods approach to evaluate the quantitative and qualitative data.

VL - 124

IS - 6

SP - 1120

EP - 1127

TY - JOUR

T1 - Cross-gender hormone therapy in adolescents.

JF - Pediatric annals

A1 - Steever J

PY - 2014

AB - Many transgender youth experience significant amounts of emotional distress regarding the incongruence between their internal gender identity and their physical body. Cross-gender hormonal medical treatments, as managed by a multidisciplinary medical/mental health team, assist patients in transitioning to their desired gender by aligning the physical body to match the gender identity. The World Professional Association for Transgender Health Standards of Care and the Endocrine Society's Clinical Practice Guidelines provide a basic road map for practitioners. Expectations of the youth and the concerns of the family must be addressed and the youth psychologically supported during the transition period. Issues around future fertility should be explored as well. The goal of this article is to introduce the general pediatrician to cross-gender hormone treatments, their management, monitoring laboratory tests and clinical effects, and the issues surrounding their use in adolescents.

DO - 10.3928/00904481-20140522-09

VL - 43

IS - 6

SP - e138

EP - 44

TY - JOUR

T1 - The ethics of helping transgender men and women have children

JF - Perspectives in Biology and Medicine

A1 - Murphy T F

PY - 2010

AB - A transgender man legally married to a woman has given birth to two children, raising questions about the ethics of assisted reproductive treatments (ARTs) for people with cross-sex identities. Psychiatry treats cross-sex identities as a disorder, but key medical organizations and the law in some jurisdictions have taken steps to protect people with these identities from discrimination in health care, housing, and employment. In fact, many people with cross-sex identities bypass psychiatric treatment altogether in order to pursue lives that are meaningful to them, lives that sometimes include children. Cross-sex identification does not render people unfit as parents, because transgender identities do not undercut the ability to understand the nature and consequences of pregnancy or necessarily interfere with the ability to raise children. Moreover, no evidence suggests that being born to and raised by transgender parents triggers the kind of harm that would justify exclusion of trans-identified men and women from ARTs as a class. The normalization of transgender identities by the law and professional organizations contributes, moreover, to the need to reassess pathological interpretations of cross-sex identities, and trans-parenthood puts those interpretations into sharp relief. Â© 2010 by The Johns Hopkins University Press.

VL - 53

IS - 1

SP - 46

EP - 60

TY - JOUR

T1 - Should requests for donor insemination on social grounds be expanded to transsexuals?

JF - Reproductive biomedicine online

A1 - Baetens P

A1 - Camus M

A1 - Devroey P

PY - 2003

AB - Donor insemination may provide an answer to transsexuals with female partners who have a wish for a child. Although the follow-up on children born in the context of these families is non-existent and the follow-up on transsexuals after sex reassignment surgery (SRS) is limited, fertility centres might consider accepting the requests of transsexuals with a female partner. Between 1997 and 2001, nine couples presented themselves at the Centre for Reproductive Medicine of the Dutch-speaking Brussels Free University, of whom five couples were accepted. Nevertheless, some caution is called for because transsexualism is socially not accepted. Moreover, transsexualism is still considered to be psychiatric condition. The following recommendations should be taken in consideration. Treatment should be limited to female-to-male transsexuals with a female partner. A multidisciplinary team of specialists should carry out the diagnosis for gender identity. Developmental problems of the gender-disordered child might interfere with socio-economic, psychological and emotional stability in adulthood. The period of sex reassignment should be nearly completed.

VL - 6

IS - 3

SP - 281

EP - 6

TY - JOUR

T1 - Transsexualism and reproduction: Clinical and legal situation = Transexualidad y reproducciÃ³n: situaciÃ³n actual desde el punto de vista clÃ­nico y legal

JF - REVISTA INTERNACIONAL DE ANDROLOGIA

A1 - Boada M

A1 - Atance M

A1 - Joda L

A1 - Montanuy H

A1 - Oller G

A1 - Rocafort E

A1 - Coroleu JMVYB

A1 - Coroleu B

PY - 2014

AB - People who identify themselves with the opposite sex and reject their own gender Assisted are diagnosed as transsexuals. Different hypotheses have tried to explain the origin of trans-reproduction; sexualism, biological theories being the most accepted. The estimated prevalence is variable, Cryopreservation; this depending on the geographic area. Female are more frequent than male transsexuals. Fertility preservation Assisted reproduction techniques facilitate the reproductive options of this group who increasingly come to specialized clinical centers to try to form a family, defending the reproductive rights of every human being. Transsexuals could be especially favored by fertility preservation techniques, being able to cryopreserve their gametes before sex reassignment as a preventive strategy in view of a possible desire for future reproduction. Lack of recommendations or agreed on guidelines and absence of regulations about the applicability of assisted reproduction in transsexuals hinders their access to these techniques. This review summarizes the possible reproductive options of transsexuals from a clinical point of view and analyzes the current situation in the framework of Spanish law. (C) 2013 Asociacion Espanola de Andrologia, Medicina Sexual y Reproductiva. Published by Elsevier Espana, S.L. All rights reserved.

DO - 10.1016/j.androl.2013.05.005

VL - 12

IS - 1

SP - 24

EP - 31

TY - JOUR

T1 - Assisted Reproduction as a Queer Thing.

JF - S&F Online

A1 - Beetham Gwendolyn

AB - The author examines assisted reproduction and its association to lesbian, gay, bisexual and transgender people. It is said that assisted reproduction has the potential to change the natural family and the bodily power of women, make life a commodity and reshape conception and gestation. She presents first-person accounts from critical adopters of reproductive technologies or people who have adopted various reproductive technologies while being aware of the influence of stratified reproduction on such technology. She concludes that critical adopters of assisted reproduction, both lesbians and feminist women fail to realize the privilege provided by reproductive technologies. (Copyright applies to all Abstracts.)

VL - 9

IS - 1/2

SP - 8

EP - 8

TY - JOUR

T1 - Pregnant Men: Repronormativity, Critical Trans Theory and the Re(conceive)ing of Sex and Pregnancy in Law

JF - Social & Legal Studies

A1 - Karaian Lara

PY - 2013

AB - This article argues that a critical re(conceive)ing of sex and pregnancy is required in law. Drawing on the dual meaning of conceive -- 'to become pregnant' and 'to imagine, or form a mental representation of', the goal of this article is to better ensure that pregnant men and trans individuals are not denied their reproductive rights, the legal recognition of their gender identities, and the protections of pregnancy discrimination law. Here, I survey molecular biologists' and critical trans theorists' scientific and discursive challenges to the understanding of sex as biologically determined; I map the extent to which biological and repronormative discourses -- those which materialize and maternalize female identity -- underpin legal determinations of trans subjects' sex and their ability to access state issued documentation; finally, I suggest that feminists' efforts to construct pregnancy discrimination as sex discrimination may unwittingly factor into discriminatory practice against pregnant men by reifying pregnancy as necessarily female and thus pregnant men as 'really' women. Drawing on Darren Rosenblum's call to unsex parenting, I conclude by briefly considering the opportunities presented by unsexing pregnancy in law. [Reprinted by permission of Sage Publications Ltd., copyright holder.]

DO - http://dx.doi.org/10.1177/0964663912474862

VL - 22

IS - 2

SP - 211

EP - 230

TY - JOUR

T1 - S/M/Othering

JF - Studies in Art Education: A Journal of Issues and Research in Art Education

A1 - McClure Marissa

PY - 2014

AB - Recent scholarship in art education has introduced complex discourses of mothering, m/othering curriculum, (m)others), m(other)work, family structures that confront myths of the nuclear family, non-Western motherhoods, and disability. Feminist artists and activists have long confronted cultural constructions of motherhood and the pregnant, post-partum, and lactating body in their work. Yet, bodies rendered infertile through either biological or sociocultural exclusion from parenting and the loss(es) associated with infertility remain largely invisible in both artistic practice and academic discourse. This absence is "s/m/othering." It perpetuates misunderstandings of the complex reality of mothering and parenting experiences in all their expressions. It at best condones and at worst reproduces discriminatory institutional practices such as routine exclusion of fertility treatments and of benefits for adoptive families from health insurance plans, limiting possibilities for pursuing parenthood. McClure argues for both a presence for the experience of infertility along with an expansion of images of motherhood and parenthood within art and art education. Researchers have consistently found that people enduring infertility experience stress levels equivalent to cancer and HIV patients, but the medical community has been insensitive to infertility and hesitant to perceive it as a medical problem equivalent to a "real" disease. Women without children are almost always addressed with a language of absence and denial, even as scholars have argued that motherhood should be reconceived as a choice, a cultural institution, and not an instinct. Men, single people, same-sex couples, and trans-people experiencing infertility are almost totally absent from research, scholarship, and representation. While the scope of infertile exclusion contests cultural discourses about human rights and the right to life that are somewhat beyond the scope of this commentary, McClure maintains that representation and visibility for the infertile experience fits within the realms of feminist art, public pedagogy, and activist art education.

VL - 55

IS - 3

SP - 253

EP - 257

TY - JOUR

T1 - Access to conception planning information and services for people living with HIV in Ontario, Canada: A community-based research study

JF - Vulnerable Children and Youth Studies

A1 - Huynh Lise

A1 - Gysler Matt

A1 - Loutfy Mona R

A1 - Margolese Shari

A1 - Yudin Mark H

A1 - Conway Tracey

A1 - Maxwell John

A1 - Muchenje Marvelous

A1 - O'Brien-Teengs Doris

A1 - Shapiro Heather

A1 - Librach Clifford

KW - eppi-reviewer4

PY - 2012

AB - Decreased mortality, decreased risk of vertical HIV transmission, and many people living with HIV (PLWHIV) being of reproductive age have led many PLWHIV to consider pregnancy. However, scarce data exist regarding the conception planning resources required and available for PLWHIV to have safe and healthy pregnancies. This study aimed to identify gaps between the need for, knowledge of, and access to conception planning information and services among PLWHIV in Ontario, Canada. PLWHIV from three large and two small urban sites in Ontario were recruited (n = 63). Participants completed a cross-sectional survey assessing demographics, expectations and plans for conception, and knowledge about and access to existing conception information and services for PLWHIV. Univariate correlations and ranked analyses were used to assess the associations between the need for, knowledge of, and access to conception planning resources with various demographic variables. Participants' median age was 40 years (interquartile range = 33-45) with 52% being female, 73% identified as heterosexual, and 27% as lesbian, gay, bisexual, queer, transgender, two-spirited, or other. Univariable analysis indicated that male PLWHIV and those from small urban areas were less likely to expect children in the future and less likely to speak to healthcare providers about conception planning. Although 63% of all participants intended to conceive and 44% had a plan for conception in the near future, only 30% had spoken to a healthcare provider about pregnancy and only 30% had some knowledge about conception planning and assisted reproductive services for safer conception for PLWHIV. Knowledge of and access to resources on conception planning for PLWHIV varied by sexual orientation and geographic location in Ontario. Our results show a gap between the need for conception information and knowledge of and access to adequate information and resources among PLWHIV in Ontario, which may impact the psychosocial well-being of PLWHIV and their children. Adapted from the source document.

DO - http://dx.doi.org/10.1080/17450128.2011.635723

VL - 7

IS - 1

SP - 6

EP - 19

TY - JOUR

T1 - Transbiological bodies: Mine, yours, ours.

JF - Women & Performance

A1 - Vaccaro Jeanne

PY - 2010

AB - An introduction to the journal is presented in which the editor discusses an article on the implication of biological reproduction for transgenderism by Sarah Franklin, the emergence of hormonally altered fish by Bailey Kier, and the transgender identity practices by Mariette Pathy Allen. (Copyright applies to all Abstracts.)

VL - 20

IS - 3

SP - 221

EP - 224

TY - JOUR

T1 - Expecting Bodies: The Pregnant Man and Transgender Exclusion from the Employment Non-Discrimination Act

JF - Women's Studies Quarterly

A1 - Currah Paisley

PY - 2008

AB - In 2008, news broke of an Oregon man, Thomas Beatie's pregnancy. Thomas Beatie turned out to be a transgender man, and the debate erupted over whether 'he' was still a 'she,' and whether or not through transition Thomas had forfeited his right to give birth. Thomas and his wife found it difficult to find a practitioner who would work with them. Their story fits into the larger framework of discrimination in the health industry. This article highlights the gaze of members of society who prove incapable of rising out of their conventional gender expectations. It follows the development of the decision in 2007-8 to exclude transgendered individuals from the ENDA (Employment Non-Discrimination Act. The conclusion drawn is that in legislation sex is still not divorced from gender. Adapted from the source document.

VL - 36

IS - 3-4

SP - 330

EP - 336