

INFORMED CONSENT FOR REPRODUCTIVE RIGHTS

Regarding Female to Male (FTM) and Male to Female (MTF) Transition
Fenway Community Health – Transgender Health Program
September 2007

Standards of Care: All hormone therapy for transgender clients will meet or exceed the standards of care set forth by Fenway Community Health in the **FCH Transgender Health Program Protocol for Hormone Therapy**. These guidelines are informed by the standards of care recommended by the World Professional Association for Transgender Health (WPATH.org) and by consultation with other medical professionals who have demonstrated expertise and experience working with transgender people.

Preservation of Reproductive Options: The Right to Reproduce is included in the United Nations 1948 Universal Declaration of Human Rights. The use of contra-gendered hormones causes irreversible infertility in most individuals. Therefore, serious consideration must be given to pre-treatment gamete banking in assumed fertile persons requesting hormonal therapy.

While many persons in transition express no interest towards genetic parenting when requesting hormonal therapy, it is a commitment of FCH to inform all individuals of their reproductive options prior to initiation of hormone therapy.

Assumed Fertile Natal Males: Sperm (gamete) banking is an easy and viable option for preserving reproductive options. Sperm banking is easy, non-invasive, relatively inexpensive and must be done through a medical facility or sperm bank. Pre-treatment gamete banking is strongly encouraged for all natal males post puberty up to age 35 years prior to initiation of estrogen therapy at FCH. Banking may be done, however, at any age post puberty and prior to hormone treatment.

Assumed Fertile Natal Females: Banking of either unfertilized ova (gamete) or fertilized embryos is a viable option for preserving reproductive options. The procedure to harvest ova is intensive, invasive, costly, and must be done through a fertility specialist. Pre-treatment gamete banking is strongly encouraged for all natal females post puberty up to age 37 years prior to initiation of testosterone therapy at FCH. Candidates interested in gamete banking who are past the age of 37 years would need to be referred for consultation to a reproductive endocrinologist outside FCH prior to hormone therapy.

Grounds For Exclusion from Gamete/Ova Banking:

1. Prior sterilization or documented infertility
2. Documented genetic disease
3. Prior cancer treatment with mutagenic chemotherapy or gonadal irradiation
4. The client has already had the children he/she expects to have, and has parental rights, which can reasonably be expected to continue.
5. The client has been legally declared to be an unfit parent in the past for valid reasons (other than bias due to sexual orientation or gender identity).

Verification of Reproductive Counseling

I have undergone counseling by Fenway Community Health medical provider regarding my reproductive rights and am fully aware that by using contra-gendered hormones I may render myself sterile, and therefore not be able to have children/offspring using my own gametes. Any questions or concerns I had have been answered to my full understanding.

I have (circle response) Undergone / Declined : Sperm / Egg banking. If I declined, my reasons are written in my words below.

I understand that hormone therapy might render me permanently sterile and I will therefore be unable to become a genetic parent.

Patient Signature

Printed Name

Date

Witness Signature

Printed Name

Date

Reasons for Declining to Bank Gametes (Ova/Sperm)
