

Queer & Transgender Reproduction with Assisted Reproductive Technologies (ART)

Dr Doris Leibetseder (doris.leibetseder@gender.uu.se)

1. INTRO: This MSCA-project (Nr. 749218) examined the experiences, practices and possible improvements for preserving fertility and achieving reproduction for queer and trans people in 6 EU-states (Austria, Estonia, Poland, Spain, Sweden, the UK) with very different kinds of guidelines and regulations regarding ART. Aim: improvement of ART access for queer and trans people.



2. METHODS: Analysis of ART regulations in 6 EU states; 30 qualitative interviews with self-identified queer and trans people who used or wished to use ART; 3 online surveys (in English, Spanish and Polish); 1 focus group; all with questions about experiences with ART.

3. IMPROVEMENTS (Online-Survey)

Country	Changing Laws	Medical Process	Treatment by Medical Staff	Administrative Forms	Legal Situation Newborn	Total
Austria	23 (34,8%)	8 (12,1)	9 (13,6)	11 (16,7%)	15 (22,7 %)	66
Estonia	5 (23,8%)	3 (14, 3%)	4 (19%)	4 (19%)	5 (23,8%)	21
Poland	14 (30,4%)	7 (15,2%)	11 (23,9%)	3 (6,5%)	11 (23,9 %)	46
Spain	55 (31,3%)	29 (16,5%)	17 (9,7%)	27 (15,3%)	48 (27,3 %)	176
Sweden	42 (26,4%)	23 (14,5%)	30 (18,9%)	26 (16,4%)	38 (23,9 %)	159
UK	10 (25,6%)	6 (15,4%)	8 (20,5%)	11 (28,2%)	4 (10,3 %)	39

4. MAIN FINDING: Correct information & knowledgeable communication needed!

5. POLICY RECOMMENDATIONS (Interviews, Focus Group):

LAWS (ART/Parenthood/Citizenship): Make ART laws more inclusive (at least allow the same treatment as for heterosexuals with fertility problems), allow storage of gametes in each country (especially for trans people) and home insemination, make obtaining parenthood and citizenship for the baby as simple as possible (also for home insemination), harmonize these laws across Europe.

FINANCIAL: provide financial aid or ART treatment on public health service (reduce waiting time).

MEDICAL: less medical/psychological tests and useless referrals for queer and trans people (without fertility issues), LGBTIQ training for staff (LGBTIQ certification of clinics, should follow a protocol), remove BMI requirement, cozier atmosphere not so hospital-like, provide knowledgeable information.

FORMS (administrative/legal/medical): use updated LGBTIQ inclusive gender terminology (including non-binary) on all forms.

SOCIETY (incl. media): better positive visibility of LGBTIQ families and use of ART, and of scientific studies showing it is not a disadvantage for the child; ART helpline and more networks (incl. social media) for QT intended parents.

