

# **Consent for Reproductive Rights**

Regarding Feminization & Masculinization

#### Standards of Care

All hormone therapy for transgender clients will meet or exceed the standards of care set forth by Allentown Women's Center in the AWC Transgender Health Program Guidelines for Hormone Therapy. These guidelines are informed by the standards of care recommended by the World Professional Association for Transgender Health (WPATH.org).

## Preservation of Reproductive Options

The Right to Reproduce is included in the United Nation 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 AWC 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, and 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 AWC. 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 AWC. Candidates interested in gamete banking who are past the age 37 years would need to be referred for consultation to a reproductive endocrinologist.

#### 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 they expect 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).
- 6. After careful consideration, the client does not desire to have children.

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