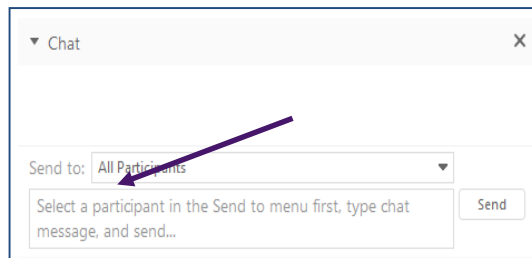
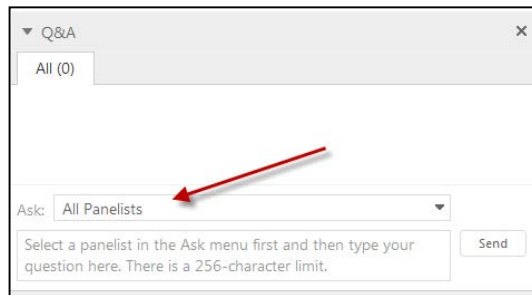


Housekeeping: Questions

- Please use the Q&A panel located on the right side of your screen to submit questions during the webinar. Send to “All Panelists.”
- If you experience technical or audio issues, please send a message through the Chat panel to “AAMC Meetings.”



Housekeeping: Webinar Recording

The recording and slide deck will be available on the AAMC LGBT Health Resources site in two weeks: www.aamc.org/axis.

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Diversity and Inclusion Home
Diversity 3.0 Learning Series
Diversity Portfolios
LGBT Health Resources
Resources
Contact DPP

Sexual and Gender Minority Health Resources

The following resources can be used to promote the health of people who are lesbian, gay, bisexual, transgender (LGBT), gender nonconforming (GNC), and/or born with differences of sex development (DSD). The AAMC thanks the AAMC Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development for developing and identifying these resources.

AAMC Videos and Resources
View AAMC-produced resources on sexual and gender minority health in medical education. Resources include videos, webinars, publications, and medical education community notices.

Clinical Vignettes

The clinical vignette series highlights various aspects of the health of LGBT and gender nonconforming populations and are designed to give learners the opportunity to analyze clinician-patient communication strategies. The series can be used in a variety of educational settings: independent learning, small group learning, and large group learning.

Related Resources

Find medical education and sexual and gender minority health resources from associations, charities, and individual authors outside the AAMC.

Photo Galleries

See the leaders of LGBT, GNC, DSD medical education and get a look behind the scenes of filming the *Faculty Development Video Series*.

view the photos >

Featured Resources & Programs

- Facts & Figures Data Series
- Learning Lab on Unconscious Bias
- Nickens Awards

Diversity Data Snapshots

Diversity Data Snapshots (DDS) is an electronic newsletter containing relevant news sources, data points,



The Contemporary Context of Family Building

What Providers Need to Know



Objectives

- Identify at least one cultural/societal change that has led to expanded family building options for the LGBT community
- List special considerations regarding family building for the LGBT community
- Summarize the role of the physician in various contemporary family building options
- Examine the ways parenting impacts health outcomes for LGBT people
- Describe “pearls of wisdom” from the lived experience of LGBT parents



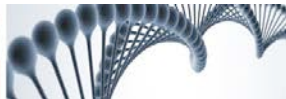
Greg S. Blaschke, MD, MPH, FAAP (Moderator)

- Division Head, General Pediatrics, Doernbecher Children's Hospital
- Professor of Pediatrics, Oregon Health & Science University
- Former member, Vice-Chair and Chair, AMA LGBT Advisory Committee
- President, Oregon Pediatric Society – State Chapter of American Academy of Pediatrics (AAP)
- Former Pediatric Residency Program Director & member Association of Pediatric Program Directors, LGBT PEG
- Member of Academic Pediatric Association, LGBT SIG
- Member AAP Section on LGBT Health and Wellness
- Captain (Retired), Medical Corps, US Navy



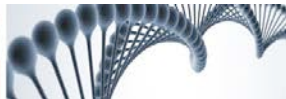
Perspective

- Child, family and community
- LGBT children and youth
- LGBT parents and families
- LGBT medical trainees, staff and faculty
- Schools and community groups
- Single parents
- Trans parents
- Planned and unplanned



Andy Miller, MHSE, MCHES

- President & CEO of Any Baby Can of Austin, Inc.
- Co-Founder & Board President of The Handsome Father
- Co-Founder of MillerStephens & Associates
- Father of 8 year old son via private adoption
- Advocate for LGBT parental rights



The Handsome Father™

Mission: To foster a community of support to connect, equip and inspire gay fathers and fathers-to-be. The Handsome Father is a national nonprofit 501(c)(3) tax exempt organization founded in 2013.

- Comprehensive online resource directory
- Awareness campaign to share stories of gay fatherhood
- Practical and emotional support from mentors
- Educational content presented in relevant context





**Our History:
How We Got Here**

Where There Are Parents, There Are LGBT Parents

But in the past 30 years

- What has changed is our visibility
- What has changed is our access to resources
- What has changed is our understanding
- What has changed is our equal treatment
- What has changed is our belief in what is possible



1959-1986

- In 1959, the first court case in which a parent's sexual orientation was considered in determining child custody
- In 1979 a group of gay fathers formed the Gay Father's Coalition, committed to finding other gay fathers and forming a network of support
- The 1980s saw a "lesbian baby-boom" with the spread of grassroots education on how lesbians could perform artificial insemination
- In 1986, the Gay Father's Coalition expanded to include lesbians and re-branded as Gay & Lesbian Parents Coalition, which would eventually become Family Equality Council



1986-1996

- 1986 – A San Francisco court approves the first lesbian joint adoption
- In the late 1980s, groups of gay parents and children of gay parents begin forming
- The 1980s and '90s saw states pass laws both prohibiting and allowing gays and lesbians access to foster care, adoption, second-parent adoption, and assistive reproductive technology
- 1995-96 – first surrogacy agencies formed specifically to expand access to gays and lesbians are founded



1997-Today

- In 1997, New Jersey becomes the first state to permit joint adoptions by gay couples by statute
- In 2009, the American Society for Reproductive Medicine releases a statement finding “no persuasive evidence that children are harmed or disadvantaged solely by single parents, unmarried parents, or homosexual parents”
- Today, very few laws prohibiting access to parenting options for the LGBT community have been allowed to stand, but discriminatory policies and behaviors persist in many states



**So Where Are
We Now?**



Today

- An estimated 37% of LGBT Americans have had a child, meaning as many as six million American children and adults have an LGBT parent
- Single LGBT adults raising children are 3x more likely than comparable non-LGBT folks to report household incomes near the poverty threshold
- Married or partnered LGBT individuals living in two-adult households with children are twice as likely as comparable non-LGBT individuals to report household incomes near the poverty threshold
- Nearly 50% of lesbians 50 years-old or younger are raising a child 18 years-old or younger in the home
- For gay men 50 years-old or younger, the number drops to 1 in 5

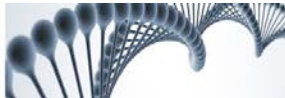




BARRIERS: Who helps and Who Hurts

Friends or Foes?

- Laws and policy makers
- Researchers
- Agencies
- Pundits and commentators
- Religious leaders
- Family members
- Providers
- Our own community
- Fear





Family Building: The Role of the Physician

Family Building Options


- Traditional way (relationship with an opposite-sex partner)
- Interfamily custody/adoption
- Foster care or foster-to-adopt
- Public adoption
- Private adoption (agency or facilitator)
- Artificial Insemination or In Vitro Fertilization
- Surrogacy (traditional or gestational)
- Co-parenting agreement
- Step-parenting



The Physician's Role

- Physicals and affirmation of fitness to parent
- Assistive Reproduction
- Sperm Washing for HIV discordant couples
- OB-GYN
- Newborn and new parent care
- Pediatrics
- Family Medicine
- Family Planning
- Transitioning Considerations



A male doctor with dark hair, wearing a white lab coat and a stethoscope, is seated at a desk and looking towards an elderly woman with short, wavy white hair. The woman is wearing a red top and is looking at a computer monitor. They appear to be in a medical office setting, with a desk, a computer monitor, a keyboard, and a stethoscope visible. In the background, there is a light-colored cabinet with a white device on top and a small anatomical model of a human figure.

**LGBT Parent
Health:
What's the
Difference?**

Major LGBT Health Risks

- Alcohol and substance abuse
- Tobacco use
- Depression
- Suicide
- Overweight and Obesity
- Sexual risk taking (HIV/AIDS, STDs)
- Violence

Source: U.S. Centers for Disease Control and Prevention



Parenting as Protective?

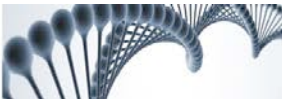
- Sexual risk taking behavior may be reduced
- More harmony among same-sex parents due to increased need to negotiate roles based on strengths, not gender roles
- Pregnancy/becoming a parent can be a “life-changing” event where one sheds unhealthy behaviors
- More research is needed to determine differences between LGBT parents, heterosexual parents, and childless LGBT individuals

Terrance Hines, MD, FAAFP

- Department of Family Medicine, BaylorScott&White Health
- Clinical Assistant Professor, Texas A&M College of Medicine
- Former member AMA LGBT Advisory Committee
- Texas Academy of Family Physicians Board of Directors (representing LGBT, women, minorities, IMG, new physicians)
- Father of 2- and 4-year-old sons

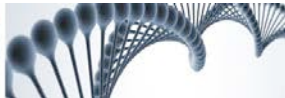


Our Adoption Journeys



Protect Yourself Legally

- Do the non-adoption stuff: powers of attorney, advanced directives, wills, etc.
- Despite the Supreme Court ruling in *Obergefell v. Hodges*, marriage and adoption are **not the same thing**
 - Mississippi: “adoption by couples of the same gender is prohibited”
 - Texas: Attorney General Ken Paxton faced potential contempt charges for refusing to allow gay couples’ names on birth and death certificates
 - Joint versus second-parent adoption
 - Parentage order to establish parental rights—easier to obtain than adoption
 - Know your local laws!



To Do List

- Do your research
- Ask lots of questions!
- Network with other adoptive families
- Physical exam
- Budget and finances
- Home study
- Create a profile
- Choose an agency, facilitator, etc
- *Don't be afraid to stop and change course*



Adoption Facilitators

- May help in the networking and matching process; negotiate, intervene or mediate between birth and prospective adoptive parents; coordinate the process; and offer support and referral services
- Once a match is made, the facilitator refers to a local professional (law firm or agency) and may withdraw from the rest of the adoption process
- Some states have specific laws that limit or prohibit the use of adoption facilitators



Home Study

- Typically performed by a licensed social worker
- They review an extensive questionnaire about your parenting style, childhood, expectations; FBI and CPS background checks; physical exam from your doctor; letters of recommendation; financial statements including tax returns; and inspect the home during a 3-4 hour interview
- Use the social worker as a resource--take the time to pick their brain about process, parenting, and how to interact with birthmothers
- Post-placement home study



After The Match

- Talk to birth mother as soon as possible
- Meet in person prior to delivery
- Get to know her -- more importantly, let her get to know you
- The birth mom has made the hardest decision of her life, and then she picked you. You're on the same team -- treat her with love, kindness and respect. Even if the adoption doesn't work out, you can feel good about yourself and about her.
- Create a birth plan
- Keep in touch



Adoption Tax Credit

- **Top Ten Facts about Adoption Tax Benefits**
 - <http://www.irs.gov/uac/Top-Ten-Facts-about-Adoption-Tax-Benefits>
- Used to offset reasonable and necessary adoption expenses (adoption fees, court costs, attorney fees and travel)
- The maximum Adoption Tax Credit allowable in 2015 is \$13,400
- In 2015, the Adoption Tax Credit decreases for taxpayers with a modified adjusted gross income (MAGI) over \$201,010 and taxpayers with a MAGI of more than \$241,010 may not claim the credit
- Same-sex couples may be eligible if unmarried/file separately; talk to your tax advisor



Parental Leave

- Some employers may differentiate between maternal, paternal, and adoption leave
- Talk to your human resources department
- Need to plan to stay in the state where their child is born for an average of 7 to 10 business days to comply with the Interstate Compact on the Placement of Children (ICPC)
- Under the federal Family and Medical Leave Act, up to 12 weeks unpaid leave is available for adoptive families



Hudson and Holden



Thank You!

Whether it is for your family or for your patients looking to build their own, I encourage to ask as many questions as you can, seek out community resources, love on birth moms, and enjoy every moment of this most miraculous journey.



Dorothy A. Sippo, MD, MPH

- Department of Radiology, Massachusetts General Hospital
- Instructor, Harvard Medical School
- Former Member of AMA LGBT Advisory Committee
- Mother of 1 and 3 year old daughters



Our Journey to Motherhood



Initial Planning

- Adoption?
- Biological child?
 - Who would carry the child?
 - Whose egg?
 - Donor:
 - Anonymous: Profiles from sperm banks
 - Known / directed: Legal process
 - Make sure that all parties have the same expectations and define these in a legal agreement before beginning trying to conceive.
 - Working with a lawyer who is experienced in assisted reproductive technology (ART) law is helpful.
 - Maternal age
- Marriage / wills / POA / advanced directives

Trying to Conceive

- First tried at home insemination (intravaginal)
- Switched to in office intrauterine insemination
- Ultimately saw a fertility specialist and underwent in vitro fertilization (IVF)
 - In retrospect, we should have done this sooner
 - The preparation for ART can take several months
 - There is a significant financial component to IVF
 - What does insurance cover?
 - Might a shared-risk program be worthwhile?
- Sperm donation is regulated by the FDA, leading facilities to following quite specific policies related to sperm storage and use

Once Pregnant

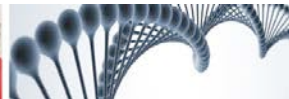
- Plan for second parent/co-parent adoption.
 - Consider consulting with a lawyer.
 - Obtain necessary documents (official copy of marriage certificate, birth certificate, letters of support)
- If relevant, make provisions for frozen genetic material in one's will.
- Investigate parental leave:
 - FMLA
 - Eligible employees are entitled to a total of up to 12 weeks of unpaid, job-protected leave within 12 months of birth or adoption
 - States and employers may have their own policies for parental leave

On the road becoming a parent, I met others with unique insights into the experience from all different backgrounds. Each made the journey a little easier.



Colleen McNicholas, DO, MSCI

- Assistant Professor OB/GYN
- Washington University School of Medicine
- Director, Ryan Residency Training Program
- Assistant Director, Fellowship in Family Planning
- American College of Obstetricians and Gynecologists
 - Committee on Healthcare for Underserved Women
- Mom of 6 year old son



The OB/GYN's Role - Asking & Affirming

Discussions about family building should start early and include family planning for those at risk of unplanned pregnancy

- Identity/preference ≠ behavior
- LGBTQ youth are at disproportionately higher risk of unintended pregnancy
- OB/GYNs role in medical transition & fertility preservation



The OB/GYN's Role - Asking & Affirming

Now? Later? Never? I have no idea!!

- Allows for realistic expectations
 - Except for home intravaginal insemination there WILL be a delay
- Lesbians tend to seek pregnancy a little later in life
 - Discussion of age related maternal risk
 - Increased age = increased medical comorbidities
 - Discussion of age related fetal risk
 - Risk of genetic abnormalities



The OB/GYN's Role - Preparation

Addressing and optimizing current health

- UTD on vaccinations, routine screening
- Optimization of medical comorbidities
 - ETOH, obesity, depression, violence
- Review of current medications
- Prenatal vitamins
- Family history screening
- Support system & legal preparations



The OB/GYN's Role - Education

- Know all of the available routes to family building
 - Assisted technology (Intravaginal/intrauterine insemination, IVF, surrogacy)
 - Adoption (2nd parent, public, private, international)
- Be prepared to discuss the limitations of each as it pertains to that patient
 - Success rates → 40 y/o with irregular period must understand the chances of successful pregnancy when starting with intravaginal insemination
 - Possibility of multiples with use of ART
 - Balance of cost and success/risk
- Know community REI's that are supportive of LGBTQ family building



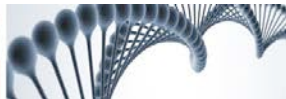
The OB/GYN's Role - Think Beyond the +UPT

- Models of Prenatal care
 - Centering, midwife, physician, doulas, high-risk consultations
 - ESTABLISH TRUST → minimize # of providers
- Understand the complexities of the health care system that present barriers for our LGBTQ patients
 - Hospital policies
 - who can be in the delivery room
 - protocol for issuance of birth certificates
 - who can make decisions for the newborns or pregnant persons care



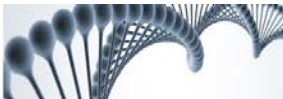
The OB/GYN's Role - Think Beyond the +UPT

- Postpartum issues
 - Breast feeding- who if anyone in the relationship is interested?
 - Lactation induction (non-bio parent)
 - PP Depression (similar incidence in sexual minority patients)
- Know LGBTQ friendly pediatricians/family med for newborn and child care



Once a Dad, Now a Mom: My Journey in Parenthood

Meghan Stabler



Meghan Stabler

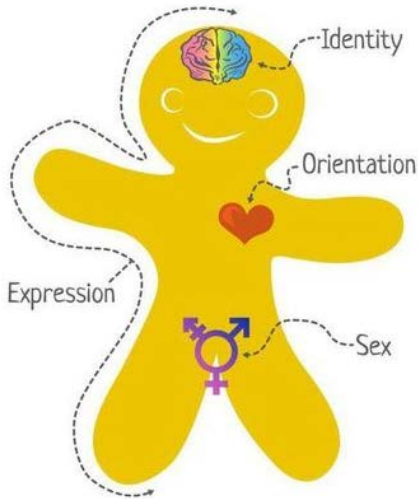
- Executive at CA Technologies, with extensive global expertise as a strategist, technologist, marketer and communicator. From cybersecurity to cloud, digital to mobile, she touches every aspect of today's technology landscape.
- Recognized as the first-ever transgender woman to receive the prestigious Working Mother of the Year (WMOTY) awards for 2014, award. A WMOTY is a woman who is a great mentor, a working mom who has overcome personal and professional obstacles, and someone who has made a significant contribution to her community and her company. In 2015, recognized as a MAKERS awardee; an elite group of women impacting change on society and industry.
- Member of the Board of Directors for the Human Rights Campaign (HRC), - the America's largest LGBT civil rights organization and co-chair of the Board's Public Policy Committee. She also serves on HRC's Business Council focusing on LGBT workplace equality.



2016 MAKERS Awardee – The Advocate
2014 Working Mother of the Year –
Working Mother Magazine
2013 NGLCC Women's Leadership
Award
2012 President's Award for Community
Leadership



Did I mention that I was transgender/transsexual?



Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.



Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.



Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.



Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.



Trans Considerations on Parenthood

Medical

- “mojo” Storage
- Endocrinology Impact
- Health
- Surgical

Societal

- Legal
 - Statutes
 - Documentation
 - Court Orders and Judges
- State
- Family
- Medical Professionals



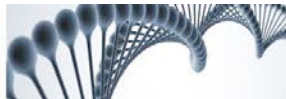
My Journey to Motherhood

- 1 genetic
 - F 23 y/o
- 1 via donor
 - F 4 y/o



“Access” to Transgender Healthcare

- 60% of trans people lack employer-based health insurance, 50% have to educate their providers, 19% have been denied healthcare
- The average medical student receives just five hours of training in transgender issues during all four years medical school. There are no fellowships, certificates of added training, or even generally accepted credentialing standards for physicians who treat transgender patients.



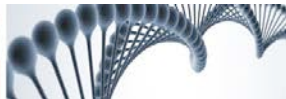
Kenan R. Omurtag, MD

- Assistant Professor, Obstetrics and Gynecology, Washington University Division of Reproductive Endocrinology and Infertility
- BA and MD, University of Missouri-Kansas
- Former Alternate Delegate AMA-Medical Student Section
- OBGYN residency: Emory University
- Fellowship in reproductive endocrinology and infertility: WASHU-STL

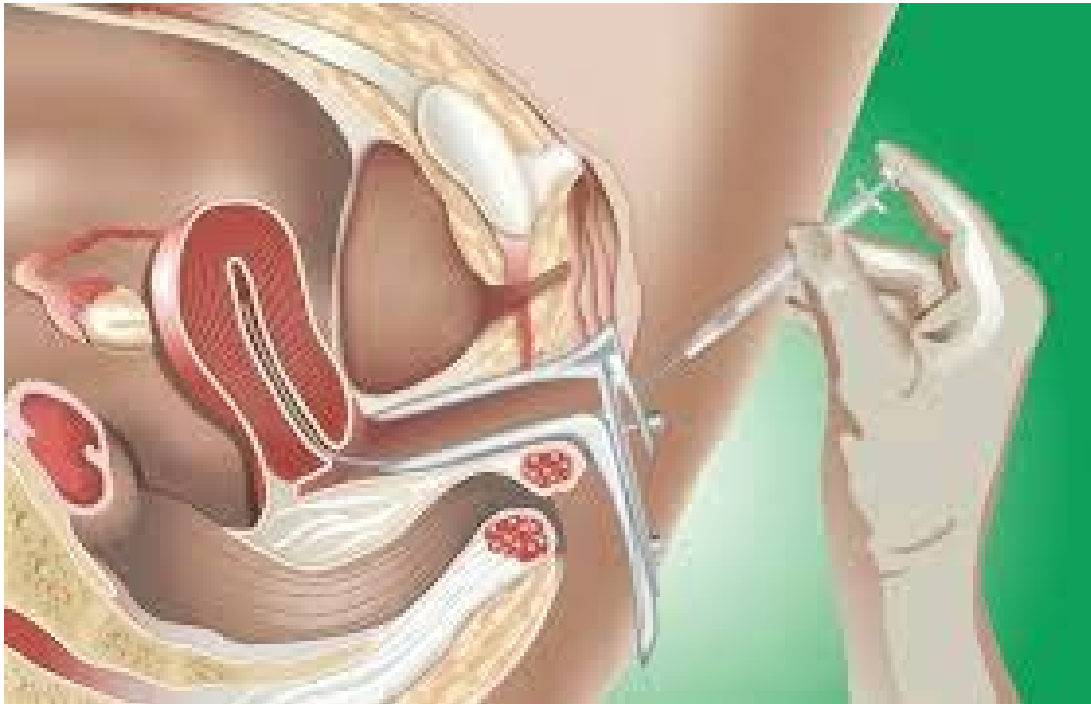


Assisted Reproductive Technologies

- Intrauterine insemination
- In Vitro Fertilization
- Surrogacy (i.e gestational carrier)
- Gamete and Embryo donation
- The future



Intrauterine Insemination



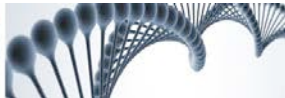
Intrauterine Insemination

- Indications
 - Wide ranging: targeted or empiric
- Efficacy
 - 10-20%*
- Cost
 - \$350 + monitoring, meds



IUI Alone or With Medications?

- Depends on Diagnosis
 - Ovulation dysfunction vs “unexplained”
 - Ovulation induction vs superovulation (i.e COH)
 - Natural Cycle/OPK
 - Clomiphene citrate
 - » 5-8% twin rate
 - » 1% triplet or more
 - » \$
 - Letrozole
 - » 5% twin rate
 - » <1% triplet or more
 - » \$
 - Injectable medications
 - » rFSH, hMG
 - » 25% twins/5% triplets
 - » \$\$\$



Donor Sperm

- Anonymous
 - CLIA certified Labs
 - Numerous Sperm Banks
 - Donors
 - Eligibility Determination
 - FDA required by law
 - 18-39 yrs
 - Voices, baby pictures, essays, physical characteristics, contributed to pregnancy, etc
 - \$200-1000 per ampule (1 IUI cycle per ampule)
- Known
 - Requires donor eligibility determination
 - LEGAL Consult HIGHLY encouraged to minimize risk of parentage disputes

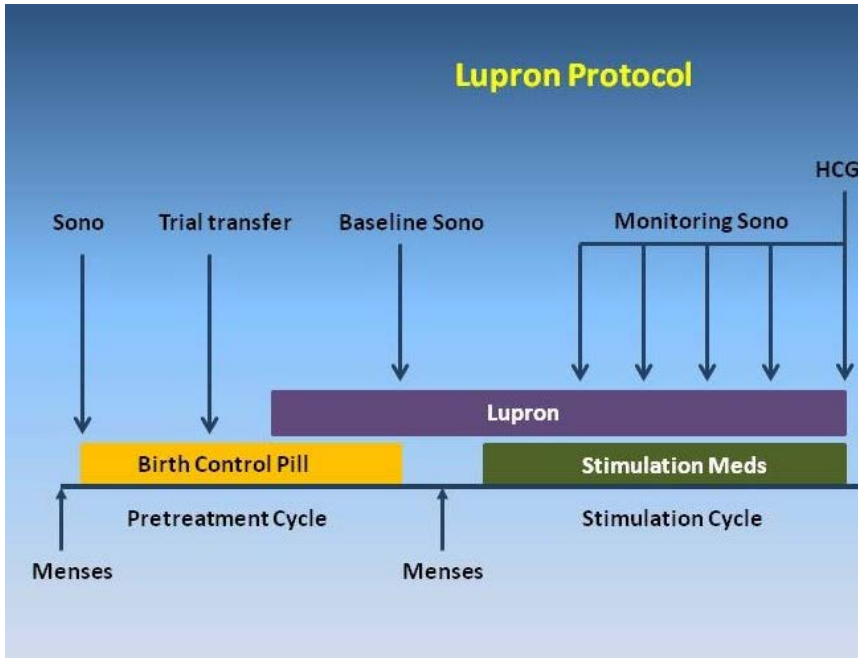


In Vitro Fertilization (IVF)

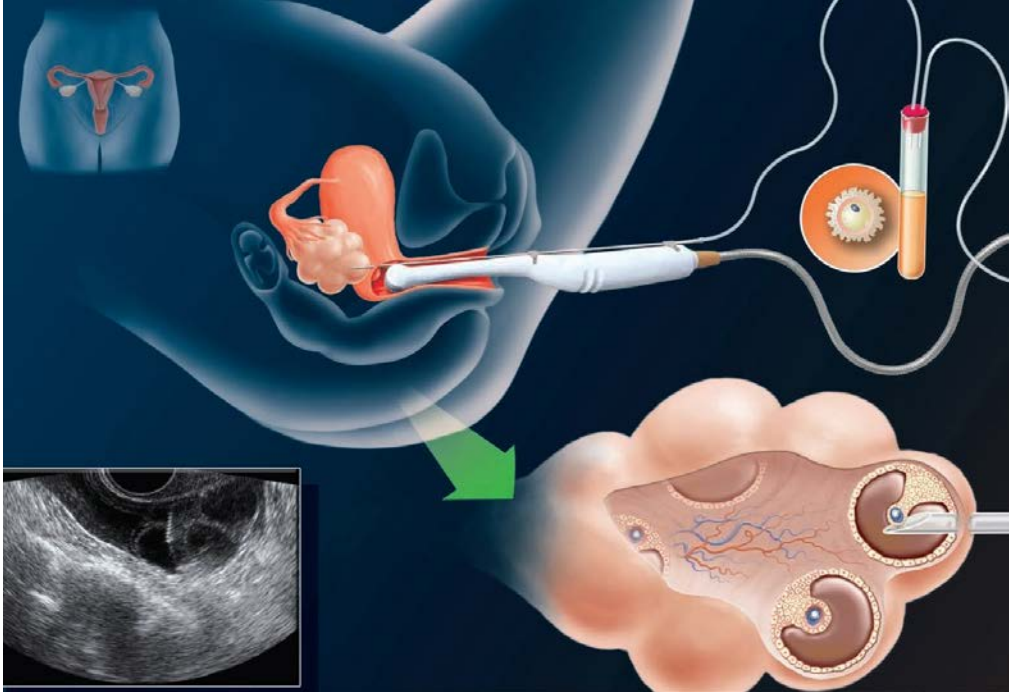
- Indications
 - Wide ranging: targeted or empiric
 - Failed IUI
 - Co-maternity
 - Need for gestational carrier
- Efficacy
 - 50-70%*
- Cost
 - Self pay ~12,000 + medications (\$3-6,000)
 - Package pricing, risk sharing programs
 - Insurance Coverage
 - IUI's required for coverage, medical necessity (i.e age)
 - State mandates, employers



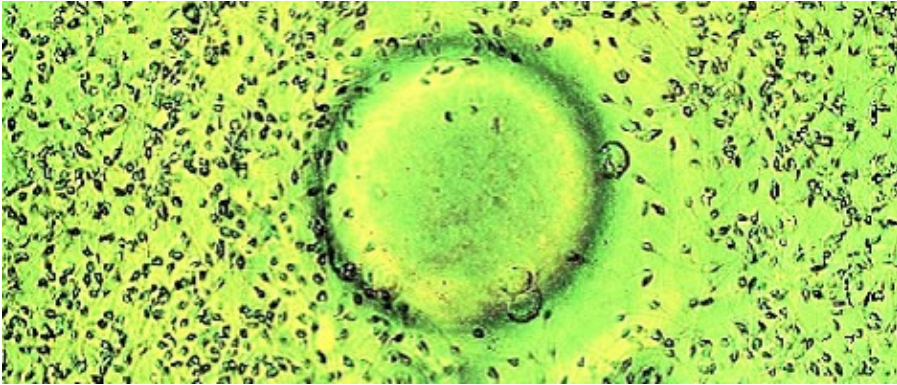
IVF (Stimulation Process)



IVF (Egg Retrieval Process)



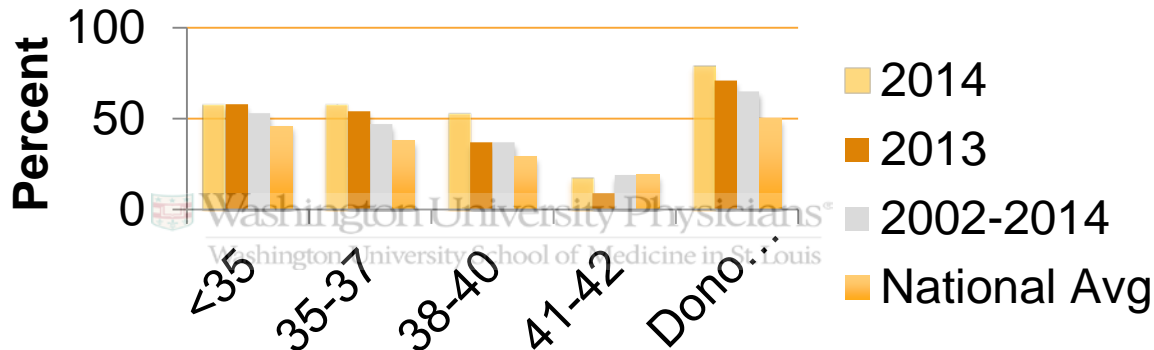
IVF (Insemination and Fertilization)



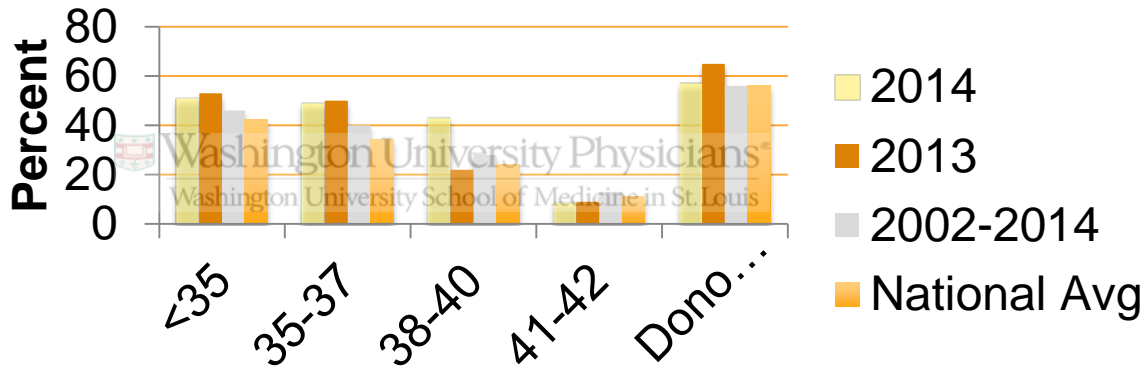
IVF (Embryo Culture and Biopsy)



Pregnancy Rates: Fertility and Reproductive Medicine Center at WASHU/BJH



Live Birth Rates: Fertility and Reproductive Medicine Center at WASHU/BJH



Surrogacy (Gestational Carriers)

- NOT traditional surrogacy (woman provides egg AND uterus)
 - Legal and emotional risk is very HIGH
- Gestational Carriers
 - <45 yrs old
 - Have delivered at least one child before
 - No medical contraindications to pregnancy
 - <5 NSVDs/<3 c-sections
 - Recommending FDA screening process as they are tissue recipients from non sexually intimate partners
 - Legal contract between IP and GC
 - 6 month quarantine of tissue*



Gestational Carriers

- Someone you know
 - Costs:
 - IVF + meds = \$16000
 - Carrier fees and testing = ~\$4000
 - Legal = fees variable
- Agency
 - Costs are the same plus overhead and cost for carrier to carry so price can rise significantly



Egg Donation

- Fresh egg donors
 - Wait time can be 1-12 months
 - 70% success rate
 - Cost
 - IVF+meds+donor fees and compensation = ~\$24,000
 - Known or anonymous
- Frozen Egg donors
 - Readily available
 - 6-8 eggs frozen available for purchase
 - 40-65% success rate
 - \$16500



Embryo Donation

- Embryos donated by infertile couple that is done building family
- Success rate is ~40-60%
- Adoption vs Donation
 - Personhood
 - Open vs anonymous
 - Home visits and court order
- Cost: \$8-12,000



Special Considerations

- Transgender Individuals
 - Fertility preservation
- HIV discordance
 - IUI + prep
 - IVF-ICSI
- The role of the reproductive Counselor in 3rd party reproduction



Pearl 1: Do Ask and Do Tell

- Stereotypes are only partially true! (They can help & hurt)
- Every family is a culture unto itself
 - One LGBT family is one LGBT family
 - Intersectionality (AA, gay male, single parent family)
- Open ended questions: Tell me your story, or journey
- Trauma informed—If someone reacts, ask what happened to you, not what is wrong with you



Pearl 2: Know Your Community!

- Be sensitive that most, if not all, LGBT parents have overcome significant barriers (internal/external) in order to have children
- Most LGBT families are below 2x poverty line
- High rates of LGBT families and children in South East
(TX to VA)
- Social determinants of health
 - Maslow's hierarchy
 - Housing, food, access, insurance, legal etc
- LGBT and Straight community resources



Pearl 3: Know Your Practice!

- As a provider, you are only as strong as weakest link
- LGBT separate versus LGBT friendly
- Don't forget the forms
- Child as patient, parent as facilitator of care
- Messaging:
 - Out and Proud
 - Subtle but apparent
 - Planting seeds



Pearl 4: You Know What They Say About Assuming...

- Don't assume your LGBT patients don't have or don't desire to have children, regardless of age, relationship status or gender identity
- Pronouns matter
- Just ask
- LGBT children, adolescents and young adults
- LGBT expecting parents
- LGBT parents
- Don't forget the siblings, grandparents, and "others"
- Do no assign traditional gender roles to LGBT parents



Pearl 5: Great Care is Good Care

- Avoid slippery slope of ‘changing practice’
- Know what you know, and don’t know
- Ask for help and learn from others
- Be ‘present’ in visit and practice active listening
- LGBT youth and parents may have unique risks and strengths
- Set Expectations: Tell parents what you do for all families (EPPD, IPV, SBIRT, PHQ-9/A)
- Ask about fears/nightmares and joys/triumphs



Pearl 6: Learn, Improve, & Pay Forward

- Ask questions
- Teach each other
- Enjoy practice and have fun
- Do quality improvement
- Get involved in community
- Contribute and participate in research
- Advocate for youth, families and communities
- Be human





**Greg
Blaschke**



**Terrance
Hines**



**Colleen
McNicholas**



**Andy
Miller**



**Kenan R.
Omurtag**



**Dorothy
Sippo**



**Meghan
Stabler**

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