



Seedling Quarterly

August 2017

WELCOME SEEDLING AMBASSADORS! By WENDIE WILSON-MILLER, GIFTED JOURNEYS AND VICE-PRESIDENT OF SEEDS

Hi SEEDLING Ambassadors!

I hope this summer has found you and your families enjoying some R&R. These moments when our children, or grandchildren, or children of friends are out of school and experiencing that great expression of pure joy, fun and freedom that is childhood, we are all once again reminded of the importance of what we do; building families. We are, every one of us, so very lucky to bring this joy to new lives in the world, and allowing hopeful parents to experience the same.

In an effort to continue our belief that love makes a family, we have dedicated this newsletter to our LGBTQ friends and family. A special thank you to Kim Bergman and Richard Vaughn for their thoughtful contributions.



Also, as many of you may not know yet, the ASRM LGBTQ Special Interest Group (LGBTQ SIG) was formally recognized in 2016. The mission statement reads:

To promote equality and inclusion in reproductive medicine for all individuals regardless of gender, sexual orientation, sexual identity, or personal situation by providing information, education, and direction to the ASRM membership.

Kim Bergman, Co-Owner of Growing Generations, and Dr. Samuel Pang, the Medical Director of IVF New England will be presenting Round Tables at the 2017 ASRM conference in San Antonio. Please make sure to sign up if you're interested in reserving a seat. I imagine they will fill up fast!

In 2018 the LGBTQ SIG will have a workshop as well, so please stay tuned for future information about this organization. If anybody is interested in becoming an official member of the LGBTQ SIG, you can do this officially through the organization (ASRM.org), or email Wendie Wilson-Miller and she will add you to the membership outreach list: wendiewilson@giftedjourneys.com.

Thank you all for your continued support and input into our wonderful industry. We are stronger together, and you all prove that every day.

Sincerely,

Wendie Wilson-Miller

Vice President

How to Build an LGBT-Friendly Fertility Practice

By Guy Ringler, M.D.,
California Fertility Partners

How to Build an LGBT-Friendly Fertility Practice

I feel very fortunate to practice reproductive medicine because it provides me the unique opportunity to help everyone have children of their own.

Most people have a biological desire to reproduce. When I meet with new patients I can often feel their commitment to have a baby. It doesn't matter if they are a heterosexual married couple, a single woman, a lesbian couple, or anyone else: I am committed to helping them fulfill their dream of having children.

I've been helping gay men and lesbian women have children for over twenty-five years, and the demand for fertility care by the LGBT community continues to rise.

My care for the community comes from the overall belief system of my practice: All patients should be treated with dignity and respect. Many members of the LGBT community have experienced discrimination on different levels throughout their lives. As these gay men, lesbian women, bisexual and transgender people enter the medical system seeking reproductive assistance, they may feel a little nervous and sensitive as to how they will be treated.

Health care professionals must become familiar with the particular issues and sensitivities of the LGBT community in order to provide the best care for these patients.

Several months ago I was asked to give a lecture at the SEEDS conference on *How to Build a LGBT-Friendly Practice*.

"It's easy", I told Wendy. "Just care for your patients."

Of course, optimum care can look very different for each person. Understanding what it means to be LGBT, and some of the unique elements of the community, is critical to offering that care.

I started my preparation for the talk by thinking about the meaning behind the words *LGBT Fertility Practice*. How you explore and understand the meanings of each of these words will impact how you approach your LGBT patients.

LGBT

These letters technically stand for Lesbian, Gay, Bisexual and Transgender. But what do they mean to you? As a member of the community, to me they mean: *loving, inclusive, diverse and beautiful*.

Love and friendliness should be cornerstones of everyone's office, as it translates into experiences of kindness, thoughtfulness, generosity and accessibility. For LGBT patients this means a welcoming front office that embraces diversity. Everyone wants to feel accepted, to feel at home.

It's important to understand the spectrum of being openly LGBT. Every gay man and lesbian women goes through their own coming out journey, and they may present themselves at different stages of their own personal development. It takes courage to come out, and it takes courage to come into a fertility office and declare your desire to reproduce. Everyone deserves respect and acceptance for who they are now.

Every office looking to embrace the community needs a supportive staff that understands the LGBT struggle. Patients encounter medical staff at multiple points in the process: having their blood drawn by the phlebotomist, talking with the receptionist, talking with the nurses, and even meeting with the billing department. All staff members must be accepting and welcoming to all patients, including the LGBT community.

How to Build an LGBT-Friendly Fertility Practice, continued...

Experiencing the LGBT community and its culture can translate into more understanding and better care. Encourage your staff to reach out to LGBT friends and ask them about their lives, visit a gay bar, attend a Pride parade, watch a movie like *Brokeback Mountain* or *Transamerica*. While the desire for children is universal, the LGBT community is unique, and the more you and your staff experience it, the more genuine your care will feel.

An element of that understanding is to realize that you cannot be surprised by anyone – The LGBT community is truly a rainbow. There are many ways to build a family today, and all variations may present themselves at your office door. I've met with three-person relationships ("throuples"), lesbian couples with HIV-positive sperm donors, and many other versions of expecting families.

Another element of understanding the community I've found important is providing very private areas – safe spaces – for patients to share their personal stories. Sharing one's personal life with a doctor, nurse, or staff member can be difficult for anyone. As I said before, many LGBT people have experienced tremendous struggle, and they may be wary of sharing their lives with you. Providing LGBT people a safe space for sharing can be critical.

I recently met with young a woman who was planning to freeze her eggs before her transition from a woman to a man. Your staff needs to have the sensitivity to recognize when these private areas are needed.

Fertility

To me this word means *wonderful, miraculous, nurturing, joy and family*. In practical terms, this means having access to sperm banks, offering reciprocal IVF for lesbian women, providing egg donation and surrogacy resources, and sperm and egg freezing.

Practice

I make sure my practice is *respectful, professional, enterprising and resourceful*.

On a practical level, this means acceptance of all individuals regardless of their sexual practices and gender identity. Professionals must see the uniqueness in every client.

As soon as a new LGBT patient sits down to fill out forms they are looking to see how you address their community. For example, is your form inclusive of people who identify outside of the male/female gender spectrum? A simple addition to your form like "other gender" signals a world of acceptance to that patient.

I have found it is also important to donate to LGBT organizations, to let the community know that you support their causes. You're not just looking for their business, you are

looking to strengthen and build their community.

Hiring LGBT employees can also transform your staff and how LGBT people experience them. Include an LGBT section on your website, have gay-friendly magazines in the waiting room, and have gay-friendly resources in your semen-collection rooms.

An LGBT-friendly fertility practice needs to make sure it has thought through what each of these words means to them. You cannot simply declare yourself "LGBT-friendly." Getting there takes work and investment. To create a successful LGBT-friendly practice, you must take the best values of the LGBT community and amplify these words, so that the practice is a beacon for all communities.

-Guy Ringler, MD, California Fertility Partners

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First LGBT Love, Then Same-Sex Marriage...But Where's the Best State to Fill the Baby Carriage?

Navigating the Legal Maze for LGBT Intended Parents and Surrogacy

Only a few short years ago, the idea of gay and lesbian couples having the same legal rights to marry as heterosexual couples seemed like a far-away dream. Then, surprisingly quickly, in less than a decade, the barriers to marriage equality—judicial, legislative and societal—fell away, and in June 2015 same-sex marriage became legal in all 50 U.S. states.

The impact on laws and regulatory systems throughout the country has been immense, simply because marital laws impact on virtually every aspect of human life, from business ownership to the criminal justice system to parentage. As this article is written, family law issues such as adoption, parental establishment and surrogacy are still being hammered out in courtrooms and state legislatures, and it may be years before many are resolved.

The so-called “Gayby Boom” hit long before marriage equality became the law of the land in the U.S., as same-sex marriage became legal in more and more states, and as public acceptance of LGBT families grew. Thousands of same-sex couples, thanks to the miracle of assisted reproductive technology (ART), had the opportunity to create a biologically related child.

The laws governing assisted reproductive technology (ART) and families created via ART already were in an ongoing state of change, differing from state to state and nation to nation, and always running to catch up with rapid advances in fertility treatment. Questions never considered before, such as who has rights to determine the disposition of frozen embryos if a couple separates, are still being hammered out case by case, state by state.

The “gold standard” for ART and surrogate births generally is for the child to be born in a jurisdiction where surrogacy (traditional

or gestational) is legal, where surrogacy agreements providing compensation for the surrogate are legal and recognized, where it is possible to obtain a pre-birth court order naming intended parents (and not the surrogate) as parents, and where both intended parents’ names can be listed on the birth certificate.

A birth certificate is a critically important legal document used throughout an individual’s life—for school registration, vaccinations, passport applications and applying for public benefits. The state of Texas recently settled a case involving undocumented immigrants that may benefit same-sex intended parents in future cases: The ruling established the principle that birth certificates are an important document essential to the human rights of individuals born in the United States. A U.S. District Court ruled in 2016 that South Carolina’s refusal to list both parents on the birth certificates of twins born to a married lesbian couple violated the 14th Amendment of the U.S. Constitution, resulting in a consent agreement that the state will begin issuing accurate birth certificates to the children of married same-sex parents.

For what it is worth, the following is a list of 27 U.S. states where both same-sex intended parents may be listed on their child’s birth certificate: Arizona , Arkansas , California, Colorado, Connecticut, District of Colombia, Florida – only if married, Georgia, Hawaii , Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nevada, New Hampshire, North Dakota, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, Wisconsin

But beware—even states where it is possible to list two dads or two moms on the birth certificate often present lots of hoops for same-sex IPs to jump through, depending on the particular circumstances of the intended parents. In the constantly *First*

LGBT Love, Then Same-Sex Marriage , continued...

changing legal environment surrounding both ART and same-sex marriage, intended parents must always consult with an attorney experienced in ART and parentage law to determine what states are legally appropriate for them, and certainly before matching with a surrogate!

Consider this scenario: The intended parents are two gay men who reside in and are citizens of a country that does not allow surrogacy and or same-sex marriage. In order to bring their baby born via surrogacy in the United States home, they must have a court order granting full parental rights to both fathers but also directing that an initial birth certificate be issued listing the surrogate as “mother” and the bio-dad as the father. This same order may provide for an amended birth certificate removing the surrogate’s name and instead listing the second father. Some states understand the need for flexibility in the preparation of birth certificates, while in other states it is not possible to obtain an initial birth certificate listing the surrogate as “mother.” If the required documents are not available through the birth state, some intended parents will, once back home, have to apply for a parental order or adoption order for the non-bio father, and through that order apply for a corrected birth certificate—if such procedures are available where they are from.

That’s why, when it comes to the best places for LGBT intended parents seeking to have a child via surrogacy, there is no one-size-fits-all answer. The combination of rapidly evolving ART law and changes in the law brought about by same-sex marriage means same-sex intended parents must have a clear view of the legal landscape, both in the state or country where they reside,

and where their child will be born. Ideally, they will consult with an attorney experienced in ART law and parentage laws in both locations.

To determine the best state for an intended parent’s specific situation, one needs to know:

- Marital status of the intended parents
- Whose genetics (sperm, eggs) are being used
- Where the intended parents reside
- Where the intended parents hold citizenship (including multiple citizenships)
-

At the end of the day, the best jurisdiction will depend on the unique set of circumstances of each intended parent. The best jurisdiction for the gay couple described above will be the one that allows them to have the documentation they need to ensure their child’s citizenship and parentage is recognized in their home country.

Assisted reproductive technology is an amazing vehicle to allow LGBT couples to create family, with a fascinating matrix of professionals all collaborating to bring about the best outcome for the child. But in order to properly advise same-sex intended parents on the best way to protect their family, even the most experienced attorney must understand and analyze their unique circumstances.

-By Richard Vaughn, Esq., International Fertility Law Group



Exploring the Psychological Aspects of LGBTQ Parenthood

The past twenty-five years have brought considerable changes in the social, psychological and political atmosphere for LGBTQ individuals. In this new atmosphere of increasing openness, LGBTQ individuals are pursuing full self-expression in every area of their lives, including their desire to be parents.

While there is really NOTHING but parenthood to prepare one for parenthood, it is my experience, both professionally and personally, that sharing experiences common to parents in the LGBTQ community can help ease the transition into this new phase of life, as well as help to lessen the anxiety.

In this article, I will summarize and address the common issues that LGBTQ parents face. The goal here is to help you develop a new understanding of how to serve your LGBTQ clients both in the family building process as well as in the years that follow.

Shifting Identities

Many LGBTQ clients may have given up the idea that they could be parents. The idea of their sexuality may at some point have seemed incongruent with being a parent. Yet, despite this, there is still a compelling urge to be mommies and daddies. So, when they find themselves living their dream of becoming parents, their identities have quite a transition to go through to catch up.

For starters, LGBTQ parents have to adjust to being the center of a lot of attention. In big cities where there are a lot of other LGBTQ headed families, this probably means they will need to adjust to being admired and ogled over. But, in smaller towns where there are few or no LGBTQ families, new parents may be the subjects of some hostile attention. In either scenario, people will likely stare a lot - and this can take some getting used to.

Coming Out, Again

All of this new attention brings with it a whole new level of coming out for the parents. Babies with two mommies or two daddies out their parents everywhere they go. As the kids get older this becomes more and more of an issue when "passing" (not correcting someone's hetero-assumptive comments) begins to have some very real consequences for the child overhearing. If the parents are not yet out to coworkers and employers, having a baby will make that omission hard to live with. This continual coming out can be a bit jarring at first, and take some amount of adjustment.

Who are the parents?

As with biological conceptions, parents in an assisted reproduction family will be the individuals who love and literally "parent" the child. With ART or adoption contributing the egg, sperm, or womb -- having a biological connection to the child does not automatically make that person the "parent." While the individuals contributing these ingredients may be the parents, that is not to be an obvious assumption. The key is all in the language you will use with them now, and they will eventually use with their children and the world around them.

It's important to talk about the relationships they hope to form with their family building team; the donors and the potential surrogate who will help them along their journey. It's never a bad idea to host open conversations about their largest fears of creating a family through this method, and how they feel about these choices.



Exploring the Psychological Aspects of LGBTQ Parenthood

By Kim Bergman, PHD,
Co-Owner of Growing Generations

Exploring the Psychological Aspects, continued...

Owning the Story

Parents are encouraged to tell their children the age-appropriate truth from early in their lives and should be encouraged to share with others whatever feels the most comfortable or appropriate. Kids love to know their birth stories and will be asking to hear it often. If for no other reason than this, it is crucial that parents craft a story that is honest. As important as honesty is, it is perhaps even more important yet that these parents avoid outright lying or deceit about their family's unique creation story at all costs. These lies are not only hurtful, but they become very difficult to tell over and over with any amount of consistency.

When clients are uncomfortable telling their children the truth about their birth stories this may be due to client's discomfort with being LGBTQ. Addressing their own underlying internalized homophobia head on can help resolve these issues, thus freeing the clients to share honest, open, and appropriate details with their children and those around them.

There are no right or wrong answers to crafting this story- and it is very helpful to tell all parents this! Encourage them to work in details about reactions from friends and family to the news of a pregnancy, and introduce the key players in the process with appropriate disclosure. Remind them that the story they share with their child now will be the foundation for the story their child shares with his/her peers for the rest of their lives. It's important to give it thought now, and craft a story that is truthful and exciting to tell for years to come.

Some of the unique issues your LGBTQ intended parents face include:

- Dealing with sometimes tenuous legal status
- Having to jump through hoops to establish parentage
- What last name to use
- How to talk to family and the outside world about their family
- How to talk to their children about their family
- How much to tell others about the details of their children's conception
- What will their children call them
- How will they become parents?
- Who will carry the child?
- Which partner "goes first" with a genetic connection?
- Whose sperm to use?
- Whose egg to use?
- Using a known or anonymous donor
- Psychological vs. Biology parenthood
- Establishing parental legitimacy

Facing a Homophobic Society

LGBTQ Intended Parents have a basket full of questions that heterosexual parents do not. They often think about:

- Should an LGBTQ person be able to have a child?
- Will my friends and family support me?
- Will my child suffer because they don't have a (mother) (father)?
- Or because they have LGBTQ parents?
- How will a homophobic world welcome or harm my child?

For many LGBTQ Intended Parents, their own parents and family of origin have been less than supportive. The result is that they fear that becoming parents will be a new source of stress and judgment from their own families. They worry about how homophobic family members will treat their children as well.

Many new parents report fearing that their parents will not accept their children, but an almost equal number experience that once the baby is born their parents' or in-laws' reactions ranged from slowly accepting their grandchildren to immediate complete turnarounds as they fell in love with the baby at first sight. Babies can be that magical!

Exploring the Psychological Aspects, continued...

Psychosocial Issues

LGBTQ parenting situations are not immune to the same issues that plague heterosexual families. It is not uncommon to see your LGBTQ clients worry about a variety of psychological issues as they enter into parenthood as well. These can include:

- Changes in relationship
- Decline in intimacy
- Reduced income
- Major changes in friendships with many declining
- Reduced social activity
- Multi-minority status (in both the parenting and LGBT communities)

Our Job as Professionals

Your clients will certainly come to you with many questions and also sometimes some misconceptions. You can help your clients the most by educating yourself about LGBTQ issues and reminding parents that LOVE makes a family; not DNA. Further, you can support your clients by helping them address any internalized homophobia or unexamined feelings.

Additionally, you should know what options exist for your LGBTQ clients seeking to become parents. Know the research that answers their concerns; both expressed and internalized. Provide clients with the resources that will help educate them about what to expect at every stage of this journey. Speak with sensitivity, seek peer supervision and don't be afraid to ask an expert.

-By Kim Bergman, PHD, Co-Owner of Growing Generations

Help SEEDS Grow-Volunteer Opportunities



Join a Committee and be part of helping SEEDS grow!

1. Grievance Committee
2. Education Committee
3. Membership Committee
4. Fundraising Committee
5. Educational Documentary Committee
6. Conference Committee (Outside of CA)
7. Newsletter Committee

Each committee needs a minimum of 3 members per committee and one chair person.

Committee members will be required to teleconference a minimum of 4 times annually.

The Chairperson will be responsible to set agendas, meet deadlines, and send meeting updates directly to the executive board.

If you are interested in being involved, please email me directly with your top two choices at your earliest opportunity. (Space will be filled on a first come first served basis.)
info@SEEDSethics.org

Interested in learning more about SEEDS? Visit us at: www.seedsethics.org or call 949.726.0652