





Fertility Preservation for Trans and Gender Diverse People Information for patients





What and who are Wales Fertility Institute?

The Wales Fertility Institute is a two site service based at the University Hospital of Wales, Cardiff and Neath Port Talbot Hospital. We provide specialist fertility consultations and treatments including fertility preservation. We accept referrals for patients living anywhere in Wales.

The Hewitt Centre at Liverpool Women's Hospital and Shropshire and Mid-Wales Fertility Centre at Severn Fields Health Village in Shrewsbury also provide fertility preservation for Welsh patients. If you live in North Wales you will most likely be seen in Liverpool and if you live in Mid Wales you would be looked after in Shrewsbury.

What is Fertility Preservation?

Fertility preservation is the storage of eggs, sperm or embryos. This is a service we offer in the knowledge that someone is going to become or is likely to become prematurely infertile. This is usually as a result of a person requiring medical treatment with medicines known to have a negative or toxic effect on eggs and sperm or a surgery that could cause infertility.

Is there a cost for fertility preservation?

In Wales, the Welsh Health Specialised Services Committee (WHSSC) funds fertility preservation for people embarking on gender confirmation medication or surgeries for 10 years. If after the 10 years you wish for your eggs, sperm or embryos to remain in storage, there would be an annual fee (currently £275 per year).

Is Fertility Preservation relevant to me?

Not all trans and gender diverse people will feel they need medical intervention for their transition. For those that do plan on gender affirming hormones and/or having a surgical intervention to remove the testes or womb/ovaries, these treatments can lead to the loss of fertility. We understand that having a family may not be something that you are currently considering, but taking steps to preserve your fertility offers you the possibility of having your own biological children in the future.

Created by: A.Storey Authorised by: P.Knaggs Version Number: V1

Date of Issue: 07-02-2019 Review by: 07-02-2020 Fertility Preservation Information



To help you through the process of making an informed decision, we have produced this brochure to help you understand the process. We are always available should you wish to speak to us, and have the experience and expertise to help support you in making these important decisions. This might feel uncomfortable at first but there is no need to feel anxious; the staff will be there to help you.

Puberty, Puberty Blockers & Hormone Therapies

Puberty blockers (also known as anti-androgens) may be taken by younger people that have not yet fully progressed through puberty. They allow extra time for someone to learn about themselves before any decisions are made. The blocking effect is reversible and once stopped the body can either go through natural puberty or gender affirming hormones can be started. Eggs and sperm are not produced without the body going through puberty. If you have not yet been through puberty there is the possibility of storing ovarian or testicular tissue. However, these are still experimental procedures and are not yet available in Wales.

Hormone therapies involve taking Oestrogen (female hormone) or Testosterone (male hormone). These will override the natural hormones made by your body and will limit the production of eggs and sperm. The longer you take the hormones the more likely it is that a complete loss of fertility will happen. Some people regain their fertility when they stop taking hormones but this can never be guaranteed. Ceasing hormone therapy once it has started can also be a daunting prospect, so preservation prior to starting this treatment might well be the better option. If you are already taking hormones we would recommend to stop taking them prior to your storage appointment. Typically this would be four months for sperm storage and until menstruation has restarted for egg storage.

Hormone Therapy Myths

Please be aware that being on hormone therapy doesn't mean that you won't be able to conceive naturally. Vaginal intercourse can still lead to pregnancy when one or both partners are taking hormones. If you are not trying to conceive then using contraception is recommended.

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Surgical treatments & how they will affect your fertility

If you have decided to have gender reassignment surgery, there are a number of options that are available. What surgery you have will inform how we best help you, whether this be to have a family before your surgery or to preserve your fertility for the future.

If you are a trans man or a non-binary person who was assigned female at birth, the following procedures will affect your fertility:

<u>Salpingo-Oophorectomy</u>: This is the removal of the fallopian tubes and the ovaries. The ovaries produce eggs and the fallopian tubes carry the eggs to the womb. To preserve fertility we would need to collect and store the eggs before the ovaries are removed.

<u>Hysterectomy</u>: This is the removal of the uterus (womb). The womb is where the embryo implants and the pregnancy is carried. If you choose to have a hysterectomy, again we would need to collect and store the eggs before your operation. It is still possible to undergo fertility treatment to try to have your own biological child. This can be achieved if you have a partner with a womb or through the use of a surrogate.

For trans woman or non-binary people assigned male at birth, any lower surgery you undertake will almost certainly involve removal of the testes (testicles) known as orchidectomy. The testes are where sperm are produced. We can preserve your fertility by freezing a semen sample before this is carried out.

What is involved in Fertility Preservation?

If you feel that fertility preservation is something that you wish to pursue then your GP will refer you to WFI. You will have a consultation with one of our specialists to individualise your treatment options. We will need to take some blood and urine samples. Everyone accessing fertility treatment will undergo screening as a standard procedure. Screening is required to ensure that there is no transmission of infectious disease to other samples that we have in storage or to a partner/surrogate/child if you come through for treatment. Screening is also in place as some of these diseases can have a detrimental effect on the developing babies. We will screen you as a donor which will allow the option of using a surrogate in the future if you needed. This involves you being tested for the following:

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- HIV (Human Immunodeficiency Virus)
- Hepatitis B
- · Hepatitis C
- Syphilis
- Chlamydia
- Gonorrhoea
- HTLV (Human T-Lymphotropic Virus)
- CMV (Cytomegalovirus)

Some people may already know their screening status. If it is all negative, we can accept these results provided we receive copies with your referral and we are able to carry out the storage appointment/s within 3 months of the test date. For tests performed over 3 months ago, we will require repeat screening.

If you know you are positive or your results are returned as positive for HIV, Hep B, Hep C or HTLV your referrer could offer you a referral to an alternative centre who are able to offer this service. An individual patient funding request for the transfer of NHS funds will be made to the Welsh Health Specialised Services Committee (WHSSC). Unfortunately Wales Fertility Institute does not have storage facilities to store for sero-positive patients.

If you were to test positive for syphilis, gonorrhoea or chlamydia then we would be able to delay storage until you've completed a course of treatment.

Depending on your ethnic background, whether you grew up in another country or your recent travel history, there may also be additional tests performed.

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Sperm Freezing

Please note, Sperm Freezing is only carried out at WFI Cardiff in UHW.

If all goes well at screening, we will contact you to arrange a sperm freeze appointment. There is a small waiting room at the clinic where other people may be waiting. One of the Embryology team will greet you by name and take you to a consultation room. During the appointment we will discuss the storage process with you and assist you in completing HFEA (Human Fertilisation and Embryology Authority) consent forms and WFI (Wales Fertility Institute) consent forms. You will be asked to produce a semen sample by masturbation. We have dedicated private rooms for this purpose. We understand that some people can experience dysphoria about their genitals or the impact of hormones can make producing a sample more difficult. Under these circumstances, we can arrange for you to produce a sample at home. This may depend on where you live as the laboratory need to receive the sample within a suitable time frame.

We will telephone you later in the day to let you know about the quality of your sample and if necessary offer you another appointment. Some people do not have any sperm in their sample, known as azoospermia. If this is the case then we would not be able to store it. If clinically indicated, we could arrange a referral for a surgical procedure to take biopsies from the testicles and search for sperm cells in this tissue. If we find sperm, even very low numbers, we can freeze the prepared tissue.

Tucking

If you practice tucking (pushing the testicles back up into the body) and wish to preserve your fertility, we would recommend not tucking for four months before your appointment. Sperm production requires a lower temperature than body temperature. If the testicles are pushed into the body this can affect sperm production.

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Risks of freezing sperm

Sperm samples generally survive the freeze/thaw process well. There will always be a decrease in quality after thawing as not all sperm cells will survive the process. Some samples survive better than others but this is impossible to predict. How the sample survives will depend which type of treatment is suitable with the sample. As mentioned above, there are techniques available for very low numbers of sperm.

Using frozen sperm is as successful as using fresh sperm and there is no evidence of increased abnormalities or subsequent problems in children born using frozen compared to fresh.

Egg Storage

Please note, egg storage may be carried out in WFI Cardiff at UHW or in WFI Neath Port Talbot hospital depending on where you live for your convenience.

The treatment cycle to collect eggs begins with taking fertility hormone injections for between 8 – 14 days. The dosage and number of days that you take them is based on individual circumstances. The hormones stimulate the ovaries to produce eggs. The development of the eggs is monitored by a series of vaginal/front hole ultrasound scans. Once they are ready, there will be a further injection of a different hormone to help the eggs mature before egg collection. You will be sedated for the egg collection procedure which involves inserting a needle through the vagina/front hole to collect the eggs from their follicles on the ovaries.

Risks of Egg Collection

As this is a surgical procedure this will be discussed in detail at your fertility preservation appointment.

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What are the chances of having a baby with frozen eggs?

Eggs are known not to respond well to freezing. However, vitrification (a relatively new method of freezing) has recently been shown to improve the chance of eggs surviving the freeze-thaw process and therefore increase the success rate. Not all eggs will survive the freezing and thawing process or become fertilised.

The chance of pregnancy using frozen eggs is lower compared to using fresh eggs. Egg freezing is still a relatively new technique and accounts for less than 2% of fertility treatments across the UK. However, the number of egg freezing cycles is increasing year by year. The number of egg thawing cycles is lower so less people are returning for treatment or haven't decided whether to use their eggs yet. Given the low numbers, the chances of a successful cycle are more difficult to predict. The most recent figures from the Human Fertilisation and Embryology Authority (HFEA) are:

In the UK in 2016, 18% of treatment cycles using a patient's own frozen eggs were successful. In true numbers, 39 babies were born in 2016 from patients' own frozen eggs.

Embryo Storage

This involves using your fresh eggs or sperm and creating embryos using fresh eggs or sperm from your partner or from a donor. The embryos would then be grown in the laboratory for three to five days, good quality embryos will be selected for freezing. On day three the embryos have around 6-8 cells. On day five they have over 100 cells. The embryos are placed in a cryoprotectant solution which protects the cells from damage during the freezing and thawing process. The embryos are placed individually on their own straw and submerged in liquid nitrogen in a rapid freezing method known as Vitrification. Embryos survive this process very well. When you are ready to try for a family we would aim to thaw and transfer one embryo per cycle in order to minimise the risks associated with multiple pregnancies.

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Risks of embryo storage

Not all embryos are suitable for freezing, in rare cases there may be nothing suitable to freeze for your treatment.

Survival rates are high following freezing and thawing however not all embryos will survive the process. Very occasionally this may mean there are no embryos that survive for treatment.

What are the chances of having a baby with frozen embryos?

The pregnancy success rate using frozen embryos is now comparable to using fresh. There is no evidence to suggest that children born as a result of frozen embryos are at any higher risk of abnormalities than using fresh embryos.

How long can my eggs, sperm or embryos be stored for?

You are in control of how long you wish your eggs, sperm or embryos to be stored for. You can chose to store for 1 year to up to 55 years. The statutory storage period is 10 years but this can be extended for up to 55 years if you are or are likely to become prematurely infertile. This condition would be met if you are going to commence hormone therapy or undergo gender confirmation surgery. However, your case will need to be reviewed every 10 years by a medical practitioner to confirm that you are still eligible i.e. you are still prematurely infertile or you are still likely to become prematurely infertile or your partner is or the person who has been assigned the gametes is.

We will contact you a year in advance of your consent to storage expiring. This gives you time to consider what you would like to do next. Options would include extending your consent to storage, using your gametes or embryos in treatment or you may decide that you no longer wish for them to remain in storage. You are able to book an appointment to discuss all your options.

PLEASE ENSURE THAT YOU KEEP US UP TO DATE OF ANY ADDRESS OR TELEPHONE NUMBER CHANGES

If we are unable to get in touch it may result in us having to discard your gametes or embryos as it is against the law for us to keep them in storage without your consent.

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What is the next step?

In order to proceed with storing your eggs or sperm, you will need first to ensure that a referral has been sent by your GP to the Welsh Gender Team. If you are already under the care of the Gender Identity Clinic in Charing Cross this step is not necessary.

If you would like to talk things through with a counsellor that's absolutely fine, and the contact telephone numbers are provided below.

When you are ready to proceed, your GP will need to fill out the appropriate referral form.

Counselling

The offer of counselling forms part of the process of fertility preservation and treatment. Counselling is available to you before, during and after your treatment.

Being able to talk freely in a quiet, confidential, non-judgemental setting can be invaluable with helping you make decisions about fertility preservation and future treatment.

Equality statement

The NHS is about people. The people who use the service and the people who provide it. At NHS Wales we have a responsibility towards our patients, the general public and each other to promote equality, eliminate discrimination and harassment, and foster good relations. Everyone counts! All staff undertake mandatory training to ensure they are competent in their obligations under equality and human rights law.

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Compliments, comments and concerns

Wales Fertility Institute endeavour to provide the best individualised care and treatment for our patients. We are committed to working together and always improving. We welcome any comments and suggestions that you feel would enhance your and future patients' journey with us.

We understand that patients may have concerns regarding their treatment or the service they have received. We would encourage you to contact us in order for us to resolve these as soon as we can. Every effort will be made to help you.

If you would like to comment or discuss any aspect of our service, please contact our Quality Manager, Stephanie Herring, on 029 2074 6668.

WFI Contact Details

Addresses

WFI Cardiff, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW WFI NPTH, Baglan Way, Port Talbot, SA12 7BX

Cardiff Telephone Numbers

Reception/General enquiries: 029 2074 3047

Embryology Team: 029 2074 3558

Nursing Team: 029 2074 5102

Counselling: 029 2074 4341 (Mondays only)

Urgent Counselling: 01639 862077

Neath Port Talbot Telephone Numbers

Reception/General enquires/Nursing Team: 01639 862698

Counselling: 01639 862077

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Notes:	

Useful Links & Resources

NHS Wales Gender Identity Webpage	www.genderidentity.wales.nhs.uk	
HFEA	www.hfea.gov.uk	020 7291 8200
Donor Conception Network	www.dcnetwork.org	020 7278 2608
Stonewall Cymru Information Service	www.stonewallcymru.org.uk	08000 50 20 20
TransForm Cymru	www.youthcymru.org.uk/transform-project	01443 827840
LGBT Cymru Helpline & Counselling Service	www.lgbtcymruhelpline.org.uk	0800 840 2069
Mermaids	www.mermaidsuk.org.uk	0344 334 0550
Mindline Trans+	https://bristolmind.org.uk/help-and- counselling/mindline-transplus/	0300 300 5468
Trans Social Meet Up - Cardiff	www.facebook.com/groups/tsmucardiff	
Fertility Network UK	www.fertilitynetwork.org	01424 732361
Terrence Higgins Trust	www.tht.org.uk	

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