

## Do Transgender People have New Options to Conceive a Child after the Revision in 2021, of the French Bioethics Law?

Véronique Drouineaud<sup>1\*</sup>, Laurence Brunet<sup>2</sup>, Nicolas Mendes<sup>3</sup>, Catherine Patrat<sup>1</sup>

<sup>1</sup>Service de Biologie de la Reproduction-CECOS, Université Paris Cité, Hôpital Cochin, Assistance Publique-Hôpitaux de Paris (AP-HP)-Centre, Paris, France; <sup>2</sup>Institut des Sciences Juridique et Philosophique de la Sorbonne (UMR 8103), Université Paris 1, Paris, France; <sup>3</sup>Service de Psychiatrie de L'Enfant et de l'Adolescent, Hôpital Universitaire La Pitié-Salpêtrière, Assistance Publique-Hôpitaux de Paris (AP-HP)-Sorbonne Université, Paris, France

### DESCRIPTION

In our previous article [1], we reported the main characteristics and disclosure intentions of a specific group consisting of 43 couples comprised of a Transgender (TG) man and his cisgender female partner who applied for anonymous sperm donation in our CECOS center between 2010 and 2019. During this period and until August 2021, TG people in France were rarely offered gamete donation, mainly because the French Bioethics Law was very restrictive: it allowed the use of Assisted Reproductive Technologies (ART) only in couples comprised of a man and a woman and gamete donation was only indicated in case of infertility or to avoid the transmission of a particularly severe disease to the offspring [2]. The only option available for TG people to conceive a child was ART (intra-uterine insemination or in vitro fertilization) with sperm donation and was strictly limited to heterosexual couples comprised of a cisgender woman and a TG man after the change of his legal gender.

Interestingly, the French Bioethics Law was revised on August 2, 2021 and introduced major changes. Lesbian couples and single women can now also benefit from ART with sperm donation [3]. Consequently, more options are now offered to TG people who wish to conceive a child, depending on their gender, their sexual orientation and the gender of their possible partner and whether they kept their reproductive organs or not. For instance, a TG woman who has changed her legal gender and has not kept her testicles can henceforth apply for sperm donation if she is in a relationship with a cisgender woman. This is a lesbian couple and the cisgender woman can provide her oocytes and carry a pregnancy. A TG man, who has kept his uterus and ovaries, can consider having a child naturally if he is in a relationship with a cisgender man, but he would be considered as the genetic mother of the child, even if he has secured a change of his gender-marker.

However, surrogacy is still prohibited in France [3]. Concerning TG people, it means that a TG woman in relationship with a

cisgender man or with a TG woman are not allowed to conceive a child, since none of them can carry a pregnancy and then need surrogacy. In the same way, since only heterosexual or lesbian couples have access to ART, a TG man in a couple with a cisgender man, cannot conceive a child in France. Two TG men who have changed their legal gender have no access to ART either.

As fertility preservation is an option for TG individuals before gender-affirming treatment [4,5], they could wish to use their own cryopreserved gametes or germinal tissue to conceive a child. Future partners are important to consider and it has been reported that the majority of TG women who froze sperm identified as lesbian or bisexual rather than heterosexual or asexual [6,7]. Furthermore, even though fertility preservation rates are considerably lower among TG men than TG women [8], pregnancy outcomes have been reported after cryopreservation of oocytes in TG men with transfer of embryos to cisgender female partners [9].

However, the use of cryopreserved sperm or oocytes is still not authorized in France for TG people. It's not banned either. The rules are unclear. One of the obstacles, mentioned during the parliamentary debates that took place during the revision of the French Bioethics law, is establishing filiation. For example, if a TG woman used her cryopreserved sperm, she would be a woman with the status of progenitor with regard to filiation. If a TG man used his cryopreserved oocytes for ART, he would be a man with the status of genetic mother. Developments, coming from case law and the practice of prosecutors, are nevertheless already underway. The only option for French TG people to use their cryopreserved gametes would be to export them in countries that allow these practices among TG people. However, exporting them from France is not yet allowed in this context.

In the next few years, we should therefore see a more diversified profile of couples comprising TG men or TG women applying for ART. Identified barriers to fertility counseling, fertility

**Correspondence to:** Véronique Drouineaud, Service de Biologie de la Reproduction-CECOS, Université Paris Cité, Hôpital Cochin, Assistance Publique-Hôpitaux de Paris (AP-HP) Centre, Paris, France, E-mail: veronique.drouineaud@aphp.fr

**Received:** 09-May-2022, Manuscript No. ANO-22-17365; **Editor assigned:** 12-May-2022, PreQC No. ANO-22-17365 (PQ); **Reviewed:** 26-May-2022, QC No. ANO-22-17365; **Revised:** 06-Jun-2022, Manuscript No. ANO-22-17365 (R); **Published:** 13-Jun-2022, DOI:10.35248/2167-0250.22.S2.005.

**Citation:** Drouineaud V, Brunet L, Mendes N, Patrat C (2022) Do Transgender People have New Options to Conceive a Child after the Revision in 2021, of the French Bioethics Law? *Andrology*.S2:005.

**Copyright:** © 2022 Drouineaud V, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

preservation, and family building among transgender patients related to inadequate health care provider knowledge were reported [10]. Therefore, it will be of particular interest to determine the characteristics and disclosure intention of such couples, to improve knowledge of health care providers and fertility care for transgender patients.

## REFERENCES

1. Bonan S, Chapel-Lardic E, Rosenblum O, Dudkiewicz-Sibony C, Chamouard L, Wolf JP, et al. Characteristics and intentions of heterosexual couples comprising a transgender man awaiting sperm donation to conceive a child. *Andrology*.2021;9(6):1799-1807.
2. French Bioethics Law. 2011:2011-814.
3. French Bioethics Law.2021:2021-1017.
4. Eustache F, Drouineaud V, Mendes N, Delépine B, Dupont C, Mirallié S, et al. Fertility preservation and sperm donation in transgender individuals: The current situation within the French CECOS network. *Andrology*.2021;9(6):1790-1798.
5. Mattawanon N, Spencer JB, Schirmer DA, Tangpricha V. Fertility preservation options in transgender people: A review. *Rev Endocr Metab Disord*.2018;19(3):231-242.
6. De Sutter P, Verschoor A, Hotimsky A, Kira K. The desire to have children and the preservation of fertility in transsexual women: A survey. *Int J Transgend*.2002;6.
7. Wierckx K, Stuyver I, Weyers S, Hamada A, Agarwal A, De Sutter P, et al. Sperm Freezing in Transsexual Women. *Arch Sex Behav*. 2012;41(5):1069-1071.
8. Alpern S, Yaish I, Wagner-Kolasko G, Greenman Y, Sofer Y, Lifshitz DP, et al. Why fertility preservation rates of transgender men are much lower than those of transgender women. *Reprod Biomed Online*.2022.
9. Maxwell S, Noyes N, Keefe D, Berkeley AS, Goldman KN. Pregnancy outcomes after fertility preservation in transgender men. *Obstetrics & Gynecology*.2017;129:1031-1034.
10. Tishelman AC, Sutter ME, Chen D, Sampson A, Nahata L, Kolbuck VD, et al. Health care provider perceptions of fertility preservation barriers and challenges with transgender patients and families: qualitative responses to an international survey. *J Assist Reprod Genet*.2019;36:579-588.