

Transgender & Non-Binary Fertility Preservation - Egg Freezing

Why should I think about fertility preservation?

Future fertility may be something you are thinking about as a transgender or non-binary person. Understandably, some transgender and non-binary people are keen to start hormone therapy or have surgery as quickly as possible. However, you may find it a source of regret if you realise later that it is not possible, or more difficult, to have a biological family. Thinking through all these issues now and understanding your options will help you to make an informed decision.

Some medical treatments for gender dysphoria, including hormone therapy and surgery, can have a temporary or permanent impact on your fertility. If you are considering starting treatment to physically alter your body, or you have already started, you can contact us to discuss possible options for preserving your fertility.

Having genital reconstructive surgery can prevent you from having biological children without the use of a surrogate or interventional fertility treatments. Genital surgery that may be considered includes salpingo-oophorectomy (removal of the fallopian tubes and ovaries) and/or hysterectomy (removal of the womb). How you decide to preserve your fertility would be dependent on your particular situation. You may wish to preserve your fertility by having your eggs frozen or by creating and freezing embryos. If you are interested in embryo freezing, please find more information on this process in our leaflet titled 'Embryo Freezing and Thawing Patient Information'

How are eggs collected and stored?

You will be assessed by a clinician before undergoing fertility preservation treatment, most likely by way of an ultrasound examination. If you are concerned about being examined, please contact the clinic to discuss how we can make this more comfortable for you. You will also need to have blood tests to determine your hormone levels in addition to viral screening (minimum requirement: Hepatitis B, Hepatitis C and HIV).

In the future, you may decide to have IVF treatment using a surrogate and your frozen eggs. For this reason, the clinical team may recommend that you undergo extended screening tests prior to freezing your eggs. If you decide to go ahead with IVF treatment using a surrogate, you may then be required to undergo further extended screening tests at that time; these tests may incur a further cost.

Fertility drugs are given to stimulate the ovaries to produce several follicles that contain eggs (please see the leaflet "Ovarian Stimulation"). The development of follicles is monitored by vaginal ultrasound scans. When the follicles have reached the right size, the eggs are collected by a practitioner using a needle at the end of the ultrasound probe under direct vision, to remove the fluid within the follicles. The fluid is assessed under a microscope; any eggs present are identified by the embryologist and placed into an incubator until they are frozen. It is important to note that not all the eggs may be suitable for freezing; only mature eggs will be frozen. Regarding the egg freezing process, mature eggs are mixed with cryoprotectant (a solution that protects the eggs from very cold temperatures) and placed in straws before submersion in liquid nitrogen. Egg freezing is a technique that allows long-term egg storage in very cold conditions (-196°C).

How long can eggs be stored?

Eggs can be stored for up to 55 years; however the storage period will be renewed every 10 years. You are free to withdraw or vary the terms of your consent at any time.

I've already started my transitioning medication, what are my options?

If you have already started hormone therapy or you are taking puberty suppressing medication, you will need to discuss your future options with a clinician. They may recommend that you stop taking your medication to increase your chance of having a family through assisted family treatment. We understand that it can be distressing to come off hormone therapy, so there will be no pressure from the clinic to do this.

Some transgender and non-binary people may also consider other options for having a family, such as the use of donated eggs, sperm or embryos in treatment or adoption. Done in the right way, using a donor is a safe and increasingly common way of creating a family. If you're interested, please ask The Hewitt Fertility Centre for further advice and the relevant patient information leaflets.

What happens when I want to use my frozen eggs?

The use of your frozen eggs is dependent on your individual situation; this may involve your partner, using a surrogate, using donor sperm or if you have not had your uterus removed, the option of carrying the pregnancy yourself may exist.

Once you are ready to proceed with treatment, the eggs are removed from storage and thawed. Not all eggs survive the freezing/thawing process. Current data from the Hewitt Fertility Centre shows that 77% of eggs survive the process (this data was collected from patients of all ages between the years 2013 - 2018).

Suitable eggs are inseminated with sperm using a technique known as Intracytoplasmic Sperm Injection (ICSI). ICSI is required because frozen-thawed eggs no longer have their protective outer cell coating. Conventional IVF cannot be performed, as for this method, the outer cell coating is necessary for sperm to achieve fertilisation.

What are the success rates?

Until recently, pregnancy rates from egg freezing procedures were very poor, but scientific advances have now made egg freezing a viable option. However, the data is still limited and as with all fertility treatments, there is no guarantee this procedure will result in a successful pregnancy. It is also important to remember that some cycles may be cancelled prior to embryo transfer due to poor egg survival, failed fertilisation or poor embryo development.

Are there any risks associated with egg freezing?

Although current data indicate that there are no increases in birth defects or chromosomal abnormalities in children born from frozen eggs, we still need to monitor this carefully as we collect more data. It is important to note that many healthy babies have been born following egg freezing/thawing; but as this is still a relatively new procedure, there may be some yet unrecognised risks.

Do I have to pay for freezing & storing my eggs?

Funding for egg freezing for gender reassignment prior to future IVF/ICSI treatment is dependent upon the NHS clinical commissioning group that you fall under and your specific circumstances. You will need to contact your GP to investigate your funding options. If you are eligible for NHS funded storage, it is important to note that when this is due to end, you will be contacted by The Hewitt Fertility Centre to ask whether you wish to continue storage. Continued storage after this period, will incur an annual fee (approximately £180 per year).

If you are not pursuing NHS funding for any aspect of your treatment, you can contact the clinic directly for more information on treatment costs.

Safety & Quality

We promise to look after your eggs as carefully as possible, but we cannot be held responsible for egg safety or the risk of the loss of eggs due to accident or equipment failure. In addition, we cannot guarantee that your eggs will survive the warming process or that a successful pregnancy will result from their use.

Contact with the unit

You must keep us informed of any change in your circumstances e.g. change of address. This is because, we will contact you in the future to see if you still want your eggs to be

stored. If we are unable to contact you, your samples will be destroyed when they reach the end of their statutory storage period. If you have any questions on egg storage, please contact the unit and ask to speak to a member of the Embryology team.

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References:

HFEA (2021). *Egg freezing, Fertility Preservation*. <https://www.hfea.gov.uk/treatments/fertility-preservation/egg-freezing/>.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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