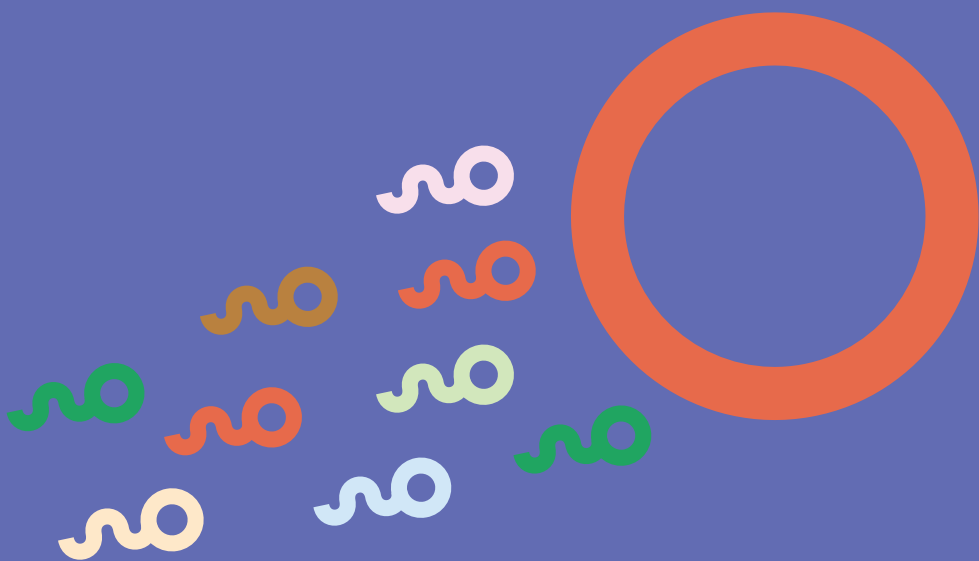


# INSEMINATION GUIDE FOR FUTURE 2SLGBTQ+ PARENTS

7<sup>th</sup> edition, April 2025



Produced by the LGBT+ Family Coalition

[FAMILLESLGBT.ORG](http://FAMILLESLGBT.ORG)

## **TERRITORIAL AND INDIGENOUS PEOPLES ACKNOWLEDGMENT**

The LGBT+ Family Coalition acknowledges that its office is located on unceded Indigenous territory. It recognizes the Kanien'kehá:ka Nation as the stewards of the lands and waters on which part of its team works. Tiohtiá:ke (called Montreal by the colonial state) has historically been known as a gathering place for many First Nations. Today, a diverse Indigenous population continues to live on this territory. The LGBT+ Family Coalition also acknowledges that part of its team works from Nionwetsio, known by the colonial name of Quebec City. It recognizes the Huron-Wendat Nation as the stewards of these lands and waters. In a spirit of reconciliation with Indigenous peoples, the Coalition acknowledges the harms of the past. It hopes to create space for respectful and meaningful collaborations today and in the future.

## **ABOUT THE LGBT+ FAMILY COALITION**

The LGBT+ Family Coalition is a community-based advocacy organization dedicated to achieving social and legal recognition for families of sexual and gender diversity. The Coalition works to build a world where all families are celebrated and valued. Its actions are guided by its core values of equity, inclusion, kindness, and solidarity.

## **OUR AREAS OF ACTION:**

### **1 SUPPORT FOR (FUTURE) FAMILIES**

The Coalition offers workshops for 2SLGBTQ+ individuals who wish to become parents, providing them with information on available options and equipping them with knowledge about their rights. It also organizes inclusive events for 2SLGBTQ+ parents and their children.

### **2 AWARENESS RAISING FOR PROFESSIONALS**

The Coalition believes in the power of education to change mindsets. That is why its team of professional trainers delivers approximately 200 trainings each year in the fields of education, health, and social services to raise awareness about the realities of 2SLGBTQ+ families.

### **3 ADVOCACY**

To promote the rights of 2SLGBTQ+ parents, their children, and any 2SLGBTQ+ person wishing to start a family, the Coalition meets with institutions and decision-makers, presents briefs, conducts legal actions, and intervenes in the media.

# INTRODUCTION

It's decided, you want to have a child! But beyond this certainty, a lot of questions are racing through your mind. Don't worry, you're not alone: this feeling is shared by many prospective parents.

However, some questions are specific to individuals of sexual and gender diversity. The LGBT+ Family Coalition has created this guide to address your informational needs.

In the first section, we will explore the different options for becoming a parent, as well as the personal journeys they involve. Then, we will present the process of fertility clinic insemination. Finally, the third section will address home insemination when the sperm donor is known or found online.

In the annex, you will find useful tools and resources to support you in your parenting project, including contracts to use during home inseminations.

Whatever path you choose to become a parent, the LGBT+ Family Coalition is here to support you. Every year, we organize workshops and conferences for prospective and current parents, as well as recreational activities for families.

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## INSEMINATION GUIDE FOR FUTURE 2SLGBTQ+ PARENTS

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*We have made every effort to use gender-neutral language in this guide to acknowledge that trans and non-binary people also start families through insemination and are individuals who donate sperm and eggs.*

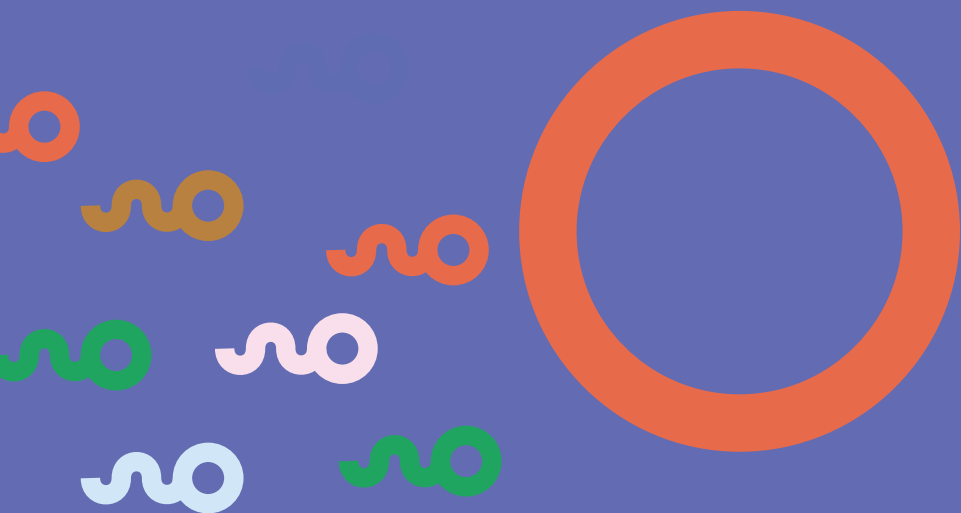


## BECOMING A PARENT: A PERSONAL JOURNEY

We often hear pregnant people say that their pregnancy has become a public affair. In your case, your decision itself will become one too, even before conception!

Believe us, once you announce your plans, the reactions will come quickly. Generally, most of your circle will be happy for you, and many will ask you a multitude of questions. You may be the only future 2SLGBTQ+ parent they know, which will spark their curiosity. These questions will continue after the birth or arrival of your child.

It's essential that you feel comfortable with your personal decisions about how you want to build your family. How do you want to conceive the child? Who will carry the child? Why? Can a child be raised without a father or mother? Can a child be raised by three, four, or with a single parent? Will your immediate family accept considering each parent (social or biological) as an equal parent? Will you be able to talk about your parenting at work? Will your child be able to talk about their family at school? Etc.



Of course, you are not obliged to respond to all the questions from your circle. It's up to you to decide what is private and what is not. However, keep in mind that answering questions can help raise awareness of the realities faced by families from sexual diversity and/or gender plurality, thus contributing to creating a more open world for your children. There are no right or wrong answers. Your choices are yours. Above all, take the time to find the answers that work for you. This will help you feel reassured, knowing that your plan to have a child is thoughtful, positive, and personal.

Some individuals may discover, during this process, that they are facing fertility issues. In this situation, they might choose for their partner to carry the pregnancy. Others may decide to become foster families, adopt, or start their family with the help of a surrogate. Some will ultimately decide not to start a family. Others will invest more in their social roles with children, whether as an uncle, aunt, mentor, or through relationships with children in their circle.

# HOW TO START A FAMILY?

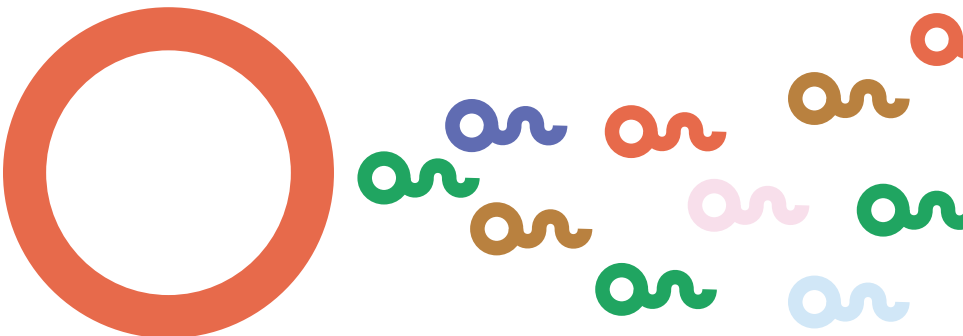
A 2SLGBTQ+ person can become a parent in several ways. While this guide is primarily intended for those who wish to become parents through insemination, other options exist.

## Adoption in Quebec

The **Act Instituting Civil Unions and Establishing New Rules of Filiation (Bill 84)**, passed by the National Assembly of Québec in 2002, recognizes same-sex parenting. As a result, 2SLGBTQ+ couples and individuals can adopt children residing in Québec through youth protection services, with the same rights as non-2SLGBTQ+ couples or individuals.

When it comes to adopting children born or residing in Québec, it is often said that the wait can be 8 to 10 years before a placement is finalized. However, this is true only for a specific type of adoption: “regular” adoption. This applies to children whose biological parents have consented to adoption at birth, a situation which remains relatively rare. In reality, most biological parents—regardless of the challenges they face—take some time before consenting to their child’s adoption. For most children, the decision will ultimately be made by the court.

The majority of children adopted in Québec are placed through the “mixed bank” program, meaning they are first placed in a foster family with a very high likelihood that the family will later be able to adopt them. This process is usually somewhat shorter. The LGBT+ Family Coalition has created a comprehensive guide for prospective parents who wish to start a family through this process. The guide is available on our website (see **Appendix 3**).



## Surrogacy

Since 2023, surrogacy has been legally regulated in Québec. It is an option for individuals who, for various reasons, wish to conceive a child through pregnancy but are unable to do so themselves. The child may be biologically related or unrelated to their intended parent(s).

The LGBT+ Family Coalition has created a comprehensive guide for prospective parents who wish to start a family through this process. The guide is available on our website (**see Appendix 3**).

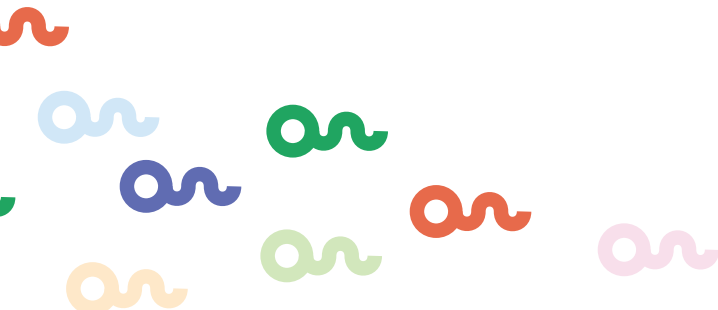
## International Adoption

Individuals who adopt a child from a foreign country must comply with that country's laws. Despite the great need for adoptive families, most foreign jurisdictions prohibit adoption by individuals of sexual and gender diversity. The only exception is Colombia, which has slowly begun accepting same-gender couples as adoptive parents.

*Soleil des Nations* is a Québec-based adoption agency specializing in international adoption, including adoptions from Colombia. It is one of the recognized organizations that facilitate the process for 2SLGBTQ+ individuals wishing to adopt children from Colombia.

Several countries allow single (heterosexual) individuals to adopt. Some 2SLGBTQ+ people have successfully adopted children from these countries, but only as single applicants—and only by lying during the psychological evaluation when asked, **“Are you homosexual or transgender?”**

The Secrétariat aux services internationaux à l'enfant (SASIE) provides information for anyone interested in international adoption (**see Appendix 3**).



## HOW TO START A FAMILY? (CONTINUED)

### Step-Parenting in Blended Families

A person can become a significant parental figure by establishing a meaningful relationship with someone who already has a child. While a stepparent may be fully involved in the child's upbringing, they do not receive any legal recognition in Québec unless they pursue **special consent adoption**, which is only possible if the child has only one legally recognized parent. This applies to heterosexual couples in the same situation as well.

In Québec, a maximum of **two parents** can be legally recognized. If you are not legally recognized but play an important role in your partner's child's life, you can draft a **delegation of parental authority** for a specific and limited period. This can allow you, for example, to make medical decisions for the child temporarily in the absence of the legally recognized parent(s).

Generally, if there are two legal parents, both must consent to a delegation of parental authority. However, in cases where only one parent holds parental authority (e.g., due to a court decision or single parenthood), their sole consent may be sufficient.

### Inseminations

If you choose insemination, you have three options: using fresh sperm from a known donor who wishes to donate to you through home insemination; using fresh sperm from an unknown donor found online; or going through a fertility clinic.





# FERTILITY CLINICS

## Legislation

Since the **Act Instituting Civil Unions and Establishing New Rules of Filiation (Québec, 2002)**, in cases of conception through assisted reproduction, parents in a same-gender couple can both have their names listed on the birth certificate. The law makes no distinction between the biological and non-biological parent, granting both equal rights and responsibilities toward the child.

The 2002 law also states that when a person provides sperm or eggs to help others achieve their parenting project, they cannot claim legal parentage of the child. Similarly, the child cannot establish a legal parent-child relationship with the donor.

At the federal level, the **2004 Assisted Human Reproduction Act (AHRA)** states that fertility clinics cannot refuse services to a person based on their sexual orientation or marital status.

According to the same law, it is illegal to pay for sperm or egg donations in Canada. However, clinics can reimburse donors for certain personal expenses related to the donation process, such as transportation costs.

Additionally, sperm and egg donors in Canada must remain anonymous, as the law states that their identity cannot be disclosed to recipients or children born from the donation, except under specific conditions, for example, if the donor has given consent for their identity to be revealed at a later time (see below). It appears that with the introduction of Quebec's new donor registry (slated for June 2025), which has not yet been implemented at the time of this writing, donor anonymity may be abolished. However, the practical application of this change, particularly in light of federal laws regarding anonymity and privacy concerns for inseminations conducted outside of clinical settings, remains uncertain.

After years of advocacy, the **LGBT+ Family Coalition** successfully ensured that certain medical expenses related to assisted reproduction (AR) are partially covered by the **RAMQ**. In 2021, the **Act amending certain provisions regarding assisted reproduction** reinstated coverage for some AR-related medical costs. This includes **six cycles of insemination with sperm samples included and one cycle of *in vitro* fertilization (IVF), as well as tax credits.**

## FERTILITY CLINICS (CONTINUED)

Regarding fertility preservation, trans individuals can benefit from the coverage of sperm or egg retrieval and storage fees for **five years for adults** or **until the age of 25 for minors**.

For more information on coverage for AR-related expenses, see **Appendix 3**.

## Preparing for the first appointment

Many people within the 2SLGBTQ+ community choose to build their family with the help of a fertility clinic. The assisted reproduction program in Quebec offers medical solutions to individuals facing difficulties in conceiving, whether those difficulties are physiological or social (for example, in the case of a cisgender lesbian couple). The services offered include ovarian stimulation, artificial insemination, and in vitro fertilization (IVF).

If you are a trans man or a non-binary person taking testosterone, you must first stop your hormone therapy to allow your menstrual cycle to resume regularly. This will enable you to proceed with inseminations. It is important to discuss this with the healthcare provider who prescribes your hormones before starting the process.

If you become pregnant while taking testosterone, you should probably stop immediately and consult your pharmacist or a trusted healthcare professional as soon as possible. Be aware that taking testosterone can be harmful to a developing fetus.

Several public and private establishments offer insemination services. A list of these can be found in **Appendix 3**. Your first step should be to check the services available at hospitals or family planning centers in your region.

Fertility clinics maintain partnerships with sperm banks, where donations are rigorously tested, stored, and distributed in accordance with strict medical standards.

To book your first appointment, a public hospital will require a referral from a gynecologist or family doctor, just as for any other patient. This medical document will state that you wish to start a family project as a single person or as a couple within the sexual diversity and/or gender plurality community. If you choose a private clinic, you can simply call to make an appointment.

Before starting fertility treatment in Quebec, a **basic assessment** is typically conducted to evaluate the reproductive health of the individual(s) involved. This assessment often includes serological tests to check for the presence of infections and certain antibodies. These tests are performed to ensure that there are no risks of transmitting infections that could harm the pregnancy or the health of the future child. Some of these tests can even be carried out, with the assistance of your family doctor, before your first appointment at the fertility clinic. Here are the common tests included in this category:

- 1 Rubella:** Checks immunity against rubella. If a person is not immune, they can be vaccinated before starting treatment, as rubella infection during pregnancy can lead to birth defects.
- 2 CMV (Cytomegalovirus):** Tests for antibodies against CMV. This common infection can be dangerous to the fetus if a primary infection occurs during pregnancy.
- 3 Chickenpox:** Checks immunity against chickenpox. If a person is not immune, they can be vaccinated before starting treatment, as chickenpox infection during pregnancy can lead to complications.
- 4 Parvovirus B19 (Fifth disease):** This virus can cause rashes and is associated with pregnancy risks, such as miscarriages or fetal abnormalities. This test checks for exposure to the virus.
- 5 HTLV I-II (Human T-lymphotropic virus):** This virus can cause serious diseases, including leukemia. It's important to ensure that people undergoing fertility treatments are not carriers of the virus.
- 6 Hepatitis C:** A test to detect the presence of the hepatitis C virus, which can lead to health complications, particularly with the liver. It's important to know if a person is infected before starting fertility treatment.
- 7 Irregular Antibodies (Indirect Coombs test):** This test detects the presence of antibodies that may attack red blood cells, which could cause pregnancy complications, such as anemia in the fetus or blood incompatibility.

These serological tests ensure that prospective parents (and their partners, if applicable) are protected against infections that could harm the pregnancy or the baby's health.

## FERTILITY CLINICS (CONTINUED)

As soon as you wish, you can start taking folic acid (1 mg of folate per day). It is available over-the-counter at your pharmacy. If prescribed by your doctor, you won't have to pay taxes on it. This vitamin reduces the risk of neural tube defects in the fetus. Once pregnant, the healthcare provider overseeing your pregnancy will likely recommend that you continue taking folic acid until the end of the third month of pregnancy (the end of the first trimester).

**It is also important to understand the menstrual cycle of the person who wishes to carry the child. There are three methods to track this:**

**A** **Basal Body Temperature (BBT)** involves taking your temperature every morning, at the same time, immediately after waking up and before getting out of bed. For this, ask your pharmacist for a specific thermometer that measures your basal body temperature, which shows values to the tenth of a degree (see Appendix 1).

**Day 1** corresponds to the first day of your menstruation. Record your temperature on the chart, making sure to take it at approximately the same time each day, as inconsistent timing will make interpreting the chart difficult.

Before ovulation, your temperature is typically **0.3 to 0.5°C lower** than after ovulation. A temperature increase following a sudden drop likely indicates that ovulation has occurred. However, BBT only helps confirm that ovulation has already happened.

If you are using frozen sperm, it is important to inseminate **just before** ovulation. Therefore, BBT doesn't help determine the optimal time for insemination. Some people use this method for contraception, but in the context of a pregnancy plan, it can primarily serve as a tool to better understand your cycle before starting inseminations.

**B** **Observing cervical mucus** is another method to estimate the time of ovulation. However, this method is not perfectly reliable for inseminations.

At the beginning of the cycle (with **day 1** being the first day of menstruation), mucus production is very low, and the cervix is closed. However, around **days 9 and 10**, changes begin to occur: the mucus becomes **clear, abundant, and elastic**, forming threads when stretched. At this point, the cervix also begins to open slightly, indicating that ovulation is approaching.

Some people produce abundant and clear mucus several days before ovulation and up to a day after. However, **frozen sperm survives for about 12 hours**, while **fresh sperm can survive for approximately 48 hours**. Therefore, inseminating at the first signs of mucus change does not guarantee a high success rate.

Some people become experts at interpreting their cervical mucus and are able to predict ovulation, which can then be confirmed with an LH test (see below). We recommend using cervical mucus observation as an additional clue, noting on your BBT chart the days when your mucus is clear and abundant. This information can be useful for your doctor in understanding your cycle more accurately.

**C** **The LH (luteinizing hormone) kit** is the most reliable test to determine the optimal time for insemination. Fertility clinics will ask you to use it in order to schedule insemination on the day of ovulation. However, you can start using it beforehand to better understand your cycles before beginning insemination.

You can get an **LH kit** at any pharmacy (ask your doctor for a prescription to avoid paying taxes) or purchase it online. Make sure to buy an **ovulation prediction kit** and not a pregnancy test.

Read the instructions carefully that come with the LH kit to accurately detect the LH peak. Ovulation usually occurs within **12 to 40 hours** after the peak is detected. According to some specialists, ovulation is most likely to happen about **24 hours after the peak**. Once you detect the peak, you can plan your insemination attempts accordingly.

## The sperm donor

Before going to the clinic, you need to think about the type of donor you prefer: anonymous or open-identity.

When a donor is **anonymous**, it means your child will never know their identity. Tens of thousands of children have been born through anonymous sperm donations. Sometimes, these children may feel curious about their origins. However, there is no evidence that not knowing the donor's identity leads to psychological, developmental, or identity issues. On the other hand, **secrecy, shame, or discomfort** surrounding the child's origins can have negative consequences.

## FERTILITY CLINICS (CONTINUED)

You can either let the clinic or hospital select the donor from their own sperm bank, or you can choose to use an **external sperm bank** to select a sample based on your personal criteria. The physician at your fertility clinic will inform you of the specific sperm bank utilized by the clinic.

If you pay a certain price, external sperm banks can provide you with a **detailed profile of the donor**. This document, typically about twenty pages long, includes information such as physical characteristics, education level, family medical history, personal preferences, etc. Some banks also offer **photos of the donor** (as a child and as an adult) or even a **voice recording**.

If you choose an external sperm bank, it is the clinic or hospital that will need to order the sperm for you.

When a donor has an **open identity**, it means that they agree to be identified and contacted if the child requests it once they reach adulthood. This system was implemented to address the curiosity expressed by some children regarding their origins.

According to studies conducted in the Netherlands, knowing that this possibility exists is often enough to satisfy the curiosity of most children. Sometimes, the child may choose to contact the donor. In such cases, the **sperm bank** acts as an intermediary in the process. However, even with an open identity, the **donor retains the legal right to refuse** a meeting for various reasons.

If you choose a donor with an **open identity**, you will need to go through an **external sperm bank**. In this case, detailed profiles will also be available.

It's important to know that even if the donor is **anonymous**, the sperm bank can trace them if there's a medical need.

In any case, remember to keep **all your invoices** so you can include them in your medical expenses when filing your taxes.

The key is to make a choice that **you feel comfortable with**.



## The first appointment

During the **first appointment** at a fertility clinic, you'll meet with a doctor who will ask questions about your **medical and family history**, as well as your **overall health**. You'll need to fill out a **questionnaire**, and, in some clinics, your partner (if applicable) will also need to complete the form.

Afterward, any **serological tests that have not already been completed** will be prescribed. Depending on the clinic and its approach, the doctor will analyze your **temperature charts** and may or may not recommend **medication to stimulate ovulation**. This decision can affect your health, so it's important to take the time to think it through. **Don't hesitate to ask questions** about the effects of the proposed medications.

Those seeking fertility clinic services may also need to undergo a **fertility evaluation** before starting insemination procedures. Here are the elements that may be part of this assessment:

- 1 Medical History Evaluation:** A consultation with a healthcare professional to discuss medical history, fertility background, menstrual cycles, diet, physical activity, and other factors that may influence fertility.
- 2 Hormonal Tests:** Measurement of hormone levels to assess ovarian function, ovarian reserve, and detect any hormonal imbalances. Commonly tested hormones include FSH (follicle-stimulating hormone), AMH (anti-Müllerian hormone), estradiol, and progesterone.
- 3 Pelvic Ultrasound:** An examination to assess the health of reproductive organs, detect anomalies such as cysts or fibroids, and check the condition of the ovaries and uterus.
- 4 Hysterosalpingography (HSG):** A test to check if the fallopian tubes are open and functioning properly, and to examine the uterine cavity for anomalies like polyps or fibroids.
- 5 Semen Analysis (for sperm donors):** A test to evaluate the quality and quantity of sperm, including its motility and morphology.
- 6 Ovarian Reserve Test:** A measure of the number of remaining eggs in the ovaries, typically performed through a blood test (AMH) or an ovarian ultrasound.

## FERTILITY CLINICS (CONTINUED)

- 7 Genetic Testing (if necessary):** In certain cases, genetic tests may be recommended to assess the risk of genetic disorders, especially if fertility issues have already been identified.

This assessment allows the doctor to propose the most appropriate fertility treatment based on each individual's situation.

## Meeting a psychologist or social worker

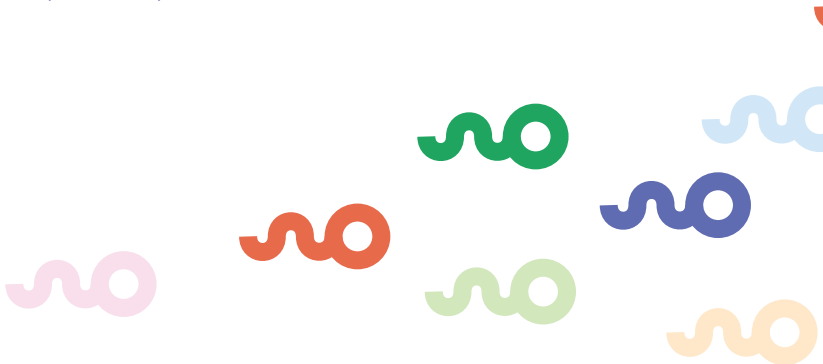
During the first medical appointment at a fertility clinic, you will be referred to a psychologist for a session. Although this meeting is often called a “psychosocial evaluation,” it is not actually an evaluation!

This appointment is meant to provide support and guidance to all individuals building their family through sperm or egg donation. The majority of people who have attended this meeting found it helpful and enriching. For more information about the psychosocial session and other aspects regarding fertility clinics, you can consult the “Projet accès” information sheets (French only) <https://familleslgbt.org/famille/procreation-assistee>

## The Second Appointment

The **second appointment** at the fertility clinic is designed to provide you with **the results of all the tests**. This meeting takes place once the blood tests are complete and you have had your psychological consultation. If the blood work reveals a minor health issue (such as anemia or an infection, for example), it will be treated before starting the insemination process.

It is also during this appointment that you will sign the **consents for the insemination**. Finally, a **nurse** will explain how to use the **urinary ovulation detection tests** (the LH kit).



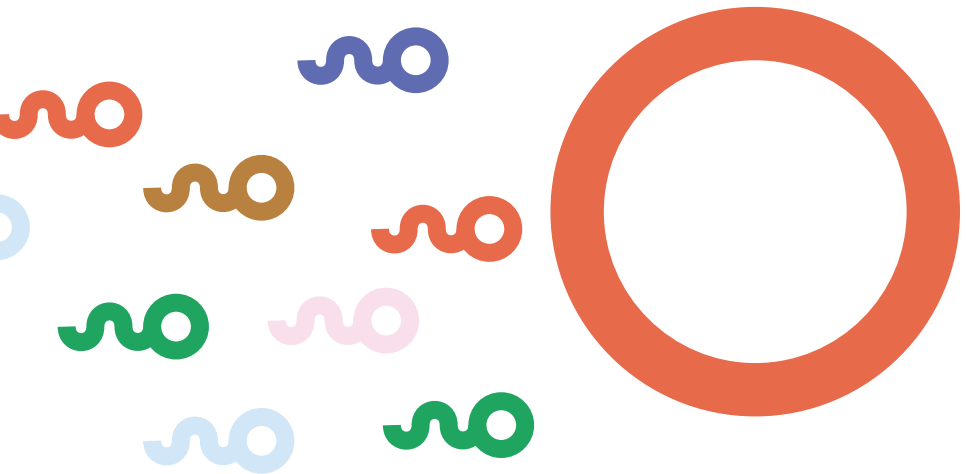


## Beginning Inseminations

After taking your temperature for several months, you will have become familiar enough with your cycle to know when you usually ovulate. You can then begin ovulation tests a few days before your expected ovulation. As explained earlier, these urine tests detect the LH hormone, which peaks approximately 12 to 40 hours before ovulation. When the test is positive, you should call the fertility clinic and go there the next day, following the procedures that were explained to you.

There are affordable tests available online, as well as more expensive ones that are easier to interpret, like those from the ClearBlue brand, which shows a smile when the LH peak is detected! The choice is yours. The nurses at the fertility clinic can also advise you.

In some clinics, an ultrasound performed three days before your expected ovulation date measures the size of your follicles to determine the exact day of insemination. Each insemination has about a 15% chance of success, and these chances decrease with age. So, be patient—it is likely that you will need to repeat this routine for several months!



### SOME ADVICE TO MAKE THE PROCESS EASIER

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**1 Educate yourself:** It is essential to have a basic understanding of insemination. Familiarize yourself with your ovulation cycle. As you read on the subject, you may encounter contradictory opinions. These contradictions can be frustrating, but they serve as a reminder that insemination is not an exact science. Be patient, open to trying different approaches, and learn to trust yourself.

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**2 Ask questions and assert yourself:** Some doctors may immediately suggest medication to stimulate ovulation or invasive tests to assess your fertility. Others may insist that both partners (if applicable) prepare for insemination. Don't hesitate to ask questions and assert your choices. You have every right to refuse treatment or request that no students attend your appointments.

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**3 Get to know your body:** Give yourself three to six months to fully understand your ovulation cycle before beginning insemination. Every person is different, and methods such as basal body temperature and LH tests will help you better understand your cycle. This information will be useful whether you opt for at-home insemination or a clinic.

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**4 Have a strong support network:** Conceiving a child may seem simple, but it's not necessarily the case, especially with insemination. This phase can be one of the most difficult parts of your parenting journey, with emotional highs and lows between hope and discouragement. Talking to others who have gone through or are currently experiencing the same process can be very helpful. Don't be discouraged if you're not pregnant after just one try. On average, it takes about six months to achieve pregnancy through insemination, and longer if you're over 35. After six months of trying, you can discuss with your doctor the option of using more intensive methods. Don't lose hope!

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For several strategies to better navigate the entire process in fertility clinics, you can refer to the “Projet accès” reference sheets (French only)  
<https://familieslgbt.org/famille/procreation-assistee>

# INSEMINATION AT HOME WITH A KNOWN DONOR (ARTISANAL INSEMINATION)

Even though technologies can help us conceive, there are several reasons why some 2SLGBTQ+ individuals choose to use sperm from someone they know. Some feel that the information available from sperm banks is inadequate. For example, donor profiles do not specify mental illnesses. If you have a family history of schizophrenia or bipolar disorders, you might prefer to be able to ask a known donor about these conditions in their family. For some people, it is important that the child has contact with the donor from a young age. Others may want the person donating the sperm to be involved in the child's life. There is no right or wrong choice. The important thing is that you feel comfortable with your personal decision.

If you decide to ask a friend to be the sperm donor, be cautious in your choice. This person should be someone you trust. What are their expectations regarding the child? Are you both in agreement about their potential involvement in the child's life? Does the donor have a partner? Will this partner play a role in the child's life? Etc. Additionally, it is important to be aware of the health risks associated with insemination using fresh sperm.

If you proceed with a known person who donates sperm, inseminations typically take place at home. They are rarely done at a fertility clinic unless a special request is made (see below).

The advantage of using fresh sperm lies in the vitality of the sperm and its count. The concentration of highly active sperm is about ten times greater in fresh sperm than in a frozen sperm sample. As a result, your chances of success are higher.

## INSEMINATION AT HOME WITH A KNOWN DONOR (CONTINUED)

### Legalities

Since the adoption of the **Act to establish civil unions and to institute new rules of filiation (Bill 84) in 2002**, 2SLGBTQ+ parents, whether biological or non-biological, have the same rights and responsibilities as other parents. However, our families remain different, as a third person is often involved, at least during conception.

If you want the person who donates sperm to have no rights or responsibilities towards your child, Quebec law protects you. You and your partner (if applicable) could consider getting married to formalize and publicly recognize your couple status. This would grant you the presumption of parentage. However, marriage is not necessary to become a parent, as the non-biological parent's name can be registered on the child's birth certificate even if you are not married. In Quebec, birth certificates allow for the registration of two parents, and the parents do not need to be a man and a woman. According to the Civil Code, it is the birth certificate that establishes the legal link between the parent and the child. This is why non-biological parents in Quebec are not required to adopt their own children.

If you are single but meet someone after the child's birth and want this person to become the child's parent, there is no obstacle. This person can adopt the child through special consent, as long as the child does not already have a second legally recognized parent.

Until recently, Bill 84 made a distinction between sperm donations made through sexual intercourse and those done with a syringe (see below). The rule was that if the biological parent and the donor had had sexual intercourse, the donor had one year (after the child's birth) to claim parenthood. If the sperm donation was made without sexual intercourse, the donor could never claim parenthood. This law is no longer in effect.

An important legal change regarding the conception of a child through home insemination was made with the adoption of the **Act to Reform Family Law Regarding Parentage and Amending the Civil Code Regarding Personality Rights and Civil Status (Law 2) in 2022**. This law eliminated the distinction between children conceived through syringe insemination and those conceived through sexual intercourse, affirming that both types of conception are treated equally in terms of parental rights, provided that the process is consensual. This change aimed to simplify the recognition of parental rights for parents with non-traditional family arrangements, including same-sex couples and those using sperm donation.

What this means is that even if the biological parent has sexual intercourse with the person donating sperm, that individual cannot claim parental rights over the child.

Of course, in the event of a conflict, it might be difficult to prove that sexual intercourse was intended as a sperm donation, and that this was known and agreed upon by all parties. Therefore, it may be helpful to put the arrangement made with the sperm donor in writing.

There is no one-size-fits-all family model for sexual diversity and/or gender plurality. For this reason, the person donating sperm and you (as well as your partner(s), if applicable) should take the time to reflect and discuss the details before committing. Simply assuming that everyone is on the same page could lead to problems later on.

The involvement of a known sperm donor can vary greatly. Some donors take on a parental role, while others are never seen again after the insemination. Additionally, the parents of the sperm donor and/or the person they are in a relationship with may have or develop expectations regarding the child.

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**To clarify the expectations and responsibilities of everyone involved, we recommend creating a written contract that clearly outlines the intentions and expectations of each person. If the sperm donor has a partner, it may be helpful to discuss that person's involvement. This contract can be signed with or without the presence of a notary (see Appendix 2). For sperm donations from an unknown individual (found online), please refer to pages 25-27.**

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## **Precautionary Measures for At-Home Inseminations**

**WARNING: INSEMINATION WITH FRESH SPERM CARRIES THE SAME RISKS AS UNPROTECTED SEXUAL RELATIONS WITH THE PERSON DONATING THE SPERM.**

Before starting the inseminations, you and the person donating their sperm should consult an STI (sexually transmitted infections and bloodborne infections) clinic or a family doctor to ensure all necessary STI tests are conducted. If you or the sperm donor have an easily treatable STI, it is important to treat it before starting the inseminations.

To ensure the appropriate tests are performed, it is necessary to inform the healthcare professional you meet with that you are starting an insemination process with a person who is not your partner. The sperm donor should do the same.

There are two weaknesses to be aware of regarding STI tests. The first is that these tests have a specific detection threshold, meaning they may not detect infections that fall below this threshold. Therefore, some STIs might go undetected. The second issue is that these tests only reveal the status of the sperm donor at the time of the test. Even if the results show no trace of STIs, they do not inform you about what may be contracted or developed after the test. Indeed, a test done at one point does not guarantee the absence of STIs in the future.

That's why, throughout the insemination process, it is crucial that the sperm donor commits to taking safety measures, such as practicing safe-sex with condoms and avoiding intravenous drug use. It is strongly advised to choose a trustworthy person who is willing to be transparent about their practices and sexual health throughout the donation process.

If you wish to reduce the risks associated with fresh sperm, it is possible to freeze the donation at a fertility clinic, test the donor for STIs, and store the sperm in a sperm bank for six months. If after six months the tests remain negative, you can then use the frozen samples with confidence. This is called a directed donation. Some fertility clinics accept this practice. Be sure to inquire with your clinic.

## How to Proceed

If you plan to have sexual intercourse with the person donating their sperm, we assume you don't need advice on how to do it. However, note that while the goal is often to become pregnant on the first attempt, this is not usually the case. It can take between 6 to 15 attempts, or even more. Are you, your partner, and the sperm donor prepared for this possibility?

If you are planning home inseminations without sexual intercourse, you should first equip yourself with 2- or 3-ml syringes without needles. Avoid using kitchen utensils, such as turkey basters. These instruments are not suitable for receiving the volume of sperm the donor will produce in a single ejaculation.

Fresh sperm can survive for a long time inside the vagina. However, it dies very quickly when exposed to air and light. For this reason, it is best that the donation and insemination occur within a very short time frame.

Once produced, the sperm should be kept at the right temperature, between room temperature and 37.0 degrees Celsius. It should be kept away from light and water.

Fresh sperm can survive for up to 72 hours in your body, so you should plan inseminations within the 72 hours leading up to ovulation. You should probably inseminate fresh sperm as soon as you hit your LH peak. Depending on your age and health, one insemination per month is probably sufficient. Of course, two inseminations increase your chances of success. If possible, you should space the inseminations at least 24 hours apart to avoid decreasing the number of sperm in the second sample.

For the insemination, the person wishing to become pregnant should raise their hips, either by resting them on pillows or by bending their knees to their chest, for example. Then, the syringe should be inserted as far as possible into the vagina, near the cervix. Once in place, press the syringe's plunger to empty it and leave it in the vagina for at least a few minutes. It is advisable to wait 30 minutes before getting up. The person should not take a bath or shower immediately after.

There are theories and anecdotal reports suggesting that sexual excitement or orgasm before or during insemination might make conception easier. The theory suggests that this could open the cervix, allowing sperm to enter more easily. However, there is no consensus on the effect of orgasm on sperm. It is unclear whether it helps or hinders the success of insemination. However, note that speculums are not useful for home inseminations, as they can trap the sperm. Similarly, using lubricants is not recommended because they can kill sperm.

## INSEMINATION AT HOME WITH A KNOWN DONOR (CONTINUED)

Some couples may prefer to combine inseminations with sexual intercourse, while others prefer to keep the two separate. It can sometimes be difficult to maintain a romantic mindset during inseminations. Keep your sense of humor!

People using frozen sperm at a fertility clinic usually need to undergo a fertility assessment before starting inseminations. However, this is not the case for people using fresh sperm at home. The sperm donor will also not undergo fertility testing. If you want to do these tests before starting inseminations at home, or if you suspect you might have a fertility issue, you should discuss it with your doctor. Whether or not to use fertility treatments remains your personal decision. If you choose to go this route, our advice is to educate yourself. Read up on the topic so you can ask questions to medical staff and be engaged in your own treatment.





# AT-HOME INSEMINATIONS WITH AN ON-LINE SPERM DONOR (OSD)

The use of an online sperm donor (OSD) has become more common in recent years. It is important to be aware that this practice comes with risks and challenges. Why? Because it offers few guarantees regarding the following: the reliability of the information provided by the donor, their true identity, their genetic, general, or sexual health, their medical history, the number of donations they have made, and their true intentions. These are all factors that should be considered before beginning an insemination journey with an online sperm donor.

To promote the health and safety of intended parents and the unborn baby, any such process should be accompanied by a comprehensive approach and a clear contract (see **Appendix 2**). Here are some elements to better frame the process:

- 1 Compensation:** In Canada, sperm donation cannot be compensated. Therefore, if a donor asks for financial compensation in exchange for a sperm donation, they are not reliable and can be reported.
- 2 Participation in the donation or insemination:** Be wary of anyone encouraging you to participate actively or passively at the time they produce the sperm, or who wants to be present during the insemination. Anyone urging you to engage in unwanted sexual activity with them, claiming it will “increase the chances” of pregnancy, or for any other reason, should be reported. Contrary to popular belief, the method of insemination through sexual intercourse is no more effective than the so-called “home-made” method, where the sperm is collected in a container and introduced with the help of a syringe.
- 3 Identity verification:** Ask for proof of identity with the person’s full name and photo. If possible, keep a photo of this identification (e.g., RAMQ card) with your contract. Note that in the past, some individuals have used aliases, pseudonyms, or false names.

## AT-HOME INSEMINATIONS WITH AN ON-LINE SPERM DONOR (OSD) (CONTINUED)

- 4 Medical history and health verification:** Request general medical exams and STI (sexually transmitted infections) testing. Keep in mind that STI test results reflect what is detectable at the time of the test. Nothing prevents a donor from having unprotected sex shortly after the test.
- 5 Genetic diseases:** Ask the donor to include a statement in your contract regarding genetic and hereditary diseases, as well as any known defective genes in their family, specifying that they must share all information they are aware of, without omitting anything intentionally.
- 6 Number of previous donations and future intentions:** Ask about the number of donations the donor has made at the first meeting and at various points throughout the process to ensure the number doesn't change along the way. Make sure to write this number down in the contract.
- 7 References:** You can request to be put in touch with other families who have received donations from this person to hear about their experiences.
- 8 Sharing the donor's identity with other intended parents:** Before accepting the sperm donation, you can share a photo and the name of the person whose donation you are considering with your networks related to your fertility journey (e.g., online groups on insemination or queer parenting). This can help you get warnings if the donor is known to make multiple donations or has questionable practices.
- 9 The donor's social circle:** Ask about the donor's family. Do they have a partner? Children? Other extended family members? Are these people aware and consenting to the donation? Include this information in the contract.
- 10 Communication with the donor:** Keep all your communications, including email exchanges, screenshots of private messages, printed messages, voice recordings, etc.
- 11 Single parenting project/being alone during the donation:** For a solo parenting project or if your partner(s) cannot be present during the donation, ask a trusted person to be present when you meet the donor and also during the donations.

Take your time. The choice of an online sperm donor is primarily based on building a relationship of trust. Getting to know the donor allows you to better understand their motivations, values, personality, and medical history, and even explore how their social circle views their role. This process supports an informed decision-making process. Remember that the donor is not just someone who will provide sperm. They will be part of your child's story. If one day your child will want to contact the donor, would this be someone you would feel comfortable with them establishing a relationship?

For more information about online sperm donors, you can watch these four video capsules, created through the collaboration of the LGBT+ Family Coalition, UQO, Université Laval, and the Ministry of Health and Social Services.

## Origins Registry

In May 2024, a documentary revealed that three Québécois from the same family had conceived hundreds of children through their sperm donations. This raised concerns about consanguinity and potential health risks. In response, Quebec's Director of Public Health, Dr. Luc Boileau, acknowledged the need for regulatory action to limit the number of donations by each donor.

Following these revelations, academics and policymakers began advocating for the creation of a registry for sperm and egg donors. The aim is to ensure the health and safety of all parties involved (children, donors, carriers, recipients) by tracking donations and limiting the number of descendants per donor.

Starting June 6, 2025, new regulations will take effect in Quebec. From that date, when a third party participates in an assisted reproduction project through a gamete donation, whether in a fertility clinic or via home insemination, they will need to be registered in the Origins Registry during the child's birth declaration with the civil registry, within 30 days of birth. If no fertility clinic is involved, the responsibility of registering the donor with the Registry will fall to the parents. It is therefore crucial to correctly identify the person making the donation. The donor may refuse to provide their contact details, but they must understand that their participation in the parental project will be documented in the Registry, allowing the child born from the donation to request information about them (see Appendix 3).

# APPENDIX 1: BASAL BODY TEMPERATURE CHART

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Day of the Month																			
37.4°																			
37.3°																			
37.2°																			
37.1°																			
<b>37.0°</b>																			
36.9°																			
36.8°																			
36.7°																			
36.6°																			
<b>36.5°</b>																			
36.4°																			
36.3°																			
36.2°																			
36.1°																			



# APPENDIX 2: CONTRACT FOR INSEMINATIONS OUTSIDE OF A FERTILITY CLINIC SETTING

To clarify the expectations and responsibilities of everyone involved, it is recommended to sign a Donor Contract before starting at-home inseminations. The free and informed consent of all parties is very important, whether with a donor from your social circle or with a donor met online. No notary is required when signing this contract, but all parties should keep a signed and dated copy.

## Essential Information to Include in All Contracts

This information is essential to legally protect your parenting project.

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### INVOLVED PARTIES

First name, last name, date of birth, address, etc., of each involved party:  
Example: the person donating sperm, the person receiving the sperm and planning to carry the child, the partner(s) of the person planning to carry the child (if applicable), the partner(s) of the person donating sperm (if relevant).

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### GOAL

Indicate that the person receiving the sperm from the sperm donor is doing so with the intention of conceiving a child.

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### PARENTING PROJECT

Indicate that the individuals involved have a parental project (to start or expand a family) and that the role of the sperm donor (whether through sexual intercourse or with the use of a syringe) is solely to provide genetic material to help the person receiving the sperm conceive a child. Indicate that each party understands what is written and acknowledges that the Civil Code grants parental rights to the individual or couple with the parental project, not to the sperm donor.

Note: Currently, the Civil Code does not recognize multiparent families, and it is therefore necessary to designate a maximum of two parents to be legally recognized.



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### **DECLARATION OF THE SPERM DONOR**

Indicate, if applicable, that the person is donating sperm solely to help the couple or individual conceive a child and that, under no circumstances, will the sperm donor request partial or permanent custody, the right to be a guardian, or visitation rights.

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### **RESPONSIBILITIES OF THE SPERM DONOR**

Indicate, if applicable, that the couple or future parent cannot, under any circumstances, ask or demand that the sperm donor be held legally, financially, or emotionally responsible for any child born from their sperm donation.

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Date

Place of signature

Signatures of all parties involved

Note: For donors found online, the donor's health insurance card number should be included (RAMQ card)

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## APPENDIX 2: CONTRACT FOR INSEMINATIONS OUTSIDE OF A FERTILITY CLINIC SETTING (CONTINUED)

### Additional Information to add to contract

Depending on the specific situations, additional information may also be included. These points primarily describe the intentions and agreements of the parties involved, rather than provisions with legal weight. They address various aspects of the relationship between the sperm donor, the recipient, and other concerned parties, focusing on expectations, roles, and possible future actions.

#### Other information to include in the contract based on your situation and personal choices:

- 1 The location(s) of the donation and the method of insemination.
- 2 The registration of the sperm donor in the Origins Registry, at the child's birth.
- 3 Who will have the right to choose the child's name(s)?
- 4 Which name(s) will appear on the birth certificate?
- 5 A statement on genetic and hereditary diseases as well as defective genes known in the sperm donor's family, specifying that they must share all information they are aware of without intentionally omitting anything.
- 6 A statement on the number of previous donations, the number of families already helped by the sperm donor, the number of children already born from their donations, and their future intentions regarding sperm donations.
- 7 A mention if people in the sperm donor's family are or are not aware of their actions with you.
- 8 A declaration that the sperm donor will not initiate any legal action for parental rights.
- 9 A mention specifying who can appoint a legal guardian in case of illness or death.
- 10 A declaration establishing how the identity of the sperm donor will be treated: anonymous or identified. If the person is identified, at what point?
- 11 What will be the sperm donor's contact with the child? Who will decide on the contact and its frequency (parents, sperm donor, child)? For example, you could establish that only the parents have the right to decide until the child turns 16. You may also decide that the sperm donor and the recipient agree on X hours of visitation per month, etc.





- 12 A statement on the right of the parent(s) to change the type and frequency of contact with the sperm donor in the best interest of the child.
- 13 What will be the contacts and roles of the sperm donor's close ones (e.g., romantic partner, parents, or children) with the unborn child?
- 14 If the sperm donor's partner is involved, what will happen in the case of separation? What would be the role of a future partner?
- 15 What would happen for the sperm donor in the event of the couple's separation? Examples: the sperm donor will still have no parental rights or responsibilities, the sperm donor will still have X hours of visitation, etc.
- 16 Does the sperm donor agree to provide further donations if the parent(s) decides to have more children?
- 17 A statement on the parent(s)' right to move to another city, province, or country.
- 18 In case of problems or differences of opinion between the sperm donor and the parent(s) regarding the child, how will mediation between the parties be organized?
- 19 Etc.

# APPENDIX 3: RESOURCES

## On the Internet

### GUIDES BY THE LGBT+ FAMILY COALITION

#### **Adoption and Fostering of Children Residing in Quebec: A Guide for Future LGBTQ+ Parents**

This guide is a publication from the LGBT+ Family Coalition. It is useful for future parents and professionals who work with them. It presents historical data, definitions, information about children, their biological parents, and youth protection. It also contains legal information, details about the adoption process, resources, as well as testimonials from LGBTQ+ parents who have adopted or welcomed children.

<https://familleslgbt.org/en/family/adoption>

#### **A Little Guide About Surrogacy**

This guide is a publication from the LGBT+ Family Coalition. It provides an overview of the procedures surrounding surrogacy (GPA) in Québec.

<https://familleslgbt.org/famille/gestation-pour-autrui/>

#### **Birth Plan for Future Trans and Non-Binary Parents**

Since everything surrounding birth assistance is based on heteronormative standards, the LGBT+ Family Coalition has created a birth plan to help transgender and non-binary individuals express their needs for respectful care. The birth plan is also useful for cisgender lesbian, gay, or bisexual individuals, who can adapt it to their own realities.

<https://familleslgbt.org/en/family/trans-and-non-binary-realities>

## Community Resources

#### **Association Infertilité Québec (French only)**

L'Association fournit des informations concernant tous les aspects de l'infertilité (physiologiques et psychologiques) ainsi que des options possibles, etc.

<https://www.infertilite.ca>

#### **Workshops on Sexual and Gender Diversity**

Workshops to suggest to professionals working with 2SLGBTQ+ youth and families.

[https://familleslgbt.org/en/resources/?type=44&parent\\_type=44](https://familleslgbt.org/en/resources/?type=44&parent_type=44)

## Government Resources

### Assisted Reproduction Centres

The website lists assisted reproduction centers in public institutions, assisted reproduction centers offering IVF insured services, and private fertility clinics.

<https://www.quebec.ca/en/family-and-support-for-individuals/pregnancy-parenthood/assisted-reproduction/centres>

### Right to know one's origins in assisted procreation involving a third person

Starting June 6, 2025, new regulations will come into effect in Quebec. From that moment on, when a third party participates in an assisted reproduction project through gamete donation, whether in a fertility clinic or for home insemination, they must be registered in the Origins Registry at the time of the birth declaration with the civil status office.

<https://www.quebec.ca/en/family-and-support-for-individuals/pregnancy-parenthood/assisted-reproduction/right-to-know-origins>

### Rules for surrogacy

Since 2023, surrogacy is legally regulated in Quebec. It provides an option for couples or individuals who, for various reasons, wish to conceive a child through pregnancy but are unable to do so themselves. The child may or may not be biologically related to the intended parent(s).

<https://www.quebec.ca/en/family-and-support-for-individuals/pregnancy-parenthood/surrogacy>

### Medically assisted Reproduction Program

This Quebec government website explains the costs that are covered or not for assisted reproduction.

<https://www.quebec.ca/en/family-and-support-for-individuals/pregnancy-parenthood/assisted-reproduction/medically-assisted-reproduction-program>

### Secrétariat aux services internationaux à l'enfant (SASIE)

The SASIE is a government organization in Quebec responsible for managing and overseeing services related to international adoption, as well as surrogacy projects carried out outside of Quebec.

<https://www.quebec.ca/en/family-and-support-for-individuals/pregnancy-parenthood/adoption/international-adoption/about>

Tel.: Montréal Region (514) 873-5226 or inside Quebec 1 800 561-0246

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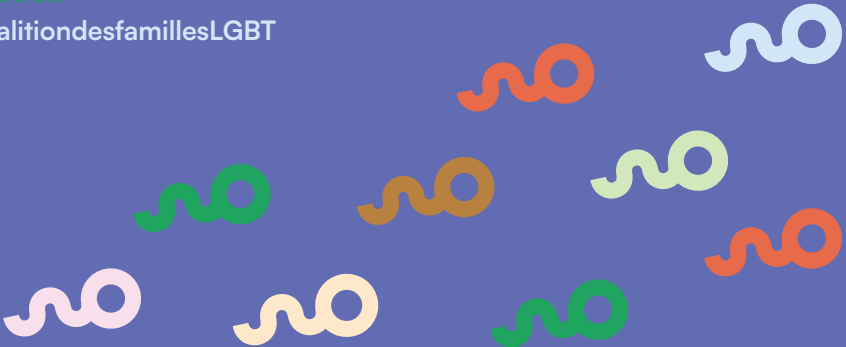
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