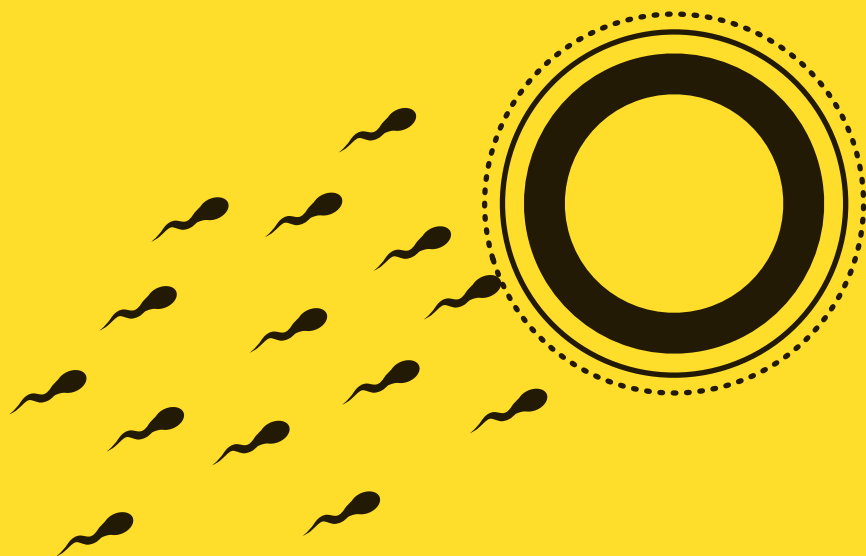




Coalition des  
Familles LGBT  
LGBT Family Coalition

# INSEMINATION GUIDE FOR FUTURE LGBTQ+ PARENTS

6<sup>th</sup> edition, April 2019



# INTRODUCTION

Congratulations! You've decided you're going to have a child. But suddenly that's the only thing you're sure of. What feels like hundreds of new questions are turning you upside-down. Don't worry; it's the same for all future parents.

But some questions are unique to the experiences of LGBTQ+ people who want to have children. The LGBT Family Coalition created this guide in response to your need for concrete information. In the first section, we lay out the different paths you can choose to achieve your dream of having a child. Next, we explain the process of insemination when it's done at a fertility clinic. In the third section, we go over the process of insemination when it's done at home with a known donor. In the appendices, you'll find additional tools and information to help you with your project.

No matter what route you take to becoming an LGBTQ+ parent, the Coalition is available to you as a resource. Each year, we organize workshops for future parents as well as recreational activities for parents and children.

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## INSEMINATION GUIDE FOR FUTURE LGBTQ+ PARENTS

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*We have attempted as much as possible to use, in this guide, a gender-neutral language to recognize the fact that trans and non-binary people start their families through inseminations and are as well sperm and egg donors.*

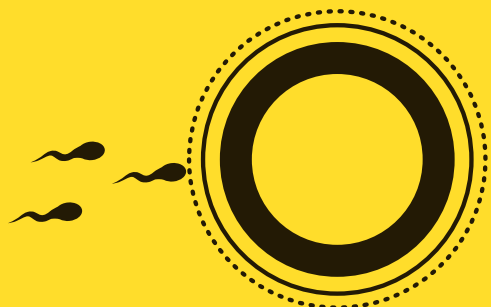
# BECOMING A PARENT: A PERSONAL JOURNEY

We often hear pregnant people say that their pregnancies have become public affairs. Their protruding bellies are concrete proof of their impending parenthood. In your case, your decision itself is a public affair, before conception has even happened! Believe us, once you announce your intention to others, you'll hear all kinds of reactions. The majority of those around will rejoice with you. And many people will ask you lots questions. Indeed, you might be the only future LGBTQ+ parent whom they know and your unusual path to parenthood will peak their curiosity. The questions will follow you with the arrival of your child. It's therefore important that you feel comfortable with how you create your family.

How will the child come into your life? Who will carry it? Can a child be raised without a father/mother? Could you raise a child in a multi-parent family (3 or more parents)? Will your extended family accept each parent (whether biological or not) as the child's real parents? Will you be able to be out as an LGBTQ+ parent at work? How will your child talk about their family at school?

You're not obliged to respond to these questions from everybody you know. It's up to you to judge what you reveal, when you choose to share and to whom. But keep in mind that how you talk about your family can help sensitize the world about the reality of LGBTQ+ families; when done thoughtfully and candidly, it can contribute to a world more open to our children. There are no right or wrong answers; take the time to find answers that work for you. Become comfortable with the idea that having a child is a well thought-out choice, both positive and personal.

Certain people may discover in the process that they have fertility problems. Facing a fertility issue, they may decide that their partner will carry the child. Others will decide to create their families by adoption.



# HOW ARE OUR FAMILIES MADE?

There are many ways by which LGBTQ+ people can become parents. Although this guide was written primarily for those who want to become parents by insemination, there are other options.

## Adoption in Quebec

The Act instituting civil unions and establishing new rules of filiation (Bill 84) was adopted by the National Assembly of Quebec in 2002 and legally recognized families with same-gender parents. Since then, LGBTQ+ couples or singles can adopt children living in Quebec via the Youth Protection Agencies (Centres jeunesse), in the same way as couples or singles that are not LGBTQ+.

Concerning the adoption of children born or residing in Quebec, we often hear that the wait is approximately eight to ten years before a placement is made. In fact, this is true only for a certain type of adoption called “regular adoption”. Regular adoptions are in fact very rare. This situation exists only when the biological parents consent to the adoption as soon as the child is born. The majority of parents, however, regardless of the problems they may be experiencing, take a certain amount of time before they agree to give their child up for adoption. In most of these situations, a judge will make the final decision.

Most children adopted in Quebec become available for adoption through a program called Mixed Bank. Mixed Bank adoptions are ‘Fostering with a view to Adoption’ placements, where the children are not up for adoption at the time of placement, but may become eligible for adoption in the future. This process usually moves more quickly than a regular adoption. The Coalition has published a complete guide for future parents who wish to create their family this way. The guide is available online (**see Appendix 3**).

## International Adoption

When we adopt a child from a foreign country, we are subject to the laws of that country. In spite of the large need for adoptive families, the majority of foreign jurisdictions prohibit LGBTQ+ people from adopting. One exception is Colombia that is slowly starting to accept same-sex couples who want to adopt.

However, some countries allow single heterosexual individuals to adopt. LGBTQ+ people have successfully adopted children from these countries but only when they responded “no” to the question “Are you homosexual or transgender?” during the psychological evaluation. The Secretary on International Adoption has a document with information available to anybody interested (see **Appendix 3**).

## **Stepparents or LGBTQ+ Parents in Blended Families**

A person could become an important parental figure when they enter a long-term relationship with another person who already has a child. But even if the stepparent invests completely and totally in the child’s upbringing, they have no legal recognition in Quebec, unless the child has only one legally recognized single parent. If a single parent is the only parent whose name is on the child’s birth certificate, the stepparent may adopt this child with special consent. This also applies to non-LGBTQ+ people in the same situation.

In Quebec, a child may have only two legally recognized parents. If you aren’t legally recognized, but you have an important role in the life of your partner’s child, you could put in place a legal document that allows you, for example, to make medical decisions for the child in the absence of their legally recognized parents. It might also be possible in the near future that the Quebec government will recognize the rights and responsibilities of stepparents. For now, stepparents have few legal rights.

## **Inseminations**

If you choose inseminations, you have two options: using frozen sperm from a sperm bank with the services of a fertility clinic, or using fresh sperm from a known donor (home insemination).

Trans men and non-binary people who are taking testosterone and want to start inseminations with the goal of carrying a child must stop taking their hormones a few months before starting inseminations. In fact, they should wait until their menstruation starts up again in a regular and recurring fashion before trying to get pregnant. If you are a trans man and would like to get pregnant, you should speak with the doctor who prescribes your hormones before starting.

# FERTILITY CLINICS

## The legislation:

Since the passage of Bill 84 (Quebec, 2002), in the case of a conception with assisted procreation, in the case of a same-gender couple, both parents' names are entered onto their child's birth certificate. The law doesn't distinguish between the biological and non-biological parent. The law gives both parents all the rights and responsibilities of parenthood.

Bill 84 also provides that when a person gives his sperm or her eggs to another person to enable that person to have a child, the donor is not entitled to parental rights with regards to the child. In the same way, the child may not establish a legal link with the donor.

Another law that positively affects future LGBTQ+ people is the federal law passed in 2004 concerning assisted procreation. This law stipulates that clinics may not refuse services to a person because of their sexual orientation or marital status.

The law also has repercussions for Canadian sperm donors. First of all, donors cannot be paid for their donation. The clinics may cover certain expenses (for example, taxi fare to the clinic), but they may not provide money to donors in exchange for their "services". Secondly, the law provides that donors must be anonymous.

Finally, since November 2015 the majority of fees for medical activities related to assisted procreation are not covered by the government. Artificial insemination services rendered by a doctor are still covered by RAMQ for a maximum of 9 procedures if they do not result in a pregnancy (positive fetal heart rate). Unfortunately, sperm purchase-related costs are excluded.

If there is a problem of infertility that requires in-vitro fertilization there is the possibility to obtain a tax credit (reimbursement of certain fees when income taxes are filed). The tax credit varies depending on family income. The maximum amount of eligible expenses is \$20,000 and the maximum tax credit is \$10,000. Tax credits are only available when neither the person nor their spouse has had a child previously.

For more information regarding the fees associated with assisted procreation please contact the LGBT Family Coalition.

## Preparing for the first appointment

Many clinics, both public and private, offer insemination services. You can find a list in Appendix 3. Your first step is to find out what services are offered by the hospitals and clinics in your region.

To make an appointment, a public hospital requires a referral from a gynecologist or a family doctor, as for all other patients. The medical document should say that you wish to have a child, either as a single person or as a couple that is part of the LGBTQ+ community. If you choose a private clinic you just have to call to make an appointment.

At your first appointment at the fertility clinic, you will be asked to have a standard medical check-up. At certain clinics, you'll be asked to take your basal body temperature over a three-month period. In order to prepare, you can ask your gynecologist or family doctor to prescribe the required tests three months before your appointment at the fertility clinic. The clinic might also ask your partner to get tested for all sexually transmitted infections.

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### **BASIC ASSESSMENT:**

*Even if each clinic has its own official requirements, the following list is quite complete.*

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### **AT THE TEST CENTRE:**

Rubella, CMV, chicken pox, parvovirus b12 (fifth's disease), HTLV I-II (linked to leukemia), hepatitis C, irregular antibodies (indirect coombs)

Sexually transmitted diseases: VDRL (syphilis), HIV, hepatitis B, Anti-Hbc total (hepatitis B antibodies)

Hormones: TSH, PRL

Blood group, blood work up

Glycemia (random, without fasting)

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### **AT THE DOCTOR'S OFFICE:**

Gonorrhoea culture, chlamydia culture, Pap smear

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## FERTILITY CLINICS (CONTINUED)

Start taking folic acid (1 mg folate per day). You can buy this at your pharmacy without a prescription; however, with a prescription, you won't pay taxes on the cost of the medication. This vitamin reduces the risk of nervous system malformation in the fetus. Once pregnant, you should continue taking the same dose of folic acid until the end of the third month (end of the first trimester).

**It's also important to know your menstrual cycle; there are three methods you can use to obtain the necessary information:**

**A.** To obtain your basal body temperature, take your temperature at the same time each morning, immediately after you wake up but before you get up out of bed. You could ask your pharmacist for a special thermometer to take your basal body temperature (BBT). These thermometers measure to the tenth degree (**see Appendix 1**).

Day 1 corresponds to the first day of your menstruation. Write down your temperature on the graph. Be careful to take your temperature as close to the same time every day as you can; if not, your graph won't be useable. Before ovulation, your basal body temperature should be between .3 and .5 degrees Celsius below your temperature after ovulation. If your temperature rises after a quick drop, you probably have already ovulated. Note that the BBT will only indicate that ovulation has already happened. If you use frozen sperm, you should inseminate just before ovulation, so the BBT isn't a useful test to determine when to inseminate. Some people use the basal body temperature as a method of contraception. Use the BBT as a tool to give you information about your cycle before the inseminations begin. Certain fertility clinics ask you to do three cycles of temperature-taking before beginning to inseminate.

**B.** Observation of cervical mucous is another method to help determine more precisely the moment of ovulation. Unfortunately, the information obtained by this method isn't ideal for insemination. At the beginning of our cycle (day one is the first day of your period), you will notice very little mucous. At this moment, the cervix is closed. However, around day nine or ten, you can observe changes in the consistency of the mucous; it becomes clear, abundant and rubbery. It will form filaments that will stretch when handled. Your cervix will begin to open slowly. This indicates that ovulation will happen soon. Many people produce a lot of clear mucous several days before ovulation and until one day after. But frozen sperm can only survive for about 12 hours. Fresh sperm survives for 48 hours. So, inseminating at the first sign of a change in mucous consistency



doesn't give you a very good chance of success. Some people will become experts and they can predict their ovulation (confirmed by an LH test, discussed in the next paragraph). We suggest you use observations of your cervical mucous as an additional clue, observing your regular cycle and plotting the days on your BBT graph when your mucous is clear and abundant. You could then provide this information to your doctor.

**C** The Luteinizing Hormone Kit is the most reliable test for insemination. Fertility clinics will ask you to use this kit to make sure that the insemination takes place on the day of your ovulation. But you could begin to use it earlier. That way, you will know your cycle better before inseminations begin. You can purchase the kit at any pharmacy (ask for a prescription from your doctor so you don't have to pay taxes). You can also purchase it on the internet. Make sure that you purchase the test to predict ovulation and not a pregnancy test. Carefully read the instructions that come with the kit to determine precisely when you have the LH surge. After the peak, you will probably ovulate within the following 12-40 hours (according to certain specialists, ovulation begins closer to 24 hours after the LH peak). Now you can plan your insemination schedule.

## The Donor

Before going to the clinic, you must choose which kind of donor you want to use: an anonymous donor or an identity-release donor.

When the donor is anonymous, your child will never know their identity. Tens of thousands of children are born from anonymous donors. These children might someday be curious about their biological origins. There is no research showing that having an anonymous donor creates psychological, developmental or identity problems. Secrets, shame and awkwardness, however, with regards to a child's origins can lead to dysfunction.

You may let the clinic or the hospital select the donor from their sperm bank. You can, alternatively select your donor according to your own criteria from an external sperm bank (**see Appendix 3**). For a small fee, the external banks can give you a profile of the donor. The 'donor's profile' is a document of about 20 or so pages that covers a variety of aspects like physical characteristics, level of education, family medical history, preferences, etc. Certain banks also provide photos of the donor as an adult or as a child, or a recording of their voice. In the case of an external bank, the clinic or the hospital must order the sperm for you.

## **FERTILITY CLINICS (CONTINUED)**

“Open identity” or “identity-release” means that the donor accepts to be identified and contacted when the child reaches the age of majority, if they ask for it. This system was created to respond to the curiosity expressed by certain children. According to studies conducted in Holland, most of the time, just having the choice to know the donor’s identity was sufficient for the child. Sometimes the child chose to contact the donor, one or several times. It is the sperm bank that is the intermediary in this process. The identity-release donor, however, could refuse to meet the child for a variety of reasons that are within their legal rights.

To have an identity-release donor you must use a sperm bank outside of Canada. Donor profiles are available for these donors. Whether the donor is anonymous or identity-release, the sperm bank will be able to find the donor if there is a need related to a medical problem.

Whether using an identity-release or anonymous donor make sure to keep all of your receipts and include them as medical expenses when filing your income tax returns.

The most important thing is that you feel comfortable with your decision.

### **The First Appointment**

The first appointment at the fertility clinic is with a doctor. The doctor will ask questions about your family and medical history, your overall health, etc. You and your partner, if you are in a couple, must respond to a questionnaire. The blood tests, described above, will be prescribed. Finally, depending on the clinic and its respective approach, the doctor will analyze your BBT graphs. They may or may not suggest that you take medication to stimulate ovulation. This decision will have an impact on your health. You should therefore seriously consider the matter with your partner, if you have one, and especially with your doctor. Do not hesitate to ask questions about the side effects and long-term effects of the suggested medications.

People who use the services of a fertility clinic might need fertility testing before they start their inseminations.

## **Meeting with a psychologist or a social worker**

During the first appointment, the doctor will refer you to a social worker or a psychologist for a one-hour meeting. This meeting, which some people refer to as a “psychosocial evaluation” is not really an evaluation! The professional is there to support all families that are founded through donation of sperm or eggs. The majority of people find that this encounter is helpful.

## **The Second Appointment**

At your second appointment, the doctor will give you your tests results. The appointment will be scheduled after the blood tests and your psychosocial evaluation are completed. If the blood tests reveal a minor health issue (anemia or an infection, for example), that issue will be treated before beginning inseminations. It is also at this appointment that you sign the consent forms for donor insemination. Finally, a nurse will explain to you how to use the urine tests that detect ovulation (the “LH Kit”).

## **Beginning Inseminations**

After taking your temperature for several months, you understand enough about your cycle to know when you usually ovulate. You could then begin the ovulation tests a few days before. As explained previously, the urine tests detect the hormone LH, which peaks about 12 to 40 hours before ovulation. When the test is positive, you must call the fertility clinic and go to the clinic the next day, according to the procedure explained by the clinic. There are tests sold on the internet that are very inexpensive. Others are much more expensive but easier to interpret (like Clear Blue, a test where a smile appears when the hormone LH peaks!) You choose what is convenient for you; the nurses at the clinic will give you more information about the tests so you can make an informed decision.

At certain clinics, an ultrasound will be taken three days before your predicted ovulation. The size of your follicles will be measured to help determine a precise date for the insemination.

Each insemination has around a 15% chance of success, and the chances decrease, as we get older. So try to be patient; it’s likely you’ll repeat this process several times over a period of months.

**SOME ADVICE TO MAKE THE PROCESS EASIER**

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**1.** Get informed. Have at least minimal knowledge on the subject of insemination. It's also important that you become familiar with your ovulation cycle. If you read up on the subject, you will notice that opinions are sometimes contradictory. These contradictions are frustrating, but remember, insemination is not an exact science. Be patient, be open to trying and trust your own judgment.

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**2.** Ask questions and be assertive: certain doctors will recommend a medication to stimulate your ovulation or do more invasive examinations to evaluate your fertility. Some insist that both people in the couple (if you are in one) prepare themselves for an insemination. Ask the doctor questions and let them know what your choices and ideas are. You have every right to refuse medication or to refuse to have medical students present during your appointments.

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**3.** Get to know your body. Give yourself three to six months to become familiar with your ovulation cycle before beginning insemination. Each person is different. Your basal body temperature and the measurement of your LH hormone will help familiarize yourself with your cycle. This information will be useful for both home inseminations or for inseminations at a clinic.

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**4.** Have a good support network. The majority of us think that becoming pregnant will be easy once we've made the decision. It's not always the case with insemination. In fact, this step might be the most difficult period of your life as a future parent. Prepare yourself for an emotional rollercoaster, alternating between hope and despair. It's very helpful to speak with other people who have gone through the same experience or are currently going through it. Don't assume you have a fertility problem if you don't become pregnant on the first try. It takes an average of six months to become pregnant by insemination and even longer if you are over 35. After six months of inseminations, you may discuss with your doctor the possibility of using more aggressive methods. Don't get discouraged!

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# INSEMINATION AT HOME WITH A KNOWN DONOR

**Even though fertility treatments at a clinic can help us to become pregnant, certain people choose at-home inseminations with a known donor.**

There are many reasons why certain LGBTQ+ people choose a known donor. Some LGBTQ+ people feel that medical information available from the sperm banks is inadequate. For example, donor profiles do not include information about mental illness. If you have a family history of schizophrenia or bipolar disorder, you might prefer being able to ask a known donor about mental illness in their family.

Other people think it's important for their child to have contact with the donor from a young age. Some future LGBTQ+ parents want the donor to be involved in the child's life and might even want the child to consider the donor to be their parent. There are no bad choices; the important thing is that you feel comfortable with what you ultimately decide.

If you want to ask a friend to be your donor, give this careful consideration. The person that you choose should be somebody you know and trust rather than somebody who is just an acquaintance. What are their expectations? Do you agree with what role they will play in the child's life? Does the donor have a partner? Will this person also play a role in the child's life? Etc. In addition, it is very important to be conscious of the health risks associated with insemination using fresh sperm.

If you use a known donor, the inseminations will take place at home rather than in a doctor's office. The inseminations with known donors rarely take place in a fertility clinic, unless a special request is made (see below). The advantages of using fresh sperm are due to the motility of the spermatozooids and their number. The concentration of spermatozooids that are highly active is around ten times higher in fresh sperm than in frozen sperm. Therefore, your chances of success are higher with fresh sperm.



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

### **Legalities**

Since Bill 84 was adopted, LGBTQ+ parents, whether biological or non-biological, have the same rights and responsibilities as other parents. Still, our families are different, as a third person is involved at least during the conception.

If you prefer that your donor has no rights or responsibilities with regards to your child, Quebec law protects you. You and your partner (if you have one) may consider, if it's not already done, to have a civil union or to get married to make your status as a couple public and official. That way, you benefit from the presumption of parenthood. On the other hand, getting married or having a civil union is not necessary to become a parent, since the name of the non-biological parent can be written on the birth certificate regardless of the couple's legal status. Quebec birth certificates contain the names of both parents; the two parents do not need to be a man and a woman. Under the civil code, it is the act of birth that establishes the legal relationship between parent and child. For this reason, non-biological parents in Quebec are not forced to adopt their own children.

If you are single, and you meet somebody after the birth of your child and you would like this person to become the legal parent of your child, you may do so. Your new partner can adopt the child by special consent if the child doesn't already have a second legally recognized parent.

If you do not want your donor to have any parental rights or responsibilities, we would advise you not to proceed with the inseminations by sexual intercourse. According to Bill 84, if the biological parent and the donor had sexual relationship, the donor has one year after the birth of the child to claim their parental rights. If the sperm donation was done without sexual relations, the person can never claim parental rights. On the contrary, if you want the sperm donor to become the child's parent, it's possible to have their name on the birth certificate. Just remember that there are only two parents' names allowed on the birth certificate. Remember that under Quebec law at the time of this printing (2019), a child cannot have more than two legally recognized parents.

Evidently, in situations of conflict, it can be difficult to prove the presence or absence of sexual relations between the biological parent and the donor. It can therefore be useful to put the agreements with the donor in writing. In the same vein, if you would like the donor to be involved with your family, it would be advisable to put the specifics in writing.

There isn't just one type of LGBTQ+ family. For this reason, your donor and you (and your partner if you have one) should take the time to reflect and discuss the details before you begin the process. Simply presuming that everybody involved is on the same page can cause many problems later on.

Ways in which a known donor can be involved in the child's life vary enormously. Some known donors play the role of the child's parent; others have no contact after the insemination. Also, sometimes the parents of the donor, or the donor's partner, have or develop expectations about their relationship with the child.

Because of the different possibilities, we recommend that you draw up a legal contract (**see Appendix 2**) that clearly describes the intentions and expectations of each person involved. If the donor has a partner, it would be useful to clarify how this fourth person will be involved. The contract will be useful to clarify the details on paper so everybody involved is on the same page. You should also make yourself familiar with Bill 84, even if you don't want to get married or have a civil union so you can take the appropriate decisions for your family.

## **Precautionary measures**

### **ATTENTION: AN INSEMINATION WITH FRESH SPERM PRESENTS THE SAME RISKS AS HAVING UNPROTECTED SEX WITH THE DONOR.**

Before beginning inseminations, you and your donor should consult a clinic specializing in sexually transmitted infections (STI) and blood-borne viruses (BBV) or a family doctor in order to get the necessary testing. If you find out that your donor is seropositive, it would be in your interest to look for another donor. If you discover that you or your donor have an STI or BBV that is treatable, the treatment should be completed before beginning inseminations.

Simply consulting your family doctor for a routine visit isn't enough. Whether it is for you or your donor, the doctor should know that you will begin inseminations with a person who isn't your partner so the doctor can request the appropriate tests.

Even if the tests are all negative, this doesn't mean that your donor isn't a carrier of a transmittable disease. You should take into consideration the 3-6 month window of uncertainty; this is the period of time in which your donor could be positive for HIV and other diseases without it showing up in the blood tests. A negative test simply means that there is no infection detectable, even if the donor is affected when he takes the test. For example, the donor may be HIV-positive, but his viral load is too weak to be detected by the test.

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

To be certain that your donor isn't a carrier of a transmittable infection, they should take the series of tests for the first time. After you receive negative results, the donor should consistently practise safe sex during the next six months. Then, they should take the same series of tests again. If the results are still negative, you can be sure that they do not carry these infections.

If you decide to use sperm from a known donor, but you would like to avoid the risks of transmission, it's possible to freeze your donor's sperm, do the tests for STIs and BBVs, and then store the sperm at a bank for six months. After six months, if the tests are still negative, you may use the frozen sperm safely. This is called a directed-donation. Certain fertility clinics will accept this type of arrangement. Occasionally federal authorization is necessary; make sure to check with your clinic.

### **How to proceed**

If you plan to have sexual relations with your donor, we assume that you don't need our advice about how to proceed. Nonetheless, take note that although you would like to get pregnant on the first try, this doesn't often happen. It could take between six and 15 tries or more. Are you, your partner, and the donor ready for this possibility? As we mentioned in the preceding section, Quebec law recognizes legal parental rights differently depending on whether sexual relations have or haven't occurred. If the sperm donation happens via sexual relations, the donor has a window of one year after the birth of the child to claim their parental rights. This is not the case for a known donor who did not have sexual relations with the biological parent.

If you plan to do your inseminations at home, you should have 2-3 mls syringes without a needle. Forget kitchen utensils like turkey basters. These instruments are not designed to receive the volume of sperm produced from one ejaculation.

Fresh sperm may survive a long time once it's inside your vagina. However, it dies rapidly when exposed to air and light. For this reason, it's not recommended that your donor ejaculate at home and then bring the sperm to your home unless you are next-door neighbours.

After ejaculation, the sperm should be maintained in an environment that is between room temperature and 37.0 Celsius. It must also be kept away from light and water.



You can't freeze the sperm in the freezer or with an ice pack because it kills the spermatozooids.

Because fresh sperm can survive 72 hours in your body, you should plan that the inseminations happen within the 72 hours before ovulation. You should inseminate with the fresh sperm when you are closest to your LH peak. Depending on your age and health, one insemination per month is sufficient. Of course, doing two inseminations per month increases your chances of success. If you can, you should space the inseminations more than 24 hours apart so as to not diminish the number of spermatozooids present in the second ejaculation.

Just before insemination, the potential parent should raise their hips and rest them on cushions. Certain people prefer to bend their knees up to their chest. The syringe should be placed as far back as possible in the vagina, near the cervix. A speculum is not useful for home inseminations since it may trap the sperm. Push the tube of the syringe to empty its contents and leave it in place inside the vagina for at least a few minutes. Wait 30 minutes before getting up. Don't take a bath or shower afterwards.

Sometimes it's recommended to be sexually excited just before an insemination. This would open the cervix, allowing the spermatozooids to penetrate more easily in the uterus. There is no consensus about the effect of an orgasm on the spermatozooids. We don't know if it helps or hinders the success of insemination. Never use lubricant during an insemination because it will kill the sperm.

Some couples prefer to overlap the inseminations with their sexual relations. Others prefer to keep the two separate. It is often difficult to sustain a romantic mood during the inseminations. Do your best to keep your sense of humour!

People who use frozen sperm in a fertility clinic usually agree, before beginning inseminations, to an in-depth fertility workup. This is not the case for people who use fresh sperm at home. Known donors are not subject to fertility testing either. If you would like to take these tests before beginning home inseminations, or if you suspect that you might have a fertility problem, you should talk with a doctor. Using or not using treatments for infertility will always be your personal choice. If you decide to take this route, our advice is to get informed. Read about the subject before you ask your donor questions in order to be an active participant in your treatment.

# 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 INSEMINATION WITH A KNOWN DONOR

Important information that must be included in all contracts:

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## BASIC INFORMATION

Indication of who are the important parties involved (full names, birth dates, addresses). Ex: donor, recipient and partner of recipients (if there is one). Can also include the name of the donor's partner if this is relevant.

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## SEXUAL RELATIONSHIP

A sentence indicating that the donor has agreed to provide their sperm for the purpose of artificial insemination and that there has been no sexual relationship (if this is the case). It is necessary to include this because of the provisions of the Civil Code.

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## OBJECT

A sentence indicating that the recipient will receive the sperm in order to conceive a child.

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## PARENTAL PROJECT

A statement about the individual or couple having a parental project to start a family (or to enlarge the family) and that the donor's role is simply to provide genetic material in order to help the recipient to conceive a child.

A sentence indicating that all those involved understand that the Civil Code of Quebec gives parental rights to the individual or couple and not to the sperm donor.

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Date

Place of signature

Signatures of all involved

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**According to the specific situation the following information may also be added:**

**Donor declaration:** A sentence indicating that the donor is providing semen for the sole purpose of helping the couple or individual to have a child and will not at any point demand or request guardianship, custody or visitation rights.

**Donor responsibility:** A sentence indicating that the individual or couple cannot at any point demand or request that the donor be held legally, financially or emotionally responsible for any resulting child(ren).

### **Other items to consider adding into the contract:**

- 1•** A statement about who will have the right to name the child.
- 2•** A statement about whose names will go on the birth certificate.
- 3•** A statement that the donor will not bring forward a parental rights suit.
- 4•** A statement about who will have the right to name a guardian in the event of sickness or death.
- 5•** A statement about how the parties will deal with the identity of the donor: anonymous or open. If open, from what point in the child's life?
- 6•** A statement about the donor's future contact with the child (ex: the parents' rights, the donor's rights and the child's rights to decide upon this). For example, you can say that only the parents have a right to decide but when the child reaches 16 they can decide. Or you can say the donor and recipient have agreed to a contact of X hours per month, etc.
- 7•** A statement about the rights of the couple/individual to change the level of contact if they feel it is not in the child's interest.
- 8•** A statement about the role of the donor's partner and extended family (ex: parents and siblings of the donor) in the child's life.
- 9•** A statement about the role of the donor's partner and what this role will be if the donor and their partner separate. A statement about future partners of the donor.
- 10•** A statement about what would happen in the case of a separation of the couple with regards to the donor (ex: the donor will still not have parental rights or responsibilities, the donor will continue to have X hours of visitation, etc.).
- 11•** A statement about future children (ex: the donor agrees to be sperm donor if the couple decide to have more children).
- 12•** A statement about the right of the couple/individual and their child to move to another city, province, country.
- 13•** In case of problems or divergence of opinions concerning the child, between the donor and the parents, a statement about how problems will be mediated between the different parties.
- 14•** Etc.

# APPENDIX 3: RESOURCES

## On the Web

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

This guide, a publication of the LGBT Family Coalition, is of interest to future parents and those working with them. It includes a historical overview, definitions, information about the children, their biological parents and youth protection, legal information, the process of adoption, resources, as well as interviews with LGBTQ+ parents who have adopted and/or fostered children.

[familieslgbt.org/documents/pdf/CFH\\_Adoption\\_ENG.pdf](http://familieslgbt.org/documents/pdf/CFH_Adoption_ENG.pdf)

**Association Infertilité Québec (French only):** The Association provides information about aspects concerning infertility (physiological and psychological), as well as available options, etc.

[infertilite.ca](http://infertilite.ca)

**Infertility Awareness Association of Canada:** The association provides information concerning many aspects of infertility (physiological, psychological, possible options, etc).

[www.iaac.ca/en](http://www.iaac.ca/en)

**LGBT Family Coalition:** The Coalition advocates for the legal and social recognition of LGBT-headed families. We are a bilingual group of LGBTQ+ parents and future parents exchanging information, sharing resources and having fun together with our children. We have workshops that are specifically geared to future parents and others for those who already have children. We discuss medical, legal, psychological and social issues affecting our families, as well as how to deal with homophobia and transphobia in the schools. The Coalition's web site contains resources, book references, information on workshops for future parents, legal information, etc.

[familiesLGBT.org](http://familiesLGBT.org)



**Facebook group and page of the LGBT Family Coalition:** These platforms bring together parents and future parents. You can use the Facebook group to ask any question, and the best specialists will be there to answer your questions (those that have already been there...)! The Facebook Page of the Coalition is an up-to-date source of news on parenting-related issues.

**Groupe :**

[facebook.com/groups/Familleslgbt.org/?source\\_id=274972889672705](https://facebook.com/groups/Familleslgbt.org/?source_id=274972889672705)

**Page :**

[facebook.com/coalitionfamilleslgbt](https://facebook.com/coalitionfamilleslgbt)

**Secrétariat à l'adoption internationale du Québec**

[adoption.gouv.qc.ca](http://adoption.gouv.qc.ca)

Tel.: Montreal region 514-873-5226 and elsewhere in Québec: 1-800-561-0246

*Other sites like Fertility Plus ([fertilityplus.com](http://fertilityplus.com)), etc. contain a lot of information about fertility, basal body temperature, etc.*

## Sperm Banks

The bank listed here have both anonymous and identity-release donors.

**CANAM Cryoservices : [canamcryo.com](http://canamcryo.com)**

**Outreach (Xytex donors) : [creatingcanadianfamilies.ca](http://creatingcanadianfamilies.ca)**

**Repromed (Xytex donors) : [repromed.ca](http://repromed.ca)**



## APPENDIX 3: RESOURCES (CONTINUED)

### Fertility Clinics

#### MONTREAL

##### **OVO Fertility Clinic**

Tel.: 514 798-2000

Email: [message@cliniqueovo.com](mailto:message@cliniqueovo.com)

[cliniqueovo.com](http://cliniqueovo.com)

##### **Montreal Fertility Centre**

Tel.: 514 369-6116

Email: [info@montrealfertility.com](mailto:info@montrealfertility.com)

[montrealfertility.com](http://montrealfertility.com)

##### **Procréa**

Tel.: 514 345-8535 ou 1 888-PROCREA

Email: [info@procrea.com](mailto:info@procrea.com)

[procrea.com](http://procrea.com)

##### **MUHC Reproductive Centre**

Tel. : 514 843-1650

Fax : 514 843-1496

Email: [fertility@muhc.mcgill.ca](mailto:fertility@muhc.mcgill.ca)

[mcgillivf.com](http://mcgillivf.com)

##### **Fertility Clinic (CHUM)**

Fertility Clinic

Tel.: 514 890-8309

[chumontreal.qc.ca](http://chumontreal.qc.ca)

##### **Centre de procréation assistée du CHU-Sainte-Justine**

Tel.: 514 345-4883

[chusj.org](http://chusj.org)

#### QUÉBEC

##### **Procréa**

Tel.: 418 260-9555 ou 1 877-PROCREA

Email: [info@procrea.com](mailto:info@procrea.com)

[procrea.com](http://procrea.com)

#### OTHER REGIONS OF QUEBEC

##### **Clinique de fertilité et de procréation assistée (CHUS) Centre hospitalier Fleurimont**

Fertility Clinic

3001, 12<sup>e</sup> Avenue Nord

Sherbrooke, Québec J1H 5N4

Tel.: 819 346-1110, ext. 14723

##### **Centre hospitalier régional de Trois Rivières (CHRTR)**

Assisted procreation Clinic

1991, boul. du Carmel

Trois-Rivières, Québec G8Z 3R9

Tel.: 819 378-9842

##### **Clinique de planning de Gaspé (CISSS de la Gaspésie)**

215, boulevard de York Ouest, 4<sup>e</sup> étage

Gaspé, Québec G4X 2W2

Tel.: 418 368-1716

##### **Clinique de planning des naissances de Rimouski**

150 avenue Rouleau

Rimouski, Québec G5L 5T1

Tel.: 418 724-8578 ou 1 866 724-8578

Email: [info@planningchrr.com](mailto:info@planningchrr.com)