

# Developing Cultural Competence: supporting lesbian and bisexual women during the process of conception

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Family planning for lesbian and bisexual women (LBW) is a process of negotiating among numerous participants, sources of information, resources and services, technologies, drugs and expertise.<sup>1</sup>

**T**he LBW population will often have significant contact with the healthcare community throughout the intimate process of creating a family, despite the fact that they seek assistance with conception rather than infertility. Lesbian and bisexual women who choose to use Assisted Human Reproduction (AHR) to conceive have needs and experiences that are uniquely different from those of heterosexual women navigating the process of family creation.

It is in our best interest as naturopathic doctors to become both familiar and knowledgeable in the treatment of LBW. When surveyed, this population reported that when choosing a healthcare provider, the factor they considered most important was practitioner competence.<sup>2</sup> For most participants in the survey, a practitioner's sexual orientation was regarded as less important than their training, experience and level of understanding of lesbians. Lesbian and bisexual women also have a history of interest in alternative medicine.<sup>2,3</sup> In a recent Statistics Canada survey report a statistically significant difference was seen between LBW and heterosexual women with respect to alternative health care use. Interestingly, 31.1% of lesbians and 27.3 % of bisexual women reported having seen an alternative health care provider in the last 12 months, compared to 26% of heterosexual women.<sup>4</sup>

An examination of the process involved for LBW trying to conceive highlights the barriers and challenges experienced by this population, as well as the important changes all health care providers, including naturopathic doctors, can make in their practices to help provide LBW with high quality health care.

## The Process

Lesbian and bisexual women attempt to achieve pregnancy either through intercourse with a male partner or through donor insemination. For those women who choose to pursue parenthood using donor insemination, it will be necessary to reach outside of their immediate relationship for the next phase of the complex decision-making process. The first choice is whether to use a known donor or an unknown donor. *Known* donors are known to the

inseminating woman, her partner, or to a third party, whereas the identities of *unknown* donors are managed by sperm banks. Unknown donors can be anonymous, meaning that their identity is protected by a sperm bank, or identity-release, meaning donors remain anonymous until the offspring turns 18 years of age, at which point the sperm bank helps to facilitate contact between the adult offspring and the donor. The semen samples of unknown donors will always be cryopreserved (cryogenically frozen) by a sperm bank or fertility clinic, and are rigorously tested both as fresh samples and after a 180-day quarantine period. Known donor samples can also be cryopreserved, for a cost, in which case they too will be tested, quarantined and retested. Cryoprocessing sperm therefore provides a level of safety not possible to ensure with fresh semen.

Once the donor type (known vs. unknown) has been chosen, the donor himself must be selected. If the choice is to use an unknown donor, the woman can select from a number of domestic and Canadian compliant international sperm banks. Canada has very stringent screening and testing requirements of semen donors, with only 3-5% of candidates satisfying all the requirements to be accepted.<sup>5</sup> Donor screening requires completing an extensive medical and personal questionnaire, passing a physical exam, a review of relevant medical records, a semen analysis, and testing for infectious and genetic diseases. Screening must include a CBC and urinalysis, as well as tests for many commonly sexually transmitted infections such as HIV-1 and HIV-2, HTLV-1 and HTLV-2, Hep B and C, CMV IgG/IgM, *Syphilis*, *Chlamydia*, *Trichomonas*, and *Gonorrhoea*. Additional genetic screening is performed by some sperm banks for conditions such as Tay-Sachs, hemoglobinopathies, thalassemia, and Cystic Fibrosis (CF). Donor profiles can be searched online for a fee, and include medical and personal information. Often adult photos, childhood photos, and audio recordings are available for purchase as well.

**Human T-lymphotropic virus types I and II (HTLV-I and -II) are presumed to have derived from primate T-lymphotropic viruses with which they share significant nucleotide sequence homology. They are transmitted by sexual intercourse, by parenteral modes, and from mother to child (predominantly by breast feeding). HTLV-I has been causally associated with adult T-cell leukemia and HTLV-associated myelopathy. HTLV-II has also been associated with HTLV-associated myelopathy, but not with leukemia.**

Having chosen the donor, the next step is choosing a method of insemination. Women can choose home/self insemination or insemination at a fertility clinic, using fresh semen or cryopreserved semen or sperm. Cryopreserved samples can either be 'washed' or 'unwashed'. *Washed* samples have the seminal plasma removed prior to freezing. (Seminal plasma contains prostaglandins that cause uterine cramping), while *unwashed* samples are frozen without removing the seminal plasma. With home/self insemination, either fresh semen from a known donor or frozen and thawed semen (unwashed) or sperm (washed) from a known or unknown donor can be used. Health Canada regulations mandate that semen used for AHR be under the supervision of a physician.<sup>6</sup> Frozen sperm for use in home insemination must therefore be released by a physician to their patient.

If the woman chooses to use the services of a fertility clinic, several additional options are available for 'how' insemination will take place.

Fertility clinics provide intravaginal insemination (IVI), intracervical insemination (ICI), intrauterine insemination (IUI), and In vitro Fertilization (IVF) services for their LBW clients. With IVI, sperm or semen is delivered via syringe into the vagina. With ICI and IUI sperm is delivered via catheter just inside the cervical os (ICI) or into the uterus (IUI). A lesbian or bisexual woman can use IVF to implant into her uterus her own fertilized egg, that of her female partner, or of an egg donor.

Now that the 'who' and the 'how' have been decided, the 'when' must be established. If performing a home insemination, women may simply try to monitor for their ovulation and inseminate at that time. If using a fertility clinic, the process can often be more complex. Fertility clinics' assessment of a woman trying to conceive typically consist of abdominal and trans-vaginal ultrasounds, a hysterosalpingogram or sonohistogram, blood work including CBC, TSH, hormone panel, Hep B, HIV, *Rubella*, *Chlamydia*, *Gonorrhoea*, CMV, blood type and factor, and random glucose. Additional drugs such as clomiphene (clomid) or HCG may be suggested to promote ovulation.

Insemination requires precise timing. Fresh sperm cells can live up to five days in fertile vaginal mucous, but frozen thawed sperm lives for only 12-24 hours.<sup>7</sup> Ovulation prediction and detection is therefore crucial to maximize the likelihood of a successful fertilization.

## Heterosexism and Homonegativity

Some of the biggest barriers faced by LBW trying to conceive using AHR are heterosexism (the assumption that everyone is heterosexual unless they say they are not) and homonegativity (the discrimination towards people who identify as gay, lesbian, or bisexual) amongst health care professionals.<sup>8</sup> The Government of Canada Assisted Human Reproduction Act 2004 (AHRA) states that persons seeking to use assisted reproductive procedures must

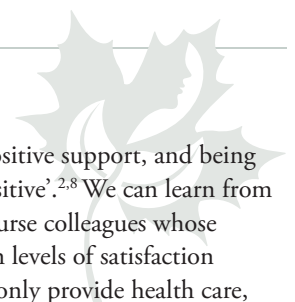
## Common tests performed on female patients at Canadian fertility clinics

- Complete Blood Count
- Hormone panel: Estradiol, Progesterone, Leutinizing Hormone, Prolactin, Free Testosterone, Androstenedione, DHEA, TSH
- Infectious Diseases: Hep B, HIV, HTLV, Rubella, Chlamydia, Gonorrhoea, Cytomegalovirus, Syphilis, *Trichomonas palladium*, Parvovirus
- Blood type and factor
- Random glucose
- Abdominal and trans-vaginal ultrasounds: to assess the size, shape and health of the uterus and ovaries, as well as monitoring follicular growth and ovulation.
- Hysterosalpingogram: A Radiographic procedure where radiopaque dye is injected into the uterine cavity through the cervix. If the fallopian tubes are open, dye fills the tubes and spills into the abdominal cavity. Uterine fibroids and polyps can be visualized on x-ray, and the patency of the fallopian tubes can be assessed.
- Sonohistogram: Similarly to the hysterosalpingogram, this procedure is used to visualize the uterine cavity and fallopian tube patency, however pelvic ultrasound and saline are used in place of x-ray and radiopaque dye.

not be discriminated against based on sexual orientation.<sup>6</sup> The proclamation of this Act put an end to the practice of refusing AHR to LBW, but has not eliminated the culture of discrimination that continues to exist in many medical clinics. The persistence of heterosexism and homonegativity can be seen in forms that assume female and male partners, images posted in clinics of two parent heterosexual families only, and non-biological mothers or partners consistently being ignored by health care providers.<sup>9</sup>

Both anticipated and actual heterosexism and homonegativity amongst health care providers has been identified as one of the factors that deters LBW from reaching out to health care services.<sup>2,4,10</sup> When Canadian women were asked if they had had unmet health care needs in the past 12 months, only 14.8% of heterosexual women said they had, compared to 19.6% and 28.6% of lesbian and bisexual women respectively.<sup>4</sup> The unwillingness of health care providers to welcome family structures that differ from the prescribed social norm of heterosexuality can lead to 'lesbian invisibility' in health care.<sup>2</sup>

Research shows that fertility clinics have not typically provided a welcoming environment for LBW. LBW have been



dissatisfied with the environment of the fertility clinics, describing them as 'homonegative' and unsupportive. The counselling services offered by these clinics have been seen as directed toward heterosexuals, and are unable to address the unique health care needs of LBW.<sup>11</sup> An unfortunate consequence of this type of health care environment is that these LBW, trying to conceive, often lower their expectations from seeking positive experiences to simply seeking out tolerance.<sup>2</sup>

## The Medicalization of Conception

Canadian regulations require that cryopreserved sperm be controlled by a physician.<sup>6</sup> Historically, LBW have not been the 'targeted users' of biomedical fertility services. Lesbian and bisexual women enter into a system designed to accommodate heterosexuals with fertility concerns, and are often transformed into fertility patients not (or not only) because of their physical conditions, but because of the conception needs related to their sexual identity".<sup>1</sup> LBW often feel pressured into multiple medical interventions (e.g., blood work, ultrasounds, medications) that are standard practice in infertility treatment, but may be unnecessary for them.<sup>9,11</sup> Lesbian and bisexual women bring diverse meaning to the label of 'infertility' and can perceive the medicalization of conception in different ways. For example, LBW may see the use of assisted reproduction as the reinforcement of heteronormative ideals, or, as a pragmatic way to meet one's goals. Whereas heterosexual individuals and couples are often dealing with negative emotions such as stress, failure and depression commonly associated with infertility,<sup>12,13,14</sup> many LBW trying to conceive experience donor insemination as a joyful process focussed on wellness and normalcy rather than disease and pathology.<sup>1</sup>

## The High Cost of Donor Sperm Insemination

Currently the cost of purchasing cryopreserved sperm in Canada can range from \$700-\$900 per sample.<sup>15,16,17</sup> Add to this the cost of testing, processing, storing and inseminating the sperm, and the first round of insemination can cost as much as \$1800. Some extended health care plans may cover a portion of these costs, but most will need to be covered by the patient. Lesbian and bisexual women trying to conceive must also take into account the cost of absence from their jobs, which, if they are undergoing cycle monitoring via blood work and ultrasounds, can be between four and ten mornings a month. The financial burden of a single attempt at cryopreserved conceptions can be quite significant, and clearly places home insemination with fresh semen as the most cost-effective method of conception.

## Recommendations for Change

The task we as naturopathic doctors face is how we can contribute in a positive and meaningful way to LBW's reproductive health care and experiences. The first step must be to examine our own potential heterosexisms and homonegativities, both on personal and professional levels. Lesbian and bisexual women have spoken of the importance of their health care providers normalizing

lesbianism and bisexuality, providing positive support, and being "queer friendly/positive" or 'lesbian sensitive'.<sup>2,8</sup> We can learn from our midwife, doula and public health nurse colleagues whose lesbian and bisexual patients report high levels of satisfaction with their care.<sup>11</sup> These professions not only provide health care, they demonstrate a willingness to act as patient advocates in their interactions with other health care providers.

Ross, Steele and Epstein (2006) made the following recommendations to help AHR facilities deliver culturally competent services to Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ) communities, many of which can be implemented into naturopathic practices:

- Ensure that staff is trained to be culturally competent regarding LGBTQ needs
- Ensure that intakes and forms include and recognize different types of family structures
- Facilitate the involvement of all parties desired by the patients, including same-sex partners and sperm donors
- Incorporate inclusive language and treatment that recognizes that LBW access fertility clinics as part of normal family planning
- Provide cues that services are LGBTQ positive, including positive space imagery depicting LGBTQ families, and the use of gender-neutral language
- Make information available about local LGBTQ supports and resources

Many fertility clinics are missing the mark with culturally inappropriate counselling, and we can provide 'culturally competent' information based on an understanding of the unique issues faced by LBW using AHR services to create their families.

Finally, preconception is an area where we as NDs can flourish in providing care to our LBW patients trying to conceive. We can enter into discussions regarding the risks and benefits of donor choice (fresh semen from a known donor, frozen semen from an known donor, or frozen semen from an unknown donor), donor testing, as well as ordering sperm that is both Canadian Compliant and meets Health Canada's requirements.<sup>18</sup> We can help our patients make informed decisions regarding what interventions are in their best interest and are consistent with their known or presumed (in)fertility. Lastly, providing guidance on how patients can monitor fertility patterns and ovulation cycles, including changes in vaginal mucous, emotional states, basal body temperature and urinary LH surge detection, can be tremendously empowering for LBW using AHR, a medicalized process that for some can be perceived as principally under the control of others.

Lesbian and bisexual women have become knowledgeable about the reproductive possibilities associated with AHR and are seeking it out in order to conceive. Naturopathic doctors are perfectly poised to help our LBW patients achieve one of their greatest desires with a sense of empowerment and pride. 🍁

## Glossary of Terms<sup>6,9</sup>

**Assisted human reproduction (AHR):** Any activity undertaken for the purpose of facilitating human reproduction. AHR can involve the prescription of ovulation-inducing drugs and intrauterine insemination, as well as assisted reproductive technologies such as *in vitro* fertilization, that involve the manipulation of both sperm and eggs outside the body in order to facilitate fertilization, and *in vitro* embryo transfer.

**Assisted reproductive technologies (ARTs):** The collective name for all procedures used to help people build their families through assisted human reproduction.

**Bisexual:** A person whose intimate, affectionate, romantic or sexual feelings may be for people of any sex.

**Homophobia/Homonegativity:** Irrational fear and/or hatred of, aversion to, and discrimination against people perceived to be gay, lesbian or bisexual.

**Heterosexism:** The assumption that everyone is and should be heterosexual, and that heterosexuality is the only normal form of sexual expression for mature, responsible human beings

**Lesbian/gay:** People whose primary intimate, affectionate, romantic or sexual feelings are for people of the same sex. The term **gay** is sometimes used to refer to both men and women, although many women prefer the term **lesbian**. Both words describe more than sexual orientation; for many lesbians and gay men they also reflect a sense of community, shared history, culture and experience.

**LGBTQ Cultural Competence:** A deep level of knowledge translated into behaviours and practices that recognize and acknowledge the histories, cultures and values of LGBTQ communities.

**Queer:** An identity proudly used by some people to defy sexual or gender restrictions.

**Transgender:** An umbrella term used to describe people whose gender varies or is complex, including those who are transsexuals, cross-dressers, or two-spirited.

**Transsexual:** A person who was born of one sex, and grows up to identify and live as the opposite sex. Some transsexuals may undergo surgery and/or hormone therapy in order to make their bodies fit what they feel is their true gender.

**Two-spirited:** An umbrella term used in First Nations communities to describe people who house both male and female spirits.

## About the Author

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## Useful Resources

### Examples of Sperm Banks compliant with Canadian Regulations:

Can-Am Cryo Services [www.canamcryo.com](http://www.canamcryo.com)

Repromed [www.repromedltd.com](http://www.repromedltd.com)

Xytex Corporation [www.xytex.com](http://www.xytex.com)

### Lesbian Pregnancy and Parenting Books

Brill S. *The New Essential Guide to Lesbian Conception, Pregnancy and Birth*. Pittsburgh, New York: Alyson Books, 2006.

Luce J. *Beyond Expectation: Lesbian/Bi/Queer Women and Assisted Conception*. Toronto: University of Toronto Press, 2010.

Mamo L. *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience*. Durham: Duke University Press, 2007.

### Websites

LGBTQ Parenting Network, Sherbourne Health Centre and Queer Parenting Programs, The 519 Community Centre [www.lgbtqparentingconnection.ca](http://www.lgbtqparentingconnection.ca)

Rainbow Health Ontario [www.rainbowhealthontario.ca](http://www.rainbowhealthontario.ca)

Proud Parenting [www.proudparenting.com](http://www.proudparenting.com)

### Brochures and Guidelines

Queer Parenting Info Brochure Series: Insemination Procedures (2009). Available at: <http://www.lgbtqparentingconnection.ca/resources.cfm?mode=3&resourceID=12913d3c-3048-8bc6-e828-68358d05fc97>

Davis V. Lesbian Health Guidelines. *Journal SOGC* March 2000; 87. Available from: <http://www.sogc.org/guidelines/public/87E-PS-March2000.pdf>





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9. Epstein R. Beginning a conversation. Infertility Awareness Association of Canada; Winter 2008 [cited 2011 Aug 20]. Available from: <http://www.iaac.ca/content/lgbtq-communities-and-ahr-services>
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