TRANS PREGNANCY
IMPLICATIONS FOR POLICY AND PRACTICE

KEY IDEA
Many trans men and AFAB non-binary people transition without undergoing surgery to remove reproductive organs or reconstruct genitals. Rather, transition is aided by social changes and/or transformative technologies such as binders, prosthetics, hormone therapies and chest surgery. Transition therefore does not necessarily take away the ability or, importantly, the desire to reproduce. However, healthcare policy and practice often fails to account for trans conception, pregnancy and childbirth.

THE PROJECT
- International collaboration involving researchers based in Australia, Italy, the United Kingdom and the United States.
- Funded by the Economic and Social Research Council (UK).
- This poster reports on initial analysis from law and policy reviews and the first 23 interviews undertaken (10 US, 9 UK, 2 Canada, 2 Australia).

METHODS
- 50 semi-structured qualitative interviews with trans people who conceived after starting any form of social and/or physical transition.
- Focus groups with young trans men and AFAB non-binary people to explore their feelings about the possibility of future pregnancy.
- Focus groups with healthcare practitioners.
- Law and policy reviews.

HOW MANY TRANS PEOPLE BECOME PREGNANT?
- 44 men recorded giving birth in Australia 2015-2016 (Medicare, 2017).
- 3900 members in largest Facebook support group for birth parents and allies.

TRANS PREGNANCY AS SOCIAL POSSIBILITY
- Trans people have always had children (Lothstein, 1988; More, 1998; Light et al. 2014), but post-transition pregnancy seems to be becoming more common.
- Participants often inspired by media figures such as Thomas Beatie and Trevor MacDonald.
- Websites and social media groups provide practical advice and support in absence of medical guidance.

WHAT ARE TRANS BIRTH PARENTS ASKING FOR?
- Support in resuming testosterone relevant to fertility, pregnancy, childbirth.
- Support in accessing services relevant to fertility, pregnancy, childbirth.
- Honest advice on fertility options such as the choice to store gametes, have or not have a hysterectomy.
- Real autonomy over decisions around fertility, such as the choice to store gametes, have or not have a hysterectomy.
- Flexible transition options.
- Recognition that someone who becomes pregnant and gives birth may be a parent or a father, not necessarily a mother.
- Respect for gender and pronouns, including non-binary possibilities.

REFERENCES

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ERASURE — AND HYPERVERSIBILITY
- There are few formal legal or medical barriers to trans pregnancy or reproduction—but there is also little acknowledgement of trans fertility.
- Australia: Complex interaction of state/territory and federal laws. Trans reproduction is rarely recognised as possible in legislation.
- Italy: Sterilising genital surgeries are required for change of legal sex.
- UK: Conflict between gender recognition law (trans men are men) and fertility birth laws (birth parent is a woman and/or a mother).
- US: Some professional bodies recognise trans pregnancy but Trump administration has resulted in rapidly shifting legal circumstances.

“The BIGGEST LIE”: CONCEIVING AFTER HORMONES
- Little discussion of fertility preservation in hormone assessments.
- Numerous participants felt misled on effects of testosterone—wrongly believing it is an effective contraceptive, or necessarily causes infertility.
- English gender clinic protocols recommend hysterectomy due to presumed cancer risk, but little evidence exists to justify this (Toze, 2018).