

# Making Trans Pregnancy Possible

Ruth Pearce



**UNIVERSITY OF LEEDS**

# Trans Pregnancy Project

- International exploration of trans practices of reproduction
- Three year project funded by the ESRC (2017-2020)
- **50 semi-structured qualitative interviews with trans people** who conceived after starting a 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 practitioners.**
- **Law and policy reviews.**



Sally Hines (PI, University of Leeds)

Ruth Pearce (University of Leeds)

Carla Pfeffer (University of South Carolina)

Damien Riggs (Flinders University, Australia)

Elisabetta Ruspini (University of Milano-Bicocca, Italy)

Francis Ray White (University of Westminster)

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# Thomas Beatie

“world’s first pregnant man”

(2008)



# Hayden Cross

“First British man to become pregnant”

(2017)

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## Proudly showing off his baby bump: Former Asda worker is the first British MAN to become PREGNANT after finding a sperm donor on Facebook

- Hayden Cross had undergone part of the procedure to become a man
- The 20-year-old, from Gloucester, put completion on hold to have a child
- He found a sperm donor on Facebook and is now four months pregnant
- He said: 'I want the baby to have the best. I'll be the greatest dad'

By CHARLIE MOORE and PADDY DINHAM FOR MAILONLINE  
PUBLISHED: 22:53, 7 January 2017 | UPDATED: 23:16, 8 January 2017

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The first British man to conceive a child is four months pregnant and proudly showing off his bump.

Former Asda worker Hayden Cross, 20, decided to pause his gender reassignment process so he could give birth.

He found a sperm donor on Facebook and became pregnant four months ago.

He will complete his transition, which will remove his breasts and ovaries, after his child is born.

He told the **Sun on Sunday**: 'I want the baby to have the best. I'll be the greatest



“Britain’s first  
male mum”

(2012)

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Tuesday, May 22

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## Britain's first male mum speaks: My mother told me I'd be a good mummy. I said, 'No, I'll be a good daddy'

By [JO MACFARLANE FOR MAILONLINE](#) and [ANDY WHELAN](#)  
**UPDATED:** 15:44, 19 February 2012



 **63**

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A man thought to be Britain's first 'male mother' has told of his wish to live his life as a normal father.

The man, who was born a woman, gave birth to a healthy baby girl he calls his 'little angel' in March 2011 after ending the hormone treatment that had deactivated his womb.

He had been living as a man for five years and had legally changed his name and gender before deciding to attempt to conceive with his male partner, from whom he is now separated.

# Matt Rice

With partner Pat Califia, and  
his child, in the *Village Voice*.

(2000)



*The Pregnant Man—An Oxymoron?*

SAM DYLAN MORE

**ABSTRACT** *The desire to found a family is a gender neutral one. Pregnancy is not—in our culture it is considered to be an exclusively female activity. This study focuses on female to male transsexuals (FTMs) who chose to bear a child, while being conscious of their transsexual male identity, and who therefore transitioned shortly afterwards. Problems this group have to face include: finding a supportive environment, defining their individual perception of masculine identity and handling the organisational aspects of transitioning. These consist of dealing with therapists and or medical caregivers who are required to write or approve the necessary referrals for name change, hormones or surgeries. Additionally request permanent sterilisation or a non-marital status. Several FTMs who transitioned either during or after pregnancy (a maximum of three years afterwards) have been interviewed, particularly in respect to the response of their social environment. The request of permanent sterility for FTMs who wish to change their gender legally is discussed from a feminist and human rights perspective and from the male self-perception of the FTMs involved in the study.*

**More (1998)**  
Interviewed 9 trans men.

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**FEMALE-TO-MALE TRANSSEXUALS  
WHO HAVE DELIVERED AND REARED  
THEIR CHILDREN**

**Leslie M. Lothstein, PhD, ABPP**  
*Institute of Living,  
Hartford, Connecticut*

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Annals of Sex Research

**Lothstein (1988)**  
11 clinical case studies.

# Cultural amnesia and the shock of the new

## CN Lester (2017)

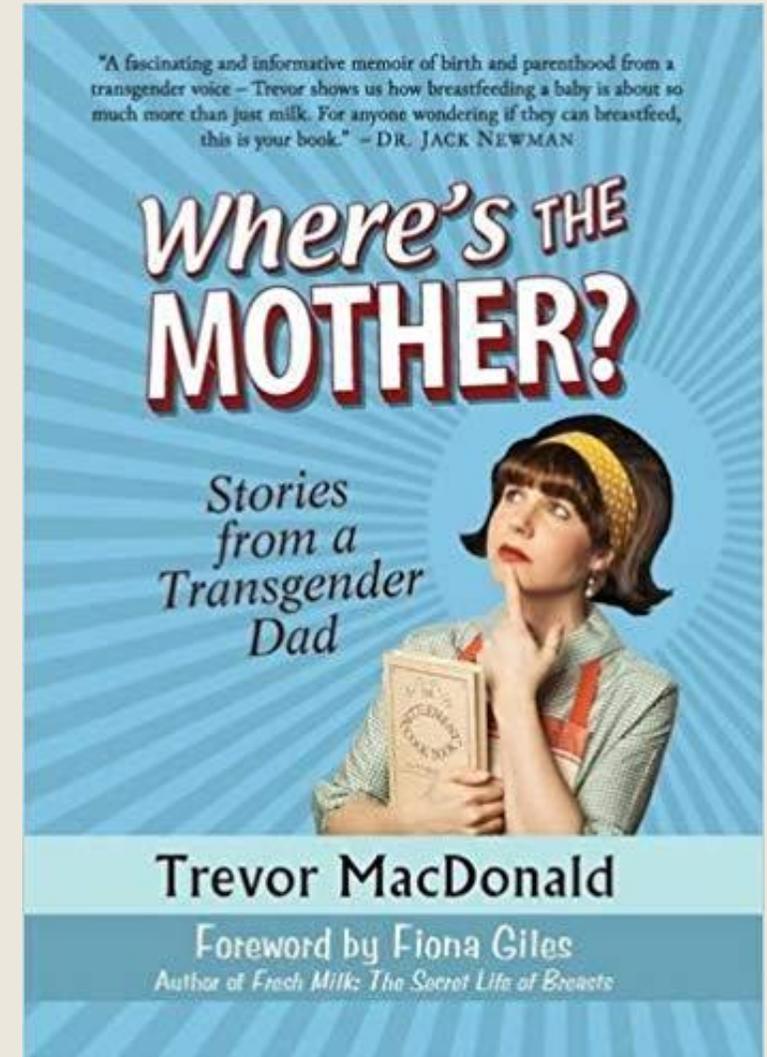
- Trans stories usually rely on sensationalism, novelty: “sexing up”.
- Trans “as news” constructs trans as *new*.
- Failing to acknowledge history distorts truth.



# Possibility models

## Laverne Cox (2014)

- Seeing trans people succeed helps other trans people realise that their journey is *possible*.
- Success can take many forms – artistic, professional, or just being true to yourself.
- The more trans people succeed, the more possibility models there are.



# How many trans birth parents are there?

We do not know! But –

- **41 trans fathers** participated in 2013 survey (Light et al., 2014).
- **47 trans birth parents** have participated in this study so far.
- **205 men** recorded as giving birth in Australia from 1 July 2013 to 30 June 2018 (Medicare, 2019).
- **4300 members** of an international internet support group for trans birth parents, partners and allies.
- (At least) 7 documentaries in the last 2 years alone.

# Early interview findings – some initial themes

- Many ways for trans people to become pregnant
- Pregnancy doesn't have to lead to dysphoria
  - *Social dysphoria often more severe than physical dysphoria*
- Healthcare providers can help or hinder
- Little discussion of fertility preservation in medical appointments
- Importance of online community support
- Hypervisibility or invisibility while pregnant

# Many ways to become pregnant!

- Vaginal sex
  - *With partner*
  - *With friend*
  - *With stranger*
- DIY methods (e.g. turkey baster)
- Fertility clinics (e.g. IVF)
- Diverse forms of family



Publicity still for  
*A Womb of Their Own* (Lubow, 2017)

# Dysphoria on the desert island

## Dysphoria as primarily social?

Will: If I was in that world, and I used to always think this, this kind of like if I was living on some we were on some island and I was going around in my dungarees, I'd have great big boobs and be breastfeeding left right and centre, no one would care, "Oh that's Will, he's breastfeeding again."

## Dysphoria as primarily physical?

Tom: There was just this really hard to put into words, I guess dysphoria from not being on T. From just feeling ... I just had this like ... you know I once heard this being described as having a cosmic toothache. It's somewhere between physical pain and mental pain. I just felt bad the whole time. So I wasn't performing very well. I was constantly worried about being seen. I always wanted to disappear basically.

Ruth: [...] if you were on a desert island and no one else is looking at you do you think you'd still have the cosmic toothache?

Tom: Definitely.

# Trans pregnancy as body autonomy

Jonathan:

This doesn't seem relevant, but I promise it is. I've had epilepsy for a number of years. Now, I haven't had a seizure for two and a half years, but it decimated my early 20s, basically. It was really severe and no medication ever sorted it out. It ruined a lot of my experiences and I think when I then also accepted that I was trans and then began transitioning, I'd got to this point where I was like, "My body literally can't do anything right. I don't like it. It's making me ill. My brain isn't helpful. My body isn't helpful. There's nothing going on here that I'm okay with."

And I think when I then figured out that I do want a child that's biologically mine and I can get pregnant. I kind of got to this place where I thought, "Oh, actually my body can do something that I want it to." I think I reframed it in my head as although if I had my way I never would have been able to do this, I can, and I do have the ability to do that, so why should I not make use of that? I've been dealt a card I didn't want, but why don't I play it anyway? It's mine, why don't I do it. So that's how I reconciled it with myself, I guess.

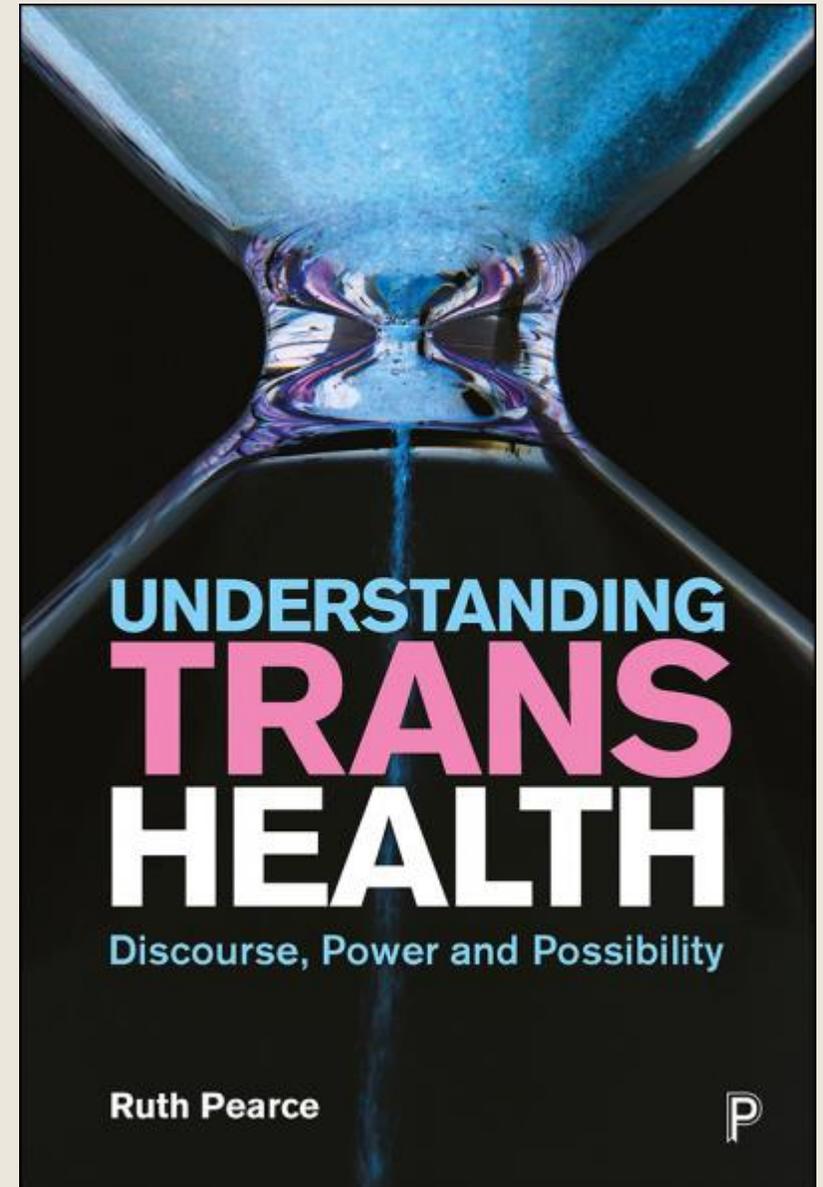
# Producing gender in the GIC

In managing their patients' transitions, gender specialists frequently go beyond simply making a medical judgement on the basis of diagnostic criteria. Through their interpretation of guidelines (from WPATH, the NHS and/or the individual gender clinics) these practitioners hold the power to determine what constitutes an acceptable form of gendered behaviour and embodiment.

(Pearce, 2018)

[...] candidates for surgery were evaluated on the basis of their performance in the gender of choice [...] *at the site of their enactment we can locate an actual instance of the apparatus of production of gender.*

(Stone, 1991)



# Producing gender in the GIC

Tom: Even though I had really positive experiences mostly with the NHS and with the midwives, and health visitors and stuff, [the gender clinic] discharged me when I said what my plan was.

Ruth: They discharged you?

Tom: We used to have chats [...] And it was like, “Tick, tick, you're very good model trans person.” I understand all of you. That is great. And so when I was like, “Yeah so at this point I'm not interested in lower surgery and I'm going to try to carry my own kid.” You could see this look of horror on his face. And he said to me, “Well I've never heard of that happening before.” Which is like, well that is just not true.

And then he was like, “Okay, I'm going to discharge you. Let us know if you ever want surgery in the future.” And I realized after the fact how awful that was. How irresponsible that was and then ...

Ruth: Particularly because then you'd have to leap back onto the wait, right?

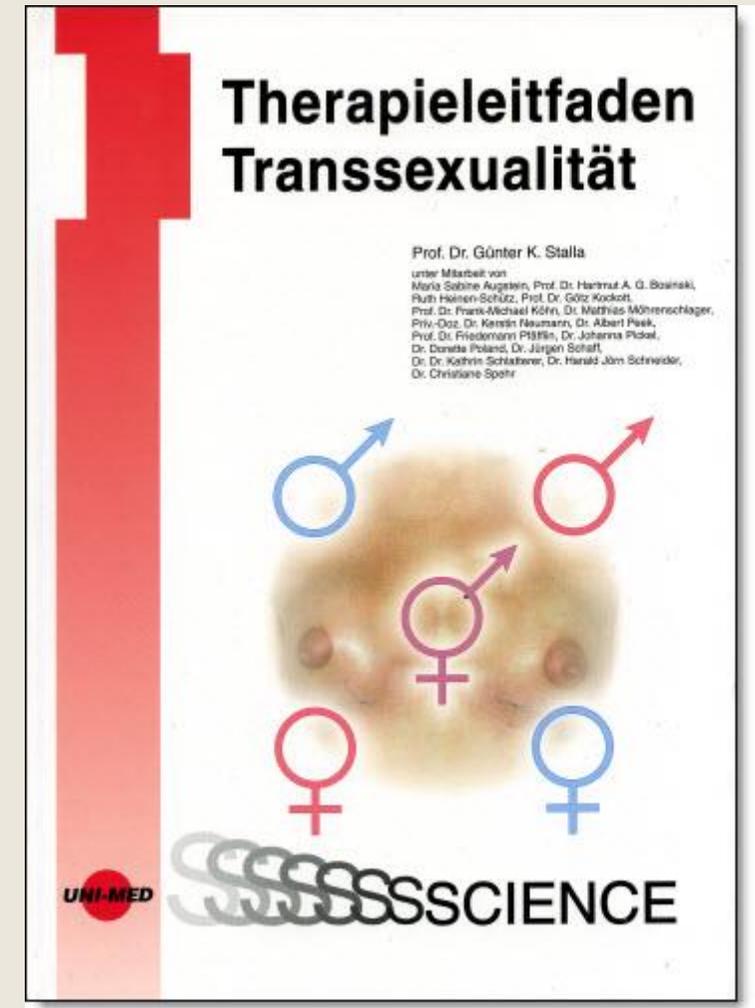
Tom: Yeah and I didn't have any access to counselling. Which was wrought through the whole thing. I got the feeling that he just thought, “Well that's weird and not sanctioned so you're going to have to just deal with that by yourself. And good luck. But I really don't approve.”

# Hormones and infertility: “the biggest lie”

Matthew: When I went to my first GIC, they were like, ‘oh no you can't get pregnant while you're on testosterone. One trial and you're infertile forever [...]

And then I saw the psychologist there, and she was like, “oh, no you can't be trans. You want kids, you don't want this, and you don't want that.”

Joseph: When I started testosterone, I was told multiple times, I was making myself infertile.



# Examples of good practice?

## Discussing fertility

Ruth: Did you talk about, I want to have kids one day?

Matthew: Yeah and the doctor was like, "well if you want testosterone you can still get pregnant [...] if you don't want to get pregnant just keep using contraceptives, like it does slightly reduce your chance, but not as much as people think. So just keep using contraception. [...] People can be on it for five years, and be fine. People can be on it for five minutes and be infertile."

## Respecting gender

Noam: [...] they were like fine, this is what you have to kind of watch out for, if there's, we're here if you need anything, and then they took me to a private room and gave me a cup of tea, and they said you can stay here as long as you need and we won't bother you and they came back a few minutes later and there they said we're really sorry to bother, **we're just writing your discharge papers and we wanted to know if you prefer he or they.**

I was like, they're not yelling at me "no no you're a woman", and everything's fine. Like he or they kind of like, wow.

# Examples of good practice?

## Stepping in for patients let down by others

Tom: And I carried on seeing my endocrinologist at his [private practice] [...]. And without him, I wouldn't have gone through. I wouldn't have even realized could ... he was one of the ones that I had the initial chat with about, if I wanted to do this what would it entail.

And he was just very like, “Okay, this is what you would do with your hormones. It's perfectly safe as long as you do this.” He was amazingly considerate and correct language the whole time which was amazing.

**Trans people are often so prepared for discrimination in healthcare that a respectful attitude and/or the provision of basic services may be regarded as a particularly positive outcome.**

# Reproductive health in the *Standards of Care*

- WPATH *Standards of Care* provide international guidance on trans healthcare
  - “Version 8” forthcoming (2020?)
- **New *Standards of Care* will include chapter on “Reproductive Health”**

“Trying to look at the whole spectrum of reproductive health to support trans people in not just surviving, but thriving – and having families where desired”.

(Juno Obedin-Malliver)

- Research on impact of hormone therapy
- Options for fertility preservation
- Support for pregnancy and childbrith
- Providers working with trans youth should have training on reproductive health

# Beyond the shock of the new

“Whole worlds pivot  
on acts of imagination”

- *The Doctor*

...and acts of imagination  
have created new  
possibility models



Still from *Doctor Who* (2018)

# THANK YOU!

## Trans Pregnancy Project

<http://transpregnancy.leeds.ac.uk>

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