



Coalition des familles
homoparentales
LGBT Family Coalition

GUIDE FOR FUTURE LESBIAN AND BISEXUAL MOTHERS

5th edition, February 2014



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 lesbian and bisexual women who want to have children. The Lesbian, Gay, Bisexual and Transgender 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 a lesbian or bisexual mother, 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.

GUIDE FOR FUTURE LESBIAN AND BISEXUAL MOTHERS

Research and writing: Jeanne Lagabriele, Sophie Marcotte and Mona Greenbaum

Graphic design: Jonathan Rehel

Linguistic revision: Ariane Bertouille and Joanne Blais

Production and distribution: LGBT Family Coalition

LGBT Family Coalition

110 rue Ste-Thérèse, suite 405

Montreal, Quebec

Canada H2Y 1E6

Tel.: 514 878-7600

Email: info@familleshomoparentales.org

www.familleshomoparentales.org

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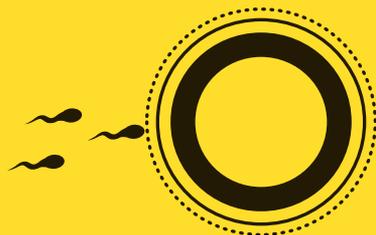
BECOMING A PARENT: A PERSONAL JOURNEY

We often hear pregnant women say that their pregnancies have become public affairs. Their protruding bellies are concrete proof of their impending motherhood. 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 you will rejoice with you. And many people will ask you lots of questions. Indeed, you might be the only future lesbian or bisexual mother whom they know and your unusual path to parenthood will peak their curiosity. The questions will follow you with the arrival of your child, however he or she arrives. 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? Could you raise a child with two or three other adults? Will your extended family accept two mothers as the child's two primary parents? Will you be able to be out as a lesbian or bisexual mother at work? How will your child talk about his or her 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 homoparental 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 women may discover in the process that they have fertility problems. Facing a fertility issue, they may decide that their partner will carry the child. Other women decide to create their families by adoption.



HOW ARE OUR FAMILIES MADE?

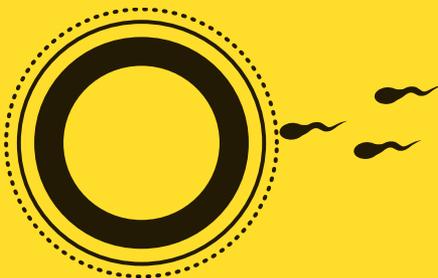
There are many ways by which a lesbian or bisexual woman can become a mother. Although this guide was written primarily for those who want to become mothers by insemination, there are other options.

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 homoparental families. Since then, gay and lesbian couples or singles can adopt children living in Quebec via the Youth Protection Agencies (Centres jeunesse), in the same way as heterosexual couples or singles.

Concerning the adoption of children born or residing in Quebec, we often hear that the wait is approximately five to seven 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 the 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 gays and lesbians from adopting. However, some countries allow single heterosexual individuals to adopt. Gays and lesbians have successfully adopted children from these countries but only when they responded “no” to the question “are you homosexual?” during the psychological evaluation. The Secretary of International Adoption has a document with information available to anybody interested (**see Appendix 3**).

Stepmothers or lesbians in blended families

A woman could become an important parental figure when she enters a long-term relationship with another woman who already has a child. But even if the stepmother invests herself completely and totally in the child’s upbringing, she has 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 stepmother may adopt this child with special consent. This also applies to heterosexuals 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 his or her legally recognized parents. It also might 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 insemination, 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).

FERTILITY CLINICS

The legislation:

Since the passage of Bill 84 (Quebec, 2002), in the case of a conception with assisted procreation, both lesbian mothers' 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 mothers 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 lesbian parents is the federal law passed in 2004 concerning assisted procreation. This law stipulates that clinics may not refuse services to a woman because of her sexual orientation or marital status.

The law also has repercussions for Canadian sperm donors. First of all, these men 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, great news for future lesbian and bisexual mothers: since August of 2010, all fees for medical activities and medications related to ovarian stimulation, artificial insemination and three cycles of in vitro fertilization are covered by the government. For regular insemination, up to six cycles are covered. Quebec is the first jurisdiction on the continent to finance fertility treatment.

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 gynaecologist 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 woman or as a lesbian couple.

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 gynaecologist or family doctor to prescribe the required tests three months before your appointment at the fertility clinic. The clinic will also ask your partner to get tested for all sexually transmitted diseases.

BASIC ASSESSMENT:

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

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

Glycaemia (random, without fasting)

AT THE DOCTOR'S OFFICE:

Gonorrhoea culture, chlamydia culture, Pap smear

Start taking folic acid (1mg 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 foetus. Once pregnant, you should continue taking the same dose of folic acid until the end of the third month (end of the first trimester).

FERTILITY CLINICS (CONTINUED)

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 heterosexual women 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 your 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 women 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 women 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 (for example at saveontests.com). Make sure you 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 his 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. In this case, the cost is covered by Quebec's health insurance programme (RAMQ). 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 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 his voice. In the case of an external bank, the clinic or the hospital should order the sperm for you so you can benefit from RAMQ's coverage of the fees.

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 he or she asks 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 his legal right.

To have an identity-release donor, you must use a sperm bank outside of Canada. Donor profiles are available for these donors. RAMQ does not subsidize the cost of sperm from identity-release donors, but you can include the cost of the sperm as a medical expense when filing your income tax returns.

Whether the donor is anonymous or identity-release, the sperm bank will be able to find him if there are incurring medical problems.

Whether you choose an anonymous or identity-release donor 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. He or she 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. He or she 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 and especially with your doctor. Do not hesitate to ask questions about the side effects and long-term effects of the suggested medications.

Women 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, known as a “psycho-social evaluation,” is not scary! The professional will confirm that you have thought about your choice to become a parent, that you are able to meet the needs of a child and that you understand the legal consent with respect to donor–assisted insemination.

The Second Appointment

At your second appointment, the doctor will give you your test 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

1. Get informed. Have at least minimal knowledge on the subject of alternative 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, alternative insemination is not an exact science. Be patient, be open to trying and trust your own judgment.

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 women in the couple prepare themselves for an insemination. Ask the doctor questions and let him or her 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.

3. Get to know your body. Give yourself three to six months to become familiar with your ovulation cycle before beginning insemination. Each woman 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.

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 women 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!

INSEMINATION AT HOME WITH A KNOWN DONOR

Even though fertility treatments at a clinic are now free and the technology can help us become pregnant, certain people choose insemination with a known donor.

There are many reasons why certain lesbians and bisexual women choose a known donor. Some women feel that medical information available from the sperm banks is inadequate. For example, donor profiles do not include 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 his family.

Other women think it's important for their child to have contact with the donor from a young age. Some future lesbian or bisexual mothers want the donor to be involved in the child's life and also want the child to consider the donor to be his or her father. 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 man that you choose should be somebody you know and trust rather than somebody who is just an acquaintance. What are his expectations? Do you agree with what role he will play in the child's life? Does the donor have a partner, male or female? 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 won't take place in a fertility clinic, because doctors do not get involved in inseminations with known donors. 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, lesbian and bisexual mothers, 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 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 mother can be written on the birth certificate regardless of the couple's legal status. Quebec birth certificates contain the names of both parents; the second parent does not need to be a man. Under the civil code, it is the act of the birth that establishes the legal relationship between parent and child. For this reason, non-biological mothers 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 mother and the donor had a sexual relationship, the man has one year after the birth of the child to claim his paternity. If the sperm donation was done without sexual relations, the man can never claim paternity. On the contrary, if you want the sperm donor to become the child's father, it's possible to have his name on the birth certificate. Just remember that there are only two parent's names allowed on the birth certificate.

Evidently, in situations of conflict, it can be difficult to prove the presence or absence of sexual relations between the biological mother 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. Remember that under Quebec law at the time of this printing (2013), a child cannot have more than two legally recognized parents.

There isn't just one single model of a homoparental 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 father; 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. Even if the contract isn't legally binding, it is 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 positive for HIV/AIDS, it would be in your best interest to look for another donor. If you discover that you or your donor has 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 for 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 six-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 disease, he should take the series of tests for the first time. After you receive negative results, the donor should consistently practice safe sex during the next six months. Then, he should take the same series of tests again. If the results are still negative, you can be sure that he is not a carrier of these diseases.

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 biological father has a window of one year after the birth of the child to claim his paternal rights. This is not the case for a known donor who did not have sexual relations with the biological mother.

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 his 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 chance 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 mother should raise her hips and rest them on cushions. Certain women 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 this 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!

Women who use frozen sperm in a fertility clinic usually have to submit, before beginning inseminations, to an in-depth fertility work-up. This is not the case for women 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 your 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 doctor 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°																			
37.0°																			
36.9°																			
36.8°																			
36.7°																			
36.6°																			
36.5°																			
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:

BASIC INFORMATION

Indication of who are the important parties involved (full names, birth dates, addresses).

Ex: donor, recipient and partner of recipient (if there is one).

Can also include the name of the donor's partner, if this is relevant.

SEXUAL RELATIONSHIP

A sentence indicating that the donor has agreed to provide his 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.

OBJECT

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

PARENTAL PROJECT

A statement about the lesbian individual or couple having a "projet parental" 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 Québec gives parental rights to the lesbian couple and not to the sperm donor.

Date

Place of signature

Signatures of all involved

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 paternity 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 he/she 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 right of the lesbian 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 spouse 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 would be should the donor and his 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 lesbian couple with regards to the donor (e.g. 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 (e.g. the donor agrees to be sperm donor should the couple decide to have more children).
- 12•** A statement about the right of the lesbian couple and their child to move to another city, province or 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 Lesbian, Gay, Bisexual and Trans (LGBT) 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 gay and lesbian parents who have adopted and/or fostered children.

www.familleshomoparentales.org

Fédération du Québec pour le planning des naissances (FQPN): This organization is an excellent resource: On their site *À votre service : répertoire des services de santé reproductive et sexuelle*. This repertory gives information about the medical services available in your region.

www.fqpn.qc.ca

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

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 LGBT 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 in the schools. The Coalition's web site contains resources, book references, information on workshops for future parents, legal information, etc.

www.familleshomoparentales.org

On-Line Forum of the LGBT Family Coalition: this forum brings together parents and future parents. You can use the forum to ask any question, and the best specialists will be there to answer your questions (those that have already been there...)!

<http://coalitionfh.forumactif.net/login>

Secrétariat à l'adoption internationale du Québec

www.adoption.gouv.qc.ca/site/accueil.phtml

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

Fax: (514) 873-1709

Other sites like the Infertility Network (www.infertilitynetwork.org) and Fertility Plus (www.fertilityplus.com), etc. contain a lot of information about fertility, basal body temperature, etc.

Sperm Banks

The banks listed here have both anonymous and identity-release donors and have an agreement with RAMQ to reimburse fees for anonymous donors.

CANAM Cryoservices : www.canamcryo.com

Outreach (Xytex donors) : www.creatingcanadianfamilies.ca

Repromed (Xytex donors) : www.repromed.ca

APPENDIX 3: RESOURCES (CONTINUED)

Fertility Clinics

MONTREAL

OVO Fertility Clinic

Tel.: 514 798-2000

Fax: 514 798-2001

Email: message@cliniqueovo.com

www.cliniqueovo.com

Montreal Fertility Centre

Tel.: 514 369-6116

Fax: 514 369-2662

Email: info@montrealfertility.com

www.montrealfertility.com

Procréa

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

Email: info@procrea.com

www.procrea.com

McGill Reproductive Centre Royal Victoria Hospital

Tel.: 514 843-1650

Fax: 514 843-1496

Email: info@mcgillivf.com

www.mcgillivf.com/e/McgillIVF.asp

Centre hospitalier de l'université de Montréal (CHUM)

Fertility Clinic

Tel.: 514 890-8309

www.chumontreal.qc.ca

Centre de procréation assistée du CHU-Sainte-Justine

Tel.: 514 345-4883

www.chu-sainte-justine.org/cliniques

QUÉBEC

Procréa

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

Email: info@procrea.com

www.procrea.com

Centre hospitalier de l'Université Laval (CHUL) - Gynecology Clinic

Tel.: 418 654-2295 (appointments)

Tel.: 418 656-4141, ext. 47714 (nurse)

OTHER REGIONS OF QUEBEC

Centre hospitalier universitaire de Sherbrooke (CHUS)

Centre hospitalier Fleurimont Fertility Clinic

3001 12^e Avenue Nord

Sherbrooke, Québec J1H 5N4

Tel.: 819 346-1110, ext. 14723

Hôpital de Chicoutimi (CSSS de Chicoutimi)

Gynecology and Fertility Clinic
Woman's Health Department

305 rue Saint-Vallier

Chicoutimi, Québec G7H 5H6

Tel.: 418 541-1033

Centre hospitalier régional de Trois-Rivières (CHRTR)

Assisted Procreation Clinic

1991 boul. du Carmel

Trois-Rivières, Québec G8Z 3R9

Tel.: 819 378-9842