

LGBTQI+



Fertility New Zealand is a registered charity supporting people with fertility issues

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INFORMATION | SUPPORT | ADVOCACY

Deciding to try for a family can feel somewhat overwhelming. Navigating physiological, financial, legal, ethical and social issues combined with the search for a donor and/or surrogate can sometimes be all-consuming.

Children born to LGBTQI+ parents are much-wanted – and recipient whānau are grateful for the generosity of the donors and surrogates who have made it possible for them to become parents.

Infertility in the LGBTQI+ community

'Social infertility' is the term which describes infertility due to a lack of the required elements (i.e. eggs, sperm or uterus) to create a child. People who attempt to overcome the practical hurdles through processes like donor sperm, sometimes then discover there is also an issue with their own fertility. This can come as a shock as often the focus has been on the logistics of how to conceive a child.

Funding for donor conception and surrogacy

Social infertility is not a criteria in itself to enable access to government funding for donor conception. The main criteria for eligibility is that the recipient(s) are diagnosed as infertile. Wait lists are held by the clinics holding contracts for fertility treatment from District Health Boards, and are typically 12–14 months for IVF treatment.

Donor Sperm treatment is funded for single men or male couples where the man who wishes to father a child has no sperm or very poor quality sperm. Funding for donor sperm is also available for single women and for women in same-sex relationships who wish to become pregnant if they have not become pregnant after at least 12 cycles of privately funded donor insemination, of which at least six cycles must have been conducted in a fertility clinic.



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Donor Egg treatment is funded for single women or female couples where the woman who wishes to become pregnant has no eggs or infertility plus a very low response to ovarian stimulation for IVF.

Surrogacy is funded where the woman who wishes to become pregnant does not have a uterus, the chance of pregnancy is very low using her own uterus, or carrying a pregnancy would be unsafe for her health.

Access to publicly funded treatment for single men, gay couples and transgender people, has not been specifically defined to the same level, but follows the same principles as for others – which is a biological cause of infertility, sufficient ►



◀ points on the fertility clinic priority access criteria (CPAC), and the simplest treatment which can give a good chance of a child being conceived.

Navigating your journey

We recommend that all parties involved in donor conception and surrogacy actively seek out a fertility counsellor with thorough experience in the area of donation and surrogacy, and to undertake as many sessions as necessary to gain a full understanding of the social, emotional, and legal implications before proceeding. Counselling is in fact a requirement for donor and surrogacy programmes within clinics. We also recommend that all parties involved in donor conception and surrogacy actively seek out legal advice specific to their situation from a lawyer with related experience. It may also be beneficial to connect with others who have already walked the path that you are embarking on. Fertility NZ may be able to assist with this.

Many children have been born – and families created – in New Zealand through these family building options. Being fully informed and feeling in control of the process will help make the journey as positive as possible, and ultimately, will benefit the wellbeing of the child.

For more information on specific medical treatments, please refer to our resources on Donor Egg, Donor Sperm, IVF, and Surrogacy. ■

Please note that the information presented in this brochure is intended only as a brief summary. For specific advice on your particular medical situation you should always consult your professional health care provider.
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These brochures are prepared independently by Fertility NZ;
printing provided by The Southern Trust.



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