

Background

This scoping review highlights the need of understanding the experiences unique to LGBTQ2SI+ peoples while accessing assisted reproductive technology (ART) or fertility treatment. It is often presented in the context of cis-gendered, heterosexual couples: medical infertility. However, LGBTQ2SI+ people access ART due to *structural fertility*.^{5,12} A term which means infertility is not because of medical causes, but rather applies to those who require another person's biological materials to reproduce.^{5,12} When LGBTQ2SI+ access health care, they face discrimination from health care providers and organizations. There is a dearth of research pertaining to LGBTQ2SI+ challenges and experiences in relation to fertility treatment in the Canadian context, which is important to inform evidence-based, culturally safe health care protocols, treatment, and procedures.

Methods

Queer Methodology

- Challenges and examines power and privilege, and the power relations, power structures, inequalities, and inequities as a result of them;^{13,14}
- Deconstructs gender, sexuality, identity and recognizes that they are fluid occurring without dependent-relations or norms;^{15,16}
- Situates current discrimination and experiences in temporal and historical contexts;¹⁷
- Explores intersectionality – race, gender, age, sexuality, socioeconomic status – and its impact on persons and situations;¹⁶
- “anti-normative and seeks to subvert, challenge, and critique a host of taken for granted ‘stabilities’ in our social lives”.¹³

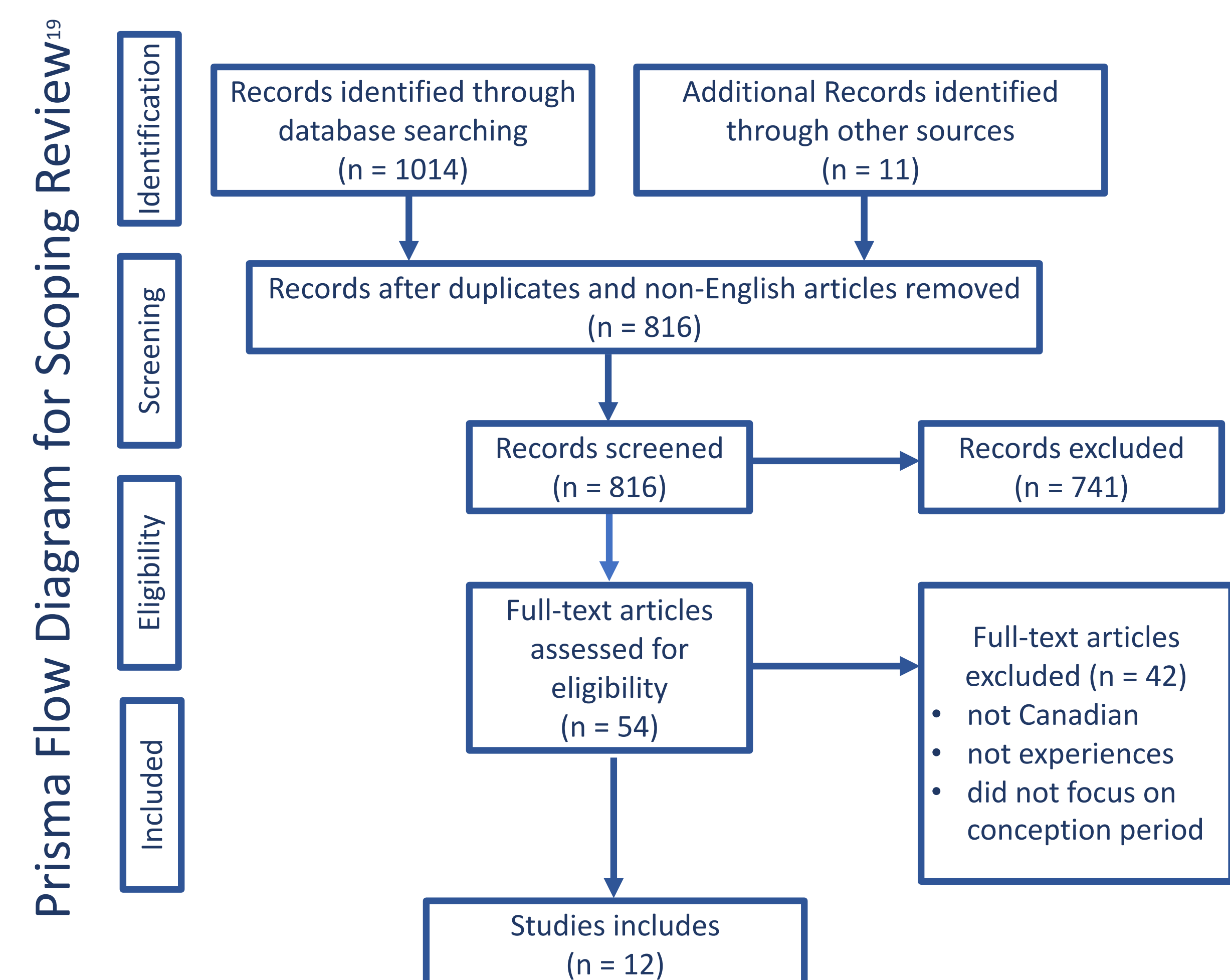
Scoping Review: Mapping what's out there

Following Arksey and O'Malley's¹⁸ scoping review framework and the PRISMA-ScR Checklist,¹⁹ this research uses peer-reviewed articles and grey literature; is a rapid review, taking place just under six months of time. This scoping review has three purposes: 1) map known information; 2) identify key concepts and gaps in the existing literature; and 3) to inform further research.

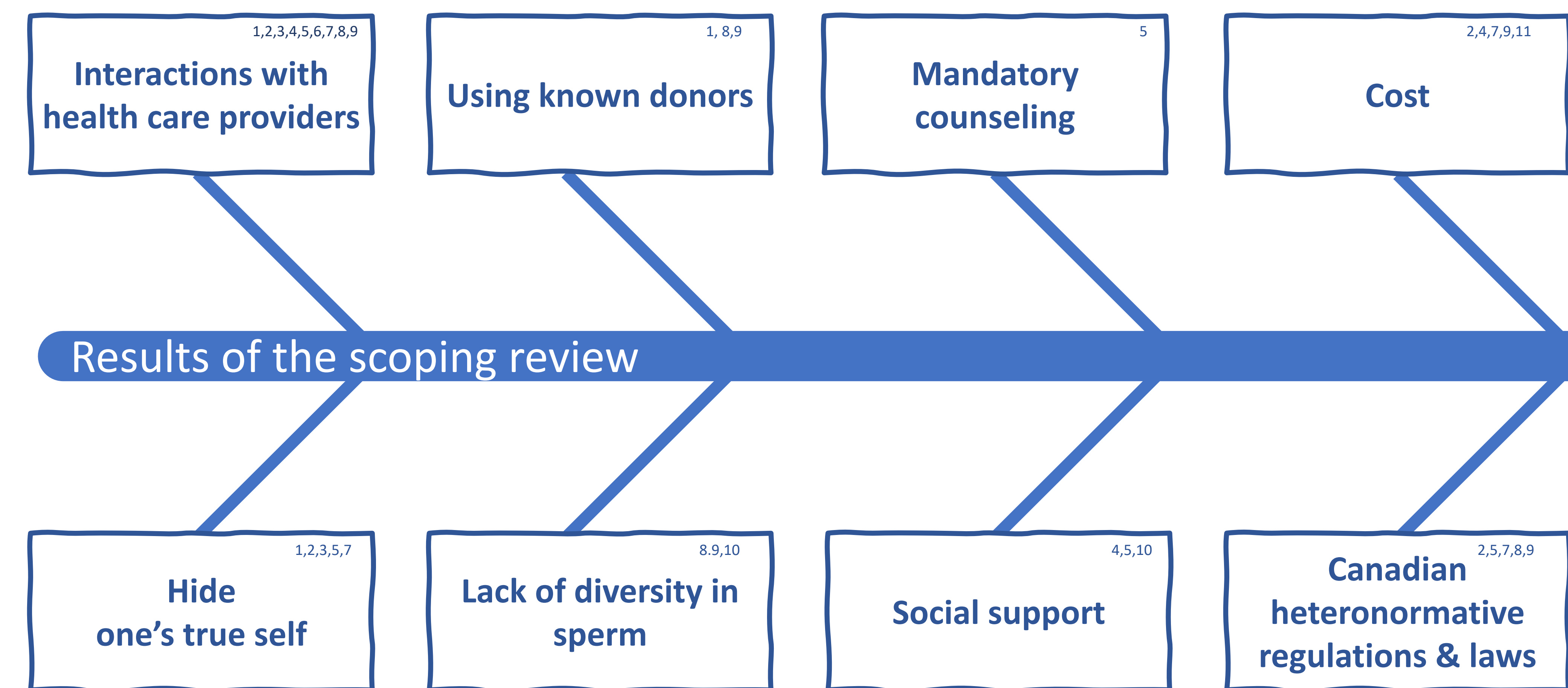
Scoping Review Search Terms

The following databases were searched: CINAHL Complete (EBSCO), Medline (EBSCO), Sociological Abstracts (CSA) (ProQuest), PsycInfo (EBSCO), and LGBTQ+Source (EBSCO); for articles from 2010 to October 3, 2020 with terms (Experienc* OR Access* OR attitude* OR barrier*) AND (Two-Spirit* OR Same-sex OR LGBT* OR Transgender* OR "non-binary" OR lesbian* OR gay OR bi-sexual OR trans*) AND ("assistive reproductive technolog*" OR "assisted reproductive technolog*" OR "fertility treatment*")

Results



Challenges LGBTQ2SI+ folx face while undergoing fertility treatment when trying to conceive



Why is this important?

- Prior discrimination and stigma makes LGBTQ2SI+ persons vulnerable when accessing care;^{3,4,20}
- LGBTQ2SI+ have varying needs when accessing fertility treatment;^{5,7,9}
- Canadian context is unique: Universal health coverage, but limited fertility coverage (province dependent) and no universal prescription medication coverage;²¹
- No statistics on fertility treatment and LGBTQ2SI+ persons;²²
- Limited research in this area for evidence-based health care.

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Recommendations

- Education for health care providers**
 - Inclusive medical forms (e.g., do not link gender, sex, and sexuality; update systems to include pronouns)
 - Inclusive spaces (e.g., include waiting rooms for procedures)
 - Gender neutral washrooms
 - Support groups for LGBTQ2SI+ persons and ART
 - LGBTQ2SI+-identified counselors
 - Diversity in clinic advertising to include queer people, Indigenous peoples, and people of color
- Increased Canadian-led research by and about LGBTQ2SI+ and fertility treatment:**
 - ART accessibility
 - ART support
 - Statistics
 - Culturally safe care
- Promote gamete donation (sperm and eggs) in Canada**
 - Focus on reaching more BIPOC to have representative, Canadian gametes
- Include fertility treatment in provincial health plans**

Sources

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