

Sharing motherhood: biological lesbian co-mothers, a new IVF indication

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BACKGROUND: We herein present the initial experiences of the CEFER Institute of Reproduction in the formation of a new family model: two biological mothers, lesbians, one who provides the eggs and the other who carries the embryo in her womb. We have called this family model ROPA (Reception of Oocytes from PArtner). It is a pioneer event in Spain and among the first at a worldwide level.

METHODS AND RESULTS: Fourteen lesbian couples have undergone treatment using the ROPA technique. This paper briefly describes the technique. Six pregnancies have been obtained from 13 embryo transfers. There were two miscarriages and there are three ongoing pregnancies, one of them twins. One healthy female baby was born. The following aspects are addressed: (i) legal status of lesbian couples in Western countries; (ii) the lesbian couple's access to assisted reproduction techniques; (iii) ethical aspects; (iv) medical acceptability; and (v) single mother versus lesbian mothers.

CONCLUSIONS: In countries where the ROPA technique is legal, it offers lesbian couples a more favourable route, involving both partners, to start a family, and doctors who treat lesbian couples must be sensitive to this new family model.

Key words: lesbian mothers / lesbian couples / co-mothers / family models / IVF

Introduction

The traditional family model in Western countries (father, mother and children from both of them) has expanded enormously in recent decades to include single-parent families, children from different partners, adopted children and homosexual couples.

In some Western countries, women without a male partner (single, divorced and widow) or with a female partner (lesbian) have been able to have children via artificial insemination with donor semen (DI) for over 30 years now. The partner of the inseminated woman lacks any legal recognition or participation in this family.

We have been performing DI for women without partners or with female partners since we set up the first semen bank in Spain in 1977 (Marina, 1980).

In Spain, in 2005, the rights of homosexual couples were equalized with those of heterosexual couples (Law 13/2005). This law has made it possible for both women in a lesbian couple to participate in the pregnancy, if they so wish: one provides the eggs that are fertilized with spermatozoa from an anonymous donor and the other receives the embryos and gestates them. We call this technique ROPA (Reception of Oocytes from PArtner).

We herein present the experiences of the CEFER Institute of Reproduction while employing the ROPA technique with a group of 14 lesbian couples treated between February 2007 and June 2009.

The first female baby was born in Spain, obtained via the cited ROPA technique. We feel that the ROPA process is a perfectly valid and ethical assisted reproduction technique (ART).

Materials and Methods

With the exception of legal and human aspects, the ROPA technique is comparable to an ovule donation process. All women involved have given their written consent.

Women who provided the eggs

Ovarian stimulation was performed in the women providing the eggs using GnRH agonist (Decapeptyl: Ipsen Pharma S.A., Barcelona, Spain), recombinant FSH (Gonal F, Serono S.A., Madrid, Spain) and recombinant hCG (Ovitrelle, Serono S.A.). Monitoring was carried out using ultrasound scans and measuring serum levels of estradiol. The collection of oocytes was performed 36 h after hCG administration by ultrasonically guided follicular puncture and aspiration. Semen was selected from a fertile donor and the ICSI technique was used for fertilizing the oocytes.

Women who received the embryos

The uterine preparation was achieved by the administration of GnRH agonist and estrogens (Progynova: Cicsa Shering, Madrid, Spain). Monitoring was carried out with vaginal ultrasounds and serum determination of

the estradiol level. The administration of progesterone (Utrogestan; Seid Laboratorio, Barcelona, Spain; Progeffik; Laboratorios Effik S.A., Madrid, Spain) was started on the same day as partners underwent follicular puncture. Embryo transfer was performed on Day +3 and ultrasonically guided.

Results

Fourteen lesbian couples were treated between February 2007, when the first case of the ROPA technique was performed at the CEFER Institute, and June 2009. Four couples were treated in 2007, five in 2008 and five during the first half of 2009. Twelve couples were treated at the CEFER-Barcelona Institute and two at the CEFER-Valencia Institute.

Women who provided eggs ($n = 14$)

The average age of this group was 35.1, ranging between 25 and 42 years of age. Eight had cohabited or had sexual relations with men. One had been married and had a 4-year-old daughter. Six stated that they had never had sexual relations with men. The average number of oocytes in metaphase II per woman was 9.4, with a range between 1 and 16. The average number of embryos obtained was 5, with a range of 0–13. Embryos were frozen or vitrified in five cases. In one case (39-year-old woman), there were no embryos to transfer. Out of these 14 women, 6 did not want to gestate.

Women who received the embryos

The average age of this group of women was 34.6, ranging between 25 and 41 years old. Six had cohabited or had sexual relations with men and eight stated that they had never had sexual relations with men. Thirteen embryo transfers were performed. The average number of embryos transferred was two, with a maximum of three in two women. There were 6 clinical pregnancies out of the 13 embryo transfers. Two miscarriages occurred. One healthy female baby was born. There are three ongoing pregnancies, one of them twins.

Discussion

At the technical level, the ROPA process does not differ from an oocyte donation process. The difference is at the human level: both women participate in the ROPA technique, one in the provision of the embryo using her eggs and the other in gestation of the embryo. Both women wish to experience and participate in starting a family in a way that is much more involved than if just one of them were to contribute the eggs and carry the pregnancy to term. The participation of both women in the creation of a family is more profound with the ROPA process than with DI or IVF.

Legal issues

The majority of countries do not allow marriage between homosexuals. Some Western countries acknowledge the rights and obligations of homosexual couples in their legislation, but they are not comparable to those of heterosexual couples. Homosexual couples' relationships are called 'de facto relationships' or 'civil unions'. In France, they are called PACS (Pacte Civil de Solidarité), similar to some Mexican

states. Table I lists the countries that have legislation permitting the 'de facto relationships' or 'civil unions' of homosexual couples.

Table I also details the countries that have legalized marriage between homosexual partners. Homosexual matrimony is also legal in seven states in the USA: Massachusetts, Connecticut, Iowa, Vermont, Maine, New Hampshire and New York. Lesbian women in Spain have always legally had access to the utilization of donor sperm (Law 35/1988 article 5.5 of 22 November 1988; Law 14/2006 article 5.5 of 26 May 2006). Spanish Law 13/2005 allows matrimony between homosexuals and also equalizes the reproductive rights of homosexual couples with those of heterosexual couples. Since the enactment of this Law, lesbian couples in Spain can be 'de facto couples' or married.

With marriage between homosexuals and equivalency in some countries between homosexual and heterosexual couples (also with regard to reproductive rights), new family models are being organized: lesbian couples that form a family with two biological mothers (the woman providing the eggs and the woman carrying the child) and their subsequent children.

The lesbian couple's access to ART

In most countries, lesbian couples do not have access to ART. In other countries, lesbian women have had access to ART, but only as single women, not as a couple. In Spain, since the first sperm bank was founded in 1977 (Marina, 1980), DI has been possible in women without a male partner, regardless of their sexuality. Child adoption by a woman without a male partner was already legal at that time. When DI emerged, it was considered equal to adoption. The lesbian partner of the woman treated with DI did not give her

Table I Homosexual couples international legislation.

(a) Countries that have legalized 'de facto relationships' or 'civil unions' of homosexual couples

Andorra	France	New Zealand
Australia	Germany	
Austria	Hungary	UK
Colombia	Iceland	Slovenia
Czech Republic	Israel	Switzerland
Denmark	Luxembourg	Uruguay
Finland	Mexico (some states)	Venezuela

(b) Countries that have legalized matrimony for homosexual couples

Country	Year
The Netherlands	2001
Belgium	2003
Canada	2005
Spain	2005
South Africa	2006
Norway	2008
Sweden	2009
Portugal	2010

written consent, nor did she have any legal rights or obligations regarding the child born through DI. If both women wanted to have children, both did so through DI and couples often requested the use of semen from the same donor. The women shared their lives and sexuality, but not biological maternity. When the reproductive rights of homosexual couples are made equal with those of heterosexual couples, both women in a lesbian couple can participate in having children using the ROPA technique. If both women are fertile, they can exchange embryos; in other words, one woman can gestate the embryos created with eggs from her partner and vice versa. Aside from other considerations, this would be the highest level of participation in reproduction as a couple. We have not exchanged the embryos of two women in a lesbian couple (i.e. if both women want to become pregnant using the eggs of her partner), although some have expressed an interest in doing so.

Ethical aspects

Is it ethical to use the ROPA technique?

This practice meets all the requirements of the three main medical and ethical principles. (i) Do good. Voluntarily having a child who is wanted, using valid medical techniques, so that he/she can be loved, taken care of and educated. Isn't that doing something good? For the lesbian couple, it is clear that the ROPA technique is good. But is it good for the child that doesn't exist, to exist? Every healthy person appreciates their existence and clings to it: they do not wish to not exist. To bring a child into the world is, we believe, to do something positive for him. (ii) Do not harm or do wrong. Who is being harmed? Who is wronged by using the ROPA technique? The child's development does not seem to be affected by living in a family with two mothers, by the absence of a father (Stevenson and Black, 1988; Brewaeys et al., 1997) or by maternal homosexuality, which does not seem to affect the development of the child's gender (Green et al., 1986; Flaks et al., 1995; Brewaeys et al., 1997; Chan et al., 1998; Golombok et al., 2003). (iii) The couple's autonomy and decision-making authority. ROPA is only carried out with lesbian couples who so request it and are previously informed. Their right to decide for themselves in something as important as having a child is respected. A better question is whether it is ethical to carry out the ROPA technique with two fertile women of a lesbian couple, and two considerations must be weighed. One is the risk of the IVF process. All IVF procedures carry a risk, which is generally acceptable, just as with tube ligation in young, healthy women and cosmetic surgery. The second is determining which factor should prevail: the doctor's ethical assessment or the lesbian couple's legal right, if it exists in their country.

Medical acceptability of the ROPA technique

The ROPA technique requires the application of knowledge as well as complex and expensive technology. Is it medically acceptable? There would be medical reason if the participation of both parties was necessary in order to have a child. This would be the case for a lesbian couple in which one had no ovarian function and the other had a uterus which was incapable of carrying a pregnancy to term. But if both women are fertile, is it acceptable to carry out the ROPA technique or should it be limited to infertile lesbian couples?

The law in countries where the ROPA technique is legal (Spain and USA) does not differentiate between fertile and infertile lesbian couples. In these countries, society, at least a part, accepts this technique. ART centres in countries where the ROPA technique is legal can choose to perform it in all cases, in none or only for infertile lesbian couples. It is a decision to be taken by each medical centre.

The high cost of this technique must be taken into account in public medicine since health resources are limited. All patients included in this study were private patients, just as CEFER is a private institute, who paid for their treatments.

Single mother versus lesbian mothers

DI in single women has become increasingly accepted over recent decades. She takes on the responsibility of raising children by herself, not as a couple. Both of the women in lesbian couples who request the ROPA technique wish to share in the maternity experience, instead of having one partner be a mere spectator, as happens with DI. This is the essential difference between the single woman and the lesbian couple. The lesbian couple shares their lives and their sexuality. If they wish, they can also share the maternity experience through the ROPA technique. Lesbian and single mothers, unlike heterosexual ones, would prefer that semen donors were identifiable and not anonymous (De Bruyn et al., 1996; Jacobs, et al., 1999). Lesbian and single mothers inform the child early (between 4 and 8 years of age) of their paternal origin (Brewaeys et al., 1995), whereas the majority of heterosexual couples hide this information from the child obtained from donor semen (Brewaeys, 1996). This is also our experience.

The repercussions for, and acceptance or rejection of, these families from certain sectors of society will depend on the tolerance of the society in which these families are created and develop. However, accumulated experience indicates that the children of lesbian couples have equal or better development than the children of heterosexual couples, and socio-cultural and economic factors may explain this fact.

The children that will be born through the ROPA technique are wanted children, like all children attained through ART, and this is a very positive factor for the child.

Doctors who treat lesbian couples (in countries where the law thus permits it) must be sensitive to this new family model.

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