



CASE STUDY 34:

Transgender health, egg retrieval and surrogacy

Rory, 29 (he/him; assigned male at birth), has been in a stable relationship with Alex, 28 (he/him; trans man), for the past four years. The couple are keen to start a family together and Rory's sister Evelyn, 33, is willing to support their journey through surrogacy.

They present together to their local GP to begin this exciting chapter of their lives.

Alex has been taking regular testosterone (1g IM injection every three months) for the past six years and underwent chest surgery two years ago.

Neither Rory nor Alex have any significant past medical history, and there are no other regular medication.

The GP is highly motivated to support the couple in the best way possible, but has limited experience in fertility care and transgender health. Therefore, she accesses both the [LGBTIQA+ Fertility, Parenting and Children](#) and the [Gender Affirming Care](#) sections of the PHN clinical referral pathways platform, HealthPathways Melbourne.

CASE STUDY 34:

Testosterone

Preparation	Dosing schedule	Advantages	Disadvantages and specific side-effects	Monitoring trough levels
Testosterone undecanoate (Reandron 1000, 1 g IM injection)	Loading dose at 6 weeks, then injections every 3 months	<ul style="list-style-type: none"> - PBS listed (Authority required) - Fewer treatment episodes than other preparations 	<ul style="list-style-type: none"> - Slow to reach steady-state blood levels - Cannot be self-administered 	Monitor testosterone levels at baseline, then every 3 months in the first 12 months of treatment

Prior to commencing testosterone, Alex engaged a fertility service for egg freezing. He currently has eight eggs frozen, which the couple would like to access in the first instance.

Should this result in multiple failed attempts, or embryos that don't progress, Alex is considering undergoing another round of egg collection and ceasing testosterone during this phase of treatment.

However, he tells the GP he found the first egg collection experience to be very distressing – albeit alleviated considerably by the support of his former GP, fertility specialist and psychologist.

Checking the information on the pathways, the GP tells Alex that longer-term use of testosterone may result in either reduced fertility or, in some cases, infertility.

1 year or more	<ul style="list-style-type: none"> • Gradual growth of facial hair (usually 1 to 4 years to reach full growth) • Possible male-pattern baldness (permanent) • Infertility or subfertility • Cervical and vaginal atrophy • Breast tissue regression (note that the extent to which breast reduction is clearly evident varies)
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This means that a second egg retrieval may not be successful. The GP stresses that this is best discussed with a fertility service, and refers the couple back to the clinic where Alex initially had his eggs frozen.

Alex tells the GP that if a second round proves too challenging and confronting, Evelyn has offered to donate her own eggs.

The GP explains that in Australia there is legislation governing surrogacy arrangements. In Victoria, surrogacy needs to be approved by the Victorian Government's Patient Review Panel (PRP), an independent statutory body established under the Assisted Reproductive Treatment Act 2008.

Alex and Rory were unaware of this requirement. The GP tells them that they need to make an official application for surrogacy using forms available on the [PRP website](#).

The GP also notes that the language used on the webpage is quite technical, and suggests that the couple first seek help, insight and advice from an organisation called [Rainbow Families](#), a non-profit support for lesbian, gay, bisexual, transgender, diverse, and queer parents and their children.

The organisation has created a trans and gender diverse parenting guide, which is linked on the [LGBTIQ+ Fertility, Parenting and Children pathway](#). The GP sends the link to Alex's email address.

• [LGBTIQ+ patient seeking surrogacy arrangements](#) ^

LGBTIQ+ patient seeking surrogacy arrangements

- Legal advice is strongly recommended prior to beginning surrogacy.
- In Australia surrogacy must be altruistic, i.e., not commercial.
- Traditional surrogacy (surrogate using their own eggs) is not permitted via assisted reproductive technology (ART) clinics and carries legal parentage SS implications when performed outside an ART clinic.

The consultation concludes with Alex and Rory agreeing to book a further review appointment when they have had sufficient time to better understand the processes – physical and regulatory – that impact their desire to start a family.

Disclaimer: Images included in this case study are for communication purposes only and may not display the full content. Always refer to HealthPathways Melbourne for the latest and most accurate clinical information.