

Pregnantpause

A guide for
lesbians on
how to get
pregnant

Welcome. So, you're considering having a baby? Congratulations. It's a big step but people tell us that having a family is one of the most rewarding things in life.

You'll be pleased to know that the laws have changed recently, after hard lobbying from Stonewall, making life a lot less complicated for lesbians who want to conceive.

But let's be honest, conception isn't necessarily an easy thing. It doesn't always just happen. If you are a same-sex couple, or are single, you may encounter a number of natural (yes, the obvious) and bureaucratic (not so obvious) hurdles before you see that plus sign on a pregnancy test.

But don't fret. Lesbians have been having babies for ages despite what anyone might think. Numerous same-sex couples, and single lesbian women, conceive every year and bring children into their loving families. Many find it an easy and (relatively) stress free experience. We hope you do too.

Ben Summerskill
Chief Executive, Stonewall



The
London
Women's
Clinic

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The most important question. The most important question you face in this whole process is whether you, and your partner, want to have children. There are lots of things to think about, and it's not necessarily going to happen by accident. We can't really help you with that decision – it's something you need to discuss with each other. But the decision to start a family is not one that just lesbians have to think about. Some couples find it useful to talk with each other, with friends and family, or with a counsellor or therapist when thinking about starting a family.

Other couples discuss what they expect will happen when they have children. What will be the impact on careers? On your finances? Who will be involved in the child's life? Will you bring them up with a faith? These are all good questions to start things moving. But it's important that you and your partner find your own way. Once you've decided to try to have children, the other decisions follow thick and fast.

Glossary. If acronyms send you into a confusing whirl then you are going to find all the info on fertility treatment very confusing. There are numerous different acronyms for what, to a lay person, seem to be the same thing, all handily involving some combination of the same letters!

To clarify matters here is a brief glossary of terms you will find in this guide and which are commonly used in fertility treatment in the UK. Be warned though, one quick browse of the internet and you will find at least three names for the same thing. Don't be afraid though, if you mention any of the following terms to a doctor they will know exactly what you are talking about!

Intrauterine Insemination (IUI) is where sperm is injected directly into the uterus to coincide with ovulation. This is a common practice in fertility clinics for a range of fertility problems.

Intracytoplasmic Sperm Injection (ICSI) is a technique where a single sperm cell is directly injected into an egg to achieve fertilisation before transfer to the uterus. The technique is used in fertility clinics mainly for treating couples with male factor infertility.

In Vitro Fertilisation (IVF) is a technique where eggs which are retrieved from the ovary are fertilised in the laboratory before transfer to the uterus. This technique is used in those unable to conceive naturally or after unsuccessful donor insemination.

Primary Care Trust (PCT) The NHS is divided into a number of primary care trusts (Health Boards in Scotland). You will be covered by a primary care trust where you live. They determine a number of treatments, including fertility treatments, available in the area.

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Pregnantpause

1 How to get pregnant

Conception

Most same-sex couples or single women make an initial decision about how they are going to conceive. Are you going to 'do it yourself' or use a licensed fertility clinic? But before we even take you through that decision, it is probably best if we cover the basics first.

Conception: the basics. We may all think we have a good idea about conception and fertility, but when you think of it, how much do you really know? After all, were you really listening carefully in biology at school?

Most women become pregnant by having sex with a man. Sexual intercourse in this case is penetrative vaginal sex, which for heterosexual couples basically means a man puts his penis inside a woman's vagina. The man can ejaculate and if the couple are not using contraception, there is a possibility that the woman might conceive. Many lesbians who want to conceive would prefer not to have penetrative sex with a man. In the following sections you will find information about how you can get pregnant without the need for sex with a man. But for the most part, the biological principles are the same – both sperm and eggs are required for conception, so it's worth knowing about.

What is important to remember though is that pregnancy is not guaranteed every time you have sex or are inseminated with semen. For example, your chances of getting pregnant vary during your cycle.

Added to that, despite what some men may believe, not all semen is potent enough. Sometimes sperm are going to be slow (don't get to the egg in time) and sometimes they are going to be weak (can't make it all the way to the egg or fertilise it when they get there). Or there simply may not be enough of them to give you good odds of getting pregnant.

A combination of factors can also influence the fertility of women and men including diet, smoking, drinking, medical history, age and weight. Women can find it more difficult to conceive if they are taking drugs, smoke, or if they are overweight or underweight. With this in mind many women who are planning to have children tone down the rock-and-roll lifestyle when trying to conceive.

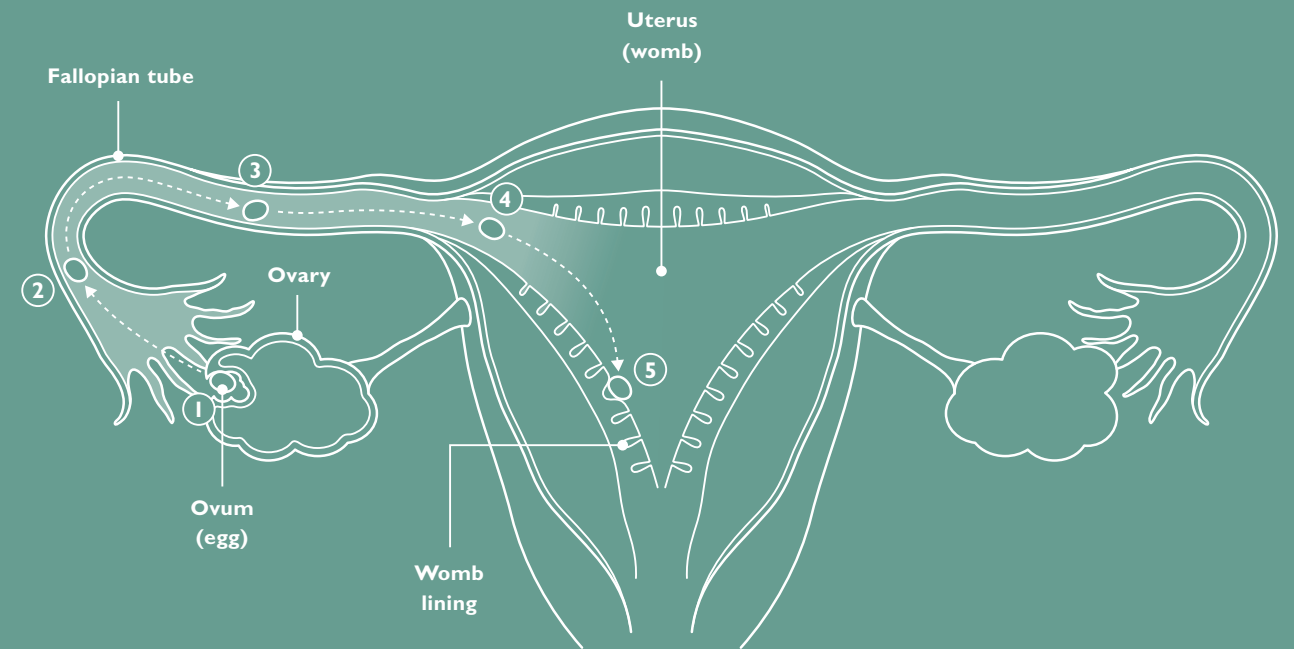
It is a good idea to consult your GP about the fact you are trying to conceive. They should be able to provide you with tailored advice about your lifestyle and likelihood of conceiving. The General Medical Council are very clear that lesbian, gay and bisexual people should be treated with dignity and respect by any doctor – so they shouldn't make any judgement about the fact that you are a lesbian who is planning to start a family. They should give you the information you need.

Choosing the best for you – how to do it. The decision about how you are going to get pregnant is a big one. Your choice is between using a licensed fertility clinic to get pregnant or doing it at home. But it is not as simple a decision as it might seem. There are different ways for you to conceive either at a clinic or at home. This section will run you through the most common forms of conception, but you should decide what is best for you having consulted your doctor.

Where do I come into this?



How to get pregnant



NHS Direct tells us: Pregnancy occurs when a sperm penetrates an egg. The single sperm that burrows into the egg is the successful one out of millions contained in the semen. This is called fertilisation, and usually

takes place in the woman's fallopian tube after the matured egg has been released from one of her ovaries (ovulation).

The fertilised egg, known as an ovum, immediately begins to

divide into a growing cluster of cells. Between five to seven days after ovulation, the fertilised egg implants itself into the wall of the womb (uterus) and produces root-like outgrowths called villi. These help to anchor it

to the lining of the womb and will eventually grow into the placenta, the organ that feeds and protects the baby until birth.

The placenta maintains and nourishes the baby by enabling the transfer

of oxygen, carbon dioxide, amino acids, fats, vitamins and minerals from the mother's blood. It also allows the transfer of waste substances from the baby.

Your stories...

Samira's story

Me and my partner have been together for about six years. We got civilly partnered two years ago and last year I decided I really wanted to have children. Me and my partner talked about it, and we decided we were ready. The one thing I was worried about though was having to cut back on all the fun. We are really sociable – have a big group of friends who meet on a regular basis and the thought of staying at home put me off a bit. But we decided it was worth some changes. I started going to the gym on a regular basis and we started making more arrangements to go out in the day rather than evenings of clubbing and drinking. We also had more friends around for dinner so we could control my diet better. I got my weight down and reduced my drinking. After six months, my cycle was regular as clockwork and I learnt to be able to tell when I was ovulating. This made getting pregnant a whole lot easier. I'm now 8 months pregnant and can't wait!

Jo's story

I am waiting to have my little one any day – it's still boxing and kicking in my tummy but hopefully for not much longer. I started trying to conceive maybe 18 months ago – I always wanted a child and adoption was actually my first choice but we weren't lucky with our local borough. I decided to try and conceive with a male friend. The friend route died out very quickly as the few males I was interested in had very different perspectives of

sharing a child to us and so I decided to go to a clinic. There are plenty in London.

I went to my GP to get the blood tests done – she told me off for looking at a private clinic and transferred me to the local hospital instead. She is very gay friendly and thinks that everyone should be able to have a kid who wants one and that it shouldn't cost the world. She was so pleased when I told her I was pregnant a year later.

The local fertility hospital route was interesting and at times a bit hit and miss, but I guess I was lucky I had a doctor I got on well with and all the nurses were always great with me. It may have taken six months longer than going to a private clinic but the costs are far less – around half and you have a greater say about your donor since you have to order the sperm from a sperm bank. I used a clinic outside the UK. The one I used had lots of information about the donor. Seeing the counsellor was a bit of a nightmare as she wanted to see my partner too, but we managed in the end. The worst of all tests was probably the HSG test (an x-ray of the uterus and fallopian tubes) – that's not nice but it is quick.

Once all tests were done the clinic offered me a natural cycle with donor sperm I had to order from outside the UK. The sperm bank was easy to deal with and the donor I found was pretty much what I was looking for. It took me three tries to get pregnant although it is very likely that I got pregnant the first round too but lost it. In

terms of costs – I was very lucky I'd used three natural cycles so all I paid for was £1,000 for the pregnancy slot (a fee to the European sperm bank), €350 for each shot of sperm and £400 to the hospital for doing it – so the whole thing came to about £3,000. The minute you use drugs it gets more expensive.

Samantha and Jane's story

First child (a boy) born in August 2005 following a second natural IUI cycle at London Women's Clinic using anonymous donor sperm. Following the change in the law regarding anonymous sperm donation we purchased the remaining stocks of sperm donated by the same donor as it would not be usable after the legislation came into force. Despite the fact that they were going to throw the sperm samples away we still had to pay full price for them!

Second child (also a boy) born in January 2008 following one cancelled IUI cycle, two failed IUI cycles and one successful IVF cycle. This time we used a clinic in Nottingham. Although they do not treat lesbians as frequently, they were, and have continued to be, amazingly helpful, professional and supportive.

Licensed fertility clinics

There are many important benefits of using licensed fertility clinics, both via the NHS or private clinics. Lesbians tell us that using a clinic, private or NHS, helps pinpoint the precise moment of ovulation, so a woman can be inseminated with sperm and is therefore more likely to conceive.

Clinics also insist on storing all sperm for six months (even if it's your best mate) so you can guarantee that the sperm you are using is free from any sexually transmitted infections. Finally, if you have a fertility problem it may be the only way to help you conceive. You do not want to spend years trying to conceive at home if you have no hope of conceiving without help.

Trying to conceive using a licensed fertility clinic can take a lot of the worry out of the process. Trying to get yourself pregnant is no easy task and having a medically trained professional liquefying semen (worry not, more explanation to follow), injecting it into the right place and all the rest can make it a lot less complicated and frustrating. There is nothing worse than going to all the trouble to get some semen only to end up accidentally squirting it on the floor!

An NHS clinic. Many lesbians want to try to conceive via a fertility clinic. Most NHS licensed fertility clinics were set up to treat infertile heterosexual couples. Some clinics do treat lesbians. Historically though, lesbians and single heterosexual and gay women have sometimes encountered difficulties with access to treatment.

If you want treatment as an NHS patient the treatment you can access will be decided by your local Primary Care Trust (PCT) or Health Board. Each trust decides what types of treatments are on offer, who they are open to, which clinics patients can use and any fees to be paid. Some clinics have no problem helping same-sex couples conceive – it's worth checking with other lesbians in your area who have conceived via a clinic, and asking your GP. Don't assume that you will not be given help to conceive just because you are a lesbian. Ask!

To access fertility treatment on the NHS you will need to be referred by your GP. They will know what your local PCT's policy on fertility treatment is and that will factor into their decision to refer you. In the majority of cases, a patient should not have to pay for NHS treatment although lesbians tell us that this is not always the case for them.

Some lesbians tell us that they have been treated in an NHS clinic but have had to pay some of the costs. There is no standard cost across the NHS but Jo's story shows how much it cost her.

A private clinic. Some couples prefer to conceive via a private clinic as a private patient.

As a private patient you will have to pay full costs for any treatment you receive. Costs will vary depending on what treatments you require and the clinic you use. Many clinics will ask you to pay upfront for any treatments. This can be expensive, especially if you have to try a few times.

Some lesbians tell us that they prefer accessing treatment via private clinics because they are more confident that they will be treated equally. The process and procedure is normally the same as accessing treatment via an NHS clinic but lesbians tell us that it can sometimes be quicker to conceive via a private clinic than an NHS clinic.

Costs at the London Women's Clinic *	
Consultation (incl ultrasound scan, appt with specialist, appt with nurse, appt with counsellor)	£295
Single Cycle IVF	£2,990
Three Cycle Package	£5,980
IVF as an Egg Sharer	No cost
IVF as Egg Recipient	£5,400
IUI with Donor Sperm	£1,395

* At time of going to print

Egg donation and private clinics. Some clinics, including the London Women's Clinic, offer free treatment or discounts on treatment if you agree to donate your eggs to the clinic for use in the fertility treatment of other couples. Some lesbian couples like this idea because it enables them to donate eggs to other prospective parents while also reducing the cost of their own treatment. Some lesbians who donate eggs consider the possibility of their partner using their eggs. This is not available on the NHS and would not be free at a private clinic.

If you agree to egg share, you will sacrifice any rights to any children conceived from the eggs you donate. However, you will be covered by the same rules on anonymity as semen donors in that on turning 18 any child conceived from your egg donation will be able to access information about you and contact you.

But aren't lesbians turned away from fertility clinics? Lots of women have had very positive experiences of conceiving their children with their same-sex partners using fertility clinics. Many clinics have a long history of helping lesbian families conceive.

Some clinics, however, have previously refused treatment to lesbian couples and single women because they were required to consider the child's 'need for a father'. However, from 1 October 2009 the law changed. Instead, when considering the welfare of the child, clinics now need to take into account the child's need for 'supportive parenting'.

You may still, however, encounter barriers when attempting to access treatment. For example, in some Primary Care Trusts you have to be infertile in order to access treatment. Not being able to conceive because you are lesbian and do not have a male partner does not automatically allow you to access fertility treatment. This is a grey area under the law and is yet to be tested by the courts.

Some lesbians who have been refused treatment complain to their PCT. Some women have asked a lawyer to write a letter for them, or written a letter themselves stating that the decision to refuse to treat them is discrimination on the grounds of sexual orientation. Some women have cited the Equality Act (Sexual Orientation) Regulations 2007 which make it

unlawful for businesses and service providers to discriminate against people on the grounds of their sexual orientation. Stonewall is working to ensure that lesbians have better access to NHS Clinics.

Choosing a clinic. As an NHS patient your choice may be limited by your local PCT. They may have contracts with certain clinics to provide treatments or they may allow you to choose freely.

If you have the option to choose, either as an NHS or private patient, you should research different clinics carefully. Not all clinics offer every type of treatment. Your preferred clinic may not offer the specific treatments you require, especially if you require fertility treatment. The Human Fertilisation and Embryology Authority (HFEA) licenses all fertility clinics in the UK and holds data on things like their success rates. The Human Fertilisation and Embryology website www.hfea.gov.uk has lots of very useful information, including information about different clinics.

Choosing a clinic - what to expect. Using a fertility clinic is different from other forms of medicine. Your experience will differ depending on whether you are an NHS or private patient, which is your local PCT and what types of treatment you are receiving. You should expect the following things:

- To allow access to your medical records
- To be tested for your fertility
- To be assessed on your lifestyle and its impact on your fertility
- To be asked to demonstrate the existence of 'supportive parenting'
- To sign documents stating that you and your partner are to jointly be considered parents of any children conceived through treatment or to sign documents stating that your partner does not consent to being the parent of the children
- To be offered counselling to allow you (and your partner if you have one) to discuss issues concerning your treatment, being a parent and telling your child about the method of their conception

Getting treated at the clinic



An estimated one in seven couples have difficulty with conceiving. (HFEA)

Unless you are diagnosed with a fertility problem you will probably receive Intrauterine Insemination (IUI), the process of injecting semen into your uterus. This is the least complicated of the procedures on offer at a clinic for which you will have to select a semen donor.

Choosing a donor. You can either take a known donor with you to the clinic or you can use an unknown donor found through the clinic.

A word on anonymity. The law covering semen and egg donation changed in April 2005. The law now provides that anyone formally donating sperm or eggs must agree that their identity can be released to any child conceived from their donation, if the child requests this information once he or she reaches the age of 18.

Using an unknown donor. A number of clinics will have sperm banks you can access if you are receiving treatment with them. However, there is a shortage of donors. Your access to UK based sperm banks may therefore be limited and the clinic may have to import and store sperm from abroad. You may be asked by the clinic to source and pay for sperm which the clinic will then store for you.

Some clinics may allow you to put aside or 'reserve' some of your chosen sperm sample for future treatment to conceive full genetic siblings for your donor-conceived child.

Using a known donor. If you wish to use a known donor's sperm to conceive at a clinic they will need to provide a sperm sample to the clinic. To ensure semen can be thoroughly tested before use, the law requires that any donated sperm needs to be frozen for six months and the donor then re-tested before it can be used. If you are using your own donor through a clinic this means you will potentially have a longer wait to begin fertility treatment than if you use sperm from a sperm bank.

Using a donor from a clinic removes a lot of the worry about safety and his fertility as his sperm will be tested both for STIs and its motility. However, you still need to think carefully about who you choose as your donor.

Donating eggs for your partner. It is increasingly common for the non-birth mother to donate her eggs to her partner. Many couples view this as a way for both mothers to have a biological connection to the child when only one can carry the foetus.

To donate eggs to the birth mother the non-birth mother may be required to take medicine to help their menstrual cycle to synchronise with the birth mother. The non-birth mother's ovaries will be stimulated with medicine and their eggs will be collected. Then, depending on the treatment required, the egg or an embryo from your fertilised egg will be implanted in the uterus of the birth mother.

Not all fertility clinics will offer this treatment, and you may not be deemed a suitable donor depending on factors such as your age, weight and lifestyle.

Fertility problems. Like all women regardless of sexual orientation, it is possible that your GP or fertility clinic might diagnose you with a fertility problem. As a result you may need a number of treatments to help you produce a viable egg, fertilise that egg, and/or implant it in your womb.

If you are using a known donor and they have fertility problems you may be required to have a number of treatments to help their sperm reach and/or fertilise your egg.

Your GP or clinic will provide you with more information about different treatments you may require.

Doing it yourself

There are two main ways you can get pregnant without using a fertility clinic – having sex with a man, or using a sperm donor and self-inseminating at home.

For lesbians the first option is generally not the most appealing. That said, some do choose to conceive in what they deem is a ‘natural’ way or ‘in love’. Most who choose to conceive at home choose to artificially inseminate themselves using a sperm donation.

Donor insemination: using a sperm donor. The first and most obvious thing you have to decide is who is going to be your sperm donor. On the face of it you can either opt for a known donor or an unknown donor. However, your decision may have both legal limitations and legal consequences to consider.

An anonymous donor is someone you do not know. Essentially they provide a sperm sample in a jar for you to use that you obtain via a third party. Under the law you can only use an anonymous donor through a fertility clinic. It is unlawful for an unlicensed organisation to provide you with a semen sample. Some licensed organisations will not allow you to use a sperm sample at home and therefore often the only way you can conceive at home is by using a known donor.

It is important to remember that if you use an anonymous donor through a licensed organisation, who has donated sperm since April 2005, they will be anonymous to you but not to your child. On turning 18 your child will be able to access details about the donor and contact them.

Importing sperm from anonymous donors. Although not advised, some women think they can circumvent the rules about anonymity by importing their own sperm.

On 5 July 2007 the European Union Tissues and Cells Directive (EUCTD) came into force in the UK. The EUCTD created a European-wide standard on the supply, storage and transferring of tissues and cells, including sperm, eggs and embryos. The standards were implemented to ensure high health standards across

Europe. UK clinics and the relevant authorities must abide by the Directive in all their dealings whether inside the UK or with other countries.

To ensure that these standards have been met sperm can only be lawfully sourced from or via a licensed organisation. When importing sperm from other countries you have to import using a clinic in the UK. They have a responsibility to ensure that the organisation you want to import from or via is licensed in the relevant country and meets the standards set out in the EUCTD. The organisation you import from can be a third party organisation (not a clinic) but they have to have an agreement with a licensed organisation in that country, designed to demonstrate they meet certain health standards.

Some clinics may send you away to source your own sperm, which they will store for you. However they are still lawfully responsible for checking that the organisation you import it from meets with the standards under the directive.

Still considering getting sperm from elsewhere?

Some women have imported sperm from other sources, such as websites offering to supply you sperm. The HFEA states that this is unlawful:

‘Internet sperm providers must... be licensed by the HFEA or have a third party agreement with a licensed centre to ensure standards of quality and safety of the sperm. If they are not licensed, or do not have a valid third party agreement, then they would be committing a criminal offence and the safety of the sperm may not be guaranteed.’

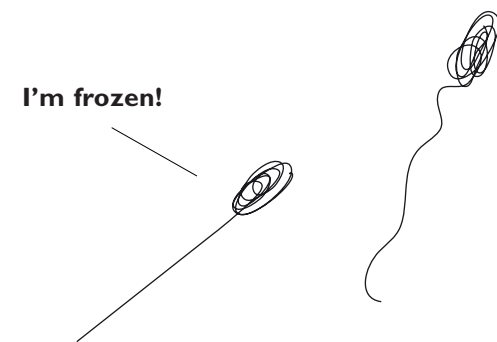
You may be tempted to purchase sperm this way, however there are significant risks regarding the safety of the semen. Many of the websites in use are also unreliable. First and foremost in your mind should be your health and your child’s health. As unlicensed suppliers cannot guarantee the safety of the sperm under UK law you should always use semen sourced through licensed organisations.

Think about it. If having a child is that important to you, do you really want to take such a huge risk with your child’s health?

Choosing a known donor. When conceiving at home your biggest decision is who to choose to donate sperm, and how involved you want your donor to be. You need to think long and hard about who to choose and you should talk to your donor about your intentions to ensure that your expectations about his involvement are not mismatched.

Many women choose a close male friend to donate. This often makes the whole process a lot less worrying. However, sperm donation and having a child can be a demanding process. Your friendship needs to be strong not only to survive conception, but to deal with having a child together.

Some women prefer to choose someone they do not already know. Many advertise that they are looking for a sperm donor either through the internet or in classified adverts.



Checklist

Here is a checklist of things you should do with your donor:

- Go through the legal section of the guide with him so he understands his legal obligations to the child.
- Agree the role he will play in the child’s life, if any. You or your donor may expect him to have a role in the child’s life even if he may not legally be the child’s parent. If necessary go to a solicitor to seek legal advice.
- Go to a GUM clinic with him to get tested for any STIs. To ensure you do not pose a risk to your child or the donor you should go and get tested too.
- Ask him to go to his GP to get information about his medical history and advice on lifestyle changes that you may both need to make. You should probably go together.
- Discuss the possibility of you both having fertility testing, although this can be expensive, to determine whether DIY is the best way for you to conceive.
- Discuss any changes to his diet or lifestyle such as refraining from sex with other people.
- Work out a schedule, based upon when you ovulate, which suits both of you. He may have to provide two sperm samples. Couples find it can take as much as a year to conceive, so be prepared to keep trying!

Your stories...

Catherine and Maggie's story

Sam is a friend I have known intermittently for about a decade. My partner has known him in a loose capacity for about 7 years. Until about two and a half years ago he was not a close friend. We hadn't asked him if he'd be a donor for us as we had not considered that he would. To cut a long story short (that involves meeting up with various unsuitable men, and rejection after rejection from friends) he offered to be our donor. He promptly went and had all the requisite checks done and after months of us having endless conversations about his motives, our motives, how he saw his role, how we saw his role, how we would try it, how long we would try it for, who he would tell, who we would tell and so on he arrived on the doorstep with a taped up plastic jar of semen. After an awkward conversation in the hallway he departed and my girlfriend and I got down to it. The following day I collected a new jar from him and walked the most painstaking walk I have ever done in my life afraid of tripping and spilling any of the precious contents. Staggeringly it worked on one of these two occasions and my girlfriend was pregnant.

Sam has always seen Thomas as mine and my girlfriend's child and he is greatly relieved that he doesn't have to look after him full time as he doesn't want children of his own. We very much wanted a known donor as we wanted Thomas to know where he had

come from, plus Sam is a really great person and has a lot to offer. I think that works both ways though and Thomas has also given Sam a lot – in the way of confidence and love. Sam looks after our child one day a week and has done since he was 9 months. It is working out fantastically. We have conversations regularly about how all parties are feeling with the arrangements and these have been really important. A while ago Sam referred to himself as a co-parent which panicked me hugely as I don't see him as that at all. I told him this and we had a brilliant conversation through which it became apparent that we were both meaning exactly the same thing but using different words. There is no word that fits Sam's role in all our lives. He is not a known donor because that seems too small for the important job he does.

Michelle's story

How much did it cost me to conceive at home?

£0 for free advice from another lesbian mother on how to spot fertile times.

£0 for later confirming this advice with a free library book – although I was about 7 months pregnant by then, I just like to know I haven't missed anything...

£0 for said lesbian mother's leftover ovulation prediction sticks (which we did use to confirm the fertile mucus, but only used two as indeed, the fertile mucus is a perfect

indicator that ovulation is going to occur, and we used one in the planning stage to check ovulation patterns, and one when we actually wanted to do the insemination).

£100 donation to the sperm donor – controversial and not necessary but me and my partner decided we wanted to.

2 x 60p for a sterile pot. We only needed one after all but had bought two just in case.

2 x £1.50 for an 'oral medicine syringe' – again we only needed one though.

£5 on two pregnancy test kits from the local chemist.

Total cost: £109.20

But you really don't want to know how much we then spent on nursery equipment!!!

Self-insemination

Starting with the obvious, there is no point you trying to conceive if you are not ovulating, so the first thing you need to do is work out when you are ovulating.

How to check you are ovulating. You ovulate 14 days before the first day of bleeding of your period. If you do not want to fork out on an over-the-counter ovulation test you can monitor yourself for signs of ovulation. If you have regular periods you can work out when this is likely to be (or at least the range of days that is likely). If you write down the date that your period comes, you may be able to notice the signs in your body that tell when you ovulate. Some women notice a pain on one or other side of their lower abdomen (tummy) on this day. Many women will notice a change in their vaginal discharge. Your cervical mucus (some call it vaginal mucus) changes in consistency a day or so before ovulation to a thin, slippery consistency (akin to egg white). It is most stretchy just before ovulation and this is the best time to try for conception.

For the sake of convenience, or to check when the egg is about to ovulate, you may want to buy an ovulation test kit from the chemist. These detect the rise in the level of your luteinizing hormone (or LH) which surges up just as you are ovulating.

Once you have determined the time during the month that you are ovulating you should schedule time with yourself and your donor carefully. To improve your

chances of conceiving, you will want to inseminate yourself a few times during this period. This involves a commitment from your donor so it is best to get it in his diary in advance.

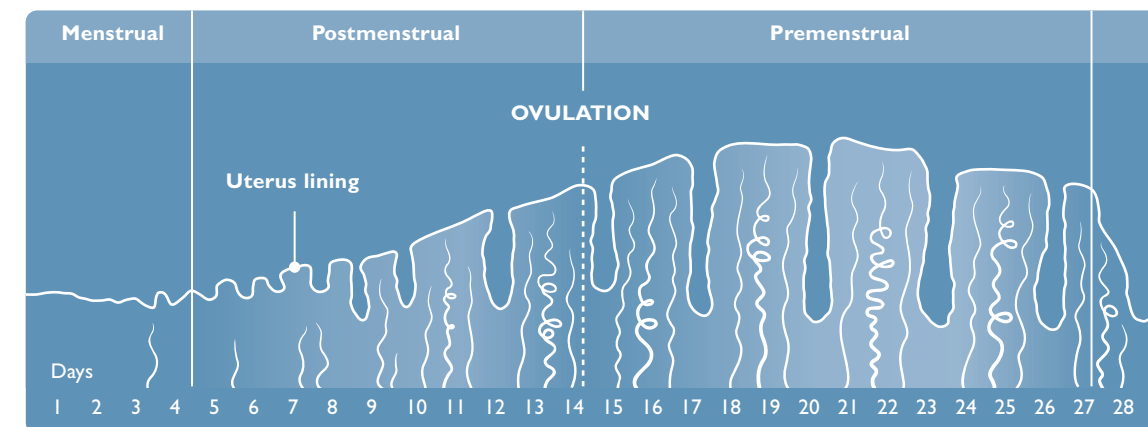
You want to try and self-inseminate a couple of days before you ovulate, then a couple of days later and once or twice again before you have your period.

If you are using fresh sperm from a known donor it is best to use it quickly as sperm is rather delicate so schedule a time when you, your donor and possibly your partner/friend can all be together in one place at the same time.

You will ideally need someone to help you to self-inseminate. If you would prefer your donor not to be involved in the up-close and personal of injecting the semen you will want someone else such as a friend or your partner to help.

If you have obtained frozen sperm, you should treat it as per the instructions provided to you by the supplier. Again you will probably need someone else to help you inject the sperm.

Doing the deed is not just a case of using a turkey baster, but that doesn't mean it is particularly complicated. (Turkey basters are one of the most common myths about self-insemination. The size of a man's ejaculate is so small as to render the use of a turkey baster pointless – imagine using a pint glass to drink a teaspoon of liquid!). It is far easier to use an oral syringe.



Recipe for success

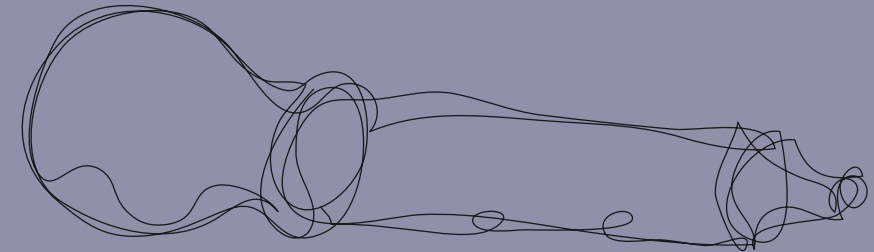
What you will need

- A sperm sample
- A plastic or glass container
- An oral syringe (one without a needle)
- Speculum (optional)

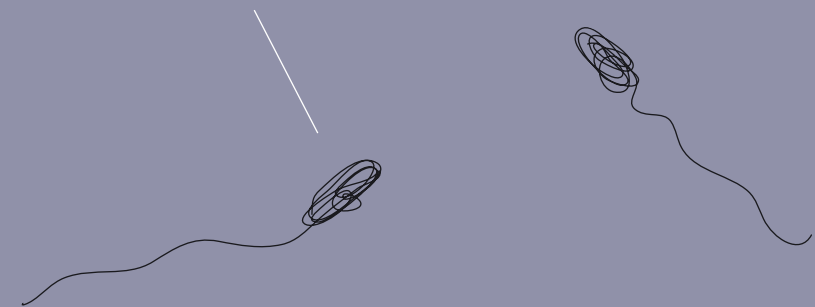
Most of this equipment can be bought from your local pharmacy or your GP can help. Search via the internet for suppliers.

Instructions

- 1 First, make sure you have all the equipment to hand in duplicate. Like baking a cake you don't want to find mid-recipe that you do not have a crucial piece of equipment.
- 2 It is advisable that your sperm donor refrains from sexual activity for a few days beforehand to optimise the quality of the sperm sample.
- 3 When the sperm donor masturbates, make sure if he uses a lubricant that it does not contain spermicide (though a lubricant should not be necessary).
- 4 The donor should ejaculate into a suitable receptacle. Remember that not only does it need to be suitable to capture his semen (with a big enough opening) but it also must be suitable for you to draw the sample from using an oral syringe. You can often buy plastic beakers from chemists alongside syringes. It is advisable that you use a receptacle cleaned with products that will not harm the semen.
- 5 Do not use the sperm straight away. It is far easier if you leave it, out of light, for around 15 to 20 minutes. Lesbians tell us that it is ideal to keep it at body temperature so you may want to hold the container in your hands or between your legs. Waiting for some time will 'liquefy' the sperm. This makes it more liquid and easier to draw and inject with a syringe. You should be able to tell when it has liquefied.
- 6 Draw the liquefied sperm into the oral syringe. Make sure the syringe is fully compressed first, otherwise when you try and inject the sperm, any trapped air in the syringe will cause it to splutter everywhere.
- 7 You may require help with this bit. Lie on your back with your knees bent and your legs far apart. You may find it easier to raise your hips by placing a pillow underneath.
- 8 Some people believe that having an orgasm will help you conceive, however this is not proven by evidence. That said, it doesn't hurt so feel free to try. Your partner may want to help you with this so you orgasm just after you inject the sperm.
- 9 Insert the oral syringe into your vagina to a comfortable depth. Depress the barrel of the syringe. Keeping the barrel depressed, remove the syringe.
- 10 Some women choose to inject the sperm closer to the cervix by using a speculum. It is a good idea to practice opening and closing a speculum before you try and inseminate. It can be a bit fiddly. With the bills of the speculum closed gently ease the speculum inside the vagina, as far as it will comfortably go, with the handles pointing up. Gently open the blades by squeezing the handles together and locking them open.
- 11 Some women say that it is best if you wait, lying down with your hips raised, for up to 30 minutes. However sperm does not really need gravity to help it. For peace of mind, and a bit of a rest, you may want to do this however.
- 12 Once you get up, some of the semen will leave your vagina but there is no need to worry, this always happens and there is nothing you can do to stop it. The majority of the sperm will remain in the vagina trying to find their way to your egg.



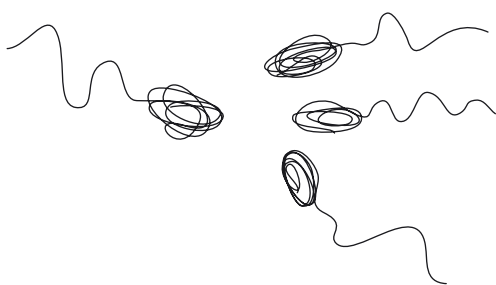
You'll never get me up in one of those!



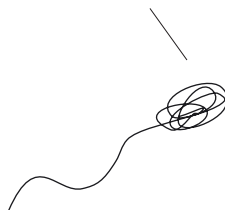
Sexual intercourse with a man

This may not be something you wish to do as a lesbian, but a surprising number of lesbians choose to conceive this way. There is no evidence to suggest that having sex with a man means you are more likely to conceive than if you self-inseminate using donor semen.

But what do I need to do to conceive through having sex with a man? There is no rule book about how you have to have sex with a man to get pregnant. Suggestions that having an orgasm or having sex in certain positions increases your likelihood are not supported by evidence. The only thing you have to think about is timing. To increase your chances of conceiving you should try and have sex a couple of days before you ovulate, then a couple of days later and once or twice again before you have your period.



Am I late?



Checklist

Before engaging in sexual intercourse with the potential father of your child, you should:

- Go through the legal section of the guide with the donor so he understands his legal rights to the child.
- Make sure you understand that conceiving through intercourse rather than artificial insemination may mean that the non-birth mother is not treated as the legal parent where she otherwise would be.
- Agree the role he will play in the child's life, if any. You or your donor may expect him to have a role in the child's life even if he may not legally be the child's parent. If necessary go to a solicitor to seek legal advice.
- Go to a GUM clinic with him to get tested for any STIs. To ensure you do not pose a risk to your child or the donor you should go and get tested too.
- Go to your GP and discuss your attempts to conceive. Provide his medical information, where relevant, so your GP can identify any risks in you conceiving using that donor.
- Discuss the possibility of you both having fertility testing, although this can be expensive, to determine whether you will require treatment to help you conceive.
- Discuss any changes to his diet or lifestyle such as refraining from sex. In the spirit of reciprocity you might want to refrain from sex and alter your lifestyle too.
- Work out a schedule, based upon when you ovulate, which suits both of you. He may have to have sex with you on a few occasions over a two week period. It may also take a couple of months until you conceive.








2 Being pregnant



The journey

So you've made all your decisions and done all the hard work to actually conceive. Now that you finally see the plus sign on the pregnancy test you will no doubt feel relieved, elated, hopeful, excited and a thousand other things.

Your journey is not over yet. Being pregnant is a long, often happy, but sometimes difficult process.







Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
What happens to the baby		Fertilisation of the egg occurs. Cells quickly multiply and embed themselves in lining of uterus.			Heart beginning to develop.	Embryo officially becomes a foetus. It is tiny (about the size of a baked bean) and its spine and nervous system begin to form. Blood system has already developed and tiny buds which will become limbs appear.			All internal organs are developing and becoming more complex. Nervous system and brain continue to develop and eyes begin to form. Arms and legs become more noticeable.			Umbilical cord now fully formed providing nourishment and removing waste products. Foetus now looks fully human.	Foetus now about 8cm long and weighs about 60 grams. Placenta now well formed though not yet doing its full job – it takes over fully in week 14.	Uterus becoming larger and starting to rise out of the pelvis. Foetus can move its head quite easily.		Toes, fingers, nails, eyebrows and eyelashes now developed. Downy hair called lanugo covering the baby begins to develop.		Foetus can hear noises from the outside world.	It is now about 15–20cm long and weighs about 300g. Milk teeth have formed in the gums.
																			





Diagrams not to scale

What happens to you	Ovulation (mature egg released from ovary)	Fertilisation of the egg.	You may feel different and 'pregnant'. Some women feel wonderful. But it is around this time you might begin to experience side effects. They can include:	Around now you might have a scan if you have had pain or bleeding, or if you have had previous miscarriages.	If at higher risk of passing on sickle cell anaemia and thalassaemia you will probably be offered a blood test.	At around this time, or the next few weeks you will be offered the routine scan to determine your due date. This might include a risk assessment for Down's syndrome.	By this week the threat of early miscarriage is much reduced.	End of first trimester.	Around now you will be offered blood test screening for Down's syndrome if not offered earlier.	Mother is visibly pregnant and the uterus is rising.	By this stage the foetus is moving around a lot – probably enough to be felt.
			<ul style="list-style-type: none"> • Morning sickness/nausea • Constipation • Haemorrhoids • Needing to urinate regularly • Feeling emotional • Varicose veins • Heartburn and indigestion • Muscle cramps 	Such a scan is often done through the vagina and is also used to check the pregnancy is not ectopic. It should show up the baby's heartbeat.	If found to carry the gene for either condition, the father is offered a test. If both parents are found to be carriers then they are offered the option of testing the foetus in the womb. It is therefore important that if you are using a known donor they are available for subsequent testing.						Women usually feel movements later in a first pregnancy.
											

Diagrams not to scale

Being pregnant

Weeks	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
What happens to the baby	The foetus develops a waxy coating called vernix.		Baby's senses begin to develop. Taste buds will have started to form on the tongue and the foetus starts to feel touch.		The skeleton continues to develop and bones that form the skull begin to harden.		All organs now developed. The baby will spend rest of the pregnancy growing.		Skin gradually becoming more opaque than transparent.		The foetus measures about 34cm and weighs about 800g.		The foetus can see now and tell light from dark. The foetus is about 42cm and weighs 2.2kg.		The baby should now have turned in the uterus so its head is downwards.		The baby's head may engage in the pelvis any time now.		Lungs are practically mature now. The final weeks in the womb are to put on weight.		Birth of the baby is imminent.	
																						

What happens to you	This is the halfway point of the pregnancy. You will probably be offered a routine scan now or in the next couple of weeks to check on the development of your baby.				Around this time you will be offered an ante-natal checkup and scan to check the baby's position in the uterus. Routine checkup to test for pre-eclampsia.				You may develop tingling, cramps and a burning sensation in the legs or feet. This is called 'restless leg syndrome'. You may begin to feel short of breath as your uterus pushes against your diaphragm.				From now on you may begin to experience Braxton Hicks contractions which are irregular, painless contractions which feel like a squeezing sensation near the top of the uterus. If they are painful or occur frequently you should contact your doctor as you may be in labour.				Breasts start to produce milk (colostrum) about now to feed the baby for the days immediately after the birth.				You will probably have another ante-natal appointment around now.				You may find it difficult to eat as much as normal as the uterus presses on the stomach.				You will have reached your full size and weight by now.				Cervix will begin to prepare for the imminent birth by softening.			
																																				



Being pregnant

Ante-natal healthcare

There is a wealth of information out there for pregnant mothers. You may find that it's mostly aimed at heterosexual couples. That doesn't mean that your experience as a pregnant lesbian mother will be different from that of a pregnant straight woman. Lesbians do not have a longer gestation period, their babies aren't born any different. However you may find that you have to spend a bit longer explaining your situation to health professionals than others.

What you can expect, and demand, of ante-natal health services.

Ante-natal care covers all the health services offered to you during pregnancy. You should contact your GP on learning that you are pregnant. They will advise you on the ante-natal treatment you will require and will refer you to the relevant midwifery services.

Many lesbians who have children have experienced no problem with ante-natal health services. Most midwives and GPs are professionals who care for their patients regardless of their sexual orientation. However, as always there are those who do have a problem with same-sex families.

Thankfully you now have the law on your side. You can demand to be treated free from discrimination because of your sexual orientation.

It is unlawful under the Equality Act (Sexual Orientation) Regulations 2007 for anyone to be discriminated against in the provision of any good, facility or service because of their actual or perceived sexual orientation. Healthcare constitutes a service. That means that no one can refuse you any ante-natal care because you are a lesbian. Nor can they offer you a service of lower quality than that which you would receive if you were heterosexual.

That does not mean you are forced to do everything the same as a heterosexual couple. If there is a lesbian ante-natal group near you that you want to go to, great, go ahead.

As the law is largely untested, it is unclear to what extent it covers people providing you with a service of the same quality but being homophobic at the same time. Fortunately under their codes of conduct all health professionals are outlawed from discriminating against you because of your sexual orientation

The General Medical Council (GMC) says that doctors:

'Must not unfairly discriminate against [patients] by allowing your personal views... about sexual orientation... to affect adversely [their] professional relationship with them or the treatment you provide or arrange.'

And

'Must not express to [their] patients [their] personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress.'

The Nursing and Midwifery Council (NMC) tells nurses and midwives that they:

'Must treat people as individuals and respect their dignity; must treat people kindly and considerately; must not discriminate in any way against those in your care.'

Both the GMC and the NMC state that if doctors, nurses and midwives do not meet these codes of conduct, their fitness to practise may be called into question and they may be disciplined.

Maternity and paternity leave

One of the stickiest issues for lesbians who are having kids can be requesting maternity or paternity leave from their employers. Stonewall gets asked questions about the subject all the time. We get enquiries from couples unsure about their rights to maternity/paternity leave, and from individuals worried about outing themselves by requesting leave.

You may think this is something you do not have to deal with for a while, but you should start thinking now about how you are going to request leave from your employer.

The big maternity/paternity debate. While as a lesbian couple having children you may both be mothers, when it comes to maternity leave, only the birth mother is eligible. If you have not given birth to the child you cannot access maternity leave. You may be able to access paternity leave instead.

The difficulty lies in that before 6 April 2009 the non-birth mother in a civil partnership was likely to apply to adopt the child. This meant that some non-birth mothers thought they were entitled to both paternity leave and adoption leave. This wasn't the case. The non-birth mother can apply for adoption leave or paternity leave, but not both. Most non-birth mothers opt for paternity leave.

Since the implementation of the new law, civil partners who have children are both considered parents. Therefore the birth mother can access maternity leave, as per before, and the non-birth mother can access paternity leave. Statutory paternity leave is in no way as generous as maternity leave.

While there are laws around paternity leave, many employers have developed paternity leave policies that go well beyond the legal requirements. Many employers have been offering paternity leave to lesbian non-birth mothers for a while. At Stonewall we are unaware of any lesbian being refused paternity leave to date.

Being outed by your unborn child. The difficulty for many is that in requesting leave, you could be outing yourself to your manager or colleagues. Requesting maternity leave when you are not married to a man raises enough questions in itself, not always about you being lesbian. But requesting paternity leave as a woman can lead to even more confusion and awkward questions.

So how do you request paternity and maternity leave? You should approach your employer well-informed. You should know your legal rights, your legal relationship to your child and your employer's maternity and paternity policy. Your employers may not be very clued up on the issue so you should be prepared to have to explain the difference between maternity and paternity leave to them.

You should approach your employer confident of what you want and expect.

You should also approach your employer with flexibility. Employers can sometimes be open to negotiating the length and time of your leave, and may expect you to be equally flexible, although you are legally allowed to request certain things of your employer.

The rules around maternity and paternity leave. Paternity leave is not to help you recover from the consequences of the birth such as sleepless nights. The purpose of paternity leave is to spend a short period of time with your child and support the birth mother immediately after birth.

If eligible, you can take up to two weeks paternity leave from the day the child is born (not before) or a number of days or weeks after the child is born. You must take the paternity leave all at once, not a day here and a day there. You have to have taken all of your days within 56 days of the baby being born. If your partner has a multiple birth, you are only allowed one period of paternity leave.

Under the law you may be able to receive Statutory Paternity Pay. If you are eligible, Statutory Paternity Pay is paid by your employer in the same manner and time as your normal wages would be paid. The purpose of Statutory Paternity Pay is to enable you to take paternity leave.

To be eligible for Statutory Paternity Pay, you need to meet all of the following criteria:

- You must be the biological father or adopter of the child or be the mother's (or adopter's) husband, partner or civil partner and have or expect to have responsibility for the child's upbringing
- You must have continued to work for the same employer without a break for at least 26 weeks by the 15th week before the baby is due, or have been employed up to and including the week your wife, partner or civil partner was matched with a child
- You must continue to work for that employer without a break up to the date the child is born or placed for adoption
- You must be earning an average of at least £95 a week (before tax)

If you have given birth, you are entitled to maternity leave. Statutory Maternity Leave is for up to 52 weeks. You may be entitled to receive Statutory Maternity Pay for up to 39 weeks of the leave. Some companies have their own policies, in addition to government provisions.

You can start your leave any time from 11 weeks before the beginning of the week when your baby's due. If you're off work because of your pregnancy in the four weeks before the expected birth date, your employer can make you start your maternity leave.

You needn't take all of your maternity leave, but you must take two weeks (or four weeks if you work in a factory) of compulsory maternity leave after your baby is born.

To qualify for Statutory Maternity Pay you must have been:

- Employed by the same employer continuously (some breaks do not interrupt continuous employment) for at least 26 weeks prior to the 15th week before the week your baby is due
- Earning an average of at least £95 a week (before tax)

To claim Statutory Maternity Pay you must tell your employer at least 28 days before the date you want to start your Statutory Maternity Pay. Your employer may require you to tell them in writing.

What happens if I lose my baby? Provided you meet all the other conditions, you can still take maternity and paternity leave if your child is:

- Stillborn after 24 weeks of pregnancy
- Born alive at any point of the pregnancy

3 Giving birth

The basics

Your midwife and other health professionals will give you ample advice about giving birth and how to choose the type of birth you want. However there are some basic tips.

Giving birth: the basics. Giving birth is different for each mother and labour can differ depending on factors such as whether it is your first child and the size of your child.

You will go into labour between 7 and 11 hours before birth, although this can vary significantly.

In preparation for giving birth your body will go through some changes – some more noticeable, some less so. Your body's hormonal balance will change to make your cervix softer and shorter to allow you to give birth. You may experience a 'show' anytime between several days and a few days before you go into labour, which is where the plug of mucus sealing your cervix during pregnancy falls out as your cervix changes place.

You will also begin to have contractions – where the muscles in your womb tense and relax so your cervix stretches and opens (dilates). As they progress your contractions will gradually become stronger and closer together – more painful and more frequent. The duration of each contraction differs between women. Your waters will also break – this is where the bag of fluid holding your baby breaks as your cervix opens.

Once your cervix is about 10cm wide your baby will begin to move down your pelvis. As your baby moves lower and lower you will begin to feel the need to push to help it be born. As you push your baby will move further and further down through your pelvis. Eventually your baby's head will reach the vagina (crowning) and will be born.

After your baby is born you will pass out the placenta and membranes which held your baby in the uterus during pregnancy.

Choosing the type of birth. During your pregnancy you may wish to write a birth plan, which dictates everything you want to happen during your labour (that you can predict). Labour is a difficult process and can be quite confusing. The purpose of a birth plan is for you, in full discussion with your midwife, to determine what you want to happen during and after the birth so you can avoid having to make all the decisions during the labour itself.

The experiences of the 'other mum'. Some same-sex couples are concerned about how the partner of the pregnant woman will feel during pregnancy and when a child is born. Some people who are not in same-sex relationships can ask inappropriate questions about the role of the non-birth mother and healthcare professionals can get it wrong too. The key is to talk openly as a couple about the roles you anticipate for each other. Some non-birth mothers consider themselves a second mum, others a co-parent, others would prefer not to be a parent at all. Be clear about what you expect, and be robust with other people! No-one should treat you differently because of your sexual orientation.

I thought my bit was tricky



Your stories...

Liz's story

One of my midwives insisted on referring to my partner as my mother despite explicit information to the contrary and when the baby was born said to her 'Congratulations grandma!' My partner, who is younger than I am, was amused but not best pleased.

Chantelle's story

I wish someone had told me how easy it was going to be to love my non-biological son. I wish someone had told me to sit back and just enjoy my partner's pregnancy along with her, instead of spending those long months panicking and worrying that the baby wouldn't want me and that we wouldn't bond. My memories of her pregnancy are scarce; a kick here, a whispered promise there, but I never really let myself get too attached, for fear that it wasn't mine, it wasn't real. Sean was born and everything changed. The floodgates opened;

what I had expected to be a slow trickle was actually an almighty tidal wave of love. That little person, with his scrunched up face, was mine. Ours. Mine. I was his parent and in that first second that I held him, I knew that all my anxiety over what to be called (Mum? My name? Mama?) was pointless and just didn't matter anymore. I loved him and he loved me; he smiled for us equally when we walked into his line of vision and now that he's a toddler, he toddles to us for cuddles equally, too. He knows, just as he always did, what's important.

Congratulations
grandma!

4 The laws affecting you

You and your child

The law surrounding parenting can be complex even for heterosexual couples. In many instances you will have the same automatic rights as a heterosexual couple in a comparable situation.

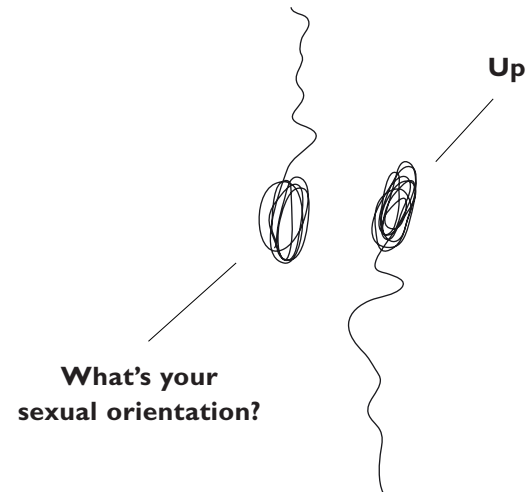
This section will explain the basic concepts to you but you should seek legal advice from a solicitor to confirm the law in your particular case.

The Human Fertilisation and Embryology Act 2008 put in place new laws that affect who are the legal parents of your child. It is important to understand fully what these laws mean because they will affect the choices you make.

The laws affecting you having children. The Human Fertilisation and Embryology Act 2008 removes – as of 1 October 2009 – the existing provision for fertility clinics to 'consider the need for a father' when considering the welfare of the child. This provision was used by some clinics and health professionals to refuse treatment to female same-sex couples and single women. In its place, fertility clinics must take into account the child's need for 'supportive parenting' as part of their considerations around the welfare of the child. Fertility clinics are still able to have other selection criteria when deciding who they can treat, such as those with fertility problems.

The Civil Partnership Act 2004 granted same-sex couples who enter into civil partnerships the same rights and entitlements as those granted to heterosexual couples who get married. In conjunction with the Human Fertilisation and Embryology Act 2008 this includes issues to do with legal parenthood of children.

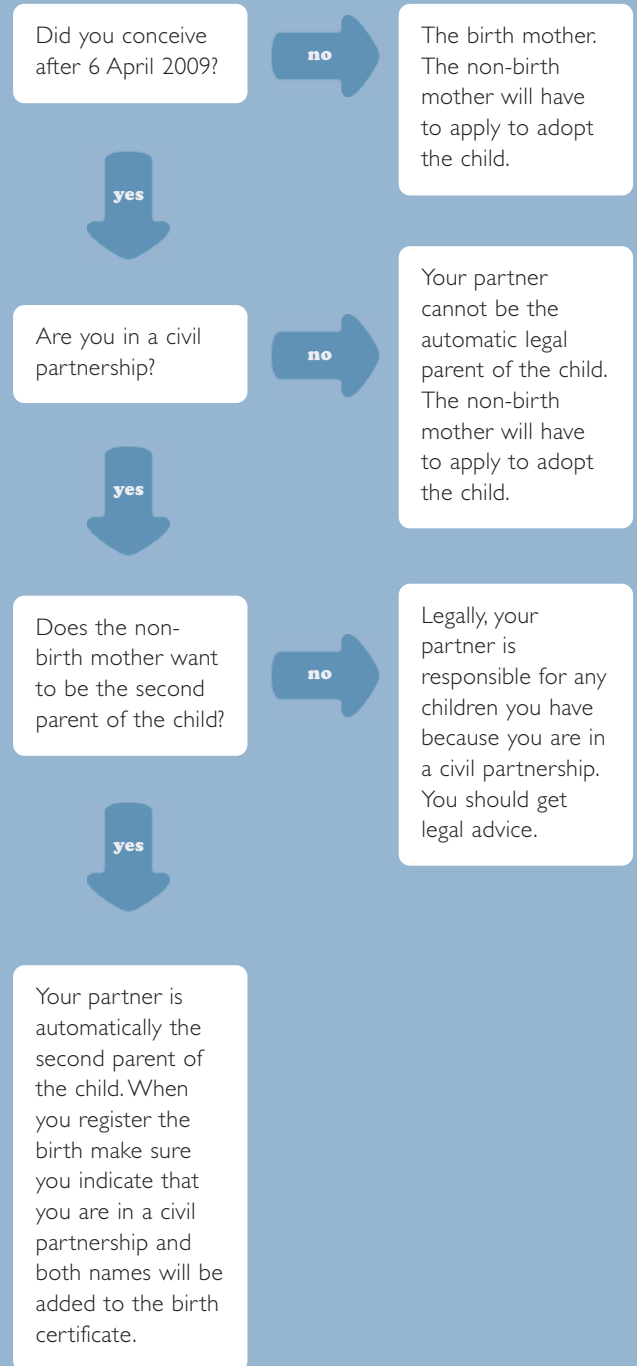
The Equality Act (Sexual Orientation) Regulations 2007 make it unlawful to discriminate on the grounds of sexual orientation in the provision of goods, facilities and services. This includes healthcare. When the law came into force there remained a contradiction with existing laws and regulations regarding the provision of fertility treatment which allowed fertility clinics to consider the need for a father when treating people. This discriminatory provision was removed by the Human Fertilisation and Embryology Act 2008.



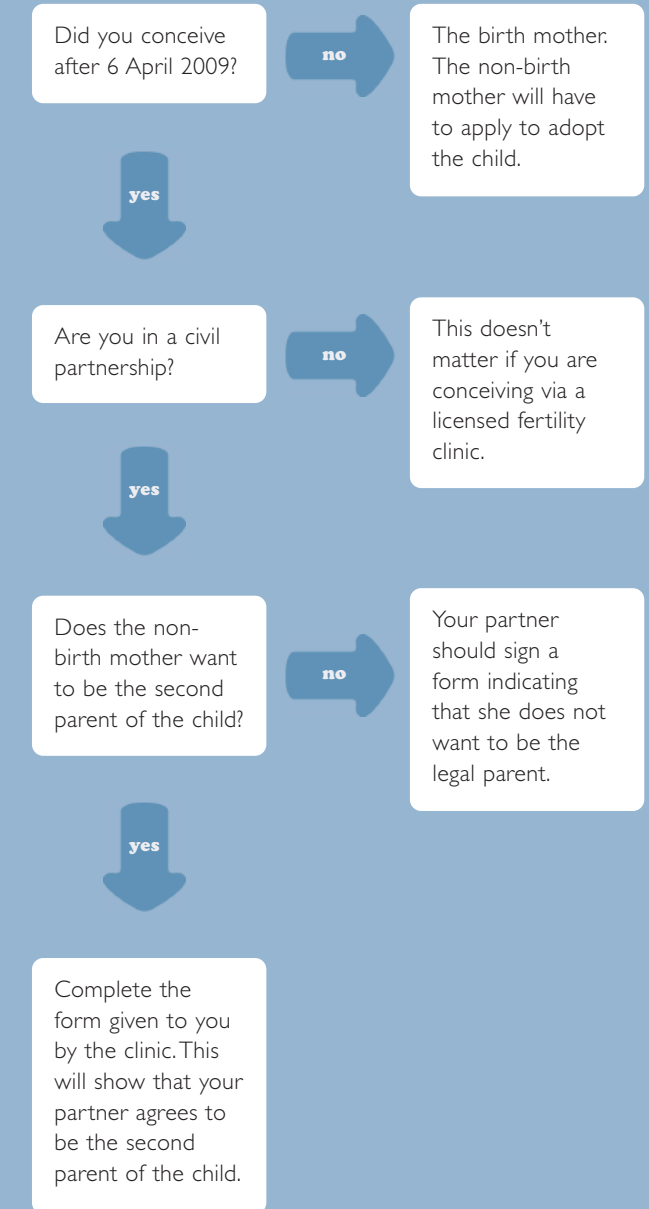
The laws affecting you

Who are the legal parents?

I've conceived at home



I've conceived in a licensed fertility clinic



A word on legal parenthood. Legal parenthood dictates such things as inheritance, financial responsibility and your right to consent or object to adoption.

A child's legal parents are usually its biological mother and father. However, there are special rules for children conceived through artificial reproduction, including sperm donation. For babies conceived on or after 6 April 2009, these rules recognise both partners in a lesbian relationship as legal parents in certain situations.

If the law does not recognise you as a legal parent automatically, you can apply to adopt your child. A child cannot have more than two legal parents, so adopting your child may also have the effect of removing your donor's legal parenthood, if he is treated as the legal father.

Parental responsibility is a separate legal concept which concerns who is recognised as having responsibility to look after a child, and to be involved in decisions about the child's life. A person with parental responsibility may or may not also be a legal parent. It is possible for more than two people to have parental responsibility for a child.

Whether or not you have parental responsibility depends on a number of factors. If you do not have parental responsibility, you may be able to acquire it by signing a court form or by applying to court. Parental responsibility is less permanent than adoption and could in theory be varied by a court at a later date if circumstances change.

In certain circumstances, a lesbian mother who is not a legal parent and does not have parental responsibility could be held financially responsible for a child, or could achieve a right to ongoing involvement in her child's life. This might apply, for example, if you go through a court process to dissolve your civil partnership.

A word on adoption. Lesbian, gay and bisexual people have always been able to adopt children in England, Scotland and Wales, provided they are deemed suitable and meet the best interests of the child. However, previously if a same-sex couple wanted to adopt a child, only one of the individuals could apply to be the full legal guardian and the other could apply for residence rights.

In November 2002, the Adoption and Children Act passed into law in England and Wales, and in 2007 the Adoption and Children (Scotland) Act passed into law in Scotland. The two laws allowed, for the first time, unmarried couples including same-sex couples, to apply for joint adoption. Couples who formed a civil partnership and those who are 'living together as if civil partners in an enduring family relationship' were able to adopt jointly, giving them the same parenting rights as heterosexual couples, in England and Wales from 30 December 2005 and in Scotland from September 2009. This means it is now more straightforward if the non-birth mother wants to adopt her child.

Below are a number of scenarios to explain the legal parenthood of couples looking to conceive either through a fertility clinic or at home.

A couple in a civil partnership who conceive at a fertility clinic. If you and your partner are in a civil partnership when you conceive, and you conceived through a fertility clinic after 6 April 2009, you will automatically both be considered parents with parental responsibility from the moment you are inseminated or an embryo or gamete is transferred to the womb. Both of you will be listed on the birth certificate.

If you have used a donor supplied by the clinic, or have provided your own donor, he will not legally be a parent of your child.

A couple, not in a civil partnership, who conceive at a fertility clinic. If you and your partner are not in a civil partnership at the time you conceive, and you conceived through a fertility clinic in the UK after 6 April 2009, you will both be considered legal parents so long as both of you have completed and signed the relevant forms, as parents, at the clinic before you conceive.

In this case, you will be considered parents from the moment you are inseminated or an embryo or gamete is transferred to the womb. Both of you can be listed on the birth certificate, provided that you attend the birth registration together. If the non-birth mother is not named on the birth certificate, she will be a legal parent but will not have parental responsibility.

If you have used a donor supplied by the clinic, or have provided your own donor, he will not legally be a parent of your child.

A couple in a civil partnership who conceive at home (or anywhere in the world outside the UK) with a donor. If you and your partner are in a civil partnership and conceive at home using a donor, you and your partner will automatically be considered legal parents with parental responsibility, provided that you conceive by artificial insemination (i.e. not by sexual intercourse). You will both be considered parents from the moment you are inseminated. Both of you will be listed on the birth certificate.

The donor will not be a legal parent of your child. You must be in a civil partnership at the time of conception in order for this to be valid.

A couple, not in a civil partnership, who conceive at home (or at a clinic outside the UK) with a donor. If you conceive at home (or outside the UK) using a donor but are not in a civil partnership at the time of conception, the birth mother (the one who gives birth to the child) is considered a legal parent, but the non-birth mother is not, unless she later goes through an adoption process.

The donor will be considered the legal father and may be recorded on the birth certificate if the birth mother and donor attend the birth registration together. Naming the donor on the birth certificate will give him parental responsibility and may affect your ability to later apply for an adoption order to give the non-birth mother legal status.

The adoption process. The above rules do not apply to children conceived before 6 April 2009. If you have a child conceived before 6 April 2009, the birth mother (the partner who gives birth) is a legal parent, but the non-birth mother (her partner) has no automatic recognition as a parent, even if you are civil partners. It is, however, possible to go through a legal process to acquire parental status for the non-birth mother.

The non-birth mother will also need to go through this process in respect of children conceived after 6 April 2009 if you:

- Conceive through home insemination and you are not civil partners at the time you conceive
- Conceive outside the UK and you are not civil partners at the time you conceive
- Or conceive through sexual intercourse with a man

The process differs from social service to social service, and in Scotland the process may vary, but it generally follows this format.

First, you might want to think about getting parental responsibility for the non-birth mother. If you are civil partners, this is a straightforward process, free, and you

can do it very quickly. You need your civil partnership certificate and birth certificate. If your donor is named on the birth certificate, he will also have to sign the form. The form can be found here:

Form:
www.hmcourts-service.gov.uk/courtfinder/forms/cpra2_1205.pdf

If you are not civil partners, you can apply to the court for a residence order in order to give the non-birth mother parental responsibility. However, if you intend to apply for adoption it may be easier to wait a few months and apply for adoption instead. In the meantime, it is a good idea to update your wills to ensure that the non-birth mother is protected if the birth mother dies before your adoption application has been finalised.

Parental responsibility is not compulsory or necessary for adoption. Some couples prefer to acquire it because adoption takes a long time. Also, parental responsibility is not the same as adoption. It gives you practical day to day authority to make parental decisions, but it doesn't make you your child's parent. That means he/she has no automatic right of inheritance from you and won't benefit from things like pension schemes and family trusts which benefit your 'children'. Also – crucially – adoption is permanent whereas parental responsibility is a statement of the circumstances at a point in time, and could in theory be taken away again by a court if the circumstances changed.

If you want the non-birth mother to be the second legal parent, she must adopt the child. You can apply to adopt whether or not you are civil partners, but you must be a couple.

The first step is for you to give notice in writing (which can be by a simple letter) to your local social services adoption team manager that you intend to adopt.

You then submit your court application. To make the court application, fill in the Court Form: A58 Application for an adoption order section 46 Adoption and Children Act 2002.

Form:
www.hmcourts-service.gov.uk/courtfinder/forms/a58_e.pdf

Notes:
www.hmcourts-service.gov.uk/courtfinder/forms/a58notes_e.pdf

You can only submit your court application once the non-birth mother has lived with your child for six months (which for children you conceive together means you have to wait until your child is six months old). You also have to wait at least three months after giving your written notice to social services, so make sure you do this in good time.

Social services will then do checks on both you and your partner, including Criminal Records Bureau in England and Wales and Disclosure in Scotland, and may ask for copies of certain documents. You will be appointed a social worker from your local adoption team who will interview you both and prepare a report for the court explaining your circumstances and recommending whether they think the adoption order should be made. As part of this process your social worker may also make background checks, ask for references from people who know you and, if your child is old enough, interview your child.

If you have used a known donor who is considered the legal father, that will make things more complicated. An adoption order will remove his status as the legal father, and the court will usually expect to hear his views before granting the order. If he is named on the birth certificate (and so has parental responsibility) he has to formally consent to the adoption.

Lesbians report mixed experiences of the adoption process. Sometimes it seems like a formality – other times a more rigorous assessment. Social Services (or the Social Work Department in Scotland) are generally following the strict procedures put in place for adoption; the system wasn't necessarily developed with same-sex couples and a birth mum in mind.

Once your adoption order is granted by the court, your child will be issued with an adoption certificate which names you both as the parents and which replaces his or her birth certificate.

What if I do not want to be a legal parent of my partner's child? Unless she is acting as a surrogate for someone else, we can assume that the birth mother wants to be the legal parent of her child. There are separate rules regarding surrogacy (see opposite).

If the child was conceived before 6 April 2009 only the birth mother will be recognised as legal parent. For children conceived after 6 April 2009 the non-birth mother's status as a parent depends on a number of factors.

If you are the civil partner of the woman conceiving a child, you will automatically be considered the parent of any child she conceives through artificial insemination or fertility treatment (such as IVF) unless you can show that you did not consent to the conception. If you do not wish to be treated as a parent, you should seek legal advice about the best way of showing your lack of consent.

If you are not civil partners and you are conceiving through a clinic, the non-birth mother will only be considered a legal parent if you have both signed the relevant consent forms. If you do not wish to be treated as a parent, do not sign these forms or, if you have already signed them, withdraw your consent by giving notice in writing to your clinic. Provided that you do this before your partner conceives, you will not be treated as a legal parent. It is not possible to withdraw your consent to being a parent after your partner has conceived.

What if I do not want my partner to be the legal parent? If the child was conceived before 6 April 2009 only the birth mother will be recognised as legal parent. For children conceived after 6 April 2009 the non-birth mother's status as parent depends on a number of factors.

If you are the birth mother and do not want your civil partner to be treated as a legal parent then, assuming that you conceive through artificial insemination or fertility treatment (i.e. not sexual intercourse), you will need to show that she did not consent to the conception. You should seek legal advice about the best way of showing her lack of consent.

If you are a birth mother conceiving through a clinic and you are not in a civil partnership, your partner will only be considered a legal parent if you have both signed the relevant consent forms at the clinic. If you do not want your partner to be treated as a parent, do not sign these forms or, if you have already signed them, withdraw your consent by giving notice in writing to your clinic. Provided that you do this before you conceive, your partner will not be treated as a legal parent. It isn't possible to withdraw your consent to your partner being a parent after you have conceived.

What if I do not want to be a legal parent of my child? If you are the birth mother who does not want to be legal parent of the child, you can have the child adopted. This would absolve you of legal parenthood.

If you have acted as a surrogate you are covered by separate rules.

What if I am a surrogate? Surrogacy is a complicated issue. Any surrogate should have entered into a surrogacy arrangement with the intended parents of the child and should have sought legal advice prior to agreeing to be a surrogate.

As the birth mother, even as a surrogate, you will be considered the child's legal mother. If you are in a civil partnership, your partner will automatically be considered as the child's second parent, unless she did not consent to the conception.

The intended parents of the child, for whom you are having the child, will have to apply to court to become legal parents.

How do I register my child's birth? You may be able to register your child's birth at the hospital where you give birth or you may have to go to a register office. To find your local register office visit www.gro.gov.uk. The birth of a child has to be registered within 42 days in England and Wales, and 21 days in Scotland.

If your child was conceived before 6 April 2009, the non-birth mother cannot be named on the birth certificate. The birth mother is responsible for

registering the birth, and she will be registered as the legal mother. The father's details will either be left blank or, if you've used a known donor or co-parent and he attends the birth registration with you, his name may be recorded as the father. You should consider this carefully before deciding to name a known donor on the birth certificate, as this will affect his legal status.

If your child was conceived after 6 April 2009 and you were in a civil partnership at the time you conceived, either the birth mother or the non-birth mother can register the child's birth. The birth mother will be recorded as the mother and the non-birth mother as the second 'parent', and the non-birth mother will have parental responsibility automatically.

If your child was conceived after 6 April 2009 and you were not in a civil partnership when you conceived, things are slightly different. The birth mother is responsible for registering the child's birth. If you conceived at a clinic in the UK, both signed the relevant consent forms and you attend the birth registration together and give your agreement, the non-birth mother can be named on the birth certificate as your child's second 'parent'. Naming her on the birth certificate gives her parental responsibility. If you did not conceive at a clinic (or conceived in a clinic outside the UK), the non-birth mother cannot be named as the second parent on the birth certificate.

What if the non-birth mother doesn't want to be listed on the birth certificate? A non-birth mother who is not in a civil partnership has to agree to being named on the birth certificate (and she would normally attend the birth registration to do this in person). A non-birth mother who is in a civil partnership with the birth mother will be named on the birth certificate automatically, even if she does not attend the birth registration.

What if the birth mother is already married to a man but wants her female partner to be considered parent? If the birth mother's husband is the child's biological father, he will be considered the legal father. The non-birth mother would have to adopt the child, with the consent of the birth mother and her husband, to be recognised as a legal parent.

If the birth mother is still married, but has conceived with a sperm donor together with her new female partner, it may be possible to establish that the non-birth mother is the child's second legal parent, rather than her husband. In these complex circumstances you should seek legal advice.

What if the donor decides he wants to be parent? The first question to ask is whether or not the donor is the legal father. If so, he will be financially responsible for your child, and will have certain entitlements to apply to court if he is not satisfied with his role in your child's life, or with your upbringing of your child. If he also has parental responsibility (for example if he is named on the birth certificate), his right to involvement as a parent is even greater.

For children conceived after 6 April 2009, the donor will not be the legal father if both lesbian partners are treated as legal parents (since a child can only have two legal parents). This means that the donor will not be the legal father:

- If he donates to civil partners who conceive by artificial insemination at home or at a clinic
- Or if he donates to non-civil partners at a UK clinic and they sign the relevant forms to elect for the non-birth mother to be treated as the child's second parent

He will, therefore, only be treated as the legal father if he donates through sexual intercourse, or to a couple who are not civil partners at home.

For children conceived before 6 April 2009, the situation is different and you should seek legal advice.

What happens if we conceived before 6 April 2009? If you conceived from an insemination or fertility treatment that took place before 6 April 2009 the non-birth mother isn't regarded as a legal parent and she will have to adopt the child to be considered a legal parent.

What if the donor no longer wants us to use his sperm? Sperm donors are given the legal right to withdraw consent to the use of their sperm at any time before their sperm is placed in someone else's body. If you have sperm or embryos created with donor sperm in storage and your donor withdraws his consent, you will not be able to use them to conceive.

This applies even if embryos created using donor sperm along with your eggs have been stored. From 1 October 2009, clinics need to go through a formal procedure if a donor withdraws his consent to the storage of embryos, which includes notifying you both and then holding the embryos for a year's 'cooling off' period, to give the donor the opportunity to change his mind before the embryos are destroyed.

If your donor withdraws his consent to the storage of his sperm (rather than embryos created with his sperm) then the clinic is obliged to destroy the sperm immediately.

What happens if my civil partner and I are getting separated whilst I conceive my child? The parenthood rules depend on the situation at the time of conception. If you and your partner are still in a civil partnership at the time of conception, whether at home or at a clinic, you will both be considered parents of the child, unless it can be shown that the non-birth mother did not consent to the conception. You may wish to get legal advice to clarify your position.

What happens if the birth mother uses the non-birth mother's egg and sperm donation? The mother who gives birth to the child, regardless of whether she uses a donated egg, is automatically considered as the legal mother. The non-birth mother will automatically be considered parent if they are in a civil partnership, or have conceived in a fertility clinic together.

What if I think I am being discriminated against by a clinic? If you believe your clinic is discriminating against you, either expressly because of your sexual orientation or through the implementation of policies or practices which disproportionately affect you because of your sexual orientation (and others of

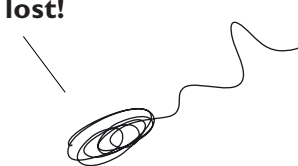
the same sexual orientation), then the clinic may be acting unlawfully.

However, currently clinics and Primary Care Trusts are allowed to refuse treatment for a whole range of reasons entirely lawfully. These can include whether you are fertile or your lifestyle. You may well feel that some of these provisions, such as requiring you to have a fertility problem before offering you treatment, discriminate against you.

If you do believe you are being discriminated against because of your sexual orientation then you should complain first to the clinic. If you are dissatisfied with the response to your complaint, you should complain to your local PCT (if you are an NHS patient). If you are still dissatisfied then you should complain to the Health Ombudsman in England, the Scottish Public Services Ombudsman in Scotland or the Independent Review Secretariat in Wales.

For more information about how to complain about healthcare please contact Stonewall's Infoline on 08000 50 20 20.

I'm lost!



5 After the birth

Post-natal health services

Now you are a parent – congratulations! You are now entirely responsible for the child you have conceived. Quite a scary thought, isn't it?

There is a wealth of information out there for new mums on how to bond with, feed, hold, sing to, bathe, teach and put to bed your new baby. How you choose to look after your child is just that, a choice.

What is useful, however, is knowing the basics and being aware of some of the big things you might encounter specific to your experience as same-sex parents.

What happens after the birth? Your midwife should visit you a fair few times in the first week or so after the baby has come home. They will be able to give you all the advice you need on how to look after a newborn.

After that a health visitor should pay you a visit and advise you on all the post-natal care necessary for you and your child. They will also tell you where to go to get your child weighed and checked.

What to expect and demand of health services? As with all healthcare provision you have a right to receive post-natal healthcare free from discrimination on the grounds of your sexual orientation.

Healthcare workers who come to your home are covered by the same rules, codes of conduct and laws as other healthcare professionals.

If you do have a negative experience with a midwife or health visitor because you are lesbian or bisexual you do not have to put up with it. You should complain to the clinic to which the worker belongs, or the Primary Care Trust they work for, requesting a new health visitor. If you are not satisfied with the outcome of the complaint, contact Stonewall for advice on how to take the complaint further.

Checklist

First things first. You need to ensure you have prepared all the things necessary to care for your new baby.

The NHS suggests that you might need the following in the first few weeks. Not everything is essential but this gives you an idea:

- Baby clothes
- Nappies
- Nappy rash cream
- Cotton wool
- Baby lotion
- Changing mat
- A cot / Moses basket
- Cot sheets and cot blankets
- A pram or buggy suitable for a newborn
- Breast pads
- Tops and bed wear suitable for breast-feeding
- Nursing bras (at least two)
- Bibs
- Muslin squares
- Steriliser (for bottle feeding)
- Four bottles and teats (for bottle feeding)
- Bottle brush (for bottle feeding)
- Newborn formula feed (for bottle feeding)



6 Towards the future...

Schools

Lots of lesbians tell us about their fantastic experiences with health professionals, schools, friends and family. But at Stonewall we know that that's not always the case, and you might have some concerns. This section provides information for when things aren't quite perfect.

Bringing up kids in a gay-unfriendly world.

However much we all want our children to have a happy life free from people with bad attitudes, the world is not there yet. (Although Stonewall is working on it!).

As a same-sex family you may experience negative attitudes towards both you and your children because your family is different. But be reassured that you do not have to put up with such incidents.

If you encounter homophobia from professionals providing you with a good, facility or service, you have a right to complain, and possibly take legal action. If you encounter homophobia from members of the general public then you have a right to report such incidents to the police, free from discriminatory treatment, and for that incident to be recorded by them.

Education. No nursery, after-school care organisation, holiday club, school, teacher, nursery worker, or child minder should discriminate against you or your family. The law is very clear. The Equality Act (Sexual Orientation) Regulations 2007 outlaw discrimination on the grounds of sexual orientation in the provision of a service, which includes education.

Stonewall is working incredibly hard to ensure that by the time your kids go to school they do not have to experience the homophobia that so many young people experience daily. Our Education for All campaign works with local education authorities, secondary schools and primary schools to make sure young people, including those with gay mums, can go to school without being bullied. And it's working.

A school cannot refuse to accept your child because you are lesbian, or bisexual. Nor can they treat them differently for the same reason. Essentially schools

cannot discriminate against pupils either because they are gay themselves or because they have relatives that are lesbian or gay:

- In the terms on which it offers to admit him or her as a pupil
- By refusing to accept an application to admit him or her as a pupil
- In the way in which a pupil is afforded access to any benefit, facility or service
- By refusing access to any benefit, facility or service
- By excluding him or her
- By subjecting him or her to any other detriment

If you do believe you have been discriminated against by the school, you should complain to the school, the school's board of governors or trustees. If you are not satisfied with the response you should complain to the local authority. For more information on how to complain about the provision of any sort of education please contact Stonewall.

If your child is bullied. Schools have a duty to protect all children from bullying under the Education and Inspections Act 2006 in England and Wales, and in Scotland schools must proactively work towards equality under the Standards in Scotland's Schools Act 2000. The Every Child Matters agenda in England and Wales and the National Priorities in School Education in Scotland all indicate that children should learn in a safe environment and not experience bullying.

Under the Equality Act (Sexual Orientation) Regulations 2007 schools must not discriminate on the grounds of sexual orientation, or the sexual orientation of anyone connected to any individual, in the provision of education. By not challenging homophobic bullying in the same manner that they would challenge other forms of bullying, the school is offering a different and lower quality of service to your child. If a school fails to protect your child from homophobic bullying, or any other form of bullying, they may be in breach of their duties and responsibilities under either these pieces of legislation.



7 Other sources of advice and information

General

Stonewall

Stonewall's Information Service is open Monday–Friday, 9.30am–5.30pm to answer any questions you may have.

www.stonewall.org.uk

Information Service
Stonewall
Tower Building, 11 York Road
London SE1 7NX
Tel: 08000 50 20 20
Email: info@stonewall.org.uk

Stonewall Scotland
www.stonewall.org.uk/scotland
Tel: 0131 557 3679
Email: info@stonewallscotland.org.uk

Stonewall Cymru
www.stonewall.org.uk/cymru
Tel: 029 2023 7744
Email: cymru@stonewallcymru.org.uk

Directgov

The Direct.gov.uk website offers information on a whole range of subjects and public services, including benefits and legal parenting.

www.direct.gov.uk

Accessing Treatment

Human Fertilisation and Embryology Authority

The Human Fertilisation and Embryology Authority website has a wealth of information on fertility treatment, your rights and information about individual clinics.

www.hfea.gov.uk

NHS – England and Wales

The NHS website has a wealth of information about pregnancy but also the contact details of every Primary Care Trust in England and Wales. You will also be able to find other local services through the website.

www.nhs.uk

NHS Direct

Tel: 0845 46 47
England: www.nhsdirect.nhs.uk
Wales: www.nhsdirect.wales.nhs.uk

NHS 24 - Scotland

nhs24.com provides comprehensive up-to-date health information and self care advice for people in Scotland.

Tel: 0845 424 2424
www.nhs24.com

London Women's Clinic

The London Women's Clinic provides IVF treatment and donor insemination. With over 20 years' experience they are committed to offering couples and

individuals the best chance of achieving pregnancy and childbirth.

www.londonwomensclinic.com

The London Women's Clinic London
113 – 115 Harley Street
London W1G 6AP UK
Tel: +44 (0)20 7487 5050 (main switchboard)
Tel: +44 (0)20 7563 4309 (appointments and enquiries)
Fax: +44 (0)20 7487 5850
Email: info@londonwomensclinic.com

The London Women's Clinic Cardiff
Cyncoed Medical Centre,
Darlington Drive, Pontprennau
Cardiff CF23 8SQ UK
Tel: +44 (0)2920 734 008
Fax: +44 (0)2920 734 676
Email: cardiff@londonwomensclinic.com

The London Women's Clinic Darlington
Woodlands Hospital, Morton Park,
Darlington
County Durham DL1 4PL
Tel: +44 (0)1325 371 070
Fax: +44 (0)1325 371 071
Email: darlington@londonwomensclinic.com

The London Women's Clinic Swansea
Singleton Hospital, Sketty Lane
Swansea SA2 8QA
Tel: +44 (0)1792 290 924
Fax: +44 (0)1792 285 955
Email: swansea@londonwomensclinic.com

Donating sperm or eggs

National Gamete Donation Trust

The NGDT runs a confidential helpline to answer all of your questions about donating sperm and eggs.

Tel: 0845 226 9193

Email: info@ngdt.co.uk
www.ngdt.co.uk

Your legal rights

Citizens Advice Bureau

www.citizensadvice.org.uk

Citizens Advice Scotland

www.cas.org.uk

Information about the law

Gamble and Ghevaert LLP

Gamble and Ghevaert LLP offers leading expertise in fertility and parenting law. The firm's website also contains a wealth of free information about gay and lesbian parenting, including information on donor insemination, co-parenting and surrogacy.

Tel: 0844 357 1602

Email: enquiries@gambleandghevaert.com
www.gambleandghevaert.com

Complaints

General Medical Council

The General Medical Council can take action to stop doctors from practising or to restrict their practice in some way. You should complain to the place you received care first as this is the best way to settle complaints. If you are dissatisfied with their response or you require more information on how to complain contact:

General Medical Council Fitness to Practise Directorate
St James's Buildings, 79 Oxford Street
Manchester M1 6FQ
Tel: 0845 357 0022
Email: practise@gmc-uk.org
www.gmc-uk.org

Nursing and Midwifery Council

The Nursing and Midwifery Council can take action to stop nurses, midwives or other public health nurse from practising or to restrict their practice in some way. You should complain to the place you received care first as this is the best way to settle complaints. If you are dissatisfied with their response or your require more information on how to complain contact:

Fitness to Practise
NMC, 1st Floor, 61 Aldwych
London WC2B 4AE
Tel: 020 7462 5800/01
fitness.to.practise@nmc-uk.org
www.nmc-uk.org

Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman can independently investigate any complaint about the delivery of NHS health services in England.

The Parliamentary and Health Service Ombudsman
Millbank Tower, Millbank
London SW1P 4QP
Tel: 0345 015 4033
Email: phso.enquiries@ombudsman.org.uk
www.ombudsman.org.uk

Public Services Ombudsman For Wales

1 Ffordd yr Hen Gae
Pencoed CF35 5LJ
Tel: 01656 641 150
Email: ask@ombudsman-wales.org.uk
www.ombudsman-wales.org.uk

Scottish Public Services Ombudsman

4 Melville Street
Edinburgh EH3 7NS
Tel: 0800 377 7330
Email: ask@spsos.org.uk
www.spsos.org.uk

Equality and Human Rights Commission

The Equality and Human Rights Commission can give information and guidance on discrimination and human rights issues. If they feel you have been unlawfully discriminated against they may assist you in making a complaint or taking legal action.

Equality and Human Rights
Commission Helpline
England tel: 0845 604 6610
textphone: 0845 604 6620
Scotland tel: 0845 604 5510
textphone 0845 604 5520
Wales tel: 0845 604 8810
textphone 0845 604 8820

www.equalityhumanrights.com

Benefits advice

HM Revenue and Customs Tax Credits Helpline

Contact HMRC's Tax Credits Helpline for information on Child Tax Credit or Working Family Tax Credits.

Tax Credit Office
Preston PRI 05B
Tel: 0845 300 3900
www.hmrc.gov.uk

HM Revenue and Customs Child Benefit Enquiry Line

Contact the HMRC's Child Benefit Enquiry Line for information about obtaining child benefits.

Tel: 0845 302 1444
www.hmrc.gov.uk/childbenefit/

Jobcentre Plus

Contact Jobcentre Plus for information on statutory maternity pay and statutory paternity pay.

Tel: 0800 055 6688
www.jobcentreplus.gov.uk

Further resources

There are a range of websites on the internet where lesbian, bisexual and sometimes heterosexual women discuss every issue around having children. Below are some websites with the most active discussion boards on the subject. Stonewall cannot and does not endorse any of the topics discussed or information contained on any of these websites.

www.gingerbeer.co.uk
www.fertilityfriends.co.uk

There are also other clinics and law firms who offer services to lesbian and bisexual women.

The
London
Women's
Clinic

London
Cardiff
Darlington
Swansea

‘ it all started
when mum
went to this
meeting... ’



inseminar

Free seminars for women considering donor insemination or free IVF treatment by Egg Sharing
IVF • Donor Insemination • Egg Sharing • PGD
Tel: 020 7563 4309 www.londonwomensclinic.com