



WHAT IS FERTILITY PRESERVATION?

Fertility preservation is a way to save eggs, sperm, embryos, or children in the future. People may choose this option if they are facing treatments (like gender-affirming care) that could affect their ability to have children. Some LGBTQ+ individuals or those with intersex conditions may also consider fertility preservation for medical history and family-building goals.

[VIEW OUR FERTILITY PRESERVATION RESOURCES](#)

COMMON METHODS OF FERTILITY PRESERVATION

There are different ways to save reproductive cells for the future. Here are some of the most common methods:

Egg Freezing (Oocyte Cryopreservation)

Egg freezing is an option for individuals who want to utilize their current eggs at a later date. This can be helpful if they don't have a partner, have personal or religious reasons, are seeking gender-affirming treatment, or need medical treatment that might affect their ability to have children.

The process starts with daily hormone injections for about 10-12 days. These help multiple eggs mature. During this time, doctors check hormone levels and use ultrasounds to see how the ovaries respond. The process will also require daily hormone injections. These help multiple eggs mature. During this time, doctors check hormone levels and use ultrasounds to see how the ovaries respond. Once the eggs are ready, they are collected in a short outpatient procedure using light anesthesia. A trained scientist, called an embryologist, then examines and freezes the eggs. Once the eggs are mature, they are collected in a short outpatient procedure using light anesthesia. A trained scientist, called an embryologist, then examines and freezes the eggs. It is important to note that not all eggs retrieved will be mature enough to freeze, and sometimes more than one cycle may be needed to freeze enough eggs for future use. Your doctor will recommend what an appropriate number of frozen eggs will be for your specific circumstances.

What is Egg Freezing?

Egg freezing is a way to save eggs when you are younger for a potential future pregnancy.



What happens in the egg freezing process?

- For 10-12 days, you will get hormonal injections and have ultrasounds and blood tests to check on your ovaries.
- When your eggs are ready, the eggs will be taken out with an ultrasound-guided needle under anesthesia.
- The mature eggs are then frozen for future use.

Sperm Freezing (Sperm Cryopreservation)

Sperm freezing is a simple, non-invasive way to store sperm for future use. To collect sperm, an individual is usually shown to a private room or can provide a sample from home. The semen is collected in a special container via masturbation. Because medical and/or gender affirming (including hormones) treatment affects sperm production, it is important to begin collection as soon as possible, optimally before treatment begins. Since sperm production can be affected by many factors, multiple samples may be needed to increase the chances of future pregnancy. If a masturbatory sample cannot be collected, there are other options for sperm retrieval that can be discussed with a reproductive urologist, such as electroejaculation or surgical sperm retrieval (mTESE).

Did you know?

Sperm can be stored for long periods of time. Sperm that have been frozen for over 20 years have been used to create pregnancies.

Read more at [ReproductiveFacts.org](https://www.reproductivefacts.org).

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Once collected, the sperm is mixed with a special liquid that protects it during freezing and thawing. This is a helpful option for people undergoing medical treatments that could affect fertility or those planning for future family-building.

Embryo Freezing

Embryo freezing is a common way to preserve fertility. It involves a process called in vitro fertilization (IVF). First, hormone treatments stimulate the ovaries to produce multiple eggs. Once they are ready, the eggs are collected during a laparoscopic surgical procedure.

If an individual chooses embryo freezing, sperm must be used to fertilize the eggs before freezing. The fertilized eggs, called embryos, are then frozen for future use. Some people choose to test their embryos for genetic conditions before freezing them.

Not everyone is a good candidate for this process, so it's important to talk to a doctor. The procedure takes about two to three weeks, and individuals undergoing cancer treatment may not have time to wait. In some cases, the hormone medications used in IVF can also increase estrogen levels, which may not be safe for someone with certain types of cancer.

Embryo freezing offers the best chance of pregnancy for people undergoing cancer treatments. It has a higher success rate than freezing eggs or ovarian tissue. If embryos are not used, they can be donated to individuals or couples who cannot conceive on their own.

DID YOU KNOW?

There are options to help preserve fertility in both men and women who have been newly diagnosed with cancer.

Eggs, sperm, fertilized eggs (embryos), or ovarian tissue may be frozen before starting cancer treatment. This may increase the chances of having children in the future.

Read More On [ReproductiveFacts.org](https://www.reproductivefacts.org)

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Ovarian Tissue Preservation

This method involves freezing small pieces of ovarian tissue that contain eggs. Doctors remove tissue from an ovary and freeze it. Later, when the individual is ready, the tissue can be placed back into the body. There is limited information about how well this option works in transgender and gender-diverse patients. Fertility hormone treatments may be needed to help the tissue produce eggs.

This procedure has some risks. It requires surgery to remove and later replace the tissue, which may need to be done multiple times. It is not recommended for people with ovarian cancer or cancers that can spread to the ovaries because reimplanting the tissue could also reintroduce cancer cells. The long-term success of this method is still being studied.

Testicular Tissue Preservation

This method is used when sperm production is very low or for young patients who haven't yet started producing sperm. In some cases, doctors remove and freeze small samples of testicular tissue. Later, scientists examine the tissue to find and develop sperm cells.

This procedure is still experimental, and researchers are studying its effectiveness. If sperm is successfully retrieved, a special process called intracytoplasmic sperm injection (ICSI) may be needed to help fertilize an egg.



Fertility Preservation for Cancer Patients

How Cancer Treatment Affects Fertility

Cancer treatments—such as chemotherapy, radiation, and surgery—can harm the reproductive organs and make it harder to conceive a pregnancy in the future. Some treatments may cause early menopause or reduce sperm production. Because of this, fertility preservation is an important option to consider before starting cancer treatment.

People who have just been diagnosed with cancer may be focused on their health and not thinking about future parenthood. However, many cancer treatments can have long-term effects on fertility. This is especially true for cancers that affect the reproductive organs or treatments that damage eggs or sperm.

It is important to discuss fertility options as early as possible. Doctors can help patients explore ways to preserve their fertility before starting treatment, giving them more choices for the future.

[VIEW THE FERTILITY PRESERVATION FOR CANCER VIDEO](#)



FEMALE CANCERS, CRYOPRESERVATION, AND FERTILITY FACT SHEET



CANCER AND ITS IMPACT ON SPERM, CRYOPRESERVATION, AND FERTILITY FACT SHEET

FERTILITY PRESERVATION OPTIONS

For Cisgender Women and Other People with Ovaries

- **Egg and Embryo Freezing:** Doctors collect eggs from the ovaries and freeze them for future use. The eggs can be frozen unfertilized (egg freezing) or fertilized with sperm before freezing (embryo freezing).
- **Ovarian Tissue Freezing:** A piece of ovarian tissue is removed, frozen, and later placed back into the body to help restore fertility. This may be an option for people who cannot delay cancer treatment for egg retrieval.
- **Ovarian Suppression:** Certain medications (GnRH agonists) can temporarily pause ovarian function. This may help protect the ovaries from the harmful effects of chemotherapy.

For Cisgender Men and Other People with Testes:

- **Sperm Banking:** Sperm is collected, analyzed, and frozen for future use. This is a simple and effective way to preserve fertility before starting cancer treatment.
- **Testicular Tissue Freezing:** For people with testes who have not yet started producing sperm, doctors can remove and freeze testicular tissue. Scientists hope to use this tissue in the future to help generate sperm when needed. In some cases, sperm can also be retrieved directly from the testes using minor surgical procedures, such as TESE (testicular sperm extraction) or ESA (epididymal sperm aspiration), for immediate use or freezing.

For Children and Adolescents:

- Young cancer patients may need specialized fertility preservation approaches. Ovarian and testicular tissue freezing are still experimental but provide hope for future fertility.

If you or a loved one is facing a cancer diagnosis, it's important to talk to a doctor about fertility preservation as early as possible. Even though cancer treatment may feel like the main focus right now, planning for the future can help keep more options open for having children later in life.

FERTILITY PRESERVATION FOR LGBTQ+ INDIVIDUALS AND COUPLES

Family-Building Options for Transgender, Nonbinary, and Intersex Individuals

- Freezing eggs or sperm before hormone therapy or surgery: Some gender-affirming treatments, like hormone therapy or surgery, may affect fertility. People may choose to freeze their eggs or sperm before starting treatment to keep their options open for the future.
- Fertility options after transition: Some people may try to pause hormone therapy for a short time to collect eggs or sperm. However, results vary, and it may not always be possible. Due to the variability of the results, it is usually recommended to pursue FP prior to initiating Gender Affirming hormone therapy, as future fertility is not guaranteed to return.
- Using a gestational carrier, sperm donor, or egg donor: LGBTQ+ individuals have multiple ways to become parents, including using a surrogate (gestational carrier) or donor sperm or donor eggs.
- While the practice of "gender-normalizing surgery" on intersex infants is condemned by the United Nations and many advocacy organizations, it is still legal in much of the world. These surgeries are used in an attempt to construct genitalia that more closely fit one category of a binary cisgender-normative view of genitals from the ambiguous genitals of intersex individuals. These surgeries may also sterilize the individual and typically do not consider the gender identity of the patient but instead rely on the decisions of others based on what is most likely to give an aesthetically "normal" appearance to the genitals. Given the rarity and recent occurrence of birth certificates and other identifying legal documents that allow for something other than "female" or "male" as gender markers, it is not uncommon for intersex individuals to not know their own medical history until later in life and they may have been told inaccurate information to hide what was done to them early on.

As an LGBTQ+ individual, what do I need to consider as I think about having children?

- 1 Know your options.**
Parents-to-be should learn about all the family-building options available based on their needs, circumstances, age, gender, reproductive status, and personal health.
- 2 Address concerns of using assisted reproductive interventions.**
LGBTQ+ intended parents will likely need to seek the help of a third party in order to have a child. The third party could be a gestational carrier, an egg, sperm, or embryo donor, or a combination of these.
- 3 Seek professional counseling.**
Psychoeducational counseling can address feelings of biological connectedness, concerns about third-party helpers, and societal bias.

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Fertility Options for Same-Gender Couples

- Cisgender Lesbian Couples: The simplest option is timed insemination using donor sperm. Reciprocal IVF allows one partner to provide eggs while the other carries the pregnancy. If neither partner can carry a pregnancy, a gestational carrier (surrogate) can be used. If neither partner has viable eggs, an egg donor or donor embryo can be used. Fertility preservation options, such as egg or embryo freezing, may also be considered to plan for future family-building.
- Cisgender Gay Couples: An individual may choose to freeze gametes before medical treatments or other situations that could affect fertility. To conceive, cisgender gay male couples can use donor eggs or donor embryos, and a gestational carrier (a surrogate who carries the pregnancy).

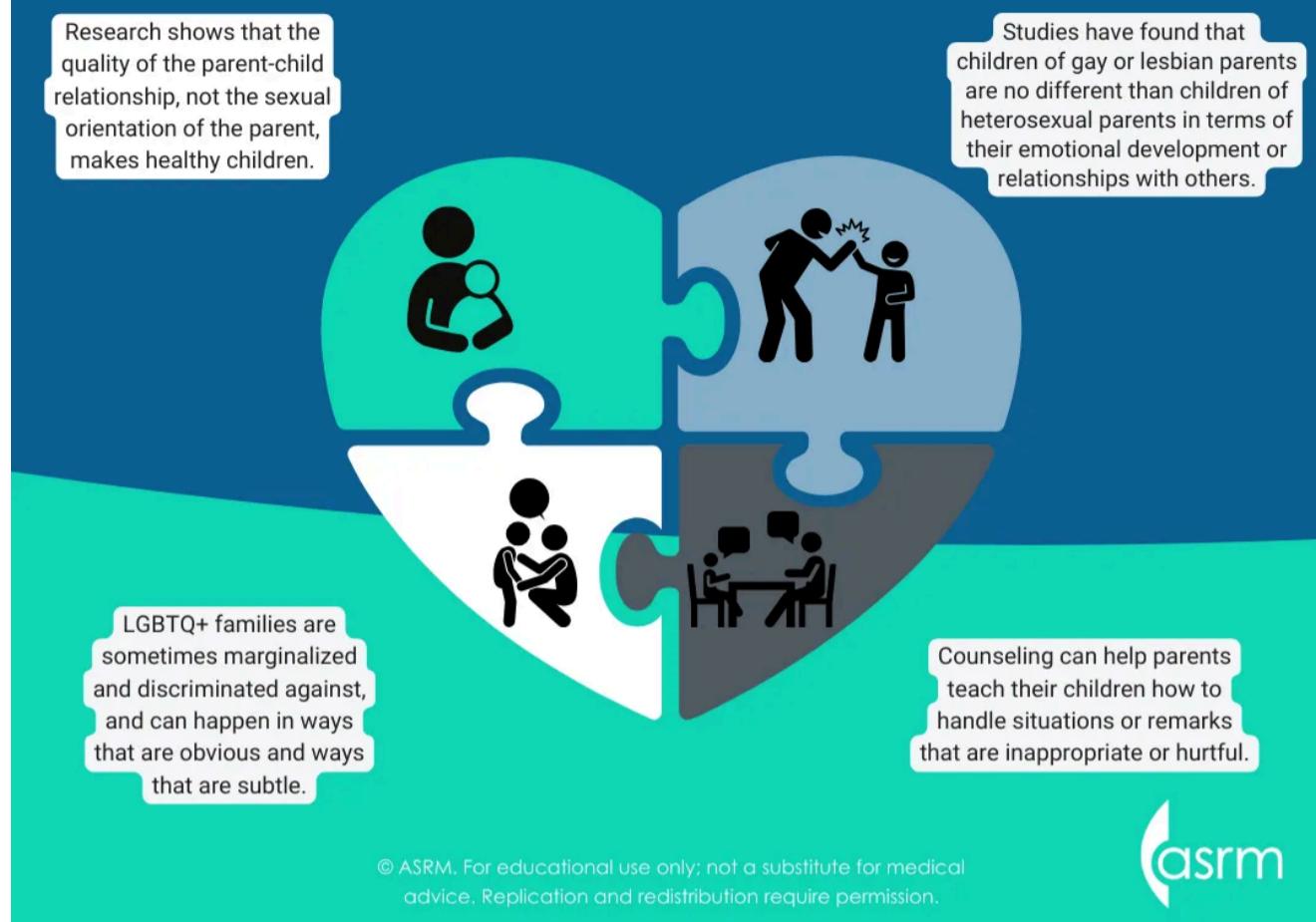
What legal considerations should LGBTQ+ individuals consider when family-building?

- 1 Laws about same-sex parenting vary in each state and country.
- 2 In the U.S., rights legally granted in one jurisdiction do not necessarily cross state lines.
- 3 A legal consultation is recommended to determine and protect each partner's parental rights.

READ MORE AT REPRODUCTIVEFACTS.ORG

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What things should I be thinking about regarding the social-emotional wellbeing of my future children?



If an LGBTQ+ Couple pursues embryo cryopreservation, here are some Legal and Ethical Considerations

- **Parental rights:** Some LGBTQ+ parents may need legal agreements or second-parent adoption to secure their parental rights. In some states, pre-birth orders may be available to establish parentage before the baby is born. Laws about same-sex parenting and parentage vary depending on where a person lives, so it's important to check local regulations.
- **Social and cultural challenges:** LGBTQ+ families may face discrimination or microaggressions (subtle or direct forms of bias). Counseling can help parents and their children navigate these challenges. Research shows that children raised by LGBTQ+ parents develop just as well as those raised by heterosexual parents.
- **Decisions about embryos:** If a couple creates embryos for fertility treatments, they should discuss and agree on what will happen to them in case of separation, medical emergencies, or legal disputes.

LGBTQ+ individuals and couples have many options for building a family. Talking with a fertility specialist and legal expert can help navigate the best choices for fertility preservation, medical treatments, and legal rights.



FERTILITY PRESERVATION FOR OTHER SITUATIONS

Fertility preservation isn't just used for medical reasons—it can also be a helpful option for people planning for the future.

- **Delaying Parenthood:** Some people choose to freeze their eggs, sperm, or embryos to focus on their career, education, or personal goals. Since fertility naturally declines with age, preserving reproductive cells early can provide more options later.
- **High-Risk Jobs:** People in certain professions—like military personnel, athletes, or those working in hazardous environments—may face risks that could affect their fertility. Freezing eggs, sperm, or embryos before exposure to these risks can help protect their ability to have biological children in the future.

Fertility preservation can give individuals more control over their reproductive choices. Talking to a healthcare provider can help determine the best options based on personal and professional plans.

[VIEW THE FACT SHEET: CAN I FREEZE MY EGGS TO USE LATER IF I'M NOT SICK](#)

[VIEW THE FULL INFOGRAPHIC ON PLANNED EGG FREEZING](#)

THE FERTILITY PRESERVATION PROCESS: STEP BY STEP

Step 1: Consultation with a Fertility Specialist

A fertility specialist will review medical history, discuss reproductive goals, and perform initial tests. These may include hormone level checks, ovarian reserve testing, or a semen analysis.

The specialist will recommend the best fertility preservation option based on the individual's needs.

FIND A HEALTH PROFESSIONAL

Connect with reproductive medicine experts who will guide you through your unique journey. Our search tool allows personalized matches based on location, specialization, and expertise. Take control of your reproductive health with compassionate providers, innovative treatments, and unwavering support.

SEARCH FOR AN EXPERT



Step 2: Choosing the Right Method

The decision depends on factors like type of gametes being preserved, medical conditions, personal timeline, and financial resources.

For people undergoing urgent medical treatments, a fast-tracked procedure may be necessary to preserve fertility before starting therapy.

Step 3: Treatment and Collection

For People with Ovaries (Egg or Embryo Freezing):

This process is similar to the first stage of in vitro fertilization (IVF).

Daily hormone injections for 10-12 days help multiple eggs mature. During this time, blood tests and ultrasounds monitor the ovaries' response.

When the eggs are ready, they are retrieved in a short outpatient procedure (usually 15-30 minutes) under light anesthesia.

The collected eggs are then: Frozen immediately if choosing egg freezing or fertilized with sperm in a lab before freezing if choosing embryo freezing.

For People with Sperm (Sperm Freezing):

Sperm collection is typically a quick and non-invasive process.

A sample is provided in a private setting or from home using a special collection container.

The semen sample is analyzed, divided into several vials, and frozen for future use.

Since sperm production varies, multiple samples may be needed to increase the chances of future pregnancy. On average, 4 vials of cryopreserved sperm are needed to achieve one pregnancy through IUI.

For Tissue Preservation (Ovarian or Testicular Tissue Freezing):

A small piece of ovarian or testicular tissue is surgically removed and frozen for the future.

Did you know?



There are options for preserving fertility in men who have been newly diagnosed with cancer. Sperm can be collected and frozen for later use before cancer treatment is started. This way, you may be able to have children after your treatment. This process is called cryopreservation or freezing. The kind of cancer you have and the treatments you will receive can determine what your options are.

Visit [ReproductiveFacts.org](https://www.reproductivefacts.org)

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Step 4: Storage and Future Use

Storage facilities keep eggs, sperm, embryos, and reproductive tissues in special conditions, preserving them for years or even decades.

When ready for use:

- Eggs, sperm, or embryos are thawed and used in assisted reproductive procedures like in vitro fertilization (IVF) or intrauterine insemination (IUI).
- Ovarian tissue is thawed and placed back in the body, sometimes requiring fertility hormones to produce eggs. Multiple surgeries may be needed.
- Testicular tissue is thawed and examined for stem cells, which researchers hope to develop into mature sperm in the future.



INSURANCE COVERAGE

Insurance Policies

Coverage varies depending on the insurance plan and where you live. Some states have laws that require insurance companies to cover fertility preservation for people undergoing medical treatments that could affect their fertility. It's important to check with your insurance provider to see what is covered under your plan, including their definition of "infertility."

Advocacy Efforts

Groups such as the American Society for Reproductive Medicine (ASRM) and RESOLVE work to improve legislation so that fertility preservation is recognized as a necessary medical treatment and more insurance carriers provide access to care in accordance with these laws.

CHECK TO SEE IF YOUR STATE HAS INSURANCE LAWS ABOUT FERTILITY
PRESERVATION AND INFERTILITY

LEARN MORE ABOUT HOW ASRM IS ADVOCATING FOR YOU

PERSONAL STORIES

Listen to patients like you talk about their experience with fertility preservation



LIS REGULA'S STORY

My name is Lis (pronounced like "Lease") and this is the fertility story of a trans man and two time surrogate.
[READ THE STORY](#)



SART FERTILITY EXPERTS - MEDICALLY INDICATED FERTILITY PRESERVATION

Listen to a breast cancer survivor discuss her decision to freeze eggs years before, after a healthy pregnancy, and how she is considering using the frozen eggs today.

[LISTEN TO THE EPISODE](#)



SART FERTILITY EXPERTS - LGBTQ FERTILITY

With more available options for family building for the LGBTQ community, two women describe their experience with reciprocal IVF.

[LISTEN TO THE EPISODE](#)



SART Fertility Experts - Elective Fertility Preservation

SART FERTILITY EXPERTS - ELECTIVE FERTILITY PRESERVATION

Listen to Ellen's story as she shares her journey to parenthood with the help of egg and embryo freezing with Dr. Kelly Lynch, a reproductive endocrinologist.

[**LISTEN TO THE EPISODE**](#)

Infertility Counseling and Support - where can I find it

EMOTIONAL SUPPORT AND COUNSELING

Coping with Fertility Challenges

Fertility can affect many parts of life, including relationships, self-esteem, and future plans. Everyone processes these feelings differently based on their personality and life experiences. Support from family, friends, medical providers, or mental health professionals can be helpful.

Mental Health Resources

Therapists who specialize in reproductive health can help individuals and couples manage the emotional challenges of fertility preservation. Counseling can offer coping strategies, emotional support, and a safe space to talk about concerns.

[**FIND A MENTAL HEALTH PROFESSIONAL**](#)

FIND A LEGAL PROFESSIONAL

Legal developments around personhood laws and other regulations may impact decisions about whether, where, and how long to store frozen eggs, sperm, and embryos. It is important to speak with a legal professional who has experience in reproductive law to understand your options and protect your future family-building plans. A legal expert can help you navigate agreements, consent forms, and state-specific laws to

ensure your choices align with your values and goals. [**SEARCH FOR A LEGAL PROFESSIONAL**](#)



RESOURCES FOR YOU

The American Society for Reproductive Medicine (ASRM) is committed to providing patients with the highest quality information about reproductive care.

Advocacy Resources

ASRM has prepared resources to help you explain and advocate for reproductive rights and the continuation of in vitro fertilization and other fertility treatments.

[VIEW THE RESOURCES](#)**Frequently Asked Questions**

ASRM's Frequently Asked Questions (FAQ) provides answers to common questions about reproductive health.

[KNOW THE FAQS](#)**Patient Journeys**

ASRM has resources to help you through each stage of your journey.

[BROWSE THE JOURNEYS](#)[BROWSE ALL TOPICS](#)**FERTILITY PRESERVATION****FERTILITY AND STERILITY PUBLISHES NEW RESEARCH UNDERSCORING IMPORTANCE OF IVF, FERTILITY PRESERVATION ACCESS FOR CANCER PATIENTS DURING BREAST CANCER AWARENESS MONTH**

New ASRM-supported research highlights key IVF and fertility preservation access needs for cancer patients — particularly during Breast Cancer Awareness Month.

[READ THE FULL PRESS RELEASE](#)**FEMALE FERTILITY JOURNEY**

If you've been trying to get pregnant for more than a year, you may have infertility. Infertility is a disease of the reproductive system that impairs one of the body's most basic functions: the conception of children.

[VIEW THE PATIENT JOURNEY](#)**SART FERTILITY EXPERTS - MEDICALLY INDICATED FERTILITY PRESERVATION**

Listen to a breast cancer survivor discuss her decision to freeze eggs years before, after a healthy pregnancy, and how she is considering using the frozen eggs today.

[LISTEN TO THE EPISODE](#)

**SART FERTILITY EXPERTS - ELECTIVE
FERTILITY PRESERVATION**

Listen to Ellen's story as she shares her journey to parenthood with the help of egg and embryo freezing with Dr. Kelly Lynch, a reproductive endocrinologist.

[LISTEN TO THE EPISODE](#)

**SART FERTILITY EXPERTS -
INFERTILITY ADVOCACY AND
GOVERNMENT AFFAIRS**

In today's episode, Dr. Mark Trolice interviews Sean Tipton about the fact that many infertility patients do not have insurance coverage for treatment. [LISTEN TO THE EPISODE](#)

**FERTILITY PRESERVATION FOR
CANCER PATIENTS**

When a person is facing a cancer diagnosis and treatment, having children later in life may seem like a low priority. However, an important part of cancer treatment is to carefully evaluate each person's medical situation, goals for parenthood, and cancer treatment plan.

[WATCH VIDEO](#)

AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

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