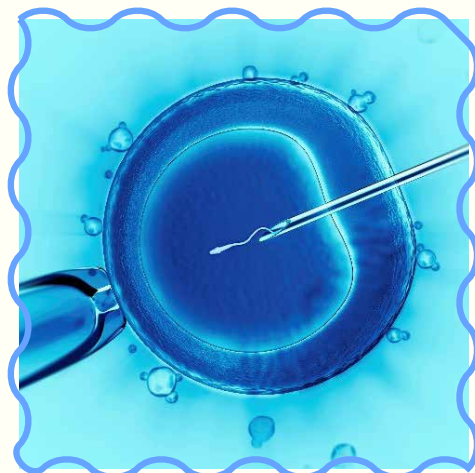


What you want and how to get there

An affirming guide to fertility and family building in Canada



Content reflects the most recent updates as of March 2026.
A glossary of key terms is available at the end of this guide.





Step 1: Set your goal

There is no one way to build a family. Your path is unique, and what feels right for you may change over time. This guide can help you navigate your journey, helping you move from *“I’ve thought about having a family...”* to *“Here’s how I’m getting there.”* Note: This guide is not meant to be followed in a straight line; you may find you move back and forth between steps as your needs and information change.

The first step is **reflection**. Before diving into the medical, legal, or financial details, it’s a good idea to take some time to think about what family means to you. For some, family might mean having a child who shares your genetics; for others, it’s about parenting with a partner(s), co-parenting with friends, fostering, adoption or a combination of these. For others, family can mean their chosen family or community. Once you’ve reflected on these bigger questions, it can help to think about the more practical “how” of getting there:

Ask yourself:

- *“Do I want to be pregnant, have someone else carry the pregnancy (surrogacy), or adopt?”*
- *“Do I want to use my own eggs or sperm, or someone else’s?”*
- *“Do I want to co-parent, be a solo parent?”*
- *“Do I want to preserve my (also partner, donor, or co-parent sperm/eggs where applicable) fertility now through egg, sperm, or embryo freezing (see glossary) to keep my options open for the future?”*

Consider what feels affirming or challenging about each option.



You may find it helpful to **write down your thoughts, talk about them with people you trust, and/or connect with queer and trans parenting communities.** Remember, your answers don't have to be final—think of them as flexible and able to grow and shift as your journey, relationships, and priorities change. And it's okay if they are different from other people's answers, as they are personal to you.

Remember:

Setting your goal doesn't mean locking yourself into one path. It's about clarifying what matters most to you right now so that when you start exploring options, you can do so with confidence and clarity.



Step 2: Understand your options

This step is about gathering information, learning what is possible, and thinking through practical considerations. Your aim is not to decide immediately, but to understand the range of options, supports, and resources available to you.

When exploring options, it may help to ask:

- *“What are the possible routes to my goal, medically, socially, and legally?”*
- *“Which options align with my values, needs, and lifestyle?”*
- *“Who can help me navigate these options?”*
- *“Are there combinations of paths (e.g., IVF plus adoption, co-parenting with a known donor) that could work?”*
- *“What information or experiences do I need to gather before making a decision?”*

Remember:

This step is about gathering information and understanding options. You're not committing yet; you're building knowledge, identifying your priorities, and naming your preferences.



Below are some of the most common pathways:

- **Unassisted pregnancy** – Pregnancy without fertility treatments.
- **At-home insemination** – With a known donor or banked donor sperm.
- **ICI (intracervical insemination)** – Non-surgical, where sperm is placed directly into the cervix using a syringe or catheter, often used as a low-cost alternative to intrauterine insemination, or IUI, for at-home or clinical conception.
 - For banked sperm, you can access at home-insemination via spaces like Cryobank Canada (www.canadacryobank.com).
- **IUI (intrauterine insemination)** – Placing sperm directly into the uterus.
- **IVF (in vitro fertilization)** – Eggs fertilized outside the body, then implanted into the uterus).
- **Reciprocal IVF** – One partner provides eggs, the other carries the pregnancy.

Gametes – In any of these methods, eggs and sperm (gametes) may come from you, your partner, a donor (known or anonymous), or existing embryos.

Adoption and parenthood options:

- **Co-parenting** – Shared parenting between more than one person, which may include romantic partners, friends, or chosen family. This can be arranged formally (with legal agreements) or informally, and often involves shared decision-making, caregiving, and financial responsibility.
- **Adoption** – Becoming the legal parent(s) of a child who is not biologically yours. This may occur through the public child welfare system, private domestic agencies, or international adoption. Adoption provides permanent parental rights and responsibilities, though processes, timelines, and costs vary widely depending on the route.
- **Fostering** – Providing temporary or permanent care for children who cannot live with their birth families. Fostering is usually coordinated through the public child welfare system, and may involve short-term placements, long-term care, or pathways to adoption.





Step 3: Navigating barriers and costs

Anyone pursuing fertility services or adoption may face significant expenses, from medical procedures to legal processes. 2S/LGBTQIA+ and QTBIPOC people often face unanticipated costs, barriers, and discrimination when accessing fertility services.

These challenges aren't just financial; they can also be emotional and logistical. Recognizing them can help you plan ahead and advocate for support.

Common costs (for many people):

- **Out-of-pocket** – Paying for gametes, procedures, medications, or storage fees that are not covered in your province.
- **Legal fees** – Additional costs for surrogacy, adoption, or co-parenting agreements, which often require specialized legal support.
- **Travel costs** – If your local clinic isn't affirming or doesn't offer the service you need, you may need to travel long distances, pay for accommodations, or take unpaid time off work.
- **Insurance gaps** – Even with private coverage, not all plans include fertility services, and appeals can be time-consuming.

In Canada, public funding and eligibility for assisted reproduction and adoption-related services vary by province and territory.

- Some regions may cover certain procedures (such as IUI or IVF) or provide financial support for fostering and adoption, while others may not.
- Some regions may cover associated medications, while others may not.
- Coverage is also limited by age, medical criteria, or number of treatment cycles.
- Many provinces have tax rebates and refunds that can be submitted for medical expenses for fertility care.

It's important to check the specific policies in your province or territory to understand what supports are available to you. *Check here for provincial resources:* <https://cfas.ca/guidelines-and-documents.html>.

Added barriers for 2S/LGBTQIA+ families:

- **Systemic barriers** – Encountering providers who lack knowledge about 2S/LGBTQIA+ reproductive health, which can mean repeated appointments, delays, or emotional strain.
- **Eligibility challenges** – Some provinces require proof of infertility (e.g., failed intercourse cycles or tests) designed for cis-heteronormative couples, leading to extra appointments for queer/trans patients, single parents, or non-carrying partners to meet criteria.
 - Single parents by choice or same-sex couples may face denials without documented “[trying](#)” periods.
- **Legal complexity** – Extra steps to establish parentage or recognition of both/all parents involved.
- **Known donors** – Sometimes not covered by provincial healthcare (when procedures are not for their own wellbeing/families) or by additional fertility coverage.
- **Required counselling** – For both the intended parents and for surrogates or known donors.
- **Cycle monitoring and appointments** – Can require time off of work which can impact income and leisure time.

What can help:

- Ask your provider, in advance, what costs are covered provincially and what you might need to budget for.
- Explore community mutual aid networks that sometimes support reproductive costs.
- Look into workplace benefits, grants, or non-profit programs that help cover fertility and adoption expenses.
- Connect with local queer and trans advocacy groups who may have up-to-date guidance on navigating funding and resources.

Learn more: [QRA Zine on Queer Reproductive Access](#)





Step 4: Explore supportive resources and build your support team

Not every fertility clinic provides 2S/LGBTQIA+-affirming care, such as training on diverse family structures, inclusive language, or non-judgmental counselling for QTBIPOC patients; access varies by location, with rural and remote areas facing fewer choices. That's why it's important to prepare for these conversations, look into potential telehealth options, and to connect with national networks like the [Canadian Fertility & Andrology Society \(CFAS\)](#) so you can prepare yourself with what to expect. You may encounter providers who are supportive and informed, and others who may not yet have the knowledge or sensitivity you need. Approaching these conversations with clear questions and information can help you assess whether a provider is the right fit for you.

Here are some questions, depending on how you identify, that you might bring to an appointment:

- "Do you work with other 2S/LGBTQIA+ patients?"
- "Do you work directly with known donors (if applicable to your plan) (for example, surrogacy, donor gametes, reciprocal IVF, adoption referrals)?"
- "What kinds of counselling or support services are available for 2S/LGBTQIA+ people here?" / "If you have in-house counsellors, are any of them 2S/LGBTQIA+?" / "Can I use an external counsellor who is?"
- "Do your consent forms include options for non-binary genders, multiple partners, and privacy protections for fertility details?"

Talk to your provider about gender-affirming hormones:

- "What protocols do you use for patients on hormones [testosterone or estrogen] during fertility preservation, conception, or pregnancy?"
- "How do you adjust regimens for my current dose, and who coordinates with my endocrinologist?"

It can also help to:

- Seek clinics with 2S/LGBTQIA+ special interest groups (e.g., [CFAS 2SLGBTQ+ SIG](#)) or those advertising inclusive services.
- Ask if staff are trained in affirming care for diverse identities and family structures.
- Request to see written policies on inclusion, or ask about pronoun and name use in medical records.
- Explore whether they have existing partnerships with queer- and trans-affirming organizations.

Building your professional team

It is important to think about who will be on your professional team as you move forward. These people can make a big difference in how supported you feel during the process. Your professional team can include:

- **Medical** – Fertility specialists, primary care providers, and mental health supports who respect your identity and goals. If you don't feel affirmed, it's okay to switch.
- **Legal** – A lawyer who understands queer and trans family law can guide you through contracts, parental rights, and surrogacy/adoption law in your province.

Once you've identified affirming providers and built your professional support team, the next step is making sure you feel empowered, safe, and surrounded by people who will stand with you throughout your journey.

Build your support team beyond professionals

- **Community** – Connect with peer networks, advocacy groups, and online communities who understand your journey. Sharing stories and resources can reduce isolation.
- **Personal** – Friends, partners, co-parent(s), or chosen family can offer emotional support, attend appointments with you, or help you advocate.

Questions to ask yourself and your team:

- "Who do I trust to help me make medical or legal decisions?"
- "Who can I turn to for emotional support?"
- "Do I feel safe and affirmed with my current provider(s)?"
- "What legal protections do I need in place to safeguard my family?"

Resources and recommended reading:

- Fertility Law in Canada – <http://www.fertilitylawcanada.com/>
- Family Building Canada Resources – <https://familybuildingcanada.com/resources>
- Parents Canada – <https://parentscanada.com/family-life/single-parenting-by-choice/>
- Monthly support group (Canada-Wide) – <https://birthmarksupport.com/planting-the-seed>
- *Conceivable: A Guide to Making 2SLGBTQ+ Family* by Laine Halpern Zisman – fernwoodpublishing.ca/book/conceivable
- *Queer Tax. Examining 2SLGBTQ+ Black, Indigenous, and People of Colour's experiences of accessing assisted reproductive technologies* (Michelle W Tam) – <https://pubmed.ncbi.nlm.nih.gov/40279786/>
- *Queering reproductive access: reproductive justice in assisted reproductive technologies* (Michelle W Tam) – <https://pubmed.ncbi.nlm.nih.gov/34340704/>
- [2SLGBTQI Family Planning – An Informational Video Series](#) – from Egale Canada





Step 5: Advocate for yourself and your priorities

Fertility and family-building can feel overwhelming, especially when systems aren't designed with 2S/LGBTQIA+ people in mind. But, you don't have to navigate it alone. Knowing your rights and surrounding yourself with supportive people can make the difference.

Know your rights

- In Canada, you have the right to reproductive health services free of discrimination.
- Clinics and providers cannot deny you care based on your gender identity, sexual orientation, or family structure.
- Some provinces offer partial or full public coverage for fertility treatments, but what's covered varies widely. Always check your provincial health ministry website and connect with local 2S/LGBTQIA+ health centres for the latest information.
- Legal rights around parentage, adoption, and surrogacy also differ across provinces. Consulting a lawyer who understands queer and trans family law can help protect your rights.

Tips for building confidence in the process:

- Keep a folder on hand of your medical records, treatment plans, and legal documents.
- Write down your questions before appointments and/or bring someone to take notes.
- Practice self-advocacy: your goals, your body, and your family structure are valid.
- Remember that it is okay to pause or change direction as your needs evolve.
- Your identity is valid. Your family dreams are valid. Your care should reflect both.

Glossary

- **Adoption** – A legal process where an individual or couple becomes the legal parent(s) of a child who is not biologically theirs.
- **Affirming care** – Holistic support that acknowledges individuals as whole people and affirms the diverse facets of their identities, applying an intersectional lens to address overlapping marginalizations like race, Indigeneity, and geography.
- **Co-parenting** – An arrangement where two or more people share parenting responsibilities for a child, regardless of whether they are in a romantic relationship.
- **Fostering** – Providing temporary or permanent care for a child who is not biologically yours, often through a government-supported program.
- **Gametes** – Reproductive cells, sperm or eggs, that combine to create embryos.
- **IUI (Intrauterine Insemination)** – A fertility procedure where sperm is placed directly into the uterus to increase chances of pregnancy.
- **IVF (In Vitro Fertilization)** – A process where eggs are fertilized outside the body in a lab, and embryos are then implanted into the uterus.
- **Preservation** – Involves freezing and storing a person’s eggs or sperm for future use.
 - **Egg cryopreservation** – The freezing of eggs until you are ready to attempt pregnancy requires approximately two weeks of hormonal stimulation with injectable medication, and a ten minute procedure to extract eggs from the ovaries through the vaginal canal under IV sedation. The eggs are frozen long-term until you are ready to conceive.
 - **Sperm freezing** – Sperm can be frozen for future use when you’re ready to grow your family. It’s a valuable option for preserving fertility before a medical procedure that may affect sperm quality, or ahead of gender transition.
 - ♦ **Sperm freezing is especially important for:**
 - ▶ Individuals undergoing chemotherapy, radiation, or surgeries that may impact sperm production;
 - ▶ Trans people starting hormone therapy or gender-affirming surgeries;
 - ▶ Anyone wishing to preserve their reproductive options for the future.
 - **Embryo cryopreservation** – The freezing of embryos until you are ready to attempt pregnancy requires the same stimulation as egg cryopreservation, but after the eggs are extracted, they are fertilized by partner or donor sperm to create embryos that are then frozen long-term.
 - **Reciprocal IVF** – A fertility option for couples where one partner provides eggs and the other carries the pregnancy.
 - **Surrogacy** – An arrangement where someone carries a pregnancy on behalf of another person or couple.
 - **Queer tax** – Extra financial, emotional, and logistical burdens faced by 2S/LGBTQIA+ people when accessing reproductive care.
 - **Testosterone and estrogen** (sometimes referred to as “T” or “E” by community members) – Hormones used in gender-affirming care that may affect fertility and family-building options.



This project has been funded through Women and Gender Equality Canada's Women's Program



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

Images: Freepik, Unsplash and Pexels