

Apr 08, 2024

The State of Research on LGBTQ+ Fertility: Trends, Gaps, and Future **Directions**

DOI

dx.doi.org/10.17504/protocols.io.yxmvme7dbg3p/v1

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Protocol Citation: Demian Glujovsky, Julieta quaglia, Fiamma Belén Di Biase, Mariana Miguens, Romina Pesce, Belen Herrero, Agustín Ciapponi 2024. The State of Research on LGBTQ+ Fertility: Trends, Gaps, and Future Directions. protocols.io https://dx.doi.org/10.17504/protocols.io.yxmvme7dbg3p/v1

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Protocol status: Working

We use this protocol and it's working

Created: April 08, 2024

Last Modified: April 08, 2024

Protocol Integer ID: 97912

Keywords: studies about reproductive medicine, fertility treatment, reproductive medicine, heterosexual, published study, scoping review, state of research, research, study

Abstract

The hypothesis is that in the last decade the trend of published studies about reproductive medicine and/or fertility treatments in LGBTQ+ participants has been increasing. Nevertheless, it is probably a low proportion in comparison with the studies published on heterosexuals. We will perform a scoping review to evaluate it.

Troubleshooting



Background

1 Rationale and potential applied impact

The LGBTQ+ community has made significant progress in recent years in terms of visibility and awareness. This has probably contributed to an increase in the number of LGBTQ+ people who are seeking fertility treatments, gaining access to these types of treatments that were not usual in the past. However, there is a low amount of research on the experiences of LGBTQ+ people undergoing fertility treatments, especially in comparison to research performed on heterosexuals.

There are several reasons why research on LGBTQ+ fertility is essential. First, it can help us to better understand the unique challenges that LGBTQ+ people face when trying to start a family. Second, it can help us develop more effective fertility treatments tailored to the needs of LGBTQ+ people. For example, ROPA is a treatment exclusive to female same-sex couples, and gestational surrogacy, although not exclusive, is more frequently used in gay male couples. Third, it can help to raise awareness of the issue of LGBTQ+ fertility and challenge the stigma that often surrounds it.

Although research on LGBTQ+ fertility has increased in the last decade, it is still significantly less than research on heterosexual fertility. This gap in the literature limits our understanding of the challenges and barriers that LGBTQ+ people face when trying to start a family.

Description of the condition (if applicable)

The LGBTQ+ community is a diverse and inclusive group of individuals who identify as homosexual, bisexual, transgender, queer, and other sexual orientations and gender identities. It encompasses a broad spectrum of individuals who share a common experience of non-heterosexual and non-cisgender identities. The community advocates for equal rights, social acceptance, and visibility, promoting understanding and inclusivity for all sexual orientations and gender identities. It fosters a sense of belonging, support, and celebration of diversity within its members while working towards societal change and challenging discrimination and prejudice.

Hypothesis

The hypothesis is that in the last decade the trend of published studies about reproductive medicine and/or fertility treatments in LGBTQ+ participants has been increasing. Nevertheless, it is probably a low proportion in comparison with the studies published on heterosexuals.

Objectives



3 Primary:

 to describe how many studies were published in peer review journals about reproductive medicine and/or fertility treatments in LGBTQ+ participants in the last 10 years.

Secondary:

- To describe the trend in the publication rate
- To describe the evaluated topics
- To describe who in the LGTBQ+ was more and less represented in the published studies
- To describe in which countries and peer-reviewed journals these studies were published
- To describe the study designs more and less common

Study design

4 Scoping review

Study plan

- 5 Search strategy
 - Screening by Title and Abstract
 - Selection by full text
 - Data extraction
 - Data description and analysis
 - Manuscript writing

Inclusion criteria

All the studies published about reproductive medicine in the LGBTQ+ community between 2013 and 2022. We searched PubMed in English, Spanish or Portuguese

Outcomes

Primary: Total number of LGTBQ+ publications and proportion of LGTBQ+ publications / total publications

Secondary: number of LGTBQ+ publications per year; number of LGTBQ+ publications of each topic and the proportion of each topic/total LGTBQ+ publications; number of LGTBQ+ publications in which each member of that community was represented / total LGTBQ+ publications (e.g. % of publication with focus on gays of total LGTBQ+



publications); proportion of first authors countries among all LGTBQ+ publications; proportion of each study design among all LGTBQ+ publications