LGBTQ+ Family Building Through ART: Optimal Medical, Legal, and Psychological Support

Panelists

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Disclaimer

This webinar was developed by the Society for Assisted Reproductive Technology and the American Society for Reproductive Medicine as an educational resource and service to its members and other practicing clinicians.

While this webinar reflects the views of the panelists, it is not intended to be the only approved standard of practice or to dictate an exclusive course of treatment.

Members should always use their best judgment in determining a course of action and be guided by the needs of the individual patient, available resources, and institutional or clinical practice limitations.

LGBTQ Family Building Through ART

Paula Amato, MD

Objectives

- Review the family building options for LGBTQ individuals
- Review relevant FDA and ASRM guidelines
- Discuss fertility preservation for transgender individuals

LGBT Parenting

114,000 same-sex couples are raising children in America

37% of LGBT adults have had a child at some time in their lives

24% of female same-sex couples are raising children

8% of male same-sex couples are raising children

68% of same-sex couples raising children are raising biological children

25-50% of transgender individuals are parents

UCLA School of Law Williams Institute, 2013, 2014, 2018

Fertility Options: Cisgender Single Women and Female Same-Sex Couples

Cisgender Single Women and Female Same-Sex Couples

- Donor insemination (DI) +/- OS
  - Using anonymous or directed donor sperm
- Autologous IVF
- Co-IVF/Reciprocal IVF
  - The egg of one partner is fertilized with donor sperm and the embryo is transferred to the uterus of the other partner
- Embryo Donation

Who will carry the baby?

Age of the partner

Medical & gynecological history

Desire to become pregnant

Insurance/medical benefits

Presence of existing children

Anonymous vs Directed Sperm Donors: Pros & Cons

Anonymous/non-identified donor

- More expensive;
- Lower risk of custody issues
- “Open-ID” option

Directed donor

- Reduced costs
- If desired, donor can develop relationship with the child
- Legal rights in some states even if parent(s) don’t wish it
- Can ensure biological connection if donor is a relative of non-biological mother

Guidelines: Anonymous Donor Sperm

FDA requirement

- Donor medical history & physical exam
- Donor questionnaire
- STI testing at FDA lab within 7 days
- 6-month quarantine and repeat STI testing
- Must be ELIGIBLE to use

ASRM recommendation

- Psychoeducational screening
- Genetic screening
- STI testing of recipient and SIP

Guidelines: Directed (Known) Donor Sperm

FDA requirement

- Donor physical exam
- Donor questionnaire
- STI testing at FDA lab within 7 days
- Ineligible sperm can be used with labeling & consent

ASRM recommendation

- Psychoeducational screening
- Medical history
- Genetic screening
- STI testing of recipient and SIP
- Quarantine >35 days and repeat STI testing
- Legal consultation; laws vary by state

Success Rate of DI Using Frozen Donor Sperm

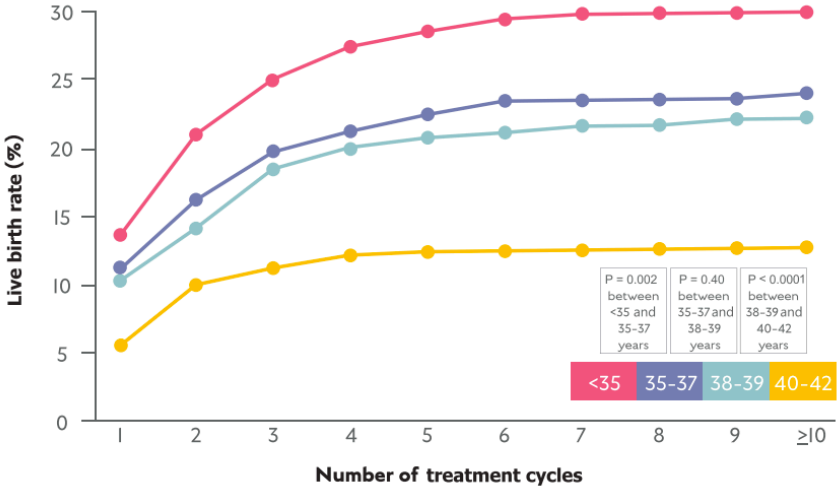

TABLE 2 LIVE BIRTH RATES (%) ACCORDING TO PATIENT AGE AND OVARIAN STIMULATION

Age groups	Natural cycles	Mild stimulation	Total
Under 35	11.3% (216/1919)[a]	15.0% (151/1009)[a]	12.5% (367/2928)
35–37	9.2% (126/1367)	10.5% (86/816)	9.7% (212/2183)
38–39	8.3% (67/810)	8.2% (59/722)	8.2% (126/1532)
40–42	4.1% (32/777)[b]	6.7% (55/827)[b]	5.4% (87/1604)
43 and over	0.3% (1/299)	0.5% (2/376)	0.4% (3/675)

[a] $P = 0.004$ and

[b] $P = 0.025$ with chi-squared test.

Cumulative live birth rates following insemination with donor spermatozoa in single women, same-sex couples and heterosexual patients
- Linara-Demakakou E. et al RBMO, 2020

Fertility Options: Cisgender Single Men or Same-sex Male Couples

Cisgender Single Men or Same-sex Male Couples

- Egg donation IVF and gestational surrogacy
  - Using sperm from one or both partners
  - Anonymous or directed egg donor
  - Gestational carrier

Guidelines: Donor Oocytes

FDA requirement

- Donor physical exam (within 6 months)
- Donor questionnaire
- STI testing at FDA-approved lab within 30d before or 7d after oocyte retrieval
- Anonymous must be ELIGIBLE; directed ineligible may be used

ASRM recommendation

- Psychoeducational counseling
- Genetic screening
- Medical history
- STI testing of recipient and SIP
- Legal consultation (directed donation)
- Urine drug screen

ASRM Recommendations: Gestational Carrier

- Medical history & physical exam
- Donor questionnaire
- Medical clearance for pregnancy
- Blood type, Rh, and antibody screen; Pap & MMG per current guidelines
- Assessment of immunization status
- Psychoeducational screening
- STI testing within 30 days before ET
- Urine drug screen
- Uterine cavity evaluation
- Legal consultation; laws vary by state

Pregnancy Success Rates with Egg Donation

- Anonymous egg donation ~70%/cycle
- Directed donor / co-IVF
  - Oocyte provider age-dependent

Transgender Individuals & Reproduction

Transgender Individuals & Reproduction

- Many transgender persons desire children
  - 62% of trans men (Wierckx et al, ‘12)
- Majority are of reproductive age at the time of transition and have relationships after transition
- Gender affirming hormone therapy and surgery (eg. gonadectomy) may result in loss of fertility; may be reversible or irreversible

Fertility Preservation Options

- WPATH and the Endocrine Society both recommend that all transgender patients be counseled regarding the options for fertility preservation prior to transition
- Limited data on fertility preservation in transgender population

Fertility Preservation Options

Transgender women and transfeminine nonbinary individuals (AMAB)

- Sperm cryopreservation
- Testicular sperm extraction (TESE)
- Testicular tissue preservation (experimental in prepubertal boys)

Fertility Preservation Options

Transgender men and transmasculine nonbinary individuals (AFAB)

- Oocyte and/or embryo cryopreservation (using partner or donor sperm)
  - Success rate is age-dependent
- Ovarian tissue cryopreservation (OTC)
  - ~ 200 live births worldwide
  - Prepubertal girls? Children on pubertal suppression?
- In-vitro oocyte maturation?

Reproductive Options for Transgender Persons

- Usually requires discontinuation of exogenous hormones (unless using cryopreserved gametes in a partner) (how long?)
- Time to return to fertility is variable; may be irreversible
- Impact of long-term exogenous hormone exposure on gametes and/or resulting offspring is unknown

Reproductive Options for Transgender Persons

Transgender men and transmasculine nonbinary individuals (AFAB)

- IUI (using partner or donor sperm)
- IVF (using own or partner's eggs; using own or partner's uterus or GC)

Reproductive Options for Transgender Persons

Transgender women and transfeminine nonbinary individuals (AMAB)

- IUI of AFAB partner
- IVF using AFAB partner or donor eggs/sperm and/or partner's uterus or GC
- Uterine transplantation in the future?

Ovarian stimulation outcomes

TABLE 3

Comparison of transgender patients with previous androgen exposure and matched cisgender cycles.

Variable	Cisgender (n = 80)	TG with androgen exposure (n = 16)	*P* value
Oocytes retrieved (n)	14.4 ± 8.9	18.6 ± 9.3	.11
Mature oocytes (%)	84.4 ± 16.1	77.0 ± 23.3	.24
Peak E_2 level (pg/mL)	2,713.2 ± 1,487.4	2,943.1 ± 1,364.7	.55
Total gonadotropin dose (IU)	2,707.0 ± 1,452.1	4,155.5 ± 1,507.6	.002

Note: Data presented as mean ± standard deviation.

Leung. ART outcomes in transgender male patients. Fertil Steril 2019.

Assisted reproductive technology outcomes in female-to-male transgender patients compared with cisgender patients: a new frontier in reproductive medicine

-- Leung et al, F&S, 2019


Additional Considerations

Barriers to Access

- Cost
- Healthcare discrimination
  - Laws vary by state

Ethical Considerations

- Although data are scarce, there is no compelling evidence that children of transgender persons are harmed
- Thus, there are no a priori reasons to deny fertility services to transgender persons based solely on their gender identity
- Multidisciplinary team approach is best
- More research is needed

Ethical Considerations

- LGBTQ people have interests in having children
- Research suggests that the kids are all right
- Programs should treat all requests for ART equally

LGBTQ Family-Building Resources

- American Society for Reproduction (ASRM)
- GLMA, Gay & Lesbian Medical Association
- Human Rights Campaign
- Nation Center for Lesbian Rights
- Family Equality Council
- National LGBT Health Education Center

Transgender Care Resources

center OF excellence FOR TRANSGENDER health

ENDOCRINE SOCIETY

WPATH
WORLD PROFESSIONAL ASSOCIATION for TRANSGENDER HEALTH

LGBTQ+ Family Building Through ART: Optimal Medical, Legal, and Psychological Support.

Kim Bergman, PhD

SART / ASRM Webinar

2021

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Learning Objectives

At the conclusion of this presentation the participant should be able to:

- Identify and list the common psychological, legal and practical issues LGBTQIA+ clients face
- Improve access and inclusivity for LGBTQIA+ patients
- Have a new understanding of how to serve their LGBTQIA+ clients and create best practices
- Review proper terminology relating to LGBTQIA+ patients (in handouts).
- Have a list of resources available for themselves and for their LGBTQIA+ clients who are or want to become parents (in handouts).

Question

When do LGBTQIA+ patients face their biggest challenges:

- A. Before they embark on family building
- B. During their family building journey
- C. After their family is formed

LGBTQ Clients Face Psychological, Legal and Logistical Issues During All Phases of Parenthood

- Before embarking on the parenting journey
- During the process of becoming parents
- After their family is formed

Issues Faced by LGBTQIA+ Parents as the Journey to Parenthood Begins

Parenthood begins with a wish

Once the wish takes root it becomes compelling and consuming

However, for LGBTQIA+ intended parents the journey to parenthood is complex

Unique issues arise legally, medically, practically and socially-emotionally

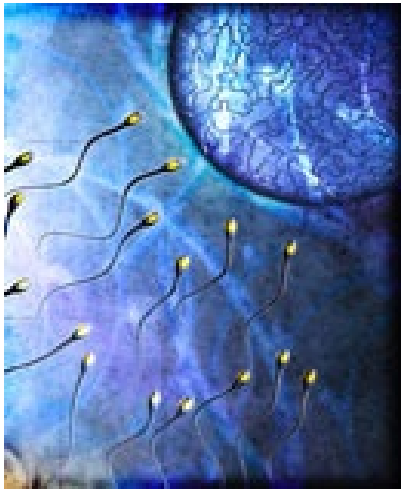
Bergman, K., Rubio, R., & Green, R.-J. (2010), Bigner, J. J. (1999), Bigner, J. J. & Jacobson, R.B. (1989a), Armesto (2002)

Issues for all Potential Parents
(including LGBTQIA+ Parents)

- Will I be a good parent?
- Can I afford to raise children?
- Is this a world I want to bring children into?
- How will having a child change my life?

Issues for Parents Who Use ART
(Including LGBTQIA+ Parents)

- Biological connection to child
- Conceiving with a third party
- Societal attitudes towards ART
- Educating family, friends and the general public
- Disclosure to the child and family



Unique Issues for LGBTQIA+ Parents All of the above plus:

- Identity issues
- Internalized homophobia
- Societal homophobia
- Access to care
- Access to care with cultural competency
- Navigating legal issues

Berkowitz, D., & Marsiglio, W. (2007), http://www.lgbtmap.org/file/all-children-matter-full-report.pdf

Psychosocial Challenges faced by LGBTQIA+ Parents

- Psychological vs. Biology parenthood
- Establishing parental legitimacy
- Gaining validation and support from families or origin and the greater community
- Talking to others about their family structure

Mitchell, V. & Green, R.-J., (2007)

Unique Issues for Transgender Intended Parents

All of the above plus:

- Facing multiple barriers to reproductive care and treatment on many levels
- Challenges in gaining access to care that understands their unique issues
- Fertility preservation is expensive and not every medical practice will offer it
- Medical staff are often insensitive and uneducated about transgender issues
- Lack of understanding of non-binary gender issues and care

Mitu, K., AMA J Ethics. 2016:18(11):1119-1125. Doi:10.1001/journalofethics.2016.18.11.pfor2-1611

Psychosocial Data for Transgender Parents

- ~50% transgender people express a desire to have children
- ~40% transgender men would consider gamete cryopreservation
- Transgender men with children score better on mental health scales, and transgender women with children have a lower suicide risk
- There is no evidence that having a transgender parent results in adverse outcomes in long-term psychosocial functioning for their children

De Roo C, et al. *Int Rev Psychiatry* 2015, Wierckx K et al. *Human Reprod* 2012, Hamada et al. *Andologia* 2014

Transgender Youth

- 24-36% transgender adolescents desire biologic parenthood
  - >25% “did not know”

- Qualitative study showed process is emotionally/physically demanding for transgender adolescents, even if:
  - Strongly desire fertility preservation
  - Had time to mentally prepare
  - Report satisfactory experience

Chen D, et al. *J Adolesc Health* 2018; Strang JF, et al. *J Adolesc Health* 2018; Chen & Simons. *Clin Pract Pediatr Psychol 2018*

Choices LGBTQIA+ Parents Have to Make

- How will we become parents?
- Who will carry the child?
- Which partner “goes first”?
- Whose sperm to use?
- Whose egg to use?
- Using a known or agency donor
- Fertility preservation and planning

On the Legal side LGBTQIA+ Intended Parents Have to:

- Navigate tenuous legal status
- Jump through hoops to establish parentage
- Deal with different laws in each state
- Put extra protections in place to protect parentage
- Spend a lot of extra money to create legal structures

http://www.lgbtmap.org/file/all-children-matter-full-report.pdf, Park, N. K., Kazyak, E., & Slauson-Blevins, K. (2015)


We have one or two reservations about your application to adopt.
Oh, here we go. It's the gay thing, isn't it?

Medical Barriers LGBTQIA+ Intended Parents Face:

- IVF Clinic staff not trained to work with LGBTQIA+ patients
- Lack of cultural competency
- Medical forms not inclusive or representative of LGBTQIA+ patients
- Discrimination in taking on patients
- Minimizing the LGBTQIA+ patient concerns
- Forgetting that the LGBTQIA+ couple is the patient, ignoring the non-spouse
- Gender assumed as binary

Making Your Practice LGBTQIA+ Inclusive

- Create best practices for LGBTQIA+ patient care
- Train ALL staff to be culturally competent to LGBTQIA+ patient needs
- Update and make all forms LGBTQIA+ inclusive and gender non-binary
- Understand and take your LGBTQIA+ patient's concerns seriously
- Treat both members of the LGBTQIA+ couple as equal members of the patient team

Who Are The Parents?

- Parents are the individuals who love and literally “parent” the child
- With ART or adoption contributing the egg, sperm or womb, having a biological connection to the child does not automatically make that person the parent
- The individuals contributing these ingredients may be the parents or may not be
- The importance of language

Research on LGBTQIA+ Parents

Consistently shows that:

> Children and adolescents raised by LGBTQIA+ parents function as well as those raised by heterosexual parents in terms of mental health outcomes and peer relations.

Patterson, C. (1992), (1997), Tasker, F., & Patterson, C. J. (2007), Golombok, S. (2015)

Most Important Take Away:

- LGBTQIA+ patients need the same level of cultural competency that we should be bringing to all of our diverse patients.

LGBTQIA+ patients want the same thing as all other parents to be:

- To be treated fairly and with sensitivity
- To be successful in creating their families

Resources for your LGBTQIA+ patients:

- **Family Equality Council**: www.familyequality.org National organization dedicated to advocacy, resources, education, and support for LGBTQAI+ families, including family building resources. Includes extensive database of research and parenting support.
- **Fenway Health**: http://fenwayhealth.org/care/medical/transgender-health/
- **Gayparent.com**: www.gayparentmag.com Longest running nationally distributed publication dedicated to LGBTQAI+ parents and parents-to-be.
- **Gay Parents to Be**: www.gayparentstobe.com An informational resource and link to LGBTQAI+ family building resource
- **Men Having Babies**: https://www.menhavingbabies.org/

Resources for your LGBTI+ patients:

- **National Center for Transgender Equality**: www.transequality.org Monitors federal activity on transgender issues and offers advocacy and education
- **UCSF Center of Excellence for Transgender Health:** http://transhealth.ucsf.edu/
- **US Professional Association for Transgender Health:** http://www.wpath.org/
- **Your Future Family: The Essential Guide to Assisted Reproduction** (Bergman, Conari Press 2019) Comprehensive patient guide to the ART process.

Terminology

- **LGBTQIA+:** Acronym that is constantly being updated refers to all of the identities commonly associated with gender and sexual identities that are outside of the heterosexual, cisgender norm. This iteration stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and more.
- **Queer:** to some this is seen as a slur but to younger generations this term has been reclaimed. Usually not used by those outside of the group.
- **Intersectionality:** This term refers to the concept of interconnected areas of oppression, how they overlap and combine, and the idea that social justice doesn't exist in a vacuum.

Terminology

- **Attraction:**
- **Bisexual:** This term refers to a person attracted to two or more genders. This could be a person attracted to men and women, a person attracted to men and nonbinary genders, or a person attracted to their own gender and a few others. While "bi" does refer to two, as the community's understanding of gender has grown, the term has expanded in its usage beyond the gender binary.
- **Pansexual:** Similar to bisexual, a person attracted to many genders (usually more than two or any gender). Someone may consider themselves bisexual and pansexual, or just one or the other.
- **Questioning:** A term used to refer to someone who is not sure what their gender identity or sexual orientation is, and who is in the process of figuring it out.
- **Straight/Heterosexual:** A man attracted to women, or a woman attracted to men. Cis and trans people can be heterosexual, as it's about the gender you identify as and the gender you're attracted to, not the one you were born with.

Terminology

- **Gender Identity:**
- **Sex:** One's sex is the biological combination of one's bodily organs, hormones, and chromosomes. Sex and gender are associated, but not the same nor interchangeable.
- **Gender Expression:** One's gender expression is how one presents oneself to the outside world, and how that links to the way one experiences one own gender.
- **They/them/theirs:** A set of gender-neutral pronouns used by some nonbinary or genderqueer people to identify themselves in the third person.
- **Gender assigned at birth:** This is the gender that gets assigned at birth, based on one's sex organs and chromosomes.
- **Misgender:** The act of misgendering someone is the act of deliberately or accidentally referring to someone by the wrong gender assignation.

Terminology

- **Cisgender**: A person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).
- **Transgender:** A person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.
- **Gender fluid:** A person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender some days, and another gender other days.
- **Non-binary:** A person who does not identify as male or female (cis or trans)

Terminology

- **Trans man/transgender man/transmasculine/AFAB** – A transgender person whose gender identity is male may use these terms to describe themselves. Some will just use the term man.
- **Trans woman/transgender woman/transfeminine/AMAB** – A transgender person whose gender identity is female may use these terms to describe themselves. Some will just use the term woman.

Terminology

Transgender is an ADJECTIVE:

Someone is not “a transgender” or “transgendered”

Gender identity is distinct from sexual orientation, as well as disorders/differences of sexual development

Terminology

- **Transition** – Process of coming to recognize, accept, and express one's gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, sex designation, and using medical interventions.
- **Gender affirming surgery** (GAS) – Surgeries used to modify one's body to be more congruent with one's gender identity.

Terminology

- **Being LGBTQIA+**
- **Coming Out:** Coming out is a unique process for every LGBTQIA+ person. It's not a requirement for any person to come out in public. Coming out, like all things, is a process—often the first time one comes out it is to oneself—and one may come out multiple times in life .
- **Living openly:** Living openly is the choice to live as your authentic self—to live as an LGBTQIA+ person in spite of harassment and oppression.
- **Outing:** The practice of revealing someone else's sexuality or gender identity without their consent.
- **Pride:** A celebration of standing open in one's own identity against oppression, beginning with the Stonewall Riots of 1969. From a time when gay and trans clubs were raided by police regularly to now, Pride Month is a celebration of how far the LGBTQAI+ community has come.
- **Ally:** Someone who supports the rights of the LGBTQIA+ community through action.

LGBTQ+ Family Building Through ART: Optimal Medical, Legal, and Psychological Support.

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Presentation for

SART

2021

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Learning Objectives

At the conclusion of this presentation the participant should be able to:

- Identify some of the common legal and practical issues LGBTQIA+ clients face in their family building journey.
- Better support their LGBTQIA+ patients by understanding and appreciating the relationship between legal barriers and patient needs.
- How to better serve their LGBTQIA+ clients and create best practices through pre-treatment consults with legal professionals.

The Marital Presumption of Parentage

Under which a husband was presumed to be the legal father of any child born to or conceived by his wife.

Statutorily, the presumption might look something like :

"For the purposes of birth registration, the mother is deemed to be the woman who gives birth to the child." Ark. Code § 20–18–401(e) (2014).

And "[i]f the mother was married at the time of either conception or birth, the name of [her] husband shall be entered on the certificate as the father of the child." § 20–18–401(f)(1).

Statutorily, the presumption might look something like :

Texas Family Code section 160.201(a) The mother-child relationship is established between a woman and a child by:

The woman giving birth …

Texas Family Code section 160.204(a) The father-child relationship is established between a man and a child :

1. By a voluntary acknowledgement of paternity, or
2. If he held the child out as his own and resided in the home for 2 years.

The Presumption of Parentage, History and Evolution

A. Old World, succession > women rights
B. New World, financial responsibility was paramount, thus marriage > genetics
C. US as a representative democracy began societal experiments, states v federal
D. The 1960s demonstrated a desire for unmarried fathers to be responsible even if outside of the marriage.

Presumption of Parentage

F. Genetic testing more mainstream 1990s

G. The rise of genetic testing caused a rift as the presumption concealed the biological connection.

H. Uniform Parentage Act 2002, provided an ability to rebut the presumption as "[t]he mother of a child and a man claiming to be the genetic father of the child may sign an acknowledgment of paternity with intent to establish the man's paternity."

Presumption of Parentage

I. The maternity of the gestational mother was found to be unrebuttable even through genetic testing.

J. In the 80s and 90s sperm donation gave lesbian couples more access to parenting **but** without marriage and access to a presumption the birth mother remains the legal mother but her partner is viewed as a legal stranger.

Presumption of Parentage

K. In the 2000s ova donation and gestational surrogacy gave lesbian couples, gay couples and singles access to parenting, and removing the Intended Parent from having to act as birth mother.

L. On January 16, 2015, the U.S. Supreme Court addressed state laws that prohibited same- sex marriage. The Court found that states must grant same sex marriages and recognize sister state same sex marriages.

Presumption of Parentage

M. In 2017, the U.S. Supreme Court said that if a State issues Birth Certificates giving married parents legal recognition not available to unmarried parents, it must provide recognition equally to opposite and same-sex marriages.

Pavan v. Smith
2017

In Pavan, two married, lesbian couples relied upon anonymous sperm donation to have children in Arkansas in 2015. Each couple filled out the certificate of live birth paperwork listing their respective spouses as parents.

The Arkansas Department of Health issued certificates bearing only the birth mother's names.

Arkansas argued that being named on a birth certificate is not a benefit that accompanies marriage.

Pavan v. Smith

The Pavan Court noted Obergefell holds that married same sex couples have a right to "the constellation of benefits that the States have linked to [traditional] marriage."

The Court pointed out that Arkansas would list a husband on a birth certificate even when the couple relied upon a sperm donor.

If such a listing is within the constellation of benefits afforded traditional couples, it must be provided to a same-sex couple.

Porterfield v. Nebraska
10/2021

- An unmarried lesbian couple each delivered a child, relied on the same sperm donor and held themselves out as the parents of the children.
- The Nebraska Department of Health rejected their VOLUNTARY ACKNOWLEDGEMENTS OF PARENTAGE (VAP)
- In 1992 the Nebraska Legislature enacted paternity laws to ensure that both parents of a child provide financial support.
- Nebraska law makes the father of a child born out of wedlock liable for support and education in the same manner as the father of a child born of a marriage is liable for support

Porterfield v. Nebraska

- Nebraska Code: 43-104.02.
- Child born out of wedlock; identify and inform biological father.
- Whenever a child is claimed to be born out of wedlock there should be an attempt to inform the biological father…
- The “person claiming to be the father of the child" shall file notice of his intent to claim paternity and obtain custody with the biological father registry ...

Porterfield v. Nebraska

- Nebraska Code: 43-104.09.
- Child born out of wedlock; biological mother; affidavit; form.
- Child born out of wedlock, the biological mother shall complete and sign an affidavit in writing and under oath…

Porterfield v. Nebraska

AFFIDAVIT OF IDENTIFICATION

I, ..., the mother of a child, state under oath or affirm as follows:

(1) My child was born, or is expected to be born, on the ..... day of ....., ..., at ....., in the State of ..... .

(2) I reside at ....., in the City or Village of ....., County of ....., State of ..... .

(3) I am of the age of ..... years, and my date of birth is ..... .

(4) I acknowledge that I have been asked to identify the father of my child.

(5) (CHOOSE ONE)

(5A) I know and am identifying the biological father (or possible biological fathers) as follows:

The name of the biological father is ..... .

His last-known home address is ..... .

His last-known work address is ..... .

Porterfield v. Nebraska

- Nebraska deems a child born to a married couple is presumed legitimate. As we know Pavan v. Smith, affirmed that the presumption applies equally to same-sex and opposite-sex married couples.
- Nebraska case law prohibits second parent adoption.
- Nebraska allows the State, the mother, or the putative father to bring an action for paternity.
- A father's failure to answer or appear will permit a Court enter a default judgment against him.

Porterfield v. Nebraska

Thus, the Court can determine paternity without evidence.

A father whose paternity is established by a final, voluntary acknowledgment has the same right to seek custody as the child's biological mother, even if subsequent genetic testing shows no biological relationship.

VAPs can only be rescinded upon a showing of fraud, duress, or material mistake of fact.

Martial Presumptions

The following States do not recognize a gender-neutral marital presumption

Alabama, Alaska, Arkansas, Delaware, Kansas, Kentucky, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Utah, Virginia, Wisconsin, Wyoming.

Martial Presumptions

The following States do recognize a gender-neutral marital presumption

Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Kansas, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New Mexico, and Virginia

CT P.A. No. 21-15, Sec 36(d) Parents who sign a voluntary acknowledgment of parentage shall fully satisfy the requirements of the presumption and no further evidence shall be required.

Q&A Session

Questions can be sent through the question/chat box located on your meeting dashboard

Thank you for attending this webinar.

This session was recorded and will be available on our website.

For any further questions or comments, contact us at webinars@asrm.org.

This concludes the webinar.