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## Fertility Assistance and Other Options for Becoming a Parent After Cancer

Once your cancer treatment is over, you may be thinking about building your family. Your health care team and fertility specialist can help you understand your options and make a plan.

Here are the basics to get you started.

- [Understanding your options](#)
- [Assisted Reproduction](#)
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### Understanding your options

Your options for building your family depend on:

- The type of cancer treatment you had
- If you need to continue with cancer treatment
- If any of your reproductive organs were removed or damaged
- If you were able to cryopreserve your embryos, eggs or sperm
- If any side effects of your cancer treatment make carrying a child more dangerous for you

Be sure to check with your cancer care team to see if there are any reasons you can't or shouldn't get pregnant or father a child. You can learn more about this in [Having a Baby After Cancer: Pregnancy<sup>1</sup>](#).

\*We use the terms "male" and "female" to refer to sex assigned at birth. But we recognize not everyone's gender identity fits these categories.

If you are transgender or gender non-conforming, your fertility preservation options will be based on the reproductive organs you were born with. Your options will also depend on whether you've started gender affirming hormones or other procedures.

Learn more about starting this conversation with your cancer care team in [Gender Identity, Sexual Orientation, and Fertility<sup>2</sup>](#).

## **Assisted Reproduction**

If you or your partner cryopreserved (froze) your embryos, eggs, or sperm, you'll want to work with a fertility specialist to decide on your next steps.

Depending on your situation, you might be able to have a child in one of these ways:

### **Embryo transfer**

For embryo transfer, cryopreserved embryos are thawed and tested to make sure they are in good shape. They are then placed into a woman's uterus during the right part of her menstrual cycle. Some women may need hormone therapy to get their cycle into the right place before the embryo is transferred.

### **Intrauterine insemination (IUI)**

Intrauterine insemination might be a possibility if a man's sperm are cryopreserved and his female partner is fertile. After the sperm is thawed, it's put into the woman's uterus using a long, flexible tube called a catheter. If you choose this option, you'll work with a fertility specialist to figure out the best time to do this.

### ***In vitro* fertilization (IVF)**

*In vitro* fertilization can be done using either frozen eggs or frozen sperm. The eggs are put in a sterile lab dish with several thousand sperm. The goal is for one of the sperm to fertilize the egg. If an egg is fertilized, the embryo can be put into the woman's uterus to try and start a pregnancy.

***In vitro* fertilization with intracytoplasmic sperm injection (IVF-ICSI)**

donor's future relationship with the child. Everyone needs to be certain that the donor was not pressured to donate her eggs.

## **Donor embryos**

If your uterus is healthy and your body can maintain a pregnancy, you might be able to get pregnant using donor embryos. Most people who use donor embryos have to get hormone treatments to prepare the lining of the uterus and ensure the best timing of the embryo transfer. So you also must be able to safely take hormones.

These embryos use donor sperm and donor eggs. They do not use sperm or an egg from you or your partner. This option lets you experience pregnancy and birth, but you won't have a genetic relationship to the child. Embryo donations usually come from a couple who had IVF and has extra frozen embryos.

### ***How are embryo donors screened?***

Embryo donors must go through screening and testing before they can donate. They are tested for infectious diseases and are asked about their medical and genetic history. However, donors don't always give a detailed health history, so the risk of the embryo carrying an infection or genetic changes can't be eliminated.

### ***How much do donor embryos cost?***

Donor embryos are usually free, but there are other costs to the procedure. You will likely need to take medicines to get your uterus ready for the embryo. Having the embryo placed in your uterus is a medical procedure, so it carries a cost. There might also be legal fees.

## **Gestational carriers and surrogates**

Some women can't carry a pregnancy after cancer treatment, either because they no longer have a working uterus, or because they would be at high risk for a health problem if they got pregnant. In that case, having another woman carry the baby might be an option. This is done either through a gestational carrier or through a surrogate.

### ***Gestational carriers***

A gestational carrier is the most common option. This is a healthy woman who carries the embryos created from the egg and sperm of the intended parents, or from egg or sperm donors. The gestational carrier doesn't contribute her own egg to the embryo.

She has no genetic relationship to the baby.

### **Surrogates**

A traditional surrogate is used much less often. It is illegal in some states.

A surrogate becomes pregnant through artificial insemination. This is done either with sperm from a man who will raise the child, or from a sperm donor. The surrogate gives her own egg. It is fertilized with the sperm in a lab. The surrogate carries the pregnancy. She is the genetic mother of the baby.

Surrogacy can be a legally complicated and expensive process. Surrogacy laws vary, so it's important to have a lawyer help you make the legal arrangements with your surrogate.

You should review the laws of the state where the surrogate lives, the state where the child will be born, and the state where you live. It's also very important that the surrogate be evaluated and supported by an expert mental health professional as part of the process. This can help prevent problems when the child is born.

### **Donor sperm for men who are not fertile after cancer treatment**

If you couldn't freeze your sperm before cancer treatment, using donor sperm might be an option.

Major sperm banks in the United States collect sperm from young men who volunteer. They go through a detailed screening of their physical health, family health history, educational and emotional history, and even some genetic testing.

Donors are also tested for sexually transmitted diseases, including HIV and hepatitis viruses. You might be able to choose between a donor who will remain anonymous, one who provides personal information but doesn't want his identity known, or one who is willing to have contact with the child later in life.

The donor sperm is then used in an assisted reproduction process. This is usually done through intrauterine insemination (IUI).

The cost of donor sperm and the IUI procedure varies. If you're interested in this approach, check with your insurance company about coverage and ask your fertility specialist what costs are involved with the process. Be sure to ask for a list of all fees and charges, since these differ from one center to another.

## Adoption

Adoption might be an option if you've had cancer and want to become a parent. You will likely be asked to answer questions about your health. You may also need to submit a letter from your doctor describing your cancer status and prognosis.

There are [adoption agencies](#)<sup>3</sup> that have experience working with cancer survivors. Cancer survivors also have some legal protections under the Americans with Disabilities Act (ADA). This includes protection against discrimination during adoption proceedings.

You can adopt a child in your own country through a public agency (such as the foster care system), through a private agency, or by a private arrangement. Private agencies may also help with international adoptions. The adoption process takes different lengths of time depending on the type of adoption you choose.

Adoption is complex and requires a lot of paperwork. Many people find it helpful to attend adoption or parenting classes before adopting. These classes can help you understand the adoption process and give you a chance to meet other people in similar situations.

The cost of adoption varies greatly. It ranges from around \$6,000 (for a public agency, foster care, or special needs adoption) to between \$20,000 and \$50,000 (for private U.S. and some international adoptions, including travel costs).

## Choosing not to have children

Many people, with or without cancer, decide they prefer not to have children. If you are unsure about having children, talk with your spouse or partner. If you are having trouble agreeing on the future, talking with a counselor or mental health professional may help you both think more clearly about the issues and make the best decision.

## Learn more

[Preserving Your Fertility When You Have Cancer \(Women\)](#) <sup>4</sup>

[Preserving Your Fertility When You Have Cancer \(Men\)](#) <sup>5</sup>

[Preserving Fertility in Children and Teens with Cancer](#) <sup>6</sup>

## Hyperlinks

1. [www.cancer.org/cancer/survivorship/long-term-health-concerns/pregnancy-after-cancer.html](http://www.cancer.org/cancer/survivorship/long-term-health-concerns/pregnancy-after-cancer.html)
2. [www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects.html#gender-identity-fertility](http://www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects.html#gender-identity-fertility)
3. [oncofertility.msu.edu/resources/for-patients/fertility-options/cancer-friendly-adoption-agencies/](http://oncofertility.msu.edu/resources/for-patients/fertility-options/cancer-friendly-adoption-agencies/)
4. [www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects/fertility-and-women-with-cancer/preserving-fertility-in-women.html](http://www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects/fertility-and-women-with-cancer/preserving-fertility-in-women.html)
5. [www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects/fertility-and-men-with-cancer/preserving-fertility-in-men.html](http://www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects/fertility-and-men-with-cancer/preserving-fertility-in-men.html)
6. [www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects/preserving-fertility-in-children-and-teens-with-cancer.html](http://www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects/preserving-fertility-in-children-and-teens-with-cancer.html)

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[us/policies/content-usage.html](#)).

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