

The Family Voice

Paternal Sea Change: A Trans Dad's Journey to Fatherhood through Resilience and Advocacy for Modern Social and Ethical Standards in Fertility Care

Abe Dickison

ABSTRACT

A father recounts his experience going through pregnancy, birth, and an admission in the neonatal intensive care unit. This narrative details the ethical issues that arose, the systems issues faced, and the power of advocacy and allyship.

Our hearts melted into puddles each time we heard the gurgled coos of infants we passed in grocery store aisles, saw looks of joy on the faces of new families, listened to the shouts of “Mommy” or “Daddy” as little ones toddled over to be scooped into loving arms. The call to parenthood was clear and becoming louder to my wife and me with each passing year.

A man and woman who want to bring a child into the world often come with a straightforward concept for conception to begin with—but we knew our path to becoming parents would be anything but easy or typical and would certainly be unquestionably queer. For starters, neither of us wanted to be pregnant. Even prior to my coming out as a transgender man, the idea of

pregnancy had never enticed me. Post-transition and years of hormone therapy later, any wisp of aspiration to carry a pregnancy was so distant it may as well have been an alternate reality. Exploring the paths to parenthood available to the LGBTQ+ community, we were able to easily identify what we didn't want, but a definitive path forward with the options that remained eluded us. Feeling stuck, rapidly approaching a “geriatric” pregnancy age, and with hope for the biological possibilities it could afford us, we opted to begin in vitro fertilization (IVF) in pursuit of egg retrieval.

This initial decision, while seemingly middling at the time, was just the first knot in a string of ethical complexities to come: access, equitability, prohibitive costs, absent guidelines and ethical standards for decision making, gendered experiences and language, emotional, physical, and social hardships, amongst so much more.

A LAST RESORT, A DIFFICULT DECISION, AND ETHICAL GRAY AREAS

With much hormone therapy and many bills, we were off on our journey to retrieve eggs. Not

Abe Dickison is a Children's Minnesota parent.
2025 by *Journal of Pediatric Ethics*. All rights reserved.

just any eggs—my eggs. Rather quickly though, the hope with which we began the process waned. Multiple egg retrieval attempts failed, draining our finances and emotional reserves. IVF is notoriously expensive, a reality that creates significant barriers for many aspiring parents.

Access to fertility treatments is far from equitable. The effects of hormone therapies that went so specifically counter to my gender identity also created hardships mentally, physically, and emotionally amid our efforts to make a family.

Exhausted and disheartened, we reached what we felt would be our final retrieval attempt, only for our doctor to inform us that, yet again, the protocol had failed. As a last resort, he suggested that, while not what we'd hoped for, we could consider converting our IVF cycle to an intrauterine insemination (IUI). If we chose to proceed, I'd potentially become the bearer of our child after all—a far cry from my initial vision of fatherhood.

The alternative was to abandon our dream of parenthood altogether. The ethical considerations were immense: the conflict between my gender identity and the potential pregnancy, the emotional toll both behind and ahead of us, and the long-term implications for our family.

We had one long night of soul-searching to decide as the fertility window ticked by. The next morning, we aligned on taking this one last chance, with all the anxiety and uncertainty to go with it, and proceeded with the IUI.

It is incredible and humbling for all involved to witness (and at times pioneer through) the clear lack of ethical guidelines, expert guidance, and appropriate support systems for transgender individuals navigating assisted reproductive technologies.

Beyond standards for guidance in these procedures themselves, it will always be unnerving to feel the struggle of being the “new” or “unusual” in a medical setting and being met by incredulity, confusion, highly gendered language and expectations, stubbornness, and sensitivity, amongst other ways in which this type of care finds ways to cross wires with harm.

UNEXPECTED PREGNANCY, A SHIFTING LANDSCAPE, AND SYSTEMIC BIAS

Remarkably, the IUI was successful on the first attempt. After socially and medically transitioning eight years prior, being a pregnant man was a curve ball I'd not prepared for. Yet, there I was, navigating the unfamiliar terrain of pregnancy as a “seahorse dad”—a birthing father. The pregnancy itself, surprisingly, proved to be the easier part.

Baggy clothes and the weight gain in my stomach were largely interpreted as a “beer belly” and allowed me a degree of anonymity. The societal assumptions about gender and pregnancy, and the invisibility that transgender parents can experience even in deeply personal and transformative moments, were isolating and stark.

We meticulously selected an obstetrician-gynecologist with specific training in transgender care, hoping to minimize the challenges of my unique situation. However, nature had other plans. At 28 weeks, we were reckoning with preterm premature rupture of membranes (PPROM). Our carefully crafted birthing plan dissolved as we were rushed to The Mother Baby Center.

MICROAGGRESSIONS, A SENSE OF OTHERNESS, AND ETHICAL FAILURES IN CARE

At The Mother Baby Center, the reality of navigating a traditionally gendered space as a transgender parent became stark. Upon arrival, the first nurse asked my partner, “Where is she?” This seemingly simple question immediately created a sense of otherness, amplifying an already stressful situation. The doctor, upon entering, addressed my partner, initially unaware that I was the pregnant patient. Later, my partner faced confused looks from security when asked for the “mother’s” first name during visits. These seemingly negligible microaggressions accumulated, taking a greater toll than we anticipated, highlighting the ethical failures of healthcare systems to provide truly inclusive

and affirming care for transgender individuals. We grew increasingly anxious about the upcoming birth, not just for medical reasons, but also due to the potential for further discrimination and misunderstanding.

FINDING SUPPORT, A MOMENT OF ACCEPTANCE, AND THE POWER OF ALLYSHIP

My hospital stay lasted three weeks. One cherished memory from this time was a nurse

baby's name and pronouns, and the name and pronouns of the birthing parent. After a long and emotionally draining day, this simple acknowledgment felt like a breath of fresh air. This simple drudgery of data collection and intake processes are yet another area that can and should be mindful of being inclusive of diverse family structures.

It was disheartening that that level of acknowledgment of our needs as a queer family didn't continue throughout our 54-day NICU stay. Whenever a new care team walked into

This act of allyship underscored the profound impact that individual healthcare providers can have in creating more welcoming and affirming environments for transgender patients.

who, with a simple act of kindness, crossed out the "m" in "maternity" on a package of pads and replaced it with a "p"; for "paternity". This small gesture allowed me to relax my guard and feel a sense of validation and genuine care. This act of allyship underscored the profound impact that individual healthcare providers can have in creating more welcoming and affirming environments for transgender patients.

During this period, I sought support from various sources, including other seahorse dads. This small but powerful community provided invaluable support and understanding, underscoring the importance of peer networks.

At 31 weeks, our baby arrived. With a rotating care team, we didn't know which doctor would be present at the birth. Fortunately, on that day we had an exceptional team who consciously avoided gendered language, allowing us to be fully present during the delivery. It was a deep relief to receive competent and identity sensitive care.

Our son's premature birth meant a stay in the neonatal intensive care unit (NICU). Upon arrival, a nurse greeted my partner with questions about her relationship to the baby, our

the room we held our breath. Were they going to ask me or her how our recovery was going? Was I going to be called mom or dad? We took a sigh of relief when a care team member who we knew and knew our family walked into the room.

Every night we left the NICU one of us broke down, completely emotionally drained. Having a child in the NICU is hard, and the uncertainty of our environment in an already disorienting experience made it painful. At one point we confided in each other that we had grown to dread going to see our new baby. We knew we had to get him and ourselves out of that environment so that we could all grow together in the safety of our home.

BUREAUCRATIC OBSTINANCE, SYSTEMIC INEQUITY, AND ADVOCACY

With our baby and me at home and well, we thought the most significant hurdles were behind us. Then, our son's birth certificate arrived, riddled with errors. Despite submitting a certified copy of the correct information, our names had been swapped, and our birth dates

were listed as the exact same date as one another.

The initial response to our complaint was to charge us for a corrected copy, despite that we made no errors. It took months of phone calls and emails to rectify the birth certificate, illustrating the systemic inequities that transgender individuals face in navigating bureaucratic processes. While we could have paid the small fee, we felt it was crucial to hold them accountable to prevent this from happening to other families. This experience highlighted the need for systemic changes in how vital records are processed to ensure accuracy and for expansive definitions that allow for equitable representation and respect in official government documents.

I am grateful for the resources I had access to, which have allowed me to amplify the experiences of birthing fathers. With more young people identifying as LGBTQ+ than ever before, I feel a responsibility to make their journeys to parenthood have fewer obstacles and unnecessary hurdles that arise from default heteronormative discourse and training.

For me, this means my advocacy work has only just begun. My personal experience as a seahorse dad has revealed the complex ethical landscape that transgender individuals face when navigating parenthood up against old systemic biases that serve no one and disrupt parents in their early days as aspiring, pregnant, bereft, and active families. No one's journey through a sensitive medical landscape should be reliant on their own personal resilience and tolerance of going unseen or invalidated. Affirming, accurate, informed, and more equitable practices are in our future. They are deserved and they are full of care—for everyone.