

Expectations for family building, assisted reproduction, and adoption among lesbians in the National Survey of Family Growth, 2017–2019

Caroline J. Violette, M.D.^a and Brian T. Nguyen, M.D., M.Sc.^b

^a Department of Obstetrics and Gynecology, Keck School of Medicine of the University of Southern California, Los Angeles, California; ^b Section of Family Planning, Department of Obstetrics and Gynecology, Keck School of Medicine of the University of Southern California, Los Angeles, California

Objective: To characterize the family-building goals and experiences of lesbians compared with those of heterosexual females in the United States.

Design: Secondary analysis of nationally representative, cross-sectional survey data.

Setting: National Survey of Family Growth 2017–2019.

Patient(s): 159 reproductive-age lesbian respondents and 5,127 reproductive-age heterosexual respondents.

Intervention(s): We characterized family-building goals and the use of assisted reproduction and adoption among lesbians using nationally representative female respondent data from the 2017–2019 National Survey of Family Growth. We performed bivariate analyses examining variations in these outcomes between lesbian and heterosexual individuals.

Main Outcome Measure(s): Wantedness of children, use of assisted reproductive technology, and pursuit of adoption among reproductive-age lesbian and heterosexual participants.

Result(s): We identified 159 reproductive-age lesbian respondents of the National Survey of Family Growth, representing 2.3% or approximately 1.75 million US individuals of reproductive age. The lesbian respondents were younger, less religious, and less likely to have children than heterosexual respondents. These groups did not differ significantly by race/ethnicity, education, or income. More than half of the individuals reported wanting a child in the future, with proportions similar between the lesbian and heterosexual individuals (48% vs. 51%, respectively; $P = .52$). Accordingly, 18% of both the lesbian and heterosexual individuals reported that they would be greatly bothered if they were unable to have children. Nevertheless, health care providers reportedly asked the lesbians about their desire to get pregnant less frequently than they asked the heterosexual individuals (21% vs. 32%, respectively; $P = .04$). Only 26% of the lesbians had ever been pregnant compared with 64% of the heterosexual individuals ($P < .01$). Approximately one third (31%) of lesbians with medical insurance were seeking reproductive services compared with 10% of heterosexual individuals ($P = .05$). Lesbians were significantly more likely to be seeking adoption than heterosexual individuals (7.0% vs. 1.3%, respectively; $P = .01$), although they were more likely to report being turned down (17% vs. 10%, respectively; $P = .03$), not knowing why they were unable to adopt (19% vs. 1%, respectively; $P = .02$), and quitting because of the adoption process (100% vs. 45%, respectively; $P = .04$).

Conclusion(s): Approximately half of US females of reproductive age desire to have a child, a proportion that is not different between lesbian and heterosexual individuals. However, fewer lesbians are asked about their desires to get pregnant, and fewer ever become pregnant. Lesbians are significantly more likely to pursue assisted reproductive services when covered by insurance and more likely to seek adoption. Unfortunately, lesbians are more likely to face challenges with adoption. (Fertil Steril Rep[®] 2023;4:190–5. ©2023 by American Society for Reproductive Medicine.)

Key Words: Family building, lesbian, LGBTQIA+, assisted reproductive technology, adoption

Received February 28, 2023; revised April 6, 2023; accepted April 10, 2023.

C.J.V. has nothing to disclose. B.T.N. has nothing to disclose.

Presented as an oral abstract at the American Society for Reproductive Medicine Scientific Congress and Expo in Baltimore, Maryland (October 19, 2021).

Correspondence: Caroline J. Violette, M.D., Los Angeles County University of Southern California Medical Center, University of Southern California Keck School of Medicine, 2020 Zonal Ave IRD 505, Los Angeles, California 90033 (E-mail: caroline.violette@med.usc.edu).

Fertil Steril Rep[®] Vol. 4, No. 2, June 2023 2666–3341

© 2023 The Authors. Published by Elsevier Inc. on behalf of American Society for Reproductive Medicine. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

<https://doi.org/10.1016/j.xfre.2023.04.003>

Per the American Society for Reproductive Medicine, building a family is a basic human right (1). For those who wish to have and raise children, being unable to do so can be painful and cause a profound sense of loss that can be detrimental to their mental health and sense of self (2, 3). Same-sex couples face numerous barriers in attempting to realize their family-building goals, including but not limited to financial barriers, social stigmatization, and legal challenges related to adoption (4–6). Members of the lesbian, gay, bisexual, transgender, queer/questioning (one’s sexual or gender identity), intersex, and asexual/aromantic/agender (LGBTQIA+) community have fewer interactions with the health care system and more often cite concerns about being judged by health care professionals (7). This fear may stem from persistent societal stigmatization, which is known to deeply impact the members of this community (8, 9). This stigmatization also impacts attitudes toward parenting such that the ability to imagine oneself as a mother or father figure can become compromised, compounded by the fear that stigmatization will affect their future offspring (10).

Lesbians are often dependent on assisted reproductive technologies (ARTs) when planning for pregnancy with a same-sex partner. Although same-sex couples may undergo similar fertility evaluations and treatments as heterosexual couples, with some ultimately choosing adoption, heterosexual and lesbian individuals face distinctly different social and structural challenges along either path that influence family-building outcomes.

As if the cost of ARTs and the accessibility of fertility centers were not already significant barriers, centers may vary in their willingness to provide fertility services to single and/or lesbian persons (6). A previous study demonstrated that fewer lesbians become parents compared with their heterosexual counterparts, although it did not explore the attitudes and experiences of individuals choosing parenthood (11). Using data from a nationally representative survey, we characterized the family-building goals and reproductive experiences of lesbians compared with those of heterosexual persons in the United States. Specifically, we examined the assisted reproductive services accessed by these groups and the proportion involved in the process of successful adoption.

MATERIALS AND METHODS

Survey Data

The US National Survey of Family Growth (NSFG) was conducted by the National Center for Health Statistics and Centers for Disease Control and Prevention. The NSFG continuously collects population-level data on relationships, family planning, contraceptive use, and general reproductive health. A multistage sampling design was employed to ultimately select random individuals from selected households in the United States for participation. We restricted our analysis to available data from 2017 to 2019. The NSFG data were collected via in-person interviews of a nationally representative, independent sample of US women aged 15–44 years. Responses to particularly sensitive questions were collected using audio-computer-assisted self-interviewing such that the participants could enter responses directly into the

computer system without an interviewer present to increase the accuracy of the responses. The survey oversampled for non-Hispanic Black, Hispanic, and teenage individuals (aged 15–19 years). All respondents were assigned weights based on national averages for race, ethnicity, and age from the US Census Bureau such that the results were representative of the US population. A more complete description of sampling methods and the survey design is described in a previous publication (12). Because the NSFG data are deidentified and publicly accessible, institutional board review was not performed.

Measures, Study Population, and Variables of Interest

We were primarily interested in differences between lesbian and heterosexual female respondents’ desires for a child in the future, which was queried by the NSFG as follows: “looking to the future, do you, yourself, want to have a(nother) baby at some time?” To query the participants’ sexual orientation, the NSFG asked half of the sample: “do you think of yourself as...” heterosexual or straight; homosexual, gay, or lesbian; bisexual; not ascertained; refused; or do not know. The remaining half was asked “which of the following best represents how you think of yourself? lesbian or gay; straight, that is, not lesbian or gay; bisexual; or something else.” For the purpose of our analysis of the family-building goals and experiences of lesbians vs. those of heterosexually identifying individuals, we included those identifying themselves as homosexual, lesbian, or gay in the same group. We excluded individuals who identified as bisexual or “unsure” to ensure clear distinctions between the groups being analyzed. We have used gender-neutral language as default throughout this article; however, we have referred to women specifically when our data source uses that terminology.

We examined the following sociodemographic characteristics between the groups: age, race/ethnicity (e.g., Hispanic, non-Hispanic Black, non-Hispanic White, and non-Hispanic), education, and income based on the percentage of the federal poverty level. With respect to access to and uptake of health care, we examined insurance coverage (e.g., private health insurance plan, Medicaid, Medicare, Medi-gap, military health care, Indian health service, children’s health insurance, single-service plan, state-sponsored health plan, or other government health care). Additional reproductive characteristics examined included personal history of pregnancy and number of children already at home.

With respect to experiences with family building, the NSFG asked whether a health care provider had ever asked whether they wanted to become pregnant and whether they had ever been to a doctor or other medical care provider seeking help to become pregnant. Respondents who sought medical help to become pregnant were further asked about the types of services they received. The NSFG additionally asked about insurance coverage for infertility evaluations and services as follows: “did either of you have private health insurance to cover any of the costs of medical help for becoming pregnant?” The degree to which the respondents desired children in the future was additionally assessed: “if

it turns out that you do not have any children, would that bother you a great deal, some, a little, or not at all?"

Lastly, the NSFG queried experiences with adoption by asking all participants "at this time, are you currently seeking to adopt (a/another) child?" Those seeking to adopt a child were asked several additional details such as whether they had taken any steps to begin the process. If a participant had taken steps to adopt, they were asked "were you turned down for adoption, unable to find a child to adopt, or did you decide not to pursue adoption any further?" Furthermore, they were asked this if the adoption process itself played a role in cases in which they decided to stop pursuing adoption. If the participant was not currently seeking to adopt, they were asked "have you ever considered adopting (a/another) child?"

Statistical Analysis

We present the proportion of female respondents who self-identified as lesbian and reported interest in future children according to the respondents' characteristics using simple descriptive statistics. Simple proportions were calculated to assess the difference between lesbian and heterosexual respondents as related to various sociodemographic and reproductive characteristics, experiences with adoption, and the use of ARTs. We performed bivariate analyses using χ^2 tests of association to examine the differences between the heterosexual and lesbian groups, with significance set at $P < .05$.

Given the availability of data for analysis, we performed multivariable logistic regression using findings from the above bivariate analyses to identify characteristics independently linked to interest in future children. Potential covariates associated with the wantedness of children at the $P < .20$ level were included in the multivariable logistic regression model. Variables concerning collinearity using tests of correlation were omitted. Potential confounders were determined in a backward stepwise process and retained if the percent change in the odds of interest in future children was $> 10\%$. Backward elimination continued until all remaining variables were significant at the $P < .05$ level.

All analyses were performed using STATA, version 13.1, for Windows (STATA Corp., College Station, TX); all percentages presented are weighted according to weights provided by the NSFG via the National Center for Health Statistics.

RESULTS

Our analyzed population included 5,286 reproductive-aged respondents who identified as either lesbian or heterosexual; 159 (2.3%) respondents identified as lesbian, representing > 1.75 million individuals in the United States (Table 1). The proportion of lesbian-identifying individuals was balanced between the 2 variants of the sexual orientation query (52.6% vs. 47.4%). The lesbian respondents were, on average, 4 years younger than the heterosexual respondents (mean age, 28.6 vs. 32.8 years, respectively; $P < .01$). The heterosexual respondents were significantly more religious, with 26% attending services more than once per week compared with 5% of the lesbian respondents ($P < .01$). The lesbian and

heterosexual respondents did not differ by race/ethnicity, education, or income (Table 1).

When asked whether they desired children in the future, 51% of the heterosexual individuals answered "yes" compared with 48% of the lesbian individuals ($P = .51$). When asked how bothered they would be if they did not have children, 18% of the heterosexual persons answered "a great deal," similar to 17% of the lesbians. Notably, only 20% of the lesbians recalled being asked by their health care provider whether they wanted to be pregnant compared with 32% of the heterosexual individuals ($P < .04$). The majority (64%) of the heterosexual females reported a prior pregnancy compared with only 26% of the lesbians ($P < .01$). The heterosexual females were significantly more likely to have a child at home (51% vs. 21%, respectively; $P < .01$). Although approximately half of the lesbian and heterosexual respondents reported wanting children in the future, our multivariable logistic regression model (Supplemental Table 1, available online) noted that lesbian women were one third as likely as heterosexual women to want children in the future (adjusted odds ratio, 0.33; 95% confidence interval, 0.20–0.56), which may be explained by the age discrepancy between the respondent groups. In this model, age was inversely related to wanting children in the future (adjusted odds ratio, 0.86; 95% confidence interval, 0.85–0.87).

With respect to their efforts to become parents, the lesbian respondents more frequently reported using ARTs than the heterosexual respondents when these services were covered by medical insurance (31% vs. 10%, respectively; $P = .05$). Among those who reported receipt of reproductive services, similar proportions of heterosexual and lesbian individuals received counseling from providers regarding ways to help get pregnant (78% vs. 65%, respectively; $P = .26$; however, lesbians underwent fertility testing less frequently (35% vs. 64%, $P = .01$) and ovulation induction (44% vs. 13%, $P < .01$; Table 2). No significant differences were seen in the rate of tubal surgery (8% vs. 0, $P = .36$) or intrauterine insemination (19% vs. 36%, $P = .17$) between the 2 groups (Table 2).

Regarding adoption, 63% of the lesbian persons had considered adoption compared with 40% of the heterosexual females ($P < .01$; Table 3). Lesbians were also significantly more likely to be seeking adoption (7.0% vs. 1.3%, $P = .01$), although also more likely than heterosexual individuals to report being turned down (17% vs. 10%) or not knowing why they were unable to adopt a child (19% vs. 1%, $P = .02$; Table 3). Lesbians were also more likely than heterosexual individuals to quit the adoption process because of the burden of the process itself (100% vs. 45%, respectively; $P = .04$).

DISCUSSION

In this nationally representative analysis of the reproductive experiences and family-building goals of lesbian vs. those of heterosexual female individuals in the United States, we noted that although lesbians were independently less likely to want children in the future compared with heterosexual women, the proportion of lesbians who reported wanting a child remained high at nearly half (48%).

TABLE 1

Sociodemographic characteristics of respondents to the National Survey of Family Growth (2017–2019), N = 5,286.

Respondent characteristics	Total N = 5,286 ^a	Heterosexual (%) n = 5,127	Lesbian (%) n = 159	P value
Respondent age (y)	≤29	2,198 (39)	86 (59)	<.01
	30–39	1,637 (30)	40 (22)	
	>40	1,292 (30)	33 (19)	
Race and ethnicity	Hispanic	11,248 (21)	37 (16)	.72
	Non-Hispanic White	2,264 (55)	77 (59)	
	Non-Hispanic Black	986 (13)	33 (14)	
	Non-Hispanic other	449 (10)	12 (10)	
Education	Less than HS	892 (14)	31 (20)	.17
	HS grad and GED	1,336 (23)	43 (23)	
	Some college	1,451 (30)	51 (37)	
	College degree	947 (22)	22 (12)	
	Higher than college	501 (11)	12 (8)	
Percentage of federal poverty level (%)	<138	1,293 (21)	33 (24)	.52
	138–399	2,559 (49)	78 (41)	
	≥400	1,275 (30)	48 (34)	
Religiosity	Never	1,425 (28)	80 (57)	<.01
	Rarely	2,267 (46)	64 (38)	
	More than once per week	1,427 (26)	15 (5)	
Want kids	Yes	2,726 (50)	72 (44)	.32
	No	2,401 (50)	87 (55)	
How bothered without children	A great deal	977 (18)	25 (18)	.95
	Some	831 (16)	25 (17)	
	A little	663 (12)	23 (14)	
	Not at all	2,648 (53)	86 (51)	
Ever pregnant	Yes	3,229 (64)	38 (26)	<.01
	No	1,898 (36)	121 (74)	
Kids in house	Yes	2,553 (51)	34 (21)	<.01
	No	2,574 (49)	125 (79)	
Health insurance	Private health insurance	2,979 (65)	91 (64)	.95
	Medicaid, CHIP	1,226 (18)	32 (18)	
	Medicare and military	239 (5)	11 (6)	
	Single-service plan	683 (12)	25 (12)	

CHIP = Children's Health Insurance Program; GED = General Education Development; grad = graduation; HS = high school.

^a Column totals do not always equal 5,286 because not all questions applied to total study population.Violette. *Lesbian family building*. Fertil Steril Rep 2023.

This finding represents a shift from prior analyses of the NSFG from 2002, which likely underestimated the proportion of US lesbians and reported only 37% of lesbians wanting children in the future compared with two thirds of heterosexual women (13).

Despite a persistent and longstanding desire for parenthood, lesbians continue to face significant barriers in this journey. More than one third of the lesbian and heterosexual respondents similarly reported that they would be bothered if they did not have children, suggesting that both lesbian and heterosexual individuals should have access to opportunities for expanding their families via assisted reproduction and adoption. Nevertheless and as noted in previous studies, lesbians were significantly less likely to report having been pregnant and less likely to have children at home (14).

Lesbians often require ARTs to begin building their families, which adds a barrier that most heterosexual couples do not face. Unfortunately, these data show that providers are significantly less likely to ask lesbian patients about their desires regarding future pregnancy, which may lead to delays in referral to reproductive specialists if patients neither feel empowered to initiate this conversation with their provider nor see their provider as a knowledgeable and empathetic resource. For example, another survey noted that approximately half of

fertility clinic websites lack any content directed at LGBTQIA+ individuals. The lack of LGBTQIA+ representation can create an uncomfortable environment for these individuals, preventing them from discussing their family-building goals with these providers (15).

We also noted that among individuals who spoke with a provider about ways to help them get pregnant, significantly fewer lesbian individuals subsequently underwent fertility testing. Because lesbian couples may not have baseline infertility, some providers may defer a more extensive workup, whereas others might still recommend baseline fertility tests, such as hysterosalpingograms, to assess tubal patency. Some lesbians may themselves defer fertility testing after initial consultation or after a shared decision-making process with their providers, or simply be unable to afford testing for financial reasons. To our knowledge, there is no consensus on the suggested evaluation before providing fertility treatment in the setting of lesbian couples, which may result in heterogeneous practice patterns that could subject lesbian patients to unnecessary testing and delays.

Economic barriers are the main contributors to disparities in access to effective ART for all persons; however, these barriers disproportionately affect the LGBTQIA+ population (1). Only 19 states in the United States have passed laws that

TABLE 2

Utilization of assisted reproductive specialists and services among respondents to the National Survey of Family Growth (2017–2019), N = 5,286.^a

Respondent characteristics		Heterosexual (%)	Lesbian (%)	P value
Ever received medical help to get pregnant	Yes	421 (9)	15 (8)	.5
	No	4,377 (90)	125 (92)	
Currently using medical assistance to get pregnant (when insured)	Yes	44 (10)	5 (31)	.05
	No	358 (90)	10 (69)	
Infertility services covered (private insurance)	Yes	274 (71)	9 (67)	.8
	No	147 (29)	6 (33)	
Ever talked to a provider about ways to become pregnant	Yes	329 (78)	11 (65)	.26
	No	92 (22)	4 (35)	
Underwent fertility testing	Yes	266 (65)	5 (36)	.01
	No	155 (35)	10 (64)	
Ovulation induction	Yes	187 (46)	2 (10)	<.01
	No	224 (54)	13 (90)	
Tubal surgery	Yes	38 (8)	0 (0)	.36
	No	363 (92)	15 (100)	
Intrauterine insemination	Yes	66 (19)	6 (36)	.16
	No	355 (81)	9 (64)	

^a Column totals do not always equal 5,286 because not all questions applied to total study populations, e.g., access to assisted reproductive technologies.

Violette. *Lesbian family building. Fertil Steril Rep* 2023.

require insurers to either cover or offer coverage for infertility diagnosis and treatment (16). Within these 19 mandates are heterogeneous inclusion and exclusion criteria, many of which are heteronormative and medically illogical and result in gaps in coverage for singles, transgender persons, and persons in same-sex relationships. For example, 1 Texas mandate reads “the patient’s eggs must be fertilized with her spouse’s sperm”; another stipulates that a female aged <35 years without a male partner must undergo 12 cycles of medically supervised intrauterine insemination to meet the inclusion criteria (16). The NSFG data noted that significantly more lesbians with insurance were seeking reproductive services compared with heterosexual individuals with insurance. This finding may suggest awareness of the need for ART, leading to greater use of services if the financial burden is mitigated by insurance coverage. Therefore, many LGBTQIA+ individuals will rely on ART to build a family and will face a unique set of hurdles to access this care, different from that of their heterosexual counterparts.

If carrying a pregnancy is not desired or possible, an alternative path to family building is through adoption. Lesbian individuals in the United States more commonly reported seeking adoption than heterosexual individuals, although they also more commonly reported being turned down from adoption. Although it is federally legal for same-sex couples to adopt, some states permit certain agencies to refuse services to members of the LGBTQIA+ community if providing services conflicts with their religious beliefs; there are 19 states without explicit protection against discrimination in adoption based on sexual orientation or gender identity (17). This is just 1 example of discrimination faced by members of the LGBTQIA+ population as related to adoption. The NSFG data also noted the disproportionate number of lesbian individuals quitting the adoption process, most often citing the cumbersome process itself as their reason. Those who experience prolonged internalized stigmatization may struggle to envision themselves as a parent, fear that they will harm their future child by passing the stigma onto them, or fear that they

TABLE 3

Experiences related to adoption among respondents to the National Survey of Family Growth (2017–2019), N = 5,286^a.

Respondent characteristics		Heterosexual (%)	Lesbian (%)	P value
Currently seeking adoption	Yes	82 (1.3)	9 (7)	<.01
	No	4,602 (98)	128 (93)	
Turned down/did not pursue adoption	Yes	11 (10)	1 (17)	.03
	Did not pursue	138 (88)	3 (64)	
	Do not know	5 (1)	1 (19)	
Stopped seeking adoption because of the process itself	Yes	67 (45)	3 (100)	.04
	No	71 (55)	0 (0)	

^a Column totals do not always equal 5,286 because not all questions applied to total study populations, e.g., pursuit of adoption.

Violette. *Lesbian family building. Fertil Steril Rep* 2023.

may violate the child's rights to be raised by what they have been told repeatedly is a "normal" family (10). Despite evidence to suggest that the well-being and adjustment of children are related to family dynamics rather than family structure as related to gender, many same-sex couples continue to face discrimination in their journey (8, 18).

The strengths of this study include the use of nationally representative data. Large data sets that specifically assess the family-building goals of lesbian persons are scant, with even fewer examining their experiences with ARTs and adoption. Nevertheless, these data are cross-sectional such that associations are not indicative of causality. Given the sensitive nature of the data, sexual orientation may not have always been accurately disclosed. However, the associations noted in this study are sufficient to warrant studies that begin to examine provider-side variations in the provision of reproductive and adoption services and potential interventions aimed at ensuring equal reproductive opportunity.

CONCLUSION

Approximately half of the lesbian individuals reported wanting to have a child; however, only one fifth reported having a child at home. Many will be unable to achieve their family-building goals given the need for costly ARTs, for which approximately one third do not have insurance coverage. Lesbians with insurance coverage are significantly more likely to seek the assistance of medical reproductive services than their heterosexual counterparts. For those who choose to adopt, lesbians are also more likely than heterosexual individuals to be turned down for adoption and ultimately quit the process. Understanding the family-building challenges faced by same-sex couples is essential for reproductive health care providers to provide inclusive and equitable care regardless of sexual orientation.

REFERENCES

- Ethics Committee of American Society for Reproductive Medicine. Disparities in access to effective treatment for infertility in the United States: an Ethics Committee opinion. *Fertil Steril* 2021;116:54–63.
- Simon KA, Farr RH. Development of the conceptual future parent grief (CFPG) scale for LGBTQ+ people. *J Fam Psychol* 2021;35:299–310.
- Patel A, Sharma PS, Kumar P, Binu VS. Illness cognitions, anxiety, and depression in men and women undergoing fertility treatments: a dyadic approach. *J Hum Reprod Sci* 2018;11:180–9.
- American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 749: marriage and family building equality for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and gender nonconforming individuals. *Obstet Gynecol* 2018;132:e82–6.
- Corbett SL, Frecker HM, Shapiro HM, Yudin MH. Access to fertility services for lesbian women in Canada. *Fertil Steril* 2013;100:1077–80.
- Ethics Committee of American Society for Reproductive Medicine. Access to fertility treatment by gays, lesbians, and unmarried persons: a committee opinion. *Fertil Steril* 2013;100:1524–7.
- Alencar Albuquerque G, de Lima Garcia C, da Silva Quirino G, Alves MJ, Belém JM, dos Santos Figueiredo FW, et al. Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. *BMC Int Health Hum Rights* 2016;16:1–10.
- Kinkler LA, Goldberg AE. Working with what we've got: perceptions of barriers and supports among small-metropolitan same-sex adopting couples. *Fam Relat* 2011;60:387–403.
- Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull* 2003;129:674.
- Alday-Mondaca C, Lay-Lisboa S. The impact of internalized stigma on lgbt parenting and the importance of health care structures: a qualitative study. *Int J Environ Res Public Health* 2021;18:5373.
- Brewster K, Tillman K, Jokinen-Gordon H. Demographic characteristics of lesbian parents in the United States. *Popul Res Policy Rev* 2014;33:503–26.
- He Y, Cai B, Shin HC, Beresovsky V, Parsons V, Irimata K, et al. The National Center for Health Statistics' 2015 and 2016 research and development surveys. Available at: <https://stacks.cdc.gov/view/cdc/96483>. Accessed October 17, 2021.
- Riskind RG, Patterson CJ. Parenting intentions and desires among childless lesbian, gay, and heterosexual individuals. *J Fam Psychol* 2010;24:78–81.
- Goldberg S, Conron K. How many same-sex couples in the US are raising children?. Available at: <https://escholarship.org/content/qt9gg7j9ks/qt9gg7j9ks.pdf>. Accessed October 17, 2021.
- Wu HY, Yin O, Monseur B, Selter J, Collins LJ, Lau BD, et al. Lesbian, gay, bisexual, transgender content on reproductive endocrinology and infertility clinic websites. *Fertil Steril* 2017;108:183–91.
- Kawwass JF, Penzias AS, Adashi EY. Fertility—a human right worthy of mandated insurance coverage: the evolution, limitations, and future of access to care. *Fertil Steril* 2021;115:29–42.
- Movement Advancement Project. Equality Maps Foster Adopt. Laws. Available at: <https://www.lgbtmap.org/equality-maps>. Accessed October 17, 2021.
- Calzo JP, Mays VM, Björkenstam C, Björkenstam E, Kosidou K, Cochran SD. Parental sexual orientation and children's psychological well-being: 2013–2015 National Health Interview Survey. *Child Dev* 2019;90:1097–108.