



FERTILITY CENTER

Pathway to Parenthood

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Gender Selection or Family Balancing

Many of us know someone who would desperately like to have a girl or a boy. Perhaps a couple has several children of one gender already and would like to have another child, but would only consider doing so if the 50/50 odds could be shifted in favor of the other gender. This is sometimes referred to as “family balancing.” Or, perhaps a couple is seeking infertility treatment, already has one child, and would prefer that the next child is the opposite gender. This is quite common nowadays as families are smaller in size. Another couple may be considering it to avoid passing one of the more than 500 gender-linked genetic diseases to their child.

Couples have sought to influence the gender of their children for hundreds of years. In ancient Greece, men believed that lying on their right side during intercourse increased the likelihood of a male child. A Chinese birth calendar buried over 700 years ago in a tomb outside Beijing is said to predict gender by when conception occurred. In 18th century France, men would tie off their right testicle to ‘guarantee’ having a boy. In modern day America other methods have been tested, such as timing of intercourse, certain sexual positions or placing live sperm on an albumin gradient. None of these methods have been shown to be scientifically valid.

When a sperm with a Y chromosome fertilizes an egg, it creates a boy. When an X chromosome bearing sperm fertilizes, it creates a girl. Any given sperm sample contains a roughly even (50/50) amount of X (female) and Y (male) bearing sperm.

In Vitro Fertilization (IVF) with biopsy of a resulting embryo has been shown to be effective and a reliable method of gender selection. Couples may decide that they want a method of gender selection that offers them an almost 100% chance of obtaining the desired gender. To accomplish this, IVF can be used in conjunction with embryo testing (Preimplantation Genetic Diagnosis or PGD) where only embryos of the preferred gender are placed back in the uterus. PGD is the testing process that can provide the answer. In PGD, one to two cells are removed from these early embryos, and then DNA based genetics analysis is performed in highly-specialized laboratories. Upon completion of the analysis which takes about 24 hours, couples can select which embryos they will use. If pregnancy results, there is almost a 100% chance it will be of the desired gender. This method is particularly helpful for couples where the risk of having a male child with an X-linked genetic disease is significant.

Some frown upon the use of available medical and financial resources for gender selection, claiming it may distort the ratio of gender in society; it is too much interference with the natural process and so forth. So long as couples are willing to pay for the services themselves and not rely upon third party payers for reimbursement, these technologies should be made readily available to these couples. At our

clinic, in any given year, we maintain a log book and try to keep requests for a specific gender at 50:50. In this way, we cannot be accused of interfering with nature's balance in society. It is likely that the method of separating and selecting sperm will evolve in the future, making this science more reliable. However, even at the present time of using IVF with PGD and then only replacing those of the "desired" gender, this affords close to 100% certainty.

The following link is to a piece featuring Dr Batzofin and New York Fertility Services that appeared in the New York Post on July 7th, 2015. <http://nypost.com/2015/07/06/we-spent-100000-to-guarantee-a-baby-girl/>

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This handout is intended as an aid to provide patients with general information. As science is rapidly evolving, some new information may not be presented here. It is not intended to replace or define evaluation and treatment by a physician.