

## ACOG opposes gender selection

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### ACOG Opposes Sex Selection for Family Planning Purposes

Washington, DC -- Helping patients to choose the sex of their offspring to avoid serious sex-linked genetic disorders is considered ethical for doctors, but participating in sex selection for personal and family reasons, such as family balancing, is not, according to an opinion issued today by the Committee on Ethics of The American College of Obstetricians and Gynecologists (ACOG). The Committee concludes that the ethical objection to sex selection based solely on family balancing or personal preference holds, regardless of the timing of the selection (ie, preconception or postconception) or the stage of development of the embryo or fetus, because such requests may ultimately support sexist practices.

Sex selection is the practice of using medical techniques to choose the sex of offspring. In some cultures, males are more highly valued than females, and sex selection has been practiced to ensure that offspring will be male. However, there are medical indications for sex selection that are considered ethical, including the prevention of serious sex-linked genetic disorders such as hemophilia or Duchenne's muscular dystrophy. The term 'sex-linked' means a gene is carried on a sex chromosome (either the X or Y chromosome), but only X linkage has clinical significance since no genetic disorders have yet been associated with the Y chromosome. Therefore, X-linked diseases are usually recessive, and primarily affect males since they have only one copy of the X chromosome.

Prefertilization techniques for sex selection, including timing sexual intercourse and separating X-bearing and Y-bearing spermatozoa with flow cytometry are considered experimental and cannot be endorsed in terms of reliability or safety until more research is completed. The only reliable methods for selecting sex are limited to postfertilization methods. The sex can be determined for embryos created through in vitro fertilization, and the transfer of embryos of the undesired sex can be avoided. After implantation, fetal sex can be determined through testing of fetal cells (obtained through amniocentesis or chorionic villus sampling), and patients can opt for termination, if desired. In some cases, tests are available for the sex-linked disorder itself, making sex selection unnecessary.

ACOG acknowledges that it sometimes will be impossible for physicians to avoid unwitting participation in sex selection because patients are entitled to obtain personal medical information, including information on the sex of their fetus during pregnancy. Although physicians may not ethically withhold medical information from patients who request it, they are not obligated to perform an abortion, or other medical procedure, to select fetal sex.

Committee Opinion #360, "Sex Selection," is published in the February 2007 issue of Obstetrics & Gynecology and accessible at [http://www.acog.org/from\\_home/publications/ethics](http://www.acog.org/from_home/publications/ethics).