Ensuring Equitable Access to Assisted Reproduction for LGBTQ+ Individuals

A GUIDE TO INCLUSIVE PRACTICES FOR FERTILITY CLINICS

CRC Procréation pour autrui et liens familiaux
COALITION DES FAMILLES LGBT+ LGBT+ Family Coalition
JEFAR CENTRE DE RECHERCHE JEUNES, FAMILLES ET RÉPONSES SOCIALES
Secrétariat à la condition féminine Québec

Partner Organizations

The **Canada Research Chair in Third-Party Reproduction and Family Ties** aims to develop an overall and integrative understanding of how families are started with gamete and embryo donors and gestational carrier.

The **LGBT+ Family Coalition** is a community-based advocacy organization that seeks social and legal recognition for families of sexual diversity and gender plurality. The Coalition works to build a world where all families are celebrated and valued. Its actions are guided by its core values of equity, inclusion, kindness, and solidarity.

The mission of the **Jeunes, Familles et Réponses Sociales (JEFAR) Research Center** is to develop fundamental and applied knowledge on the experiences of youth, couples, and families, as well as on the social responses implemented to promote their inclusion.

This project was funded by **Quebec's Secrétariat à la condition féminine**.

Introduction

Access to assisted reproduction is a fundamental issue for many LGBTQ+[1] individuals who wish to start a family. Thanks to social, legal, and technological advancements, diverse paths to parenthood are now better recognized. However, barriers remain, adding to the existing challenges in accessing fertility care.

Fertility clinics can play a key role in reducing reproductive health inequalities experienced by LGBTQ+ populations. Providing tailored and respectful support not only ensures high-quality care but also offers LGBTQ+ patients a positive and safe experience throughout their journey.

Purpose of the Guide and Key Principles

This guide aims to equip fertility professionals with the knowledge and tools to better understand the realities of LGBTQ+ populations and address their specific needs, particularly within the Quebec healthcare context.

It is intended for all individuals involved in fertility services, including medical, nursing, psychosocial, and administrative staff. Their role extends far beyond the medical aspects: they inform, advise, and support patients throughout their reproductive journey, helping them achieve their parenthood goals.

This guide was developed as part of a collaborative research project called ACCÈS, conducted in partnership with the Canada Research Chair in Third party Reproduction and Family Ties, the LGBT+ Family Coalition and the Centre de recherche Jeunes, Familles et Réponses sociales. Its content is based on recent scientific studies[2], testimonials from affected individuals, and practical expertise gained by the LGBT+ Family Coalition over the past 30 years. It is also aligned with legal obligations and human rights standards, consistent with the ethical principles governing healthcare professions, particularly with respect to the interests, dignity, and autonomy of patients.

[1] LGBTQ+: an acronym referring to lesbian, gay, bisexual, trans, and queer individuals, as well as other identities related to gender and sexual diversity.

[2] See the bibliography in Appendix A, as well as our literature review: Côté I, Fournier C, Aslett A, Lavoie K. Access to Fertility Services for Lesbian, Bisexual, or Pansexual Women and Queer, Trans, or Non-Binary People: A Rapid Review of the Scientific Literature. Sci Nurs Health Pract. 2024;7(1). Available at: https://doi.org/10.7202/1112376ar

A Legal Framework Supporting Inclusive Practices

Fertility care, like all healthcare services, must be provided in accordance with the principles of equity and non-discrimination. In Quebec, several legal frameworks govern these obligations and ensure the protection of LGBTQ+ individuals' rights.

The Quebec Charter of Human Rights and Freedoms prohibits any discrimination based on sexual orientation, gender identity (the gender a person identifies with), and gender expression (the way a person expresses their gender through appearance or behaviour). It guarantees access to healthcare services without discrimination based on these characteristics. Furthermore, the Act respecting health services and social services reaffirms the right to accessible and tailored care, taking into account the diversity present in society.

Recent legal reforms have also strengthened the recognition of trans parents (those who do not identify with the sex and gender assigned to them at birth) and non-binary parents (whose gender identities fall on a spectrum between female and male or outside these two binary poles). It is now possible to amend one's sex designation in the civil registry without requiring medical intervention; to choose the sex designation "X" as an alternative to "F" (female) or "M" (male); and to be designated as "parent" rather than "mother" or "father" on the child's birth certificate.

Did you know?

Refusing to treat someone because of their LGBTQ+ identity or persistently using a pronoun or gender that does not align with their identity constitutes discrimination and can be the subject of a complaint to the Quebec Human Rights and Youth Rights Commission.

The specific realities of LGBTQ+ patients in the context of assisted reproduction

LGBTQ+ individuals pursuing assisted reproduction often encounter unique realities and challenges that impact their healthcare experience. These issues frequently differ from those faced by heterosexual and cisgender patients (men and women whose gender identities align with the gender assigned to them at birth) and can shape their relationship with healthcare professionals and fertility services.

Here are some specific aspects that may affect their experience and deserve attention and support in clinical and psychosocial settings.

A diversity of identities and experiences: The life trajectories of LGBTQ+ patients typically do not align with traditional frameworks of gender and sexuality. Sexual orientation, gender identity, gender expression, and sexual characteristics exist on a spectrum and may evolve over time. This applies not only to the individual but also to their partner[s]. This diversity calls for an open approach where presumptions are not made, allowing each person to autonomously define their identity, journey, and fertility needs.

Diverse family structures: The traditional nuclear family model (a father, a mother, and their biological children) is now only one of many possible family configurations. Homoparental families (with at least one lesbian, gay, bisexual, or pansexual[3] parent), transparental families (with at least one transgender parent), single-parent families (with one parent), and multi-parent families (with more than two parents) are increasingly common realities. Recognizing and respecting all these configurations, without assuming a single model, enables the provision of tailored support for all families.

The impact of past discrimination on present healthcare relationships: Many LGBTQ+ individuals have experienced negative encounters within the healthcare system, which can impact their comfort level and trust in medical services, including fertility care.

The importance of support networks: LGBTQ+ individuals' support networks are not always limited to their partner[s] and biological family. For many, their chosen family—made up of friends or significant others—plays a central role in their parenting journey. These dynamics can influence their decisions and experience with fertility care. Some patients may also wish to be accompanied by these loved ones throughout the process.

[3] Pansexual: a person who may be attracted to individuals regardless of their gender.

Persistent barriers in the context of assisted reproduction

Despite legal and social advancements, negative experiences continue to be reported by LGBTQ+ individuals undergoing assisted reproduction. Among the most common obstacles are:

Language and terminology errors in interactions or forms, such as referring to a patient's female partner as the husband or male partner; calling a sperm donor "the father"; referring to a trans father as "the mother"; or using a non-binary person's former name or incorrect pronouns.

Assumptions about parental roles and family models, such as questioning a lesbian couple or a single woman about the impact of the absence of a father or asking couples where each person has a female reproductive system whether their sexual relations have ever led to a pregnancy.

Protocols are perceived as unsuitable by many LGBTQ+ individuals, who consider them designed for heterosexual and cisgender couples facing infertility, and therefore not appropriate for their situation.

The fear of "failing" the psychosocial meeting, which can be experienced as an unfair evaluation of parental capacity that may jeopardize access to assisted reproduction.

Pressure to modify a parenting plan by considering partners as interchangeable, for example, suggesting to a couple of women that each should consider carrying a pregnancy in order to maximize their chances, even though this may not be their wish. This pressure may also be subtly directed at a trans or non-binary person with the biological ability to carry a pregnancy, potentially exacerbating their gender dysphoria—the distress some trans or non-binary individuals experience due to the incongruence between their gender identity and the sex/gender assigned at birth.

Denial of services without clear explanation, such as refusing insemination with a directed donor from someone other than a spouse, despite many clinics offering this service.

> When you call the clinic, it says, "Press 1 for infertility issues, press 2 for other matters." There is no option for same-sex couples, so you select "infertility issues." It's a small detail, but you think, "I'm not exactly represented, once again." [...] The form says "husband," and it's masculine. There are no other options. [...] The other time, the receptionist said... [Jeanne] was clearly sitting next to me, and to schedule the insemination, she asked if it was a donor sample or if it was Jeanne's sample. [Jeanne] responded, "It's going to be really hard for me to provide a sample!" [laughs].
>
> Delphine and Jeanne, lesbian cisgender women[4]

[4] The quotes come from participants in the ACCÈS project. Pseudonyms are used to protect their anonymity.

It happened several times, with several doctors, that, after the inseminations, I was told I could have sexual relations with my husband. I found it insulting. […] It was a great source of frustration. Yes, it's related to their heteronormative[5] thinking, but mostly, they're not informed about the patient's file.

Véronique and Stéphanie, lesbian cisgender women

On the website, there's a small pride flag, but I don't really feel that it's queer-friendly, except that they offer paid services to LGBT people. I don't think they asked for our pronouns. I had to use my legal name, even though I've been using a chosen name for years. […] I understand they need my legal information, but it would have been nice to have that included once in the file, and then just use my chosen name and pronouns. […] What really shocked me in the process was that we were asked to do all the fertility tests as if we were an infertile heterosexual couple. They even asked my partner, who wasn't going to carry the child, to undergo an STI screening. And when I asked the doctor why, [laughs] […] I was just told that it was the protocol.

Sky, a genderqueer[6] and pansexual person

I remember we had the psychological evaluation. It was a bit strange. In the end, they told us: "Okay, you are fit to become mothers." Which kind of… shocked us.

Dominick and Romane, lesbian cisgender women

These experiences, and many others, can not only affect the health of patients but also reinforce mistrust towards the medical system, thus hindering access to care and parenthood.

The following sections present inclusive practice guidelines related to six key areas: physical and virtual spaces, the appointment atmosphere, communication, staff training, allyship, and institutional policies.

[5] Heteronormativity refers to a set of social assumptions that consider heterosexuality as the norm, and that view gender roles as binary and complementary (man/woman).
[6] Genderqueer: a gender identity that challenges the binary categories of man and woman; closely related to non-binary identity.

Creating inclusive physical and virtual spaces

Generally, there is very little visual representation of LGBTQ+ experiences related to family, childbirth, and parenthood. This invisibility can lead to feelings of alienation and a reduction in positive experiences with assisted reproduction.

Some suggestions:

Space arrangement

Integrate posters, photos, or decorations that reflect the diversity of families, bodies, and gender identities.

Advertising and communications

Ensure that the clinic's website and digital materials reflect this diversity and clearly state in the service descriptions that LGBT+ individuals are welcome.

Restrooms and hygiene products

Use gender-neutral signage. For example, phrases like "Restroom," "Toilet," or "All-gender restroom" can be used instead of gendered labels like "Men" or "Women". Offer gendered and non-gendered options based on preferences and provide menstrual products in all restrooms.

Fostering a Welcoming Environment During Appointments

Establishing an open dialogue from the outset with LGBTQ+ individuals fosters a climate of trust, which is essential for sharing sensitive information critical to treatment. This approach also helps reduce the mistrust often linked to past negative experiences and encourages more regular medical follow-up.

Some suggestions:

Avoid assuming who will carry the child, or that both parents, if applicable, wish to do so. Do not automatically associate the ability to carry a pregnancy with the desire to do so, nor assume this ability based on gender expression.

Contextualize questions and medical procedures to help patients better understand their relevance to avoid making them feel specifically targeted or perceiving the protocols as unsuitable for their realities.

Know and include the patient's support network (romantic partner[s], co-parent[s], friend[s], etc.) in accordance with their family configuration (two-parent, multi-parent, single-parent, etc.).

Respect the privacy of patients, particularly regarding sensitive information such as gender transition, polyamorous relationships (involving more than two partners), etc. Ensure that sensitive questions are driven by clinical needs, not curiosity.

Adapt the psychosocial meeting. Out of fear of being judged and compromising their access to assisted reproduction, some LGBTQ+ individuals may withhold important information. A clear explanation of the role of this meeting, combined with respectful support tailored to LGBTQ+ realities, helps build trust.

Be attentive to the patient's needs to identify their specific requirements. For example, an individual may want to inquire about fertility preservation options or gamete banks.

Refer individuals to specialized organizations, such as the LGBT+ Family Coalition.

"Could you please specify who is involved in your family-building project and the role of each individual?"

"I understand that this might seem surprising given your situation. Let me explain why it's better to go ahead with it."

Using inclusive language to signal your openness

The language that we use in assisted reproduction often relies on assumptions. People commonly refer to heterosexual couples, surrogate mothers, or biological fathers, and usually use feminine terms to refer to patients. These habits can exclude or render invisible LGBTQ+ individuals whose realities don't fit these models. Adopting more inclusive language helps better reflect the diversity of parenting journeys.

Some suggestions:

Use of chosen names, pronouns, and titles:
Use the chosen name and pronouns, regardless of legal documents (except in specific cases like blood tests or communications with the RAMQ). Ask individuals which titles they prefer to use in communications (e.g. Mr., Mrs., or no title).

Introduction and addressing: During the first visit, break the ice by sharing your pronouns and asking the person (and those accompanying them) how they would like to be addressed.

> "Hello! I am Dr. Bouchard, and I use the pronoun "she." How should I refer to both of you, and what is your relationship?"

Records and forms: Adapt documents to include the chosen name, pronouns, support network, and family structure. If necessary, validate them before appointments and ensure they are communicated to the care team.

Parental identity: Respect the terms used by individuals involved in the parenting project to describe their role (e.g. mother, father, parent, or neologisms such as "mapa").

Did you know?

Adapting language is not a whim. Misgendering — referring to someone using a gender they do not identify with — has a significant negative impact on both mental and physical health. It can lead some individuals to avoid seeking care, which directly contradicts the principle of non-maleficence.

(following)

Body-related terminology: To avoid exacerbating discomfort experienced by some trans or non-binary individuals regarding certain sexed characteristics of their bodies, respect the terminology they prefer (e.g. “chest” instead of “breasts”).

Errors and corrections: In case of an error, offer a brief apology and continue. If the error comes from a colleague, correct it, and if it persists, inform the management.

> “You can discuss it with your husband. Oh, sorry! Your partner.”

Providing Staff Training on LGBTQ+ Issues

Developing skills and cultural competency around inclusion is essential to providing quality care to an increasingly diverse patient population. Furthermore, the terminology used to better describe the realities of LGBTQ+ individuals has continued to evolve over the years, the laws affecting their experiences have changed, and the expectations for care have also shifted.

Some suggestions:

Provide educational materials and ongoing training to all staff on LGBTQ+ realities to strengthen their skills and raise awareness of best practices.

Collaborate with LGBTQ+ community organizations by inviting them to clinic awareness activities and integrating their expertise into staff practices.

Subscribe to the LGBT+ Family Coalition’s allies’ newsletter to stay informed about issues and available resources.

Becoming an Ally

In the context of assisted reproduction, where journeys are often long, intimate, and emotionally charged, the role of an ally becomes particularly important for LGBTQ+ patients. Being an ally does not mean "knowing everything," but rather actively engaging against erasure, denial, and discrimination. This stance involves reflective work, daily vigilance, and a commitment to continuous improvement.

Some suggestions:

Embrace humility by adopting a learning mindset and being attentive to the specific needs of the patient population.

> "Today, this patient made me aware that both she and her partner are the "real" mothers of their baby. I realized that I had been referring to the one who carries the child as "the" mother and overlooking her partner. Motherhood is not just about biology!"

Challenge gender stereotypes whenever the opportunity arises.

Become aware of our own prejudices, biases, and privileges by reflecting on how our experiences shape our perceptions of LGBTQ+ realities.

Respond immediately to sexist, homophobic, or transphobic comments or behaviours.

Lead by example by regularly discussing topics related to sexual and gender diversity to normalize these conversations.

> "In the clinic today, I heard you say something that could be invalidating for this patient. Would you be open to discussing it?"

Developing Inclusive Institutional Policies

For the clinic to provide a truly inclusive environment for LGBTQ+ individuals, commitment must be supported by clear and visible policies. These policies guide the staff and ensure consistency in practices beyond individual initiatives and team changes. They create a structured framework that protects against discrimination, strengthens accountability within institutions, and guarantees equitable access to care.

Some suggestions:

Officially commit to equitable care for LGBTQ+ populations, for example, by adopting an inclusion charter or creating **a visible mission statement** on your website and in the clinic (e.g. posters, leaflets).

Implement a **policy against discrimination and harassment** that clearly outlines the recourse available to victims.

Add a **suggestion box** (e.g. “Help us be more inclusive!”) in a discreet location, such as the restroom.

APPENDIX A

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APPENDIX B

Legislative Frameworks Promoting LGBTQ+ Inclusion in Reproductive Health in Quebec

1971

Health Services and Social Services Act

Affirms the right of all individuals, including LGBTQ+ individuals, residing in Quebec, to receive accessible, equitable, and dignified healthcare.

1977

Quebec Charter of Human Rights and Freedoms

Adds sexual orientation to the list of prohibited grounds for discrimination, ensuring protection in employment, housing, and access to services, making Quebec a global pioneer in LGBTQ+ rights.

1978

Quebec Public Health Act

Encourages healthcare institutions to provide equitable and inclusive services, particularly for marginalized populations, including LGBTQ+ individuals.

2002

An Act Instituting Civil Unions and Establishing New Rules of Filiation

Legally recognizes same-sex couples as parents on a child's birth certificate, regardless of biological ties.

2004

Assisted Human Reproduction Act (Canada)

States that fertility clinics cannot refuse a person based on their sexual orientation or marital status.

2015

Amendment to the Civil Code on Gender Marker Change

End the requirement for surgery to change the gender marker on civil status documents, recognizing that gender identity should not be conditioned on medical intervention.

2016

Quebec Charter of Human Rights and Freedoms

Add gender identity and gender expression to the list of prohibited grounds for discrimination.

2021

Act to Amend Various Provisions Regarding Assisted Reproduction

Reforms the framework for assisted reproductive technologies, including the reintroduction of public coverage for certain costs, such as inseminations, sperm bank samples, in vitro fertilization, and fertility preservation options for transgender individuals.

2022

Act Reforming Family Law Regarding Parentage and Amending the Civil Code on Personal Rights and Civil Status

Introduces the option of using the gender marker "X" as an alternative to "F" (female) and "M" (male) in civil status records without requiring a medical certificate and allowed the designation of "parent" instead of "mother" or "father" on the child's birth certificate.

2023

Family Law Reform (Surrogacy)

Legally regulates surrogacy, protecting the rights of surrogates, intended parents, and the unborn child.

APPENDIX C

Resources

To better understand LGBTQ+ realities:

- LGBTQI2SNBA+ Sex, Gender and Sexual Orientation: Inclusion through vocabulary — Developed by the Fédération des enseignantes et des enseignants du Québec and the Confédération des syndicats nationaux, this guide informs and raises awareness about gender and sexual diversity and the (new) vocabulary associated with it

- LGBTQ+ Inclusive Reproductive Health Care — A professional guide by Routledge (2025) offering evidence-based practices for supporting LGBTQ+ individuals and families across the reproductive journey, from fertility to postnatal care

For training:

- Training course Sex, Gender and Sexual Orientation: Understanding Diversity, Given by the National Institute of Public Health of Quebec and intended for health and social services sectors

- Directory of workshops provided on request by the LGBT+ Family Coalition

- Inventory of training and awareness workshops on LGBTQ2+ issues in Quebec created and updated by the Conseil québécois LGBT

To make clinical environments more inclusive:

- Inclusive writing — Guidelines and resources — Created by the Government of Canada—in-depth articles and a variety of other resources on the principles and techniques of inclusive language

- Inclusion LGBTQ+ dans l'environnement bâti — Guide for planning and construction professionals on integrating bodily, sexual, and gender diversity into development project management in Quebec (French only)

Resources for the LGBTQ+ patient population:

- The LGBT+ Family Coalition, an organization dedicated to defending rights, raising awareness, and supporting LGBTQ+ families

- Insemination guide for Future LGBTQ+ parents, created by the LGBT+ Family Coalition

- La procréation médicalement assistée (PMA) : À quoi m'attendre en tant que personne 2SLGBTQ+ ? Infographies created by the ACCÈS project (French only)

- La rencontre psychosociale en clinique de fertilité : À quoi m'attendre en tant que personne 2SLGBTQ+ ? Infographies created by the ACCÈS project (French only)

Suggested citation

ACCÈS Research Team. Ensuring Equitable Access to Assisted Reproduction for LGBTQ+ Individuals: A Guide to Inclusive Practices for Fertility Clinics. Quebec: Canada Research Chair on Third-Party Reproduction and Family Ties, LGBT+ Family Coalition, Jeunes, Familles et Réponses Sociales (JEFAR) Research Center; 2025.

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