

BEYOND THE BINARY:

Providing inclusive care for transgender and gender non-conforming individuals

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She/her



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Clinic**

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Disclosures

- Jennifer M. Demma:
 - *No disclosures or conflicts of interest*
- Hadija Steen Mills:
 - *No disclosures or conflicts of interest*

Who are we?

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Who are you?

Midwives?

Doulas?

Birth educators?

Nurse Practitioners?

Nurses?

Other?

Physicians?

Objectives

- Understand and describe the differences between gender identity, gender expression, sex assigned at birth, sexual orientation, and sexual behavior
- Create inclusive care environments for transgender and gender non-conforming individuals
- Provide inclusive reproductive and sexual health care for transgender and gender non-conforming individuals

Acknowledgements

- We acknowledge the stolen land we are on that belongs to the Anishinabek people
- We acknowledge our privilege to be in this space and the privileges that got us here

A note on intersectionality...

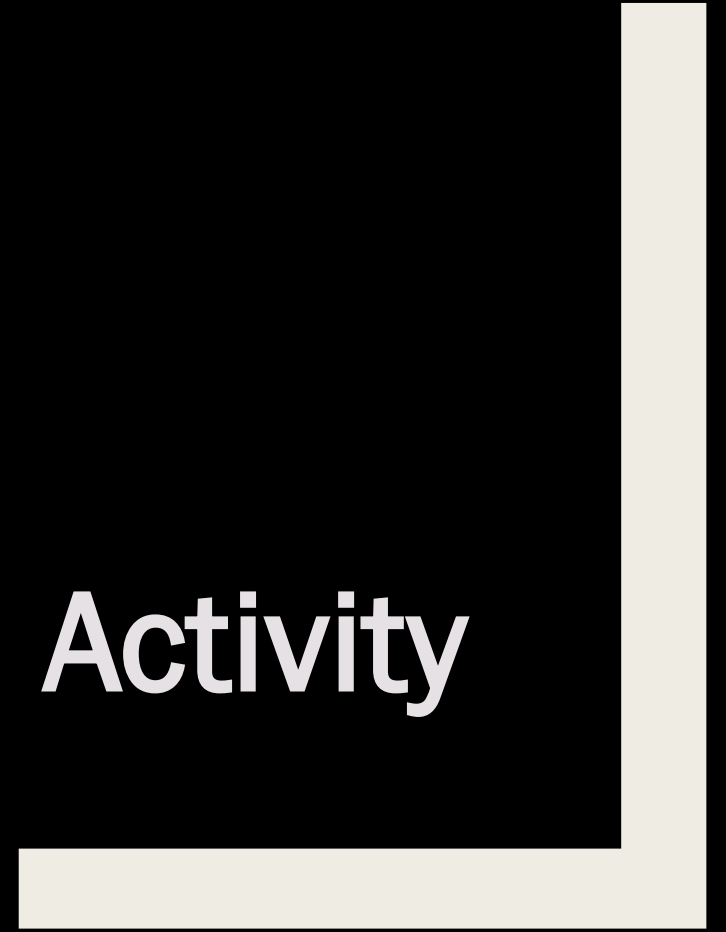
*“There is no thing as a single-issue struggle
because we do not live
single-issue lives.”*

– Audre Lorde

Why is this important?

- Social, systemic, and structural inequalities lead to health disparities affecting transgender and gender non-conforming people.
- Discrimination and stigma perpetuate the inequalities and health disparities experienced by LGBTQ individuals.

Activity



Assigned sex

- When a baby is born, a provider usually says the baby is male or female, depending on the appearance of the baby's genitals. This is the baby's **assigned sex**.
- **Assigned sex** can be based on a person's genitals, reproductive organs, chromosomes and hormones.
- The **assigned sex** of people with XX chromosomes is usually female.
- The **assigned sex** of people with XY chromosomes is usually male.
- The **assigned sex** of people with XO, XYY or other chromosomes is male or female depending on the appearance of their genitals. This is called intersex.

Gender identity

- Gender identity is a deep feeling people have about whether they are a guy, a girl, both, neither or somewhere in between.
- People often know their gender identity when they are very little, before they start kindergarten, although everyone is different and some people will know when they are younger or older.
- When a person's gender identity is the same as their assigned sex, it is usually called cisgender.
- When a person's gender identity is not the same as their assigned sex, it is often called transgender. People may also identify as gender queer, gender fluid or some other gender identity.

Sexual Orientation

- Sexual orientation describes who a person is attracted to - the same gender, another gender, or all genders.
- Some examples of sexual orientation are gay, lesbian, bisexual, straight, queer, etc.
- Sexual orientation is based on who people are romantically, sexually or emotionally attracted to, not necessarily who they have sex with or make out with.

Sexual behavior

- Sexual behavior describes what someone does sexually—oral, anal or vaginal sex, making out, etc.
- Sometimes sexual behavior matches a person's sexual orientation, and sometimes it does not. For example, a person who identifies as straight might have had sex or made out with someone of the same gender.

Pronouns

- Pronouns are what people use in the place of their name.
 - *Example pronouns:*
 - She/Her
 - He/Him
 - They/Them
 - Ze/Zir
 - And others!
- Respecting someone's pronoun shows you care about their identity.
 - *If you don't know, ask! But people have the right not to tell you.*
 - *Mistakes happen. Apologize and move on.*

What is gender affirming care?

- Individualized, can change, and ongoing
 - *No one way to affirm gender*
 - *Not necessarily a linear process*
 - *Gender expression is not the same as gender identity and may or may not change as a part of gender affirmation*

What is gender affirming care?

- May involve hormone therapy or not
- May involve surgery or not
- May involve name change and/or gender marker change or not
- Social; psychological; medical; and legal

Benefits of gender affirming care

- Gender affirmation is essential to health and wellbeing for transgender and gender nonconforming people and communities.
 - *Decreased mental health risks*
 - *Decreased suicide rates*
 - *Improved quality of life*

Barriers to care: the human element

- Largest reported barrier to health care is a lack of providers who are knowledgeable, comfortable and willing to care for transgender individuals.
- Lack of curriculum in medical and nursing programs related specifically to care of transgender people.
 - *Medical schools – 5 hours of overall curricular content on LGBT populations*
 - *Nursing programs*
 - Survey of baccalaureate nursing program instructors:
 - *50% had limited knowledge of or were not aware of LGBT specific health issues.*
 - *75% reported minimal or no content related to LGBT specific health issues in courses they taught.*
- 33% of transgender people who saw a health care provider in the last year reported a negative experience due to being transgender.
- 23% of transgender people did not see a provider when they needed to because of fear of mistreatment.

Barriers to care:

the systemic element

- Non-inclusive environments
- Lack of knowledgeable and competent providers
- EHR
- Portal
- Access to care
- Coverage/insurance limitations
- Financial barriers

Overcoming barriers:

Inclusivity

- Office nondiscrimination policy
- Visual environment: signs, imagery, etc.
- Brochures/educational information
- Bathrooms
- Training for all staff and departments (front desk; MAs; nursing; phone triage; scheduling; providers; lab; radiology, etc.)
- Hiring personnel reflective of diverse communities
- Online: educational materials, websites, etc.

Overcoming barriers:

Intake forms

- Preferred Name* (asked at each visit at Family Tree)
- Pronouns*
 - *They/them/theirs*
 - *She/her/hers*
 - *He/him/his*
 - *Something else*
- Sex assigned at birth*
 - *Female*
 - *Male*
 - *Intersex*

* Asked of everyone, not just transgender or gender-non conforming patients

Overcoming barriers:

Intake forms

- Gender identity*
 - *Female*
 - *Male*
 - *Transgender*
 - *Gender non-conforming*
 - *Gender queer*
 - *Agender*
 - *Something else*

* Asked of everyone, not just transgender or gender-non conforming patients

Overcoming barriers:

Intake forms

- Sexual orientation/identity*

- *Gay*
- *Lesbian*
- *Straight/heterosexual*
- *Bisexual*
- *Queer*
- *Asexual*
- *Something else*

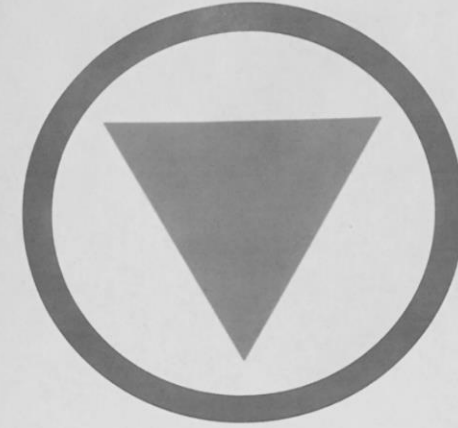
* Asked of everyone, not just transgender or gender-non conforming patients



**ALL GENDER
RESTROOM**



SAFE ZONE

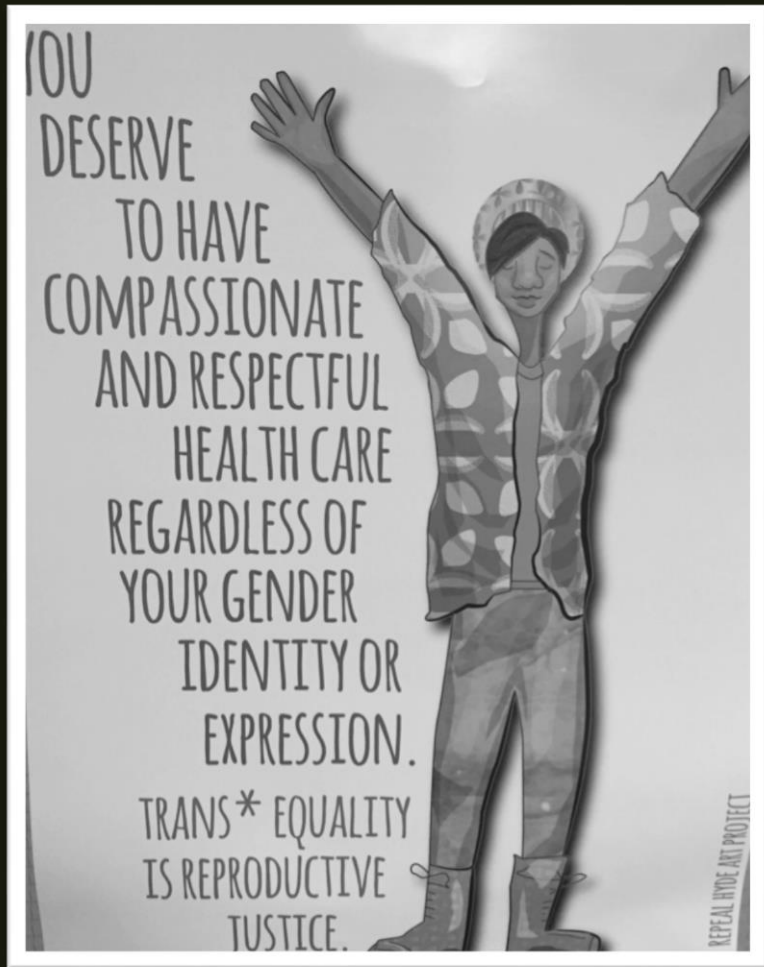


This space
RESPECTS

All aspects of people
Including race, ethnicity, gender
expression, sexual orientation,
social-economic background, age,
religion, body shape, size, and
ability.



Jennifer Demma
Certified Nurse-Midwife
She/her



Overcoming barriers:

Inclusive health care

- Privacy – keep clothes on until need for exam
- Gender affirming
 - *Use correct name and pronouns*
 - *Ask if patient uses particular language for body parts*
 - *Know types of physical changes that can happen with gender affirming hormone therapy or surgeries even if not providing hormone therapy*
- Encourage routine health screenings per guidelines but if patient declines, then move on
- Obtain inclusive sexual health history – when relevant
 - *Sexually active?*
 - *Partner(s) – number, genders, barrier use, pregnancy risk*

Overcoming barriers:

Physical exams

- Trauma-informed and patient-centered:
 - Anticipatory guidance – if desired
 - Ability to stop exam or decline parts of exam
 - May need to build trust and rapport and have patient come back for exam
 - Give option for self-collection of specimens if needed, i.e., STI screens; wet prep; current study at Fenway Health for self-collected high risk HPV screening instead of pap in transmasculine patients
- Your curiosity or learning is not a reason to do a physical exam.
- If the exam is not indicated or required for a nontransgender/cis-gender person then it is not required for a transgender or gender non-conforming person.
- Chest/breast exams, pelvic exams, pap smears or genital exams are NOT required to provide hormone therapy.

Overcoming barriers:

Reproductive and sexual health care

■ Contraception

- *If person is using hormone therapy (feminizing or masculinizing hormones) does not provide adequate contraception – offer/discuss contraception as needed*
- *Avoid estrogen containing methods if person is using testosterone*
- *Emergency contraception CAN be used when someone is on testosterone*
- *Testosterone is category X in pregnancy*

■ Preconception counseling

- *Pregnancy planning or planning for family building*

Overcoming barriers:

Reproductive and sexual health care

- PREP (pre-exposure prophylaxis for HIV prevention)
- Avoid recommending to stop or decrease hormone therapy unless absolutely necessary – consider hormone therapy essential medications

Overcoming barriers:

Reproductive and sexual health care

- Screening guidelines for any body parts present
 - *Pap screening – does the person have a cervix? If so, screening guidelines are the same as natal females*
- Breast/chest cancer screening – transmasculine
 - *If no previous gender affirming mastectomy – screening guidelines are the same as natal females*
 - *History of gender affirming **mastectomy** (“top surgery”) often will have mammogram prior to surgery and then regular clinical chest exam recommended but no routine imaging*
 - *If a chest/breast **reduction** was done, then imaging guidelines same as natal females*
- Breast cancer screening – transfeminine
 - *No consensus guidelines*
 - *Recommendations often for screening at 50y/o and 5 years on estrogen therapy*

Approaches to care in pregnancy

■ What is known

- *Limited research*
- *Hormone therapy for gender affirmation can cause infertility but some people have been able to stop hormone therapy and conceive*
- *Sperm banking or egg banking prior to using hormone therapy or surgery*
- *Lactation*

■ Resources

■ Communicating situations when personnel change

■ Communication tools with pronouns and name information

Myths and Misconceptions

- Single narrative for the definition of trans or who “qualifies” as trans
- Trans and gender non-conforming individuals don’t want to have kids
- If someone is trans and is pregnant, that pregnancy “undoes” them being trans
- Making mistakes isn’t okay

Questions?

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