Transgender Health Care: Everything You Need To Know But Were Afraid To Ask

All participants will automatically be placed in “listen-only” mode

On demand recording will be available on the NPIC website: www.npic.org

The National Perinatal Information Center is dedicated to the improvement of perinatal health through comparative data analysis, program evaluation, health services research and professional continuing education.
Purpose/Goal(s) of this Education Activity
The purpose/goal(s) of this activity is to enable healthcare providers to have a greater knowledge regarding care of transgender patients.

1.5 Contact Hour
This continuing nursing education activity was approved by the Northeast Multistate Division (NE-MSD), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. Maine, New Hampshire, New York, Rhode Island, Vermont Nurses Associations are members of the Northeast Multistate Division of the American Nurses Association.

1.0 AMA PRA Category 1 Credit™
Accreditation: Women & Infants Hospital is accredited by the Rhode Island Medical Society to sponsor intrastate continuing education for physicians. Women & Infants Hospital designates this online educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
September 14, 2017
Melissa Maher, BSN, RN & Beth Cronin, MD

Melissa Maher, BSN, RN is the nurse manager of the Obstetrics and Gynecology Care Center at Women & Infants Hospital in Providence, Rhode Island. Within her role, she oversees clinical operations, develops program goals, monitors department standards and implements policies and procedures to promote quality patient care. Prior to her current position she served as an Assistant Clinical Manager in the Emergency Department at WIH, an Assistant Health Center Director of the Pediatric and Express Clinics at the Providence Community Health Center, and a perinatal staff development educator at WIH. She obtained her BSN from the University of Rhode Island and a graduate certificate in Nursing Education from Framingham State University in Massachusetts. She is currently enrolled in the MSN program at Rhode Island College, Providence, RI.

Dr. Cronin is a graduate of the University of Vermont College of Medicine and completed a residency at Women & Infants Hospital. After working at Women & Infants Hospital for many years, she recently took a position at Providence Community Health Centers. An APGO scholar, Dr. Cronin is board certified by the American Board of Obstetrics and Gynecology. Dr. Cronin has received several awards for her work, including the CREOG Excellence in Teaching Award and numerous other teaching awards from The Warren Alpert Medical School of Brown University, where she is a clinical assistant professor of obstetrics and gynecology. She has presented locally and nationally on Transgender Health, continually seeking to improve the experience for her patients.

Learning Objectives:
Upon completion of this activity, participants should be able to:
- Describe health disparities faced by transgender individuals
- Identify appropriate language and pronouns in the care of transgender patients
- Discuss the basics of emotional, legal, medical and social transition process

Media used for activity:
- Live event – webinar
- Archived event – electronic

Method of Participation:
- Participants are required to attend the live event through webinar format.

Estimate time required for completion:
- One hour

Date of original release:
- September 14, 2017

Activity termination date:
- 1 Year after date of original release

Scope of Practice:
- This activity is appropriate for the current and future scopes of practice for attending physicians and other clinicians and Allied Health professionals involved in perinatal care.

Core Competencies:
- Medical Knowledge and Patient Centered Care

Accreditation:
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Disclosure:
- Melissa Maher, BSN, RN has no relevant financial relationships to disclose.
- Beth Cronin, MD has no relevant financial relationships to disclose.
- No other persons responsible for the planning or implementation of this activity have any financial interests to disclose.

Policy on Privacy and Confidentiality:
To obtain the Women & Infants Continuing Medical Education Policy on Privacy and Confidentiality, call the WIH CME office at 401-274-1122, ext. 4-2383.

Further Information:
For more information regarding this program please email education@apnic.org or call 401-274-0650.
DISCLOSURES AND SUCCESSFUL COMPLETION OF THIS ACTIVITY

- No commercial support has been provided for this activity.
- No persons involved in planning or presenting this program has a conflict of interest.
- There will be no discussion of off-label usage of any products.
- In order to successfully complete this activity and receive 1.5 Contact Hour/1.0 AMA PRA Category 1 Credit™ you must attend/watch the program and return the completed post-test/evaluation to NPIC.
Transgender Health Care: Everything You Need to Know But Were Afraid to Ask

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Beth Cronin, MD
Clinical Assistant Professor of Obstetrics and Gynecology, Warren Alpert Medical School of Brown University
Disclosures

We have no financial or other conflicts of interest to report.
Objectives

At the end of this session, each participant should be able to:

• Describe health disparities faced by transgender individuals.

• Identify appropriate language and pronouns in the care of transgender patients.

• Discuss the basics of the emotional, legal, medical and social transition process.
Terminology
Large Health Disparities in LGBT populations AND great diversity of LGBT populations
Sex & Gender

Sex

- Presence of specific anatomy
- May be referred to as “sex assigned at birth”
- Male = Penis / Female = Vagina

Gender

- Attitudes, feelings, and behaviors that a culture associates with either males or females
Definitions

Gender identity

- A person's internal sense of their gender (am I male, female, both, neither?)
- All people have a gender identity

*I know I’m supposed to be a fruit, but I feel like a vegetable...*
Definitions

Transgender

• Describes someone whose gender identity differs from sex assigned at birth
  • Transgender woman, trans woman
  • Transgender man, trans man

Cisgender

• Describes someone whose gender identity aligns with their sex assigned at birth
Gender is one of those things everyone thinks they understand, but most people don’t. Like inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It’s okay if you’re hungry for more. In fact, that’s the idea.

**Gender Identity**

<table>
<thead>
<tr>
<th>Woman-ness</th>
<th>Man-ness</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;femme&quot;</td>
<td>&quot;man&quot;</td>
</tr>
</tbody>
</table>

How you, in your head, define your gender, based on how much you align or don’t align with what you understand to be the options for gender.

**Gender Expression**

<table>
<thead>
<tr>
<th>Feminine</th>
<th>Masculine</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;blond&quot;</td>
<td>&quot;brunet&quot;</td>
</tr>
</tbody>
</table>

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

**Biological Sex**

<table>
<thead>
<tr>
<th>Female-ness</th>
<th>Male-ness</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;femelle&quot;</td>
<td>&quot;mâle&quot;</td>
</tr>
</tbody>
</table>

The physical sex characteristics you’re born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

**Sexually Attracted to**

- Nobody
- (Women/Females/Femininity)
- (Men/Males/Masculinity)

**Romantically Attracted to**

- Nobody
- (Women/Females/Femininity)
- (Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

To understand and best provide care... some background

- Written to develop research agenda for future
- Largest multidisciplinary effort of national committee to summaries evidence of LGBT health
Demographics

- Population based studies of transgender individuals are very limited

- Worldwide estimates
  - Transgender women: 1 in 30,000
  - Transgender men: 1 in 100,000

- U.S. estimates - Williams Institute
  - 0.3% of adults (~700,000 people)

Bye et al 2005; Conron et al 2012; Gates 2011
Staff and Provider Comfort

- 2002 Kaiser Family Foundation Survey
  - 6% physicians uncomfortable treating LGBT patients

- 2015 study of OB/GYNs
  - 80% reported no residency training in trans health
  - Only 29% comfortable caring for FTM patients
Personal Comfort

• We take care of people w/ uncomfortable situations every day and do it well.

• Bias and individual comfort is secondary. Providing excellent patient care is crucial.

• Need empathy towards all patients’ needs

• Education and knowledge are key to increasing provider/staff comfort.
Discrimination

• 2013 Pew Research Center: 33% of Americans believe society shouldn’t accept homosexuality

• 2013 Pew Research - LGBT Americans
  • 53% note *lot* of discrimination
  • Have any of following every happened to you?
    • Subject of jokes or slurs: 58%
    • Threatened or attacked: 26%
    • Treated unfairly by employer: 21%
Discrimination

- In prior year:
  - 10% directed violence from family member
  - 30% were fired, denied promotion, or had workplace maltreatment
  - 46% were verbally harassed
  - 10% were sexually assaulted
  - 47% over lifetime
  - 40% had suicide attempt during lifetime

33% had at least 1 negative health care experience due to gender identity

James, SE, et al (2016)

The National Transgender Discrimination Survey, 2015 (28,000 respondents)
What are the Barriers?
Case

Sam is a 23y transgender male, who recently told his parents about his gender identity presents to your office for cervical cancer screening and HPV vaccine.

What are some likely initial barriers he will face?
Structural barriers

- Institutional level
  - Employer-based health care limiting access to benefits
    - Insurance limiting types of care covered
    - Lack of training in LGBT health
- Women’s Health
- Lower SES
- Perceived stigma
- Fear of being “outed” to employers, insurers, etc

Taylor and Bryson, 2016
“They call it the pavilion of women. So when I get there, I’m a man in the women’s pavilion. While I was waiting for the operation, there were two women with me asking, ‘Are you having an operation?’ I didn’t feel like explaining.”

*Max (54, breast cancer, trans man)*
Forms

• SO/GI: data collection so important!
  • What are the choices for gender?
  • What about under relationship status?

• Are assumptions made?
  • When a female patient says that she is sexually active, what is your next question?
How Can You Reduce Some of These Barriers?
Access to Care

- Empowering patients to access care

- Treating the person who is in the office, not based on their sex/gender

- “Women’s health” - need to delineate where everyone fits under umbrella of OBGYN care
Welcoming Office

- Inclusive intake forms
- Welcoming signage
- Staff training and education

Do Ask, Do Tell
Talk to your provider about being LGBTQ.
Your provider will welcome the conversation.
Start today!
Welcoming Office

This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex or gender identity.
Welcoming Office

- Accountability for homophobic and transphobic remarks
- Knowledge about local insurance coverage issues
Forms

- If done correctly, can signal welcoming office
- Some patients may be more comfortable answering questions by self-report
- Consider using blanks for write-ins
- Instead of marital status - relationship status

A sign to Sam, that your office will know how to care for him.
If you don’t ask, you don’t know.

Do you think of yourself as:
- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Something else, please describe
- Don’t know

What is your current gender identity?
(Check all that apply)
- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional Gender Category/(or Other), please specify
- Decline to Answer, please explain why

What sex were you assigned at birth on your original birth certificate?
(Check one)
- Male
- Female
- Decline to Answer, please explain why

Cahill, et al. 2014
Language

Use patient’s preferred name and pronouns

- Many (use pronouns that align with their gender identity (not their sex assigned at birth)
  - He/his and she/her
- Some use pronouns that are gender-neutral
  - They (singular), ze, hir
- Preferred pronouns may change

Don’t assume. Ask.
Language

- Use inclusive and neutral language
  - Instead of, “Do you have a wife/husband or girlfriend/boyfriend?”
  - Ask, “Do you have a partner?” or “Are you in a relationship?” “What do you call your partner?”

Do this for **ALL** patients

*Make it routine*
“I did access their peer support program, I tried. I said, ‘Can you look, can you key word search for FTM or trans*, anybody trans*?’ They’re like, ‘No, we can’t. Nothing came up. Do you want a lesbian or do you want a gay?’ I said, ‘I don’t want to talk to a lesbian. That’s a different thing. And I don’t want to talk to a gay man.’ It was so uncomfortable. There’s the lesbian group, and the gay group, but I didn’t really feel like I fit into any of those.”

John (33, breast cancer, female-to-male)
Practice Guidelines
Case

Your next patient is a 34y G0 who you have taken care of for many years for abnormal uterine bleeding. Reviewing the chart before entering the room, you see that their preferred name is now Eric and they use they/them pronouns.

What may Eric need help with? What information do you need? What are your best resources?
Standards of Care

- WPATH: Standards of Care
  - [www.wpath.org](http://www.wpath.org)

- Center of Excellence for Transgender Health at UCSF
  - [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)

- ACOG Committee Opinion: Health Care for Transgender Individuals
Understanding Gender Transition

The process of recognizing, accepting, and expressing one’s gender identity

- Social
- Emotional
- Medical
- Legal
Taking a History

- Pay specific attention to health disparities
  - Be aware of contexts that increase health risks
  - What leads to risky behavior?

- Two-step method
  - Ask about current gender identity & sex assigned at birth
  - Clinical care/screening based on presence or absence of anatomic structures!

- Ask about social support
Taking a History

- Gender presentation and disclosure to partners
- Relationship status: monogamy, open relationships, polyamory
- Sexual activities: oral, vaginal, anal sex, and beyond
- The impact of past sexual abuse and violence

Signals to Eric that you are open to discussing his needs, and happy to help him get all necessary care.
Examination

- Pelvic exams and pap smears may be emotionally difficult
- Potential for pain/discomfort due to atrophy and decreased lubrication
Examination

- Use affirming terminology for anatomy
- Explain why the examination is essential to the patient’s health
- Develop a good rapport with the patient before examining sensitive areas (e.g., pelvic exams)
  - May take more than one visit
  - Consider anxiolytics
Screening: Transgender men

- Cervical cancer screening
  - Same interval as recommended by ASCCP/USP TF
  - 10x higher rate of unsatisfactory result
    - Be sure to note T use and amenorrhea on order sheet
  - Fenway Health - Trans Masculine Sexual Health Collaborative
    - Study underway looking at self collected HPV screening

Sam & Eric will continue to need cervical cancer screening.
Screening: Transgender men

- Breast cancer screening:
  - Routine mammography if have not have mastectomy
  - Discussion with patient about residual breast tissue and limitations of screening.
  - Physical exam in setting of new complaint, otherwise no real role for routine chest exams.
Screening: Transgender women

- Same screening as cisgender men
  - Prostate - removal of gonads and estrogen exposure likely reduce risk of cancer and BPH
  - Testicular cancer - likely reduced with androgen suppression
    - No routine screening
Screening: Transgender women

- Breast cancer:
  - Screening data is very limited!
  - Overall reassuring that risk is not high, may likely lower than in cis-women
    - Dutch study: 4/100,000 person-yrs vs 155/100,000 in cis-women
  
- General recommendation: Mammography every 2 years, starting at age 50 and 5-10 years of feminizing hormone use
Affirmative Treatments
Affirmative Treatments

- The goals of the evaluation are to:
  - Build rapport
  - Discuss goals and expectations
  - Record client history and objectives
  - Evaluate current psychological concerns and capacity to consent to care
  - Form an initial clinical plan with patient
    - Initial evaluation should be conducted by a clinician who has experience in transgender health
Affirmative Treatment

- Initially “approval letter” was required
- Now, thorough informed consent process by knowledgeable providers is considered sufficient by WPATH standards.
National Transgender Survey

Hormone Therapy by Age of Respondent

- Have had
- Want Someday
- Do Not Want

Grant, 2010
Resource

Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People

Center of Excellence for Transgender Health
Department of Family & Community Medicine
University of California, San Francisco
2nd Edition – Published June 17, 2016
Editor - Madeline B. Deutsch, MD, MPH
Reversible GnRH Analogues

- Start before or early Tanner 2
  - Prevent puberty in “wrong gender”

- Puberty Blockers: Completely reversible!
  - Gender hormones are true “treatment”

- If start later: halt puberty changes
  - Prevent continued 2\textsuperscript{nd} gender characteristics
Masculinizing Hormones

- Goal: development of male secondary sex characteristics
- Patient centered goals for treatment versus specific hormone level
- Absolute contraindications:
  - Pregnancy, unstable CAD, untreated polycythemia (HCT>55%)
What Testosterone Does

**Reversible**
- Increased libido
- Acne
- Increased muscle mass
- Increased RBCs
- Redistributed fat to abdomen

**Irreversible**
- Uterine atrophy
- Hair loss
- Increased facial/body hair
- Deepen voice
- Clitoral enlargement
What Testosterone Does Not Do

- Significantly decrease breast size
- Change shape or size of bone structure
- Prevent pregnancy
- Work overnight!
Possible Gynecologic Concerns

- Atrophic vaginitis
- Ongoing or abnormal bleeding
- Pelvic pain on testosterone
Fertility

- The desire for pregnancy should be discussed in the context of the patient’s gender identity and anatomy.

- Hormones produce a potential irreversible loss of fertility.
  - Should be discussed prior to beginning hormone therapy.
  - Talk about options and desire for banking of sperm or ova.

- Hormone therapy **cannot** be considered a reliable form of contraception.

*Be sure to discuss the contraception concerns with both Sam and Eric.*
Trans* Men & Pregnancy

- Recent cross-sectional survey study of men who were pregnant after transitioning

- 41 trans men (mean age = 28y)
  - 61% used T before pregnancy
  - 81% of oocytes from own ovaries
  - Most conceived within 4 months of trying
  - Only 15% had preconception counseling
Surgical Treatment
Case

Max is a 21y transgender male. He has been on testosterone since 16y and had been on Lupron before that. He is in your office today desiring hysterectomy as he was told he needs to have one since he has been on T for 5 years.

What are your concerns? How do you counsel him?
Gender Affirmation Surgery

As with any surgery, quality of care provided before, during, and after surgery has significant impact on patient outcomes.
Gender Affirmation Surgery

- A range of surgical treatments to affirm one’s gender. Different terminologies have been used:
  - Gender Confirming Surgery (GCS)
  - Sex Reassignment Surgery (SRS)
  - Genital Reconstruction Surgery (GRS)

- Satisfaction following surgery is high, with reduction of gender dysphoria, and other psychological and social benefits
  - Not universally desired!
  - Not easily obtainable: Cost/insurance coverage

- Patients do NOT have to have legally transitioned to have affirmative surgeries
Surgical Transition

FTM Chest Surgery
- Don't Want: 7%
- Have Had: 43%
- Want Someday: 50%

FTM Hysterectomy
- Don't Want: 21%
- Have Had: 21%
- Want Someday: 58%
Surgical Transition

FTM Metoidioplasty/
Creation of Testes

- Don't Want: 44%
- Want Someday: 53%
- Have Had: 4%

FTM Phalloplasty

- Don't Want: 72%
- Want Someday: 27%
- Have Had: 2%
Hysterectomy

- Not recommended for primary prevention of endometrial cancer
- Consider for removing need for cervical cancer screening
- Awareness of role hysterectomy may play in reduction of gender dysphoria
- Role of BSO

Counsel Max about R/B/A of hysterectomy.
<table>
<thead>
<tr>
<th>ICD-10 Diagnosis Code (Effective 10/01/15)</th>
<th>Description</th>
</tr>
</thead>
</table>
| F64.1 | Gender identity disorder in adolescence and adulthood  
*Coding Note: Standard plans do not cover hormone or surgical treatments for the diagnosis of Gender Identity Disorder in children under age 18.* |
| F64.2 | Gender identity disorder of childhood  
*Coding Note: Standard plans do not cover hormone or surgical treatments for the diagnosis of Gender Identity Disorder in children under age 18.* |
| F64.8 | Other gender identity disorders |
| F64.9 | Gender identity disorder, unspecified |
| Z87.890 | Personal history of sex reassignment |
Know Your Insurance Laws

- “Denial, exclusion or other limitations of coverage by a health insurer for medically necessary treatment otherwise covered by a health insurance policy or contract based solely on an individual's gender identity, expression or gender dysphoria is sex discrimination prohibited under RI Law.”
Conclusions

• Welcoming office: staff, signage, forms!
• If not knowledgeable, know who in community to turn to.
• Feel empowered to correct people using incorrect terminology.
• Be an advocate. Be an ally!
Resources

Useful websites:

- www.thetaskforce.org
- www.lgbthealtheducation.org
- www.thesafezoneproject.com
- www.transequality.org
- www.glad.org
- www.transstudent.org
WHY TRANS PEOPLE NEED MORE VISIBILITY

With more visibility comes more understanding. These statistics can and will get better as trans people become more visible in our society.

- 80% of trans students feel unsafe at school because of their gender expression.
- 58.7% of gender non-conforming students have experienced verbal harassment in the past year because of their gender expression, compared to 29% of their peers.
- 49% of trans people reported physical abuse in a 2007 survey.
- 50% of trans people have been raped or assaulted by a romantic partner.
- Trans people of color are 6x more likely to experience physical violence when interacting with the police than white cisgender survivors of violence.
- 41% of trans people have attempted suicide.
- 1 in 5 transgender people have experienced homelessness at some point in their lives.
- 1 in 8 have been evicted due to being transgender.

For more information, go to transstudent.org/graphics

Infographic Design by Landyn Pan
References


Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. Deutsch MB, ed. June 2016


QUESTIONS AND COMMENTS

Participants are encouraged to ask questions and share comments.

- Please use the chat box for questions or comments.
- Questions and comments are visible only to presenters.
- Questions will be answered in the order in which they are submitted.
- Should there not be enough time to address your question(s), please email education@npic.org so we may follow-up with you.
THANK YOU FOR ATTENDING!

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For 1.5 Contact Hour or
1.0 AMA PRA Category 1 Credit™

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POST-TEST WILL AUTOMATICALLY APPEAR WHEN
THE WEBINAR HAS ENDED

Please complete the post-test within 24 hours

Certificates of Attendance & Completion will be emailed within 14 business days