



THE CARE OF OF TRANSGENDER & GENDER NON-CONFORMING PATIENTS IN THE OB SETTING

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Simon Adriane Ellis, CNM

Clare Sherley, CNM

Jack Shephard, RN, FNP



WHO GETS PREGNANT?



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OVERVIEW

1. Review of stigma & health disparities
2. What we know & what we don't
3. Best practices for providing care
4. Learning resources

NOT covered in this presentation:





1.

STIGMA & HEALTH DISPARITIES



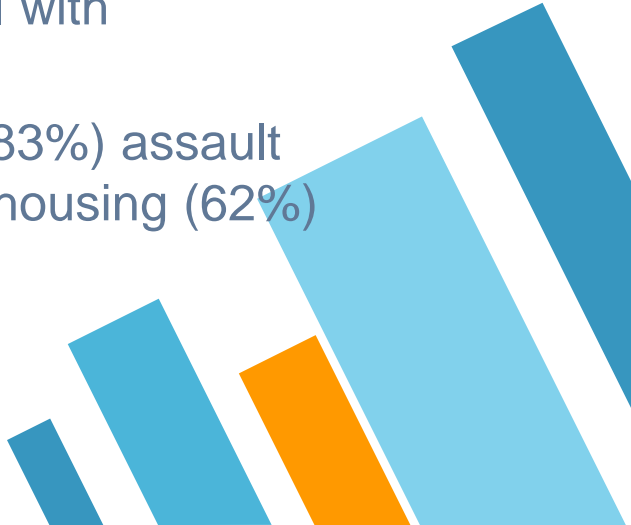


STIGMA

stig·ma (stĭg'mə)


n. pl. stig·mas or stig·ma·ta (stĭg-mă'tə, -măt'ə, stĭg'mə-)

An association of disgrace or public disapproval with something, such as an action or condition

- » Physical (36%), sexual (59%), and verbal (83%) assault
 - » Difficulty getting & keeping employment or housing (62%)
 - » Negative & victimizing media portrayal
 - » Loss of family & friends
 - » Refusal of medical care
 - » Detrimental legislation
- 



THE EFFECT OF STIGMA ON TGNC PEOPLE

- » 41% suicide risk (past suicide attempts)
0.6% in the general population (attempts) -- CDC
 - » 48 - 60% incidence of depression
6.7% in the general population --CDC
- 



THE EFFECT OF STIGMA ON TGNC PEOPLE

Approximately 33% of those who saw a health care provider had at least one negative experience related to being transgender, including:


- » Verbal harassment
- » Refusal of treatment

2015 US Trans Survey






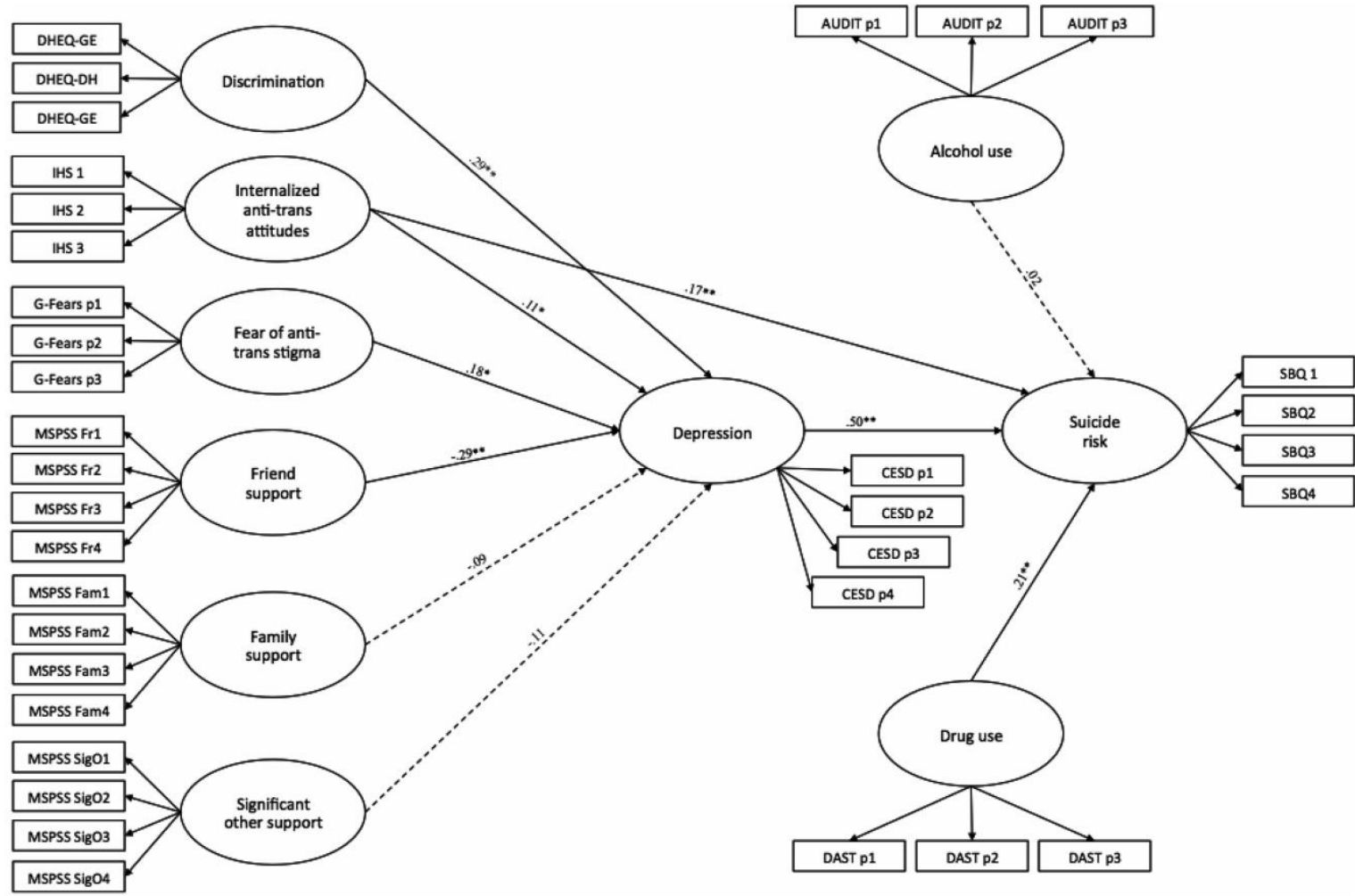
HEALTH DISPARITIES: MINORITY STRESS THEORY

- » Minority Stress Theory:
 - ◇ Minority stressors contribute to negative mental health outcomes
 - » Prejudice against minorities contributes to negative physical health outcomes due to:
 - ◇ Physiologic impact of chronic stress
 - ◇ Negative mental health outcomes
 - ◇ Provider discrimination
 - ◇ Provider shock/ lack of knowledge
- 




HEALTH DISPARITIES

- » Suicidal ideation/attempts, depression, anxiety
 - » Smoking and substance abuse
 - » Sexually transmitted infections
 - » Sexual assault, physical assault, murder
 - » Homelessness in youth & subsequent sequelae
 - » Delayed care due to fear of discrimination
- 





BARRIERS TO CARE

- » Fear of provider/ staff prejudices
 - » Fear of provider level of competence, systems issues
 - » Illegal hormone acquisition due to gate keeping
 - » Inability to take time off work/ scheduling
 - » Low income
 - » Lack of health insurance
- 



2.

**WHAT WE KNOW
& WHAT WE DON'T...**



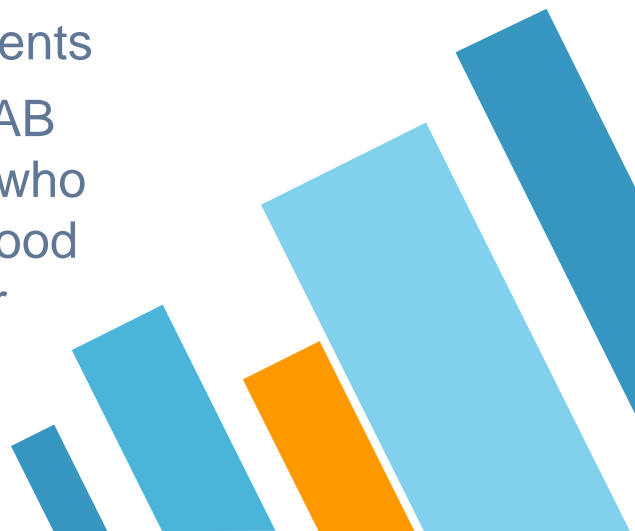


PARENTING DESIRE

What We Do Know

- » Like their cisgender peers, many TGNC people want to parent
- » TGNC people have historically been discouraged from parenting

What We Don't...

- » How many TGNC people are parents
 - » How many AFAB TGNC people who desire parenthood would consider pregnancy
- 




FERTILITY

What We Do Know

- » TGNC people can and do get pregnant
- » Hormone therapy is not contraception
- » Trying to conceive is a time of great distress
- » Prepubertal

What We Don't...

- » Long term impact of testosterone on fertility
 - » Best practices for planning conception after discontinuation of testosterone
- 




PREGNANCY

What We Do Know

- » Many TGNC people have healthy, normal pregnancies
- » Pregnant TGNC people experience health care discrimination
- » Providers often feel unprepared

What We Don't...

- » True teratogenicity of testosterone
 - » Potential complications of pregnancy after discontinuing testosterone, if any (unlikely)
- 




CHESTFEEDING

What We Do Know

- » Like their cisgender peers, many TGNC people want to feed their babies human milk
- » Both AMAB and AFAB TGNC parents breast/chestfeed

What We Don't...

- » Impact of testosterone on milk supply and infant safety/health
 - » Best practices for lactation and surgery
 - » Potential complications of chestfeeding after surgery
- 



3.

BEST PRACTICES FOR PROVIDING CARE






COMMON POINTS OF TENSION

- » Building rapport
 - » Phone calls and emails
 - » Waiting room
 - » Bathrooms
 - » Privacy concerns
 - » Arrival in labor
- 




ADDRESSING PATIENTS

- » ASK patients how they want to be addressed!
 - » Collect name and pronoun at first contact and document clearly in EMR
 - » Check name and pronoun before every single interaction
 - » Start neutral and then tailor to patient preferences
 - ◇ i.e. “Many parents...” → “many dads...”
 - » Have a plan for inpatient care
 - ◇ Must include plan for shift changes
 - ◇ Consider special door/board label
- 




MENTAL HEALTH: PRECONCEPTION

- » Start before the patient ever mentions pregnancy!
 - » Normalize parenting and pregnancy desire
 - ◇ Assess in annual exams and routine care visits
 - ◇ Two question protocol
 - ◇ If you don't open the door, it is closed
- 




MENTAL HEALTH: PREGNANCY

- » Mental health evaluation at every prenatal visit
 - » Gender dysphoria may be intensified
 - ◇ Leads to more severe depressive symptoms
 - » Ensure that patient is continuing with therapy PRN
 - ◇ Collaborative relationships with mental health
 - » Discuss risk/benefits of medications
- 



PHYSICAL HEALTH CONSIDERATIONS

- » What would you do differently?
- 



“While stories of pregnancies in transgender men are notable for challenges they pose to gendered notions of pregnancy, the clinical practice regarding care falls in the realm of routine obstetrical care.”

Obedin-Maliver and Makadon, 2016






TEAM COLLABORATION & SYSTEMS

- » TGNC pregnancy is not inherently high risk
 - ◇ Appropriate for independent FP-OB/CNM care
- » Insurance issues if legally male
- » Electronic health records and billing
 - ◇ May not be able to use “male” – yet!
- » Involve MSWs prior to delivery
- » Involve department directors for inpatient care, plan ahead - staff training, pre-






INPATIENT CARE - STAFF & SYSTEMS

- » Prepare the nursing staff
 - » Communicating with ancillary staff
 - ◇ Registrar, dietary services, lactation, nursery/NICU, social work, notary public, clerical staff
 - ◇ Sign or process in place to ensure no one enters the room and asks for “Mrs Smith?”
- 



INPATIENT CARE - PREPARING PATIENT

- » Discuss birth plan in detail
 - ◇ Resources for CBE, infant care classes, WIC, etc.?
 - ◇ Carefully steward referrals
 - » Gender dysphoria while birthing and PP
 - ◇ Discuss with patient beforehand
 - ◇ Use patient-specific terminology
 - » PP and chestfeeding
 - ◇ Assess prior to admit
- 




4.

LEARNING RESOURCES





PREGNANCY SPECIFIC RESOURCES

- » Obedin-Maliver, J., & Makadon, H. J. (2016). Transgender men and pregnancy. <http://doi.org/10.1177/1753495X15612658>
 - » Ellis, S. A., Wojnar, D. M., & Pettinato, M. (2014). Conception, pregnancy, and birth experiences of male and gender variant gestational parents: It's how we could have a family. <http://doi.org/10.1111/jmwh.12213>
 - » Light, A. D., Obedin-Maliver, J., Sevelius, J. M., & Kerns, J. L. (2014). Transgender men who experienced pregnancy after female-to-male gender transitioning. <http://doi.org/10.1097/AOG.0000000000000540>
 - » Johnson, E. K., & Finlayson, C. (2016). Preservation of Fertility Potential for Gender and Sex Diverse Individuals. <http://doi.org/10.1089/trgb.2015.0010>
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GENERAL: PROTOCOLS, POINT OF CARE

- » CedarRiver Clinics Transgender Health Toolkit
<http://www.cedarriverclinics.org/transtoolkit/>
 - » UCSF Center of Excellence in Transgender Health:
<http://transhealth.ucsf.edu/>
 - » Fenway Health: <http://www.lgbthealtheducation.org/wp-content/uploads/COM-2245-The-Medical-Care-of-Transgender-Persons.pdf>
 - » WPATH Standards of Care Version 7:
http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926
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GENERAL: PROVIDER/STAFF EDUCATION & TRAINING

- » Independent Study Series: Care for Transgender and Gender Nonconforming Patients, Cardea (CME including pharmacology credits):
http://www.cardeaservices.org/ourwork/projects/pcphc_training.html
 - » Quality Healthcare for LGBT People, webinar series, GLMA:
<http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=1025&grandparentID=534&parentID=940&nodeID=1>
 - » Affirmative Care for Transgender and Gender Non-Conforming People:
http://www.lgbthealtheducation.org/wpcontent/uploads/13017_TransBestPracticesforFrontlineStaff_v6_021913_FINAL.pdf
 - » 2015 U.S. Transgender Survey Report
<http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>
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THANKS!

Questions will be answered during panel

You can contact us at:

- » Simon: ellis.sa@ghc.org
 - » Clare:
 - » Jack: jackshephard.rn@gmail.com
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