



University of Colorado **Anschutz Medical Campus**

OB-GYN care for Gender and Sexually Diverse Patients

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Maternal Fetal Medicine
Complex Family Planning
She/her/hers



Learning Objectives

- Recognize barriers to care for LGBTQIA+ patients in reproductive healthcare.
- Create safe clinical spaces for your LGBTQIA+ patients.
- Describe and counsel on reproductive health outcomes for LGBTQIA+ patients.

Disclosures

- I have no financial disclosures.
- Content in this presentations gathered from many physicians including Dr. Kristyn Brandi and Dr. Nancy Fang

Importance of Inclusive Healthcare

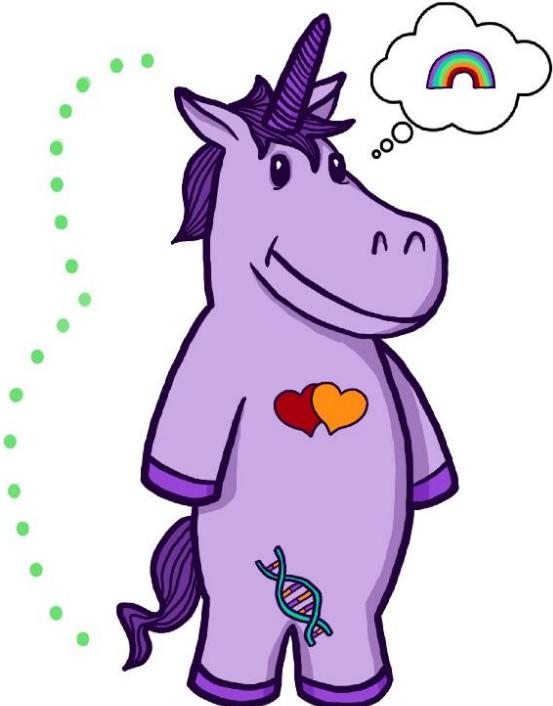
“Sexual orientation and gender identity are not risk factors for health problems; stigma associated with those identities creates the risk.”

Eliason et al, *LGBTQ Cultures: What Health Care Professionals Need to Know About Sexual and Gender Diversity*



Terminology

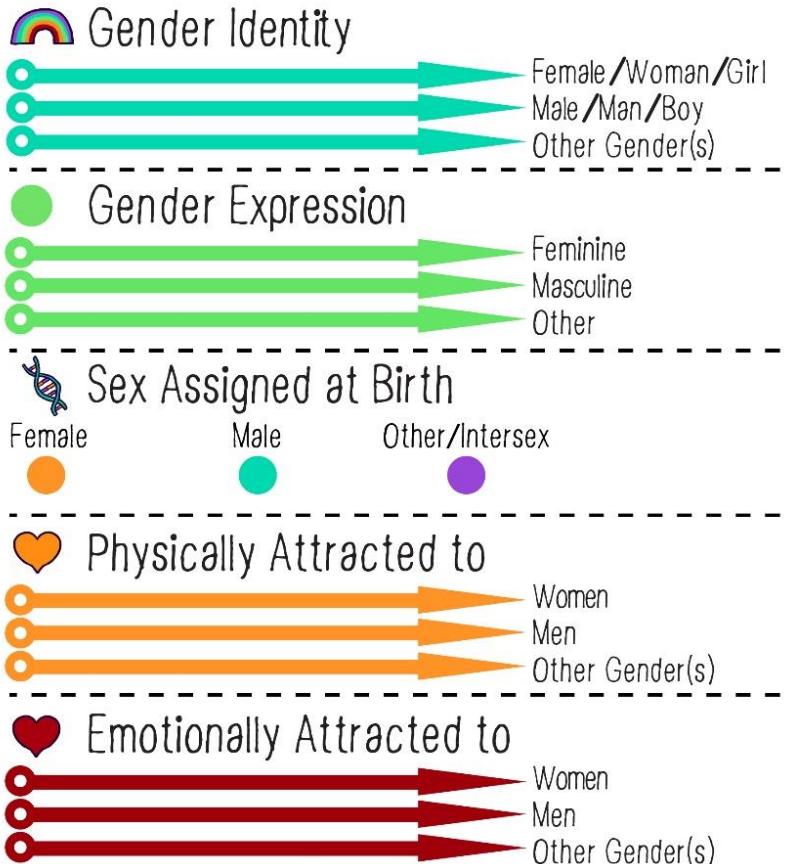
The Gender Unicorn



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Graphic by:
TSER
Trans Student Educational Resources



- Sex is biological
- Gender is a spectrum
- Gender identity and sexual orientation are discrete domains.

Barriers to Healthcare

“Denial of health care by doctors is the most pressing problem for me. Finding doctors that will treat, will prescribe, and will even look at you like a human being rather than a thing has been problematic. Have been denied care by doctors and major hospitals so much that I now use only urgent care physician assistants, and I never reveal my gender history.”

- LGBT adults face higher rates of discrimination and unfair treatment, including in health care settings.
- LGBT adults are more likely to report adverse consequences due to negative experiences with health care providers.
- LGBT adults report discrimination exacerbates their mental health symptoms and they are less likely to seek mental health resources due to accessibility issues.

Healthcare Outcomes

- **LGBT adults who experience discrimination are twice as likely to experience mental health challenges.**
- **For LGBT adults, having a strong local support network is a mitigating factor for experiences with severe mental health crises and regular feelings of loneliness and depression.**
- **LGBT adults are twice as likely to report having experienced homelessness.**
- **LGBT women are more likely to report STI testing and less likely to report pap smear testing.**
- **LGBT women report experiencing intimate partner violence at double the rate compared to non-LGBT women.**
- **Over 1/3 of LGBT women report having had a pregnancy and < 10% report having had an abortion in their lifetime.**



CASE STUDIES IN SOCIAL MEDICINE

The Power and Limits of Classification — A 32-Year-Old Man with Abdominal Pain

Daphna Stroumsa, M.D., M.P.H., Elizabeth F.S. Roberts, Ph.D., Hadrian Kinnear, B.A., and Lisa H. Harris, M.D., Ph.D.



Sam, a 32-year-old man, was brought to the emergency department by his boyfriend. Sam reported an 8-hour history of severe (8 out of 10), intermittent lower abdominal pain. In triage, he had a blood pressure of 185/84 mm Hg and a heart rate of 67 beats per minute. The triage nurse noted that he was an obese man who

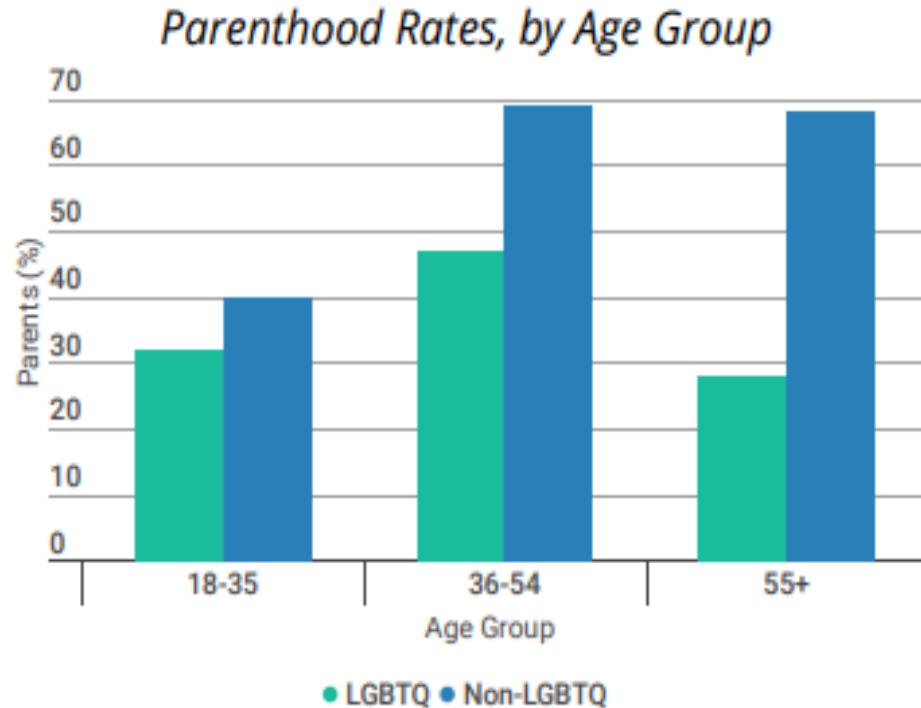
but he wondered whether it was a false positive. He added that he had “peed himself” that morning.

The triage nurse assessed him to be a man with abdominal pain who had not taken his prescribed blood-pressure medications. Determining that his condition was stable, she triaged him to non-urgent assessment. Laboratory

Stroumsa et al. NEJM 2019

Family-Building for Queer & Trans People

- Parenthood rates & plans to become parents are increasing in LGBTQ people/relationships, particularly in millennials (Family Equality Council (2019))
- 54% transmen interested having children at time of study (n=50), 22% already had children (Wierckx K et al)



48% of LGBTQ Millennials are planning to grow their families, compared to **55%** of non-LGBTQ Millennials — **a gap of only 7%**.

What creates affirming care?



BASIC TERMINOLOGY

SEXUAL ORIENTATION	SEX ASSIGNED AT BIRTH	GENDER IDENTITY	GENDER EXPRESSION
Heterosexual	Male	(Cis) (Trans) Man	Masculine
Lesbian	Female	(Cis) (Trans) Woman	Feminine
Gay	Intersex	Non-Binary	Androgynous
Bisexual		Genderfluid	
Queer		Genderqueer	
Pansexual		Agender	
Asexual			

Instead of saying:	Say This:
A transgender	Transgender person, or a person who identifies as transgender.
Transgenders	Transgender people, or people who identify as transgender. Transgender community
Transgendered	Transgender
“Real” sex	Sex assigned/ designated at birth
Sex change, the surgery, post op, sex reassignment surgery	Gender Affirming Surgery, Medical Transition
Hermaphrodite	Intersex person or person who is intersex
Preferred pronouns or preferred name	“What pronouns would you like me to use? “What pronouns do you use? “What name may I call you?”

Reproductive Health & Peripartum

Terminology

COMMONLY USED TERM	INCLUSIVE TERMS
Women's Health	Reproductive Health
Breast(s)	Chest, Lactation tissue
Uterus, ovaries	Reproductive organs, internal (reproductive organs)
Vulva	External pelvic area, external genitals
Vagina	Internal canal, front/frontal/genital opening
Mom/baby unit/service	Postpartum, Dyad unit/service

AVOID THESE GENDERED, RELATIONSHIP-SPECIFIC TERMS	TRY TO INCORPORATE THESE GENDER-NEUTRAL, RELATIONSHIP-NEUTRAL TERMS
Pregnant mom/woman Laboring mom/woman Birthing mom/woman Mother/Mom/Mama Female anatomy	Gestational parent Pregnant parent Pregnant person Birthing parent Birthing person Client Parent Pelvic anatomy
Father/Dad/Papa Husband/Spouse	Nongestational parent Nonpregnant parent Coparent Partner Birth partner Sperm donor
Motherhood Fatherhood	Parenthood
Breastfeeding Breastfeeding mother/mom	Lactation Nursing Chestfeeding Nursing parent Lactating parent

When greeting others

Avoid:

ladies **gentlemen** **ma'am** **sir** **girls** **guys** etc.

Consider using instead:

“Thanks, **friends**.
Have a great
night.”

“Good morning,
folks!”

“Hi, **everyone!**”
“And for **you?**”

“Can I get
you **all**
something?”

Why?

Shifting to gender-inclusive language respects and acknowledges the gender identities of all people and removes assumption.

Be mindful of language

Hello! My name is (name), I am a (role), my pronouns are (pronouns).

What do you prefer to be called?

What name do you prefer?

Introductions

What name do you go by?

What are your name and pronouns?

Pronouns



We do not know someone's pronouns based off their name or how they look.

The only way to know someone's pronouns is to ask.

If you are unable to ask, don't use pronouns.

Pronouns

	Subject	Object	Pronoun	Pronunciation
Gender Binary	she	her	hers	as it looks
	he	him	his	as it looks
Gender Neutral	they*	them*	theirs*	as it looks
	ze	hir	hirs	zhee, here, heres
	ze	zir	zirs	zhee, zhere, zheres
	xe	xem	xyrs	zhee, zhem, zheres

**used as singular*

Pronoun Procedure: Mistakes



1. Apologize

2. Correct Yourself

3. Continue On*

*And practice to avoid future mistakes! <https://t.ly/vdUv3>



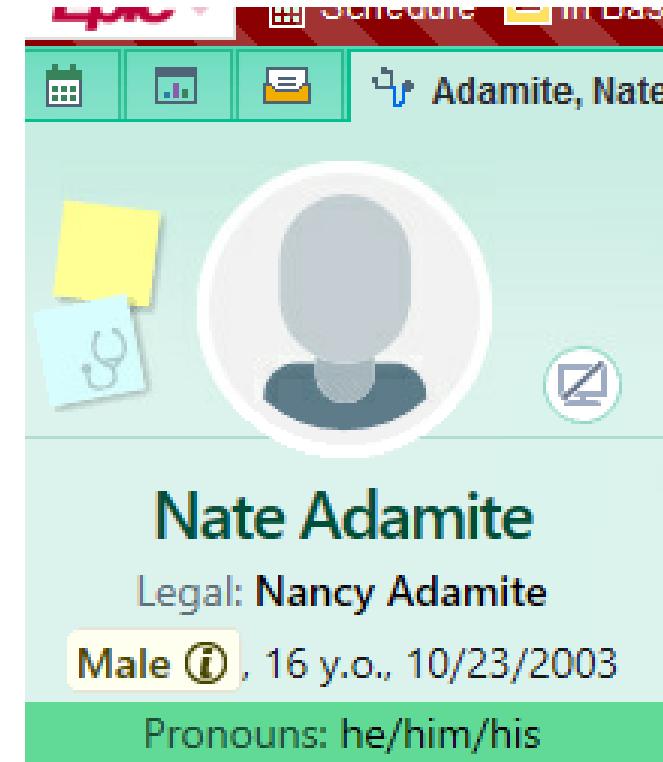
Documentation

Use affirming name and pronouns, **regardless** of the patient's appearance, surgical history, legal name, or sex assigned at birth.

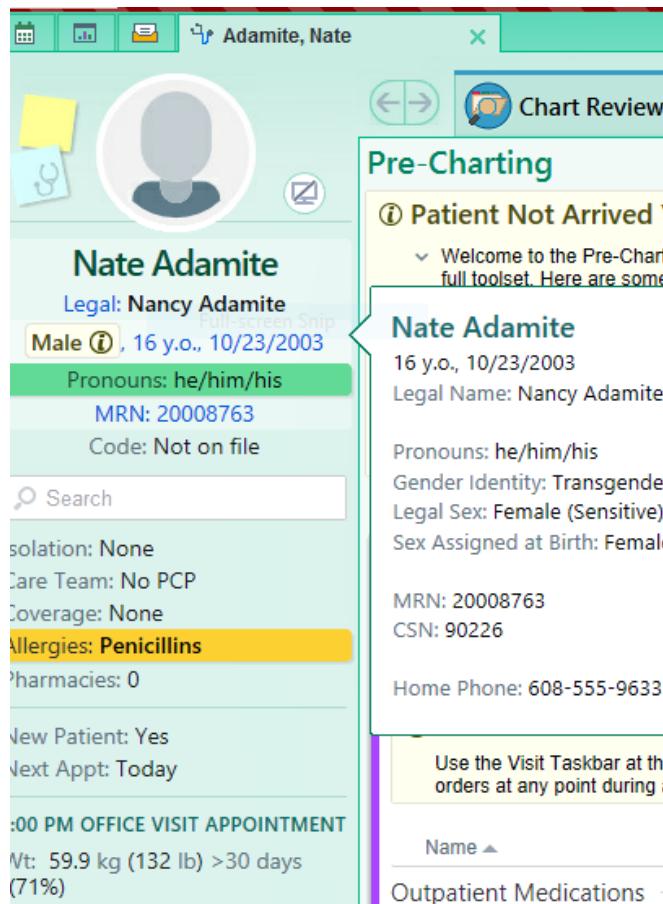
Sexual Orientation and Gender Identity Forms (SOGI)

Address when legal name will appear on documents.

Document using affirming name and pronouns.



Documentation



Sexual Orientation and Gender Identity SmartForm

Please answer all questions on this form correctly by verifying the answers with the patient. Please answer on the form. The answers on this form will help Epic determine workflows and health care answers are correct. If you are unable to verify these answers with the patient, this form

What do you identify your sexual orientation? Straight (not lesbian or gay) Bisexual Not Listed Don't know Choose not to disclose Pansexual Asexual

What is your gender identity? Woman/Girl Man/Boy Transgender Woman/Girl Transgender Man/Boy Choose not to disclose Non-Binary

What was your sex assigned at birth? Female Male Unknown Not recorded on birth certificate Choose not to disclose

Patient's pronouns: she/her/hers he/him/his they/them/theirs ze/zem/zir patient's name not listed



Creating an Inclusive Reproductive & Pregnancy Care environment

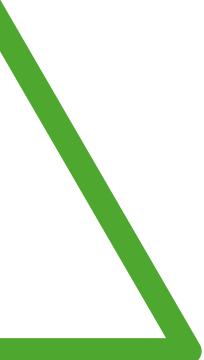
Welcoming, knowledgeable staff with LGBTQ care training

All-gender bathrooms

Degendered signage and print material

Knowledgeable, inclusive, diverse providers

Medical records with documentation of gender identity and sexual orientation





PLANNING FOR
CARE FOR LGBTQ
FAMILIES

Prenatal



Intrapartum

Postpartum &
Newborn care

Prenatal Care

- Determine setting/provider
- Exploring sexual identity, gender identity, affirmation, and pregnancy
- Understand disparities
- Routine prenatal care; following obstetrics best practices
- Birth planning/preferences

Intrapartum

Setting (home, birth center, hospital)

Mode of delivery

Labor support: partner(s), family, friends, doula

Ensuring preparation/birth preference list:

*Note preferred language, clothing, body exposure

*Note needs related to neurodiversity

Sign-out or clear documentation for intrapartum care team

Postpartum & Newborn Care

Parent(s)/Adults

- Parental Names
- Family support
- Infant feeding
- Continued respect for terminology, body
- Planning for postpartum care

Infant

- Infant name
- Infant gender
- Infant pronouns
- Infant feeding
- Planning for infant care



Infant Feeding & Human Milk

Anyone with breast tissue may be able chestfeed or breastfeed including:

- Transmen or non-binary people who have breasts and have not had top surgery
- Transmen or non-binary people who have had top surgery (in some cases and depending on the surgery)
- Transwomen

Lactation may be achieved by a postpartum gestational parent or through lactation induction

Other options: SNS feeding, donor milk, formula

Recommend working with queer and trans* friendly lactation consultant



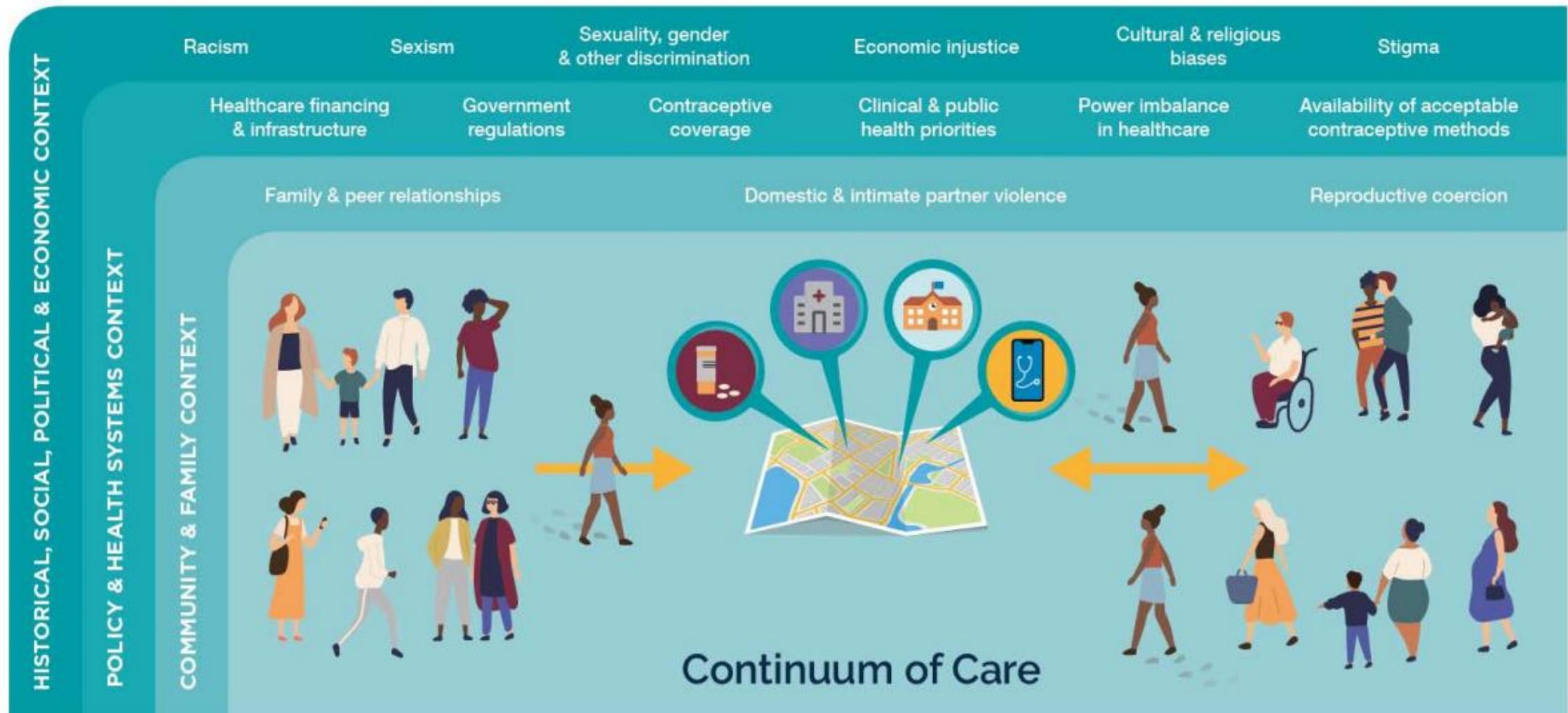
Contraception in Gender Diverse Patients



Barriers to Reproductive Healthcare

- Desire to avoid pregnancy does not necessarily correlate with contraceptive use
- Barriers to contraceptive use
 - Concern for side effects
 - Lack of information
 - Difficulty accessing care
 - Lack of knowledge by provider

Person-Centered Contraceptive Care Framework



Outreach and Trust Building

Access

Quality

Follow-up Support

Slide courtesy of Dehlendorf & Holt

Person-Centered Contraceptive Counseling

- For TGD individuals, contraceptive efficacy is surprisingly NOT the primary concern for people who seek contraception
- Specific considerations:
 - Does the method alleviate or worsen dysphoria?
 - Does the method provide menstrual suppression or amenorrhea?
 - Side effects

Asking about sexual practices

Preface why you are asking

- Implications for care
- Differential for different CC

"I try to ask all my patients a bit about sexual activity– both because it has implications for gender-affirming care and because I want to make sure you are getting the comprehensive care you deserve. Is it OK if I ask a few questions about sex and reproduction?"

"Do you have any sex with pregnancy potential– meaning any sex where sperm could get near the uterus?"

"Do you know if you have any desire to use your uterus or gametes– meaning biologic tissue– to have a biologic pregnancy?"

Person-centered care for TGD patients

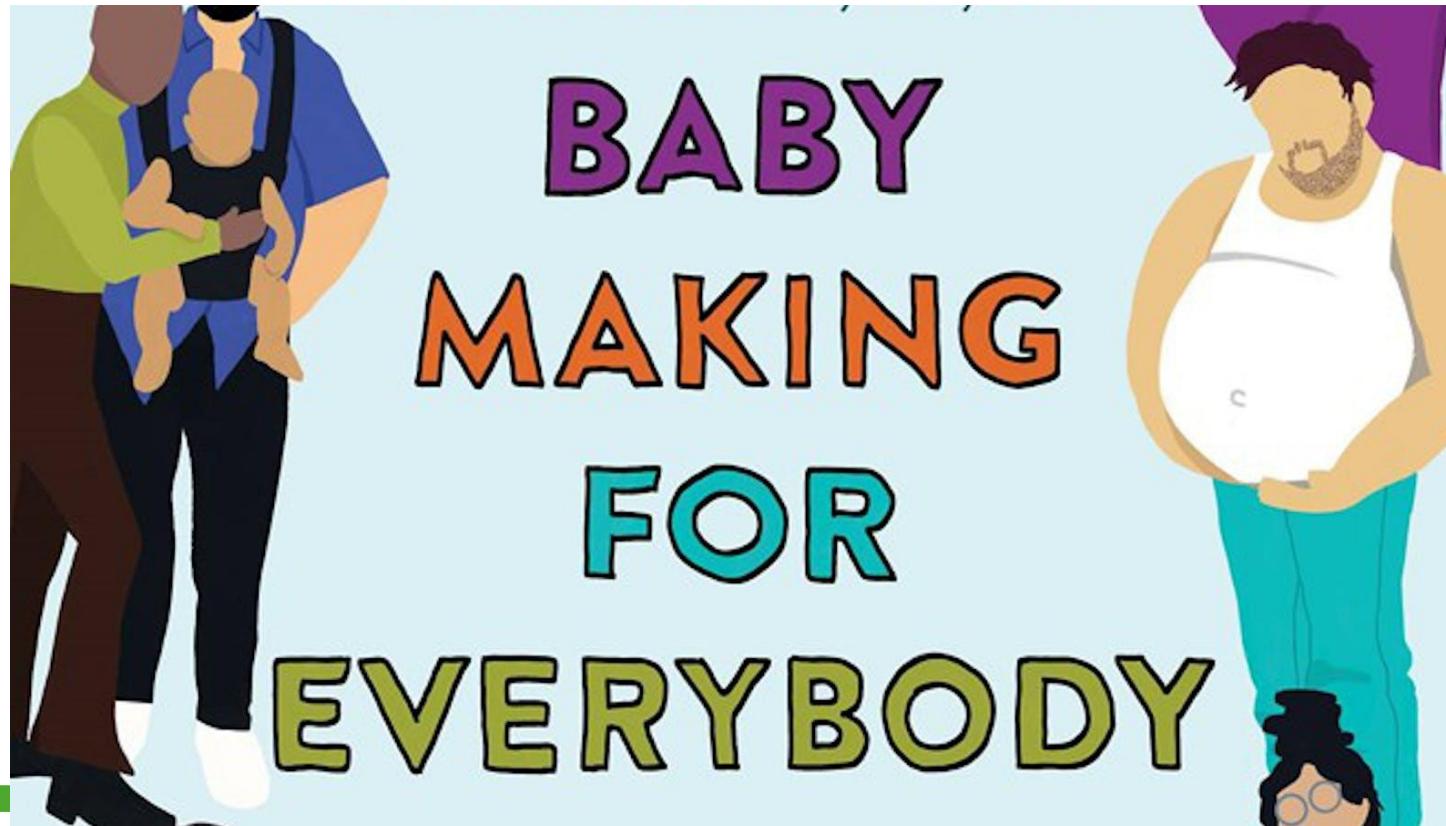
- Ensure gender identity and sex assigned at birth are documented accurately
- Use language that does not make assumptions about the sex, gender, or genital anatomy of patients' sexual partners
- Label bathrooms for gender diverse use, create a welcoming inclusive environment
- Use gender inclusive terminology: Frontal genital opening and chest instead of vaginal/vulva and breast or internal and external condom instead of male and female condom.
- Pelvic exams may be uncomfortable due to atrophy or may be triggering due to trauma or dysphoria. A trauma informed approach should be used with TGD patients (including asking about history of trauma and affirming patient control over exam).
- Can pre-treat with vaginal estrogen in preparation for speculum exams.

Gender-affirming hormones are not contraception



≠ contraception

Legal Concerns for LGBTQ Families



- Parentage considerations
 - Listing parents on birth certificate
 - Second/co-parent adoption
- Gender-neutral markers ("X") available for birth certificates (not for social security)
- Family leave laws

Summary

- Use appropriate terminology when caring for LGBTQ people and families
- Work to incorporate inclusive and de-gendered terminology in general
- Maintain awareness of key issues that may impact the care and experience of LGBTQ people and their families



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Thank you