Creating a Gender-Inclusive Practice

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Disclosures

> Rebecca: None
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Objectives

> Part 1:
  – Discuss ways in which systems, clinics, and individual providers can create a more welcoming environment to improve care of transgender and non-binary (TNB) patients

> Part 2:
  – Review new research regarding testosterone’s effect on ovulatory function
Disclaimer
What we will not discuss

- Specific medical issues
- Hormone therapy protocols
- Surgical management
Poll

> I see TNB patients regularly in my practice

> I see TNB patients occasionally in my practice

> I have never seen TNB patient in my practice
Poll

> I feel comfortable seeing a TNB patient for a routine gynecologic issue

> I feel comfortable managing hormone therapy

> I feel comfortable counseling patients and performing hysterectomies for gender affirmation
Background

> TNB individuals face many barriers to care

> Significant health disparities exist in TNB communities

> Lack of provider knowledge contributes to above

> 90% of trans population have experienced barriers to accessing healthcare
Background

- In 2016, 24% of TNB patients report needing to teach providers how to care for them – 50% in 2011

- Culturally appropriate care for TNB patients has been shown to:
  - Increase adherence to HIV treatments
  - Decrease rates of smoking and substance abuse
  - Decrease healthcare avoidance
Gender identity is who we know ourselves to be

Gender identity & sexual orientation are independent

Gender identity (internal) & gender expression (external) may or may not match

Gender identity is not binary

Gender identity is not based on sex assigned at birth (oh, and sex is also not binary!)
Language

> Anatomy/sex:
  – AMAB/AFAB
  – Ovary/testicle bodied

> Binary:
  – Transgender
  – Trans
  – Transman/Transwoman
  – Transmasculine/Transfeminine
  – Man/Woman
  – FTM/MTF (use with caution!)

> Non-binary:
  – Non-binary
  – Gender non-conforming
  – Genderqueer
  – Genderfluid
  – Agender

> Gender affirming care

Language is ever evolving
Mirror patient’s language
TNB is a good umbrella term
Signage

Women’s Health Care Center
University Reproductive Care

Planned Parenthood
Care. No matter what.
Planned Parenthood of the Great Northwest and the Hawaiian Islands

UNIVERSITY of WASHINGTON
Forms and Documentation

> Create intake forms and sexual history forms that do not make assumptions about gender identity or sexual orientation

> Create a method for distinguishing between sex assigned at birth and gender identity in your health records to ensure both appropriate screening and respect for current identity

> Names and gender markers for EMR/insurance
Intake Forms

- Gender identity (with non-binary options and open field)
  - Sex assigned at birth
  - Legal gender marker

- Name and pronoun to be used be in patient interactions

- Organ inventory/option to select specific health screening needs
Common Issues

– The waiting room!
– Documents: mail, after visit summary, rx label...
– Insurance coverage based on gender markers
Staff

> Front-line staff are the **first impression** your trans patients will have of your practice

> Set up staff for success by providing appropriate education, training, and support
  – Must be addressed in trainings, **not with patients**
  – Staff will need a **safe space** to ask uncomfortable questions about sex, gender, identity, pronouns, and language
Clinic
Clinic

- Post visible nondiscriminatory statements

- Have gender-inclusive language in waiting rooms, bathrooms, and exam rooms

- Check for and use appropriate name and pronoun with every single patient contact

- Avoid *overly gendered environment* for sexual and reproductive health services
Taking a Sexual History

> “Are you sexually active”

> “Do you have sex with men, women, or both?”
Taking a sexual history

> Set the stage
  - Clothed patient
  - Review importance of taking history
  - Ask permission and give reassurance
  - Avoid assumptions
  - Open ended questions
Taking a sexual history

> “Have you been sexually active in the past year?”

> “Tell me about your partners” or “Who do you partner with sexually”

> “Tell me about the kind of sex you’re having”
Patient Preferences

- Nationwide Survey, 1,852 transmasculine individuals
- Sexual health, care experiences, preferred language for provider communication
Patient Preferences

> 25% had sexual history taken in past 6 months

> 51% uncomfortable talking with provider about sexual health

> 66% wanted provider to ask them whether they felt comfortable discussing sexual health
Patient Preferences

> Majority wanted providers to use **anatomic terms**

> 63% **were never asked** preferred terms to describe body/genitalia

> 53% preferred “**are you sexually active?**”

  - 2% preferred “do you have sex with men, women, or both?”
Pregnancy and Parenting

> “Are you considering becoming a parent (or having additional children)?”

> “What do you think that might that look like for you?”
Exam

> Discuss physical exam with patient clothed
> May need to defer exam to subsequent visit
> If on testosterone or significant anxiety/pain with exam
  – Plenty of lube, appropriate speculum size
  – Consider premedication with oral anxiolytics
  – Consider topical lidocaine
  – Allow patients to self-swab, self-insert speculum
  – Patients with significant atrophy may benefit from short course of vaginal estradiol prior to exam
Patient Encounter

- Elicit and use patients preferred terms

- When mistakes are made, apologize and move on

- Treat the patient, not the gender identity

- Recognize, and be sensitive to, a history of TNB patients being subjected to inappropriate questions and unnecessary genital exams
Resources

> Cedar River Trans Toolkit:  
  http://www.cedarriverclinics.org/transtoolkit/

> UCSF  http://transhealth.ucsf.edu/


> World Professional Association for Transgender Health (WPATH)  https://www.wpath.org/

> RAD Remedy  http://www.radremedy.org/
Testosterone and Ovulation in Trans Men: The TOTS Study

> 1.4 million TNB people in the United States

> Increasing numbers seeking treatment for gender dysphoria

> Unknown effect of testosterone on fertility
Who Needs Contraception?
Methods

**Inclusion Criteria**
- Ovaries and uterus in situ
- On testosterone
- Hx regular menses

**Exclusion Criteria**
- Use of hormonal contraception within past 3 months
- Hx amenorrhea/oligomenorrhea
- Hx GnRH agonist
- Topical T
- Finasteride

30 trans men on injectable testosterone
Methods

Daily urine x90d

Monthly Serum T, E, SHBG

0 and 3m AMH

30 trans men on injectable testosterone

Bleeding Diary
Ovulation

- Serum hormone levels
- Urinary hormone metabolites

Santorro et al 1996: J Clin Endocrinol Metab
Ovulation

Ovulatory criteria:

PdG > 5 × 3d

Santorro et al 1996: J Clin Endocrinol Metab
Ecochard et al 2013: Steroids
Outcomes

- Proportion of participants who ovulate
  - Proportion of months during which participants ovulate
  - Average duration of time with PdG above threshold
  - Duration of testosterone use
  - BMI
  - Vaginal Bleeding
Results

> 32 Participants Recruited, 20 study complete

- Median age 23, range 18-34

- 7 New Initiators, 25 Continuing Users

- Mean length of testosterone use 13.2 months

- Median time to amenorrhea 3 months
Results

> 31% used contraception previously

> 59.4% counseled on contraception prior to starting testosterone

> 37.5% counseled on fertility-sparing options prior to starting testosterone
Preliminary Ovulation Results

> N=1!

> New initiator

> Ovulated 2 weeks after starting testosterone
Impact and Conclusions

> Testosterone may effectively suppress ovulation

> Prior to cessation of menses?

> More data needed!
Thank You!

> Questions?