



Creating a Gender-Inclusive Practice

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Pronouns: He/him or they/them

Disclosures

- > Rebecca: None
- > Simon: None

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

Background

- > 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

System

Clinic

Patient Encounter

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graph TD; System[System] --> Clinic[Clinic]; Clinic --> PatientEncounter[Patient Encounter];
```

System

Clinic

Patient Encounter

Signage



Planned Parenthood of the Great
Northwest and the Hawaiian Islands

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 (two-step):

1. What is your gender identity?

- Male
- Female
- Transgender man / Transman
- Transgender woman / Transwoman
- Genderqueer / Gender nonconforming
- Additional identity (fill in) _____
- Decline to state

2. What sex were you assigned at birth?

- Male
- Female
- Decline to state

- > 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

System

> Common Issues



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

Staff

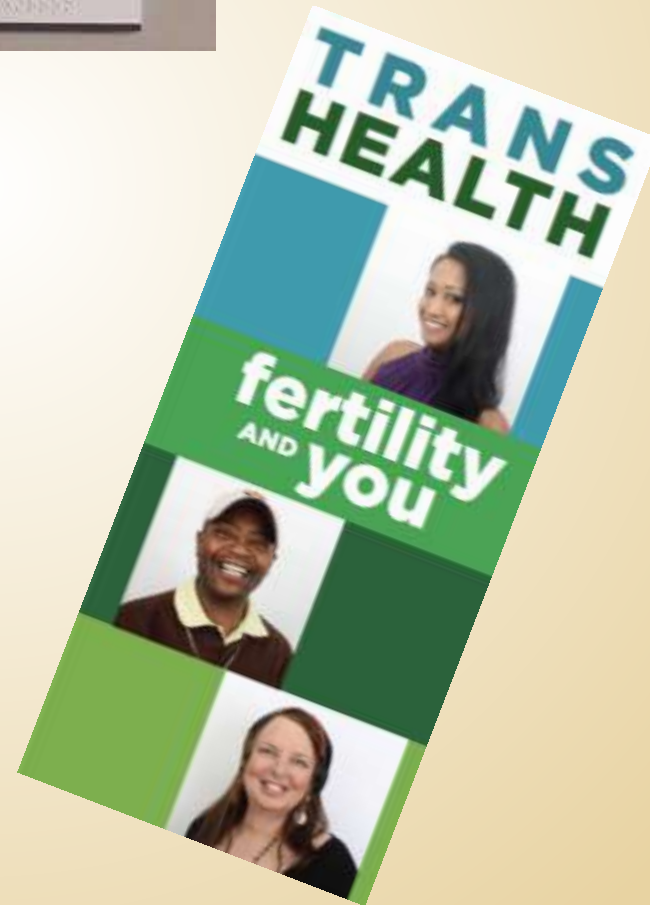
- > Front-line staff are the **first impression** your trans patients will have of your practice
- > Set up staff for success by providing appropriate education, training, and support
 - Must be addressed in trainings, **not with patients**
 - Staff will need a **safe space** to ask uncomfortable questions about sex, gender, identity, pronouns, and language

System

Clinic

Patient Encounter

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

System

Clinic

Patient Encounter

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

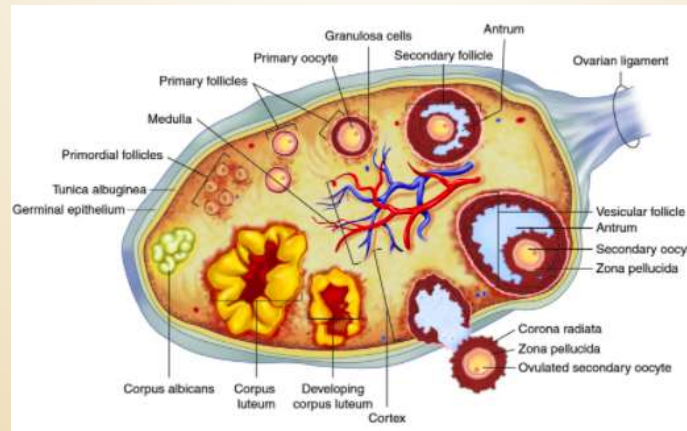
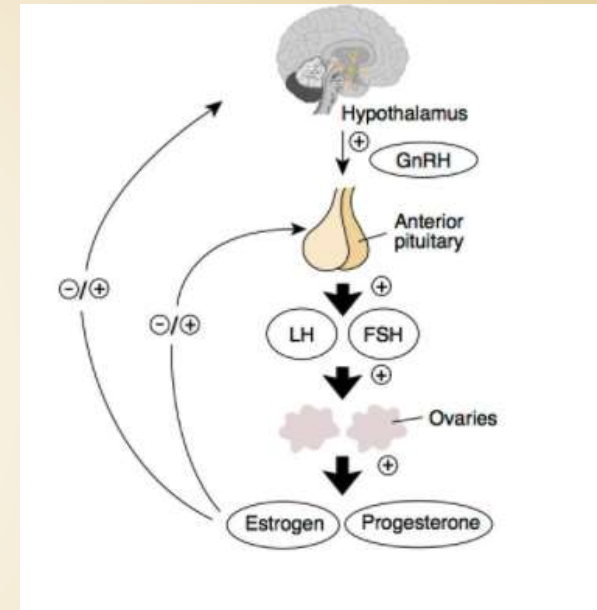
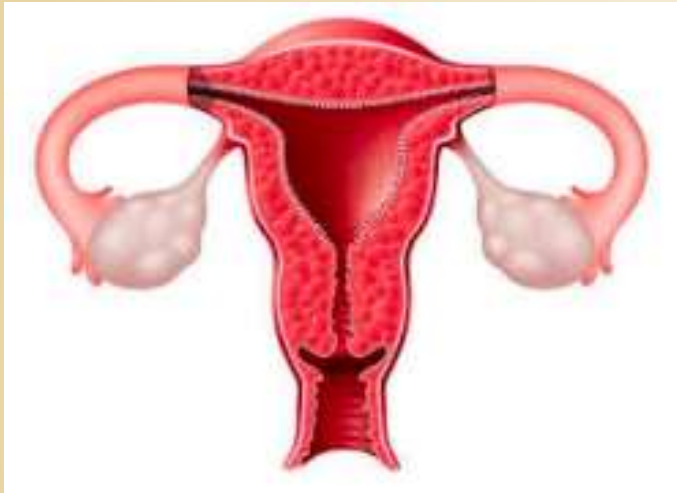
Resources

- > Cedar River Trans Toolkit:
<http://www.cedarriverclinics.org/transtoolkit/>
- > UCSF <http://transhealth.ucsf.edu/>
- > Fenway Health <http://www.lgbthealtheducation.org/wp-content/uploads/COM-2245-The-Medical-Care-of-Transgender-Persons.pdf>
- > 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

30 trans men on injectable testosterone

Exclusion Criteria

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

Methods

Daily
urine
x90d

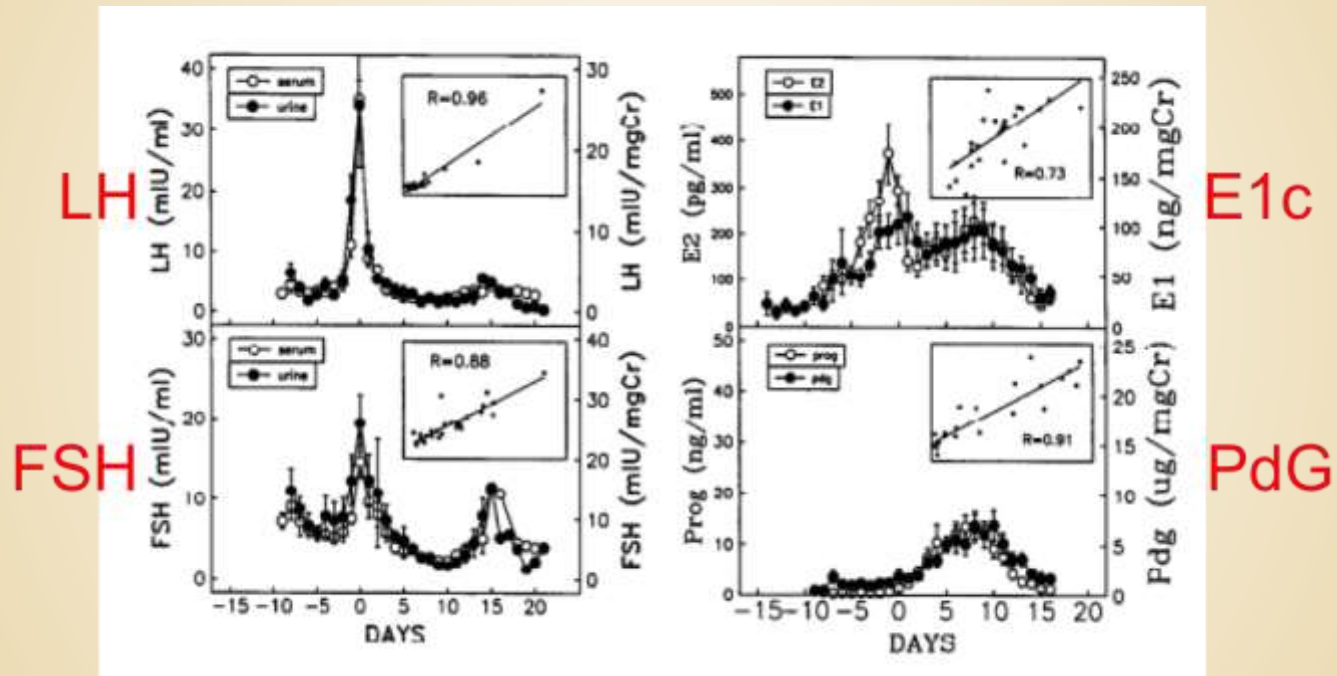
Monthly
Serum T,
E, SHBG

30 trans
men on
injectable
testosterone

0 and 3m
AMH

Bleeding
Diary

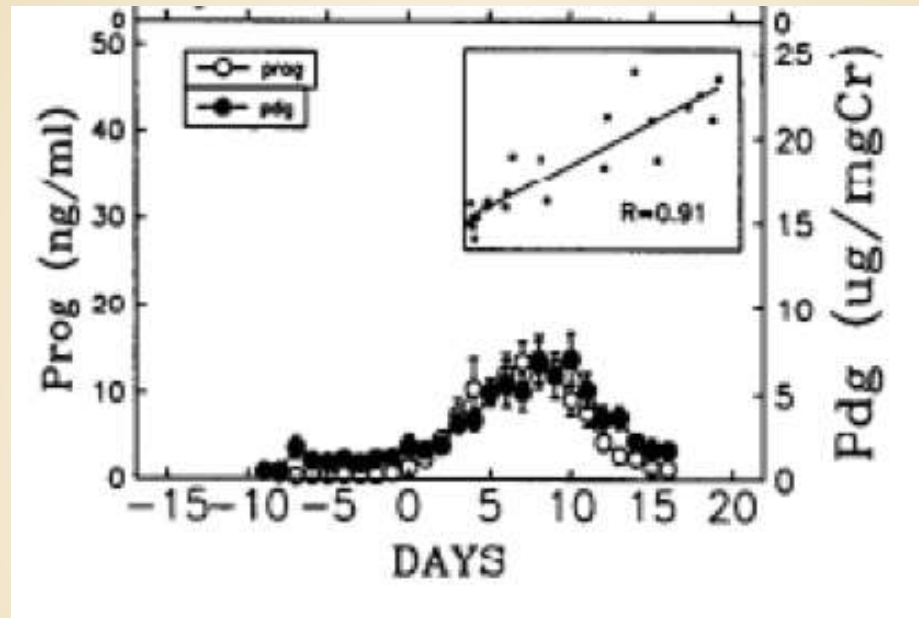
Ovulation



- Serum hormone levels
- Urinary hormone metabolites

Santorro et al 1996: J Clin Endocrinol Metab

Ovulation



PdG

Ovulatory criteria:
 $PdG > 5 \times 3d$

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?