Pregnancy and Parenting Planning for LGBTQ Clients in the Family Planning Setting

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National Reproductive Health Conference
July 25, 2016
All medications for transgender care are off-label using national and international guidelines
Objectives

1. Learn current sex and gender affirmative language and terminology
2. Create **safe space** in your healthcare setting
3. Pregnancy Prevention for LGBTQ clients
4. Different models of parenting and pathways to pregnancy within the LGBTQ community
5. Transgender youth and future fertility options for those on blockers and cross hormones
Sex and Gender Minorities

- Federally protected status
- ACA prohibits discrimination
LGBTQIA programs & services
Sex and Gender Basics

• Sex  
  – Assigned male or female based on physical anatomy, chromosomes

• Gender Identity  
  – Internal, deeply felt sense of self as male to female or in between

• Gender Expression  
  – The external presentation as masculine or feminine or somewhere in between- how we wear our gender
Sexual Orientation

Includes:
- Attraction
- Behavior
- Sexual Identity

SEXUAL ORIENTATION
SEPARATE from
GENDER IDENTITY

Sexual Identity: Lesbian, Gay, Same Gender Loving, Bisexual, Heterosexual, Asexual, Pansexual, Queer ≠ with whom I have sex

Sexual Behavior: with whom I have sex & Polyamory, Monagamy, Bipoly
The Gender Unicorn

- **Gender Identity**: Female/Woman/Girl, Male/Man/Boy, Other Gender(s)
- **Gender Expression/Presentation**: Feminine, Masculine, Other
- **Sex Assigned at Birth**: Female, Male, Other/Intersex
- **Sexually Attracted To**: Women, Men, Other Gender(s)
- **Romantically/Emotionally Attracted To**: Women, Men, Other Gender(s)

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

Design by Landyn Pan
Transgender or Trans*: umbrella term

gender identity or gender expression is different from the sex assigned at birth
Trans* Terminology

- **FTM / Trans Man / Trans masculine**
  - Female-to-Male (might be on testosterone)
  - Assigned Female at Birth (AFAB)

- **MTF / Trans Woman / Trans feminine**
  - Male-to-Female (might be on estrogen)
  - Assigned Male at Birth (AMAB)

- **Gender Queer**
  - Range of identities which lie outside binary of male and female; can also refer to sexuality
The Gender Spectrum Gender Queer

OUT OF THE BINARY

• Gender Smoothie
• Gender Bender/Gender Blender
• Demi Gender
• Pan Gender
• Two Spirit
• Tri Gender
• Neutrosis
• Demigirl
• LadiBoi
• Androgyne
• Agender

Language is always evolving

Patients May Request Gender Neutral Pronouns!
they, hir, zir
Gender Fluid/Non-Binary

NON-BINARY TRANSITION

FOR MEDICAL AND SERVICE PROVIDERS
Gender Terminology

CISGENDER: Identity congruent with assigned gender

STEALTH: trans status not shared with others
Overview of Hormones

**Trans* female spectrum:**
- Rx to feminize, overcome testosterone

  - ESTROGEN: IM, patch, cream, or oral formulation taken as sublingual; 17 B estradiol NOT ethinyl estradiol
  - ANTI-ANDROGEN: spironolactone, finasteride
  - PROGESTERONE: not always used

**Trans* male spectrum:**
- Rx to masculinize

  - TESTOSTERONE: IM most common vs gel, patch, subcutaneous, pellet; never oral (although used in Europe)

**AIM FOR PHYSIOLOGIC LEVELS or desired physical response**
Access to Healthcare

A Report of the National Transgender Discrimination Survey in US (Grant, Mottet & Tanis, 2011)

19% refused care outright
50% had to TEACH their own provider about basic trans* health.
28% deferred care when sick or injured.
48% deferred care due to inability to pay for care
Challenges and Discrimination

- Discrimination pervasive in education, employment, housing, health care, public accommodations
- 4X more likely to have a household income < $10K
- 4X the national rate of HIV
- 41% attempted suicide compared to 1.6% of general population
Patient Experiences of Discrimination

- Humiliation, negative comments
- Not respecting preferred name and gender
- Not allowed to use restroom of gender identity
- Not able to be in hospital room of gender identity
- Violations of confidentiality, privacy
- Inappropriate questions, exams, viewing of genitals
- Long waits for care
- Refusal of care- being turned away
Creating a Safe Health Center
Creating a Safe Health Center

Many patients have experienced trauma in health care settings

- **Create safe and welcoming space**
  - Involve your community groups
  - Inclusive language and visuals (posters, magazines)
  - Gender neutral bathrooms

- **Inclusive forms/EHR**
  - Names and pronouns (legal and current)
  - “What pronoun do you use (today)?”
  - Spectrum of gender and sexuality options
  - Documenting histories, exams, inclusive templates

- **Train your entire staff on sex and gender spectrum**

10 Tips for Serving Transgender Patients
National LGBT Health Education Center
Ask

You had me at your ask of my preferred gender pronoun

What pronouns do you use?
Meaningful Use 3: Sexual Orientation and Gender Identity (SOGI)

Two Step Model for Intake:

1. What is your current gender identity?
   M, F, trans man, trans woman, gender queer, _____, decline to state

2. What sex were you assigned at birth?
   M, F, Intersex, _____, decline to state

CDC has adopted and recommends this model.
More information: www.transhealth.ucsf.edu

Electronic Medical Record issues challenging
Cultural Humility
Exploring your own gender and sexuality

... leads us to “Cultural ENGAGEMENT” and

RESPECT

Rather than “Cultural Competency”

WHO IS THE PERSON IN FRONT OF YOU?
Family Planning, Pregnancy and LGBTQ

Historically, LGBTQ individuals’ reproductive choices have not been recognized ...

“...it was assumed that trans women would forgo the ability to ‘father’ a child, that trans men would forgo the ability to ‘mother’ a child, and that ‘true transexuals’ would be uninterested in doing so.”

“Family Creation Options for Transgender and Nonconforming People,” I dickey, K Duchamps, R Ehrbar, Psychology of Sexual Orientation and Gender Diversity 2016
LGBT surveys about Fertility & Families


51% of LGBT adults of any age either have children or want to have children

Transgender Parenting: A Review of Existing Research

Review of 51 Studies
25–50% of all transgender individuals are parents

Stotzer et al., The Williams Institute 2014
Trans Survey about Fertility & Families

Survey of 50 trans* men

• 54% wanted children
• 38% considered freezing eggs
• 16% had partners with a uterus who had children via ART
• 6% were parous themselves

Survey of 121 trans* women

• 40% had biological children
• 77% felt that sperm freezing should be offered
• 45% would have declined to donate sperm due to dysphoria

Wierckx et al., Hum Repro, Feb 2012; De Sutter et al., 2002, Intl J Transgenderism
Trans Men, Pregnancy and Unintended Pregnancy

Anu Manchikanti Gomez

The Right to Parent: A Qualitative Exploration of Family Desires Among Transmasculine and Gender Queer Emerging Adults 2015

Survey of 20 young trans* men

More information needed by providers and patients about HRT and fertility and pregnancy

Many did not know that pregnancy was possible after hormonal transition
UNEXPECTED?

Most teen pregnancies are. Avoid unplanned pregnancies and sexually transmitted infections. Use condoms. Or wait.

BeYouBeHealthy.org

CITY OF CHICAGO
Family Planning Pregnancy and LGBTQ

“Are you or any of your sensual or sexual partners planning to get pregnant in the next 12 months?

Does your patient feel safe to share and answer openly?
Pregnancy Prevention and LGBTQ

“Are you or any of your sensual or sexual partners planning to get pregnant in the next 12 months?

NO:

Pregnancy prevention programs MUST SPECIFICALLY ADDRESS LGBTQ identities and issues to be effective!

LGBTQ youth use contraception less frequently

Currently, LGBTQ youth at increased risk of unintended pregnancy or involvement with pregnancy

Does your patient feel safe to share and answer honestly?
"Are you or any of your sensual or sexual partners planning to get pregnant in the next 12 months?"

**NO:**

Testosterone ≠ Contraception: ovulation can occur

Sperm can still be present with estrogen

If pregnancy not desired: discuss contraception

IUD, Implant, DMPA, typically non estrogen based, for trans men
Adapting an educational program for gender inclusiveness
Safer Sex

What does this look like?
How do we talk about sex?
Sharing fluids? Sperm? Ovulation?
Open minds, open hearts, open discussions
Conversations about Sexuality

• Gender neutral language
  – “What are the gender identities of your sexual partners?”

• Direct questions on specific sexual activities:
  – “Knowing about your sexuality can help me take better care of you.”
  – “Do you have sex with someone with ovaries/testes?”
  – “What parts of your body do you use when you are sexual?”
Sexuality and Gender

Don’t make assumptions:

Sexual identities, attractions, and behaviors may shift, change, or evolve with transition

40% of 605 trans men recruited online from 19 different countries who had begun using testosterone reported a shift in their sexual orientation (Meier 2013)
Pregnancy and LGBTQ

“Are you or any of your sensual or sexual partners planning to get pregnant in the next 12 months?

YES:

Does the person you are talking to have ovaries or testes?

Discussion of sex/fertility and partner(s)

Many family building options and not much research yet
SPERM + EGG + UTERUS = POSSIBLE PREGNANCY
Family Building Options

- Pregnancy: self, partner/spouse/surrogate/ with or without Assisted Reproductive Technologies (ART)
- Adoption—public, private
- Extended families, step children
- Foster children
- Single parenting
- Blended families
- Chosen families
Fertility Options for LGBTQ

• Lesbian Identified where one partner has uterus and ovaries:
  – Find sperm (friend, relative, donation, purchase)
  – Egg from one, uterus from another
  – Adoption, Fostering, Assisted Reproduction

• Gay and one partner has sperm
  – Inseminate (friend, relative, surrogacy for uterus, eggs)
  – Adoption, Fostering, Assisted Reproduction

• Many ways to make a family
Pregnancy Fertility for Trans*

- Unknown future fertility BUT successes; consider banking for eggs and sperm (expensive)

- Pregnancy in trans men – stop testosterone
  - Oocyte/embryo preservation
  - Preserve one ovary at time of hysterectomy
  - Keep ovaries and/or uterus with genital surgery

- Viable sperm count in trans women
  - Stop estrogen if desiring fertility
  - Sperm cryopreservation
Barriers for Fertility Preservation for Transgender Patients

Lack of knowledge about pregnancy and fertility preservation by both providers and patients

Invasiveness of procedures

Expense

Unknown success of fertility procedures after long term use of hormones

Trans* Men & Pregnancy

- N = 41
- Used testosterone pre-pregnancy 61%
- Median age was 28
- Used own eggs 88%
- Delivered in a hospital 78%

Pathways to pregnancy →
how the sperm gets to the egg

• Donor sperm
• Donor egg
• Preservation options:
  – Freezing of egg or sperm
• IVF/ In Vitro Fertilization
• Intravaginal or intracervical insemination
• Intrauterine insemination
• Traditional surrogacy
• Gestational surrogate with egg donor
• Sexual intercourse, planned or unplanned

ISSUES: age, cost, legal rights, parenting contracts, health concerns, privacy, homophobia, internalized homophobia, transphobia
Current Assisted Reproductive Technology Options

- Egg Retrieval
- Frozen Sperm
- IVF

$$$$$
Trans* fertility for Youth

• Counseling about future fertility
  – Fertility options are limited for youth who start puberty blockers at onset of puberty
  – Parent and child may present different priorities
  – Post-pubertal youth have option of fertility
    • If have uterus, ovaries can carry or contribute to pregnancy
    • If testicles, can contribute sperm

Pediatric reproductive oncologists harvest pre-pubertal gonadal tissue: maturing eggs and sperm in-vitro (experimental at this time)
Shiloh Jolie Pitt

Jazz Jennings, “I am Jazz”

Kim Petras, Germany
Teen pop star
Blockers age 11
Hormones ~ age 14
Gender Surgery age 16

Physicians for Reproductive Health
Adolescent Reproductive and Sexual Health Education Program
http://prh.org/new-updated-educational-modules-available/
Building Cultural Fluency
Immerse yourself…. many more excellent books, blogs, films

BOOKS and BLOGS:
Trans Bodies, Trans Selves, Ed. Erickson-Schroth
The Gender Creative Child, Diane Ehrensaft
Gender Born, Gender Made Diane Ehrensaft
Transgender 101, Nicholas Teich
She’s Not There, A Life in Two Genders, Jennifer Boylan
Neutrois.me/Non Binary Transition Micah
Second Son, Ryan Sallans
The Transgender Child, Stephanie Brill, Rachel Pepper

FILMS  DOCUMENTARIES TV SHOWS:
Straightlaced- How Gender’s Got Us All Tied Up
Trans, The Movie
From Three to Infinity
I’m Just Anneke
No Dumb Questions
I am Jazz
TransParent, HerStory
Resources

• UCSF Center of Excellence for Transgender Health Primary Care Protocol - transhealth.ucsf.edu

• National LGBT Health Education Center: Fenway Boston lgbthealtheducation.org

• WPATH Standards of Care, 7th Version - wpath.org

• Lyon-Martin Health Center Consult Line project-health.org/transline

• Howard Brown Health Center, Chicago howardbrown.org

• Callen Lorde, New York
Building Knowledge

CONFERENCES

• Philadelphia Trans-Health Conference
  Philadelphia, annually June

• Gender Spectrum- focus on youth
  Bay Area, annually July

• Gender Odyssey
  Seattle, WA, annually August

• National Transgender Health Summit, UCSF
  April, every other year in Oakland
References


References


References - Youth

Resources – General and Youth

- National Center for Transgender Equality: Injustice at Every Turn: National Transgender Discrimination Study; 2011
  www.transequality.org

- Physicians for Reproductive Health (PRH), part of the Adolescent Reproductive and Sexual Health Education Program (ARSHEP):
  http://prh.org/new-updated-educational-modules-available/

- California Family Health Council brochures on Trans Sexual Health and Fertility in English and in Spanish
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