

Who I am

- Full scope Generalist OB/Gyn with special interest in Trans Health
- Director of Gynecology for OHSU Transgender Health Program
- Nothing to disclose

Session Objectives

- Examine this moment in time
- Describe gender diversity and associated language/terminology
- Differentiate between gender, sex, and sexual orientation
- Identify risk and resilience factors experienced by transgender communities
- Describe ways to contribute to an environment of inclusion
- Learn about the OHSU Transgender Health Program and other resources.
- Understand the essentials of gender transition
- Discuss reproductive rights for trans individuals
- Review Fertility considerations
- Discuss trans inclusion in perinatal care

3

Transgender Tipping Point

The Next Civil Rights Movement



4

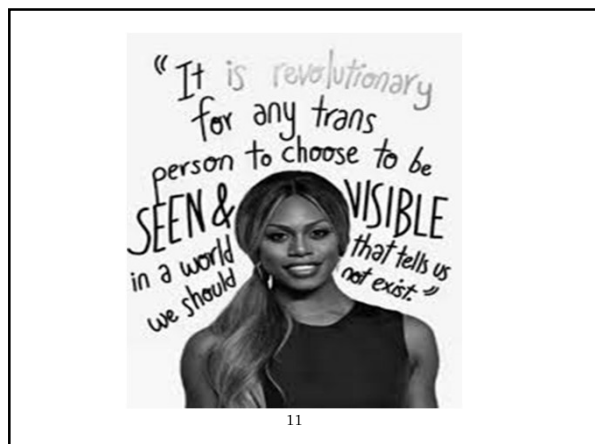
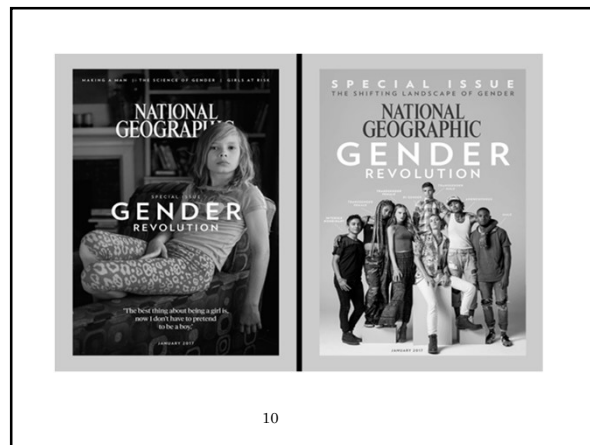
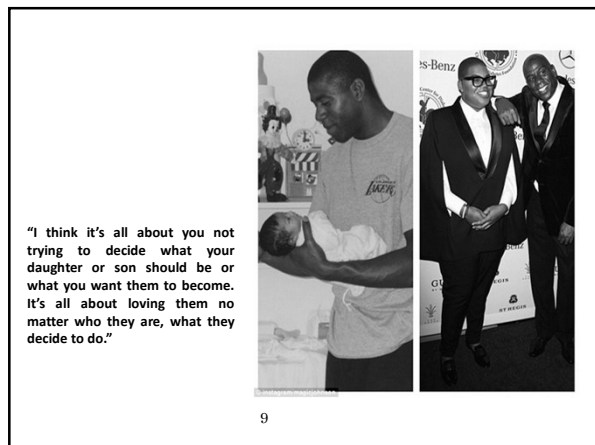
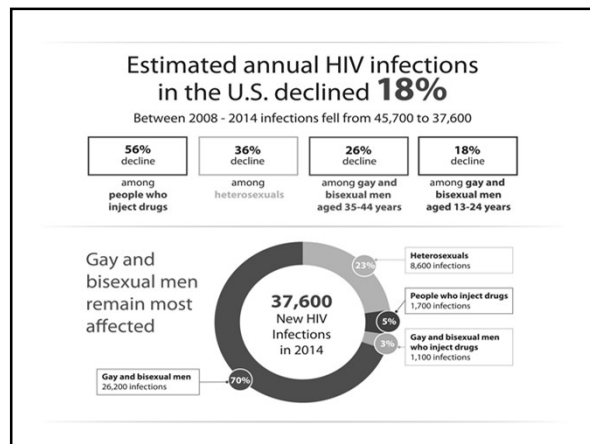
November 7th, 1991

5

Magic Johnson



6



Transgender

13

Gender identity

The "Trans" term is an umbrella term to encompass a variety of self described identities.

14

Prevalence - adults

An estimated 0.6% of adults, about 1.4 million, identify as transgender in the United States. States vary in percentage of residents who identify as transgender.

Oregon	19,750	0.65%	7
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Source: <http://williamsinstitute.law.ucla.edu/>

15

Prevalence - youth

16

Why now?

Ayla Durling

Ryan Adams

Laverne Cox

Men's Health

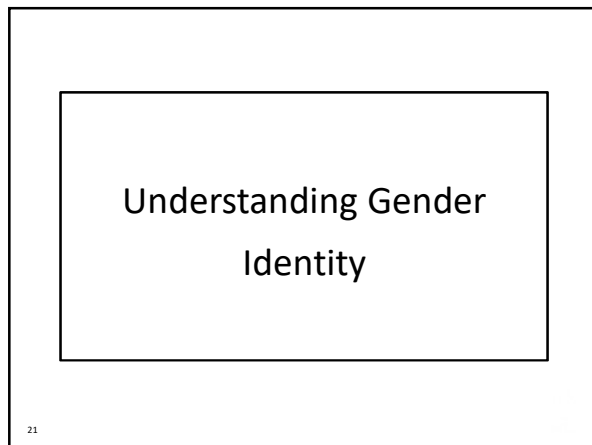
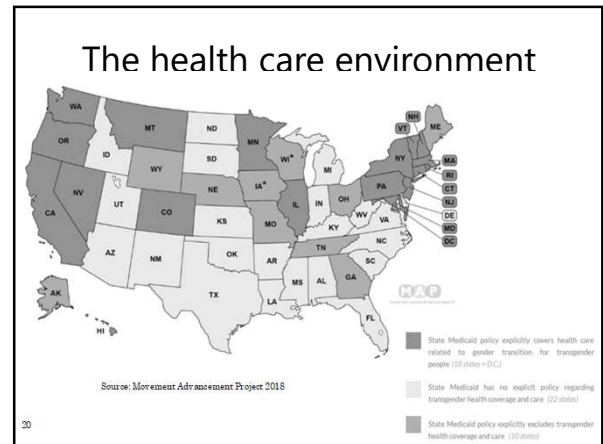
Rafti Vrethman Gumpson

WWD

17

In the News

18



Careful with assumptions!

Never
Assume
Anything

- No two people are the same in their experiences. Expect Diversity.
- Not all people who identify as trans pursue gender transition.

Gender and Sex

are not synonymous terms.

Gender is not determined by one's assigned sex at birth.

It is determined by a person's sense, belief, and ultimate expression of self.

Gender identity

Gender is...	Gender is not...
 a spectrum	 just male or female
 a range of expression	 defined by body parts
 how you relate to yourself	 sexual orientation
 a personal identity	 determined by chromosomes

Reference: www.arewehuman.me

Gender identity

Reference: www.arewehuman.me

Language and terminology

Language and terminology

Cisgender/Transgender/Agender
 GenderQueer/non-binary
 Affirmed Male, Affirmed Female
 Trans Man, Trans Woman
 TransMasculine, TransFeminine
 FTM, MTF

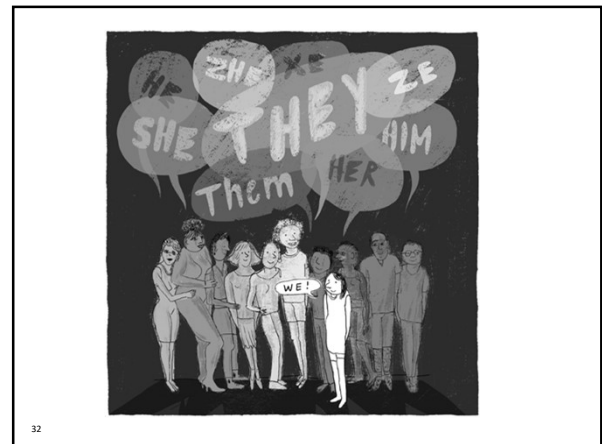
Note: Transgender is used as an **adjective**, not a noun or a verb: **"a transgender person"** vs. "a transgender" or "a transgendered person"

Limitations of the gender binary

The	Binary
Male ♂	Female ♀
Man	Woman
Masculine	Feminine
Attracted to Women	Attracted to Men

Beyond the gender binary

Non-Binary



Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

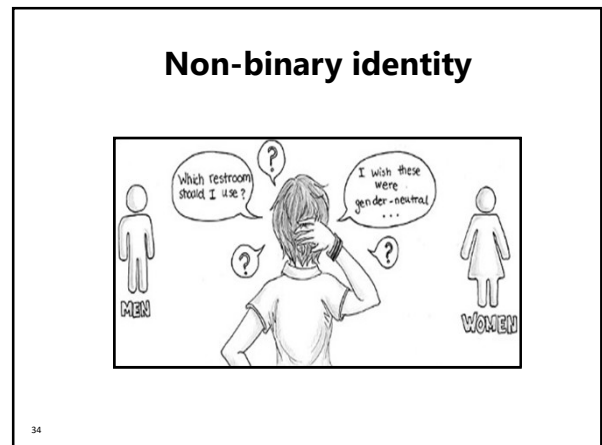
Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/zir	Hirs/zirs	Hirself/zirself	Ze is speaking. I listened to hir. The backpack is zirs.

Design by Landry Pan

For more information, go to transstudent.org/graphics

TSER
Trans Student Educational Resources

33

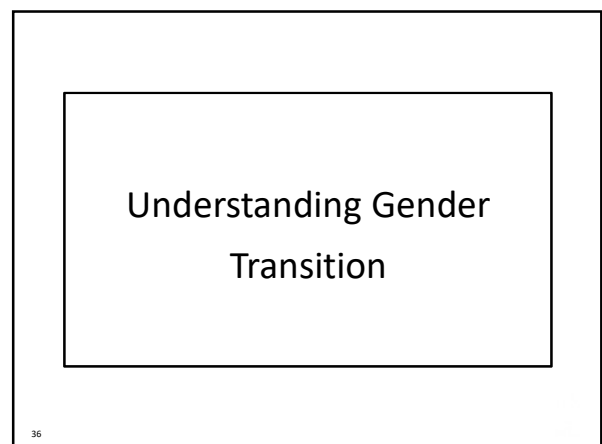



Bathrooms are a health issue

- 59% have avoided bathrooms in the last year because they feared confrontations in public restrooms, at work, school, or in other places.
- 12% report that they have been harassed, attacked, or sexually assaulted in a bathroom in the last year.
- 31% have avoided drinking or eating so that they did not need to use the restroom in the last year.
- 24% report that someone told them they were using the wrong restroom or questioned their presence in the restroom in the last year.
- 9% report being denied access to the appropriate restroom in the last year.
- 8% report having a kidney or urinary tract infection, or another kidney-related medical issue, from avoiding restrooms in the last year.

2015 US Trans Survey


35





Gender transition


- Transition is the process of changing one's external appearance and expression to better represent one's internal gender identity.
- One can have a **SOCIAL TRANSITION**, **PHYSICAL TRANSITION** or a **MEDICAL TRANSITION** or a combination.
- An individual who has transitioned ultimately may not identify as transgender, but rather as their affirmed gender only.



37

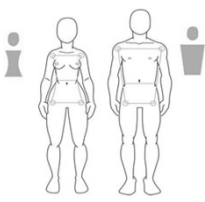
Social Transition

- Gender Pronouns
- Name Change
- Restrooms
- Disclosure



38

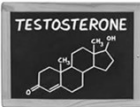
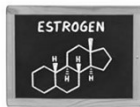
Physical Transition



- Clothing
- Hair
- Make up
- Binding, breast forms
- Packing, tucking

39

Medical Transition

- Pubertal Suppression
- Testosterone
- Anti Androgens
- Estrogen


40

Surgical Transition

- Chest surgery (FTM and MTF)
- Facial feminization surgery
- Hysterectomy
- Oophorectomy
- Orchiectomy
- Vaginoplasty
- Metoidioplasty
- Phalloplasty

41

WPATH Standards of Care



www.wpath.org

Promotes standards of care for transgender and nonbinary individuals that reflect best practices in delivering affirming care.

Allows for flexible clinical guidelines and offers professional discretion – recommendations NOT requirements

Exceptions to standards of care permitted for anatomical, psychological or social reasons.

Recognizes and values of harm reduction strategies.

42

Understanding Risk and Resilience

43

2015

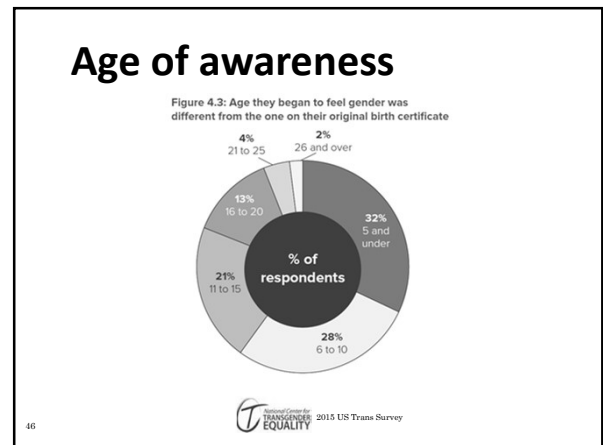
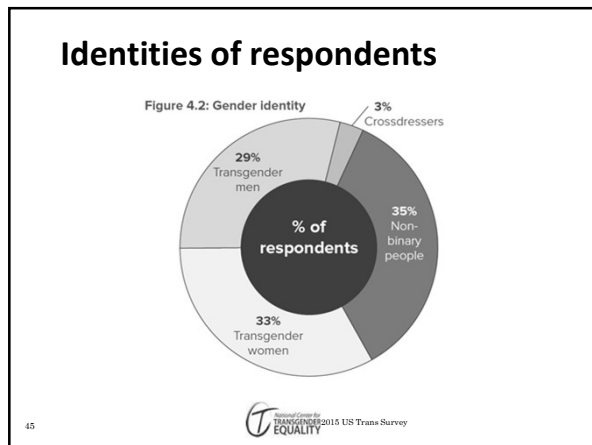
U.S.

TRANSGENDER SURVEY

- Anonymous survey of individuals of transgender experience in the United States, US Territories, and US military bases overseas
- 27,715 respondents all 18 or over
- Conducted online in English and Spanish
- Largest survey ever devoted to lives and experiences of trans people

2015 US Trans Survey

44



Experiences among K-12

Experiences of people who were out as transgender in K-12 or believed classmates, teachers, or school staff thought they were transgender

EXPERIENCES	% OF THOSE WHO WERE OUT OR PERCEIVED AS TRANSGENDER
Verbally harassed because people thought they were transgender	54%
Not allowed to dress in a way that fit their gender identity or expression	52%
Disciplined for fighting back against bullies	36%
Physically attacked because people thought they were transgender	24%
Believe they were disciplined more harshly because teachers or staff thought they were transgender	20%
Left a school because the mistreatment was so bad	17%
Sexually assaulted because people thought they were transgender	13%
Expelled from school	6%
One or more experiences listed	77%

47

Risk Factors

Experiences of discrimination evident in:

- Housing
- Education
- Employment
- Healthcare

Consequences include:

- Poverty
- Violence
- Trauma

2015 US Trans Survey

48

Employment and Poverty

- 15% unemployment
- Over 70% report discrimination or harassment at work, or taking steps to hide identity to avoid discrimination
- More than twice as likely to live under the poverty line



49

Healthcare Environments

- 23% of transgender people have postponed necessary medical care when sick or injured
- 33% have delayed or not sought preventative care because of experiences of health care discrimination
- 52% believe they'll be refused care
- 73% believe they'll be treated "differently"



50

Healthcare Providers

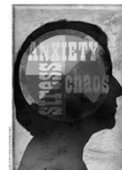
- 33% have had at least one negative experience with a health provider in the past year
- 78% wanted hormone treatment, but 49% had ever received it
- 31% stated that none of their providers knew about their trans identity
- 22% rated their health as "fair" or "poor"



51

Mental Health

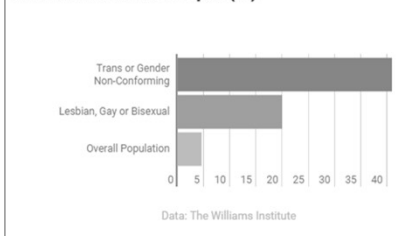
- 39% of respondents experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population.
- Transgender people with disabilities were more likely to be currently experiencing serious psychological distress (59%) and more likely to have attempted suicide in their lifetime (54%).
- Seven percent (7%) attempted suicide in the *past year*—nearly twelve times the rate in the U.S. population (0.6%).



52

Suicide

Rate of suicide attempts (%)



<https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>

53

Protective Factors

Creating an environment of inclusion:

- **Transgender Visibility and celebration**
- Inclusive Language
- Family Support
- Social Support
- Early Intervention
- Community resources
- Educated health care providers
- Access to health care and insurance inclusion



54

Environment of Inclusion

55

- A 2011 American College of Obstetrics and Gynecology (ACOG) Committee Opinion stated:

"Within the medical community, transgender individuals face significant barriers to health care. This includes the failure of most health insurance plans to cover the cost of mental health services, cross-sex hormone therapy, or gender affirmation surgery. These barriers exist despite evidence that such treatments are safe and effective and that cross-gender behavior and gender identity issues are not an issue of choice for the individual and cannot be reversed with psychiatric treatment."

Considerations of inclusion

- Respect rights of people to define themselves and their identities
- Be prepared ahead of time to address concerns of transgender individuals
- *Focus on accommodating the situation to the person rather than the person to the situation*
- Don't make assumptions about someone's identity
- Don't out a trans person without their express permission
- Don't write person's identity or name in "quotation marks"
- Assume that there are not trans people present in a room simply because it is not obvious to you



57

Patient experience in healthcare

- Name and sex/gender identification in EHR
- Preferred name and pronouns
- Reminder Calls
- Patient correspondence
- Chart notes and smart phrases
- Labs/paperwork
- Labels and wristbands

58

Respecting Names and Pronouns

Always use a person's affirmed name and pronoun...always.

- Even if they are pre-transition
- Even if you feel silly or uncomfortable
- Even if they use gender neutral pronouns that are hard to remember
- Even if they aren't close enough to hear you, or are not in your presence.

If you are unsure of a person's gender or pronoun use...

- Listen for cues in introduction or in the conversation.
- Ask politely and privately "What pronouns do you use?"
- Use neutral pronouns until you know what they use.
- Avoid referring to pronoun "preference" as this suggests it is optional.

59

Affirming language

When documenting in a patient's/client's record consider adding clarifying identity descriptions and pronouns such as:

"Jo is a 22 year old TransFeminine patient who uses she and her pronouns but is legally named Joseph."

"Finn is a 36 year old nonbinary client who uses they/them pronouns. Their legal name is consistent with their affirmed name."

"Jasper is 67 year old assigned female at birth who identifies as a trans man and uses he/him or they/them pronouns."

60

Misgendering Mishaps

If you make a mistake with someone's name or pronoun:

- don't dwell
- own it
- correct it
- learn from it then move on!



61

Asking Questions

Which of these questions are ok to ask?



- "What did you look like before?"
- "What was your real / other / girl name?"
- "Are you going to have all the surgeries?"
- "How do you have sex / pee / etc.?"

**Answer:
None!**

62

Keep the focus to what is relevant

What is the nature of the contact today?

Asking questions about an individual's transgender status, if the motivation for the question is ONLY your curiosity and is unrelated to care or the purpose of your interaction with them, is inappropriate and can create an unsafe and unwelcoming environment.



Reference: Transgender Law Center

63

Transgender Health Program

64

Background and History

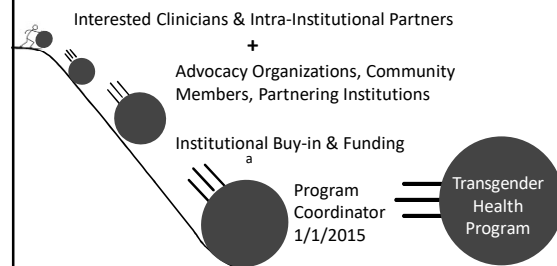
How did the Transgender Health Program get started

Who was involved




65

Grassroots effort → Snowball effect

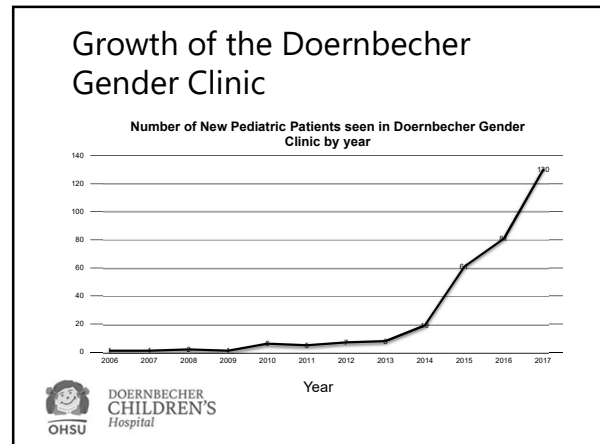


66




Clinical Care Offerings

Seamless transition
of care across
the lifespan



Why our program is unique

- Wide catchment area
 - Oregon (outreach to 6 other cities)
 - Southern Washington
 - Northern California
 - Idaho
- Close collaboration with community partners/advocacy organizations



OHSU DOERNBECHER CHILDREN'S Hospital


Primary Care

Family Medicine

Holistic primary care across the lifespan
Pubertal blockade and hormone therapy
Facilitation of surgical referral
Integrated behavioral health
Dedicated biweekly trans clinics staffed by THP office and volunteers (Richmond Clinic)

Internal Medicine

Hormone therapy and facilitation of surgical referral



70

Specialty/Surgical Care

- Urology
- Plastic Surgery
- Gynecology

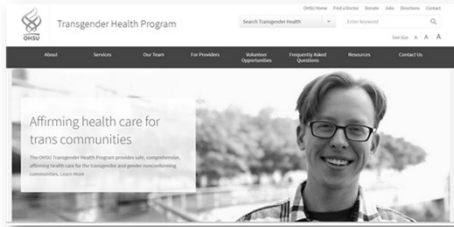


Range of Medical Services

- Pubertal suppression
- Hormone therapy
- Electrolysis and Laser hair removal
- Voice and communication training
- Chest surgery (FTM and MTF)
- Facial feminization surgery
- Hysterectomy
- Oophorectomy
- Orchiectomy
- Vaginoplasty
- Metoidioplasty
- Phalloplasty

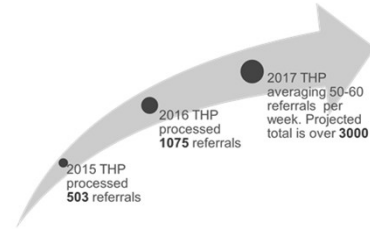
72

OHSU Transgender Health Program



73

Referrals and Consults



74

OB/GYN Issues in Trans Communities

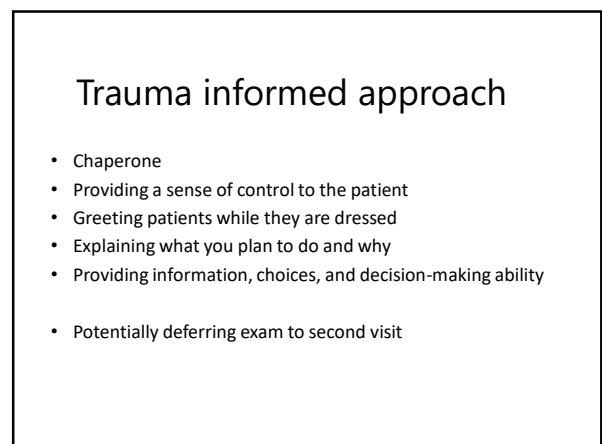
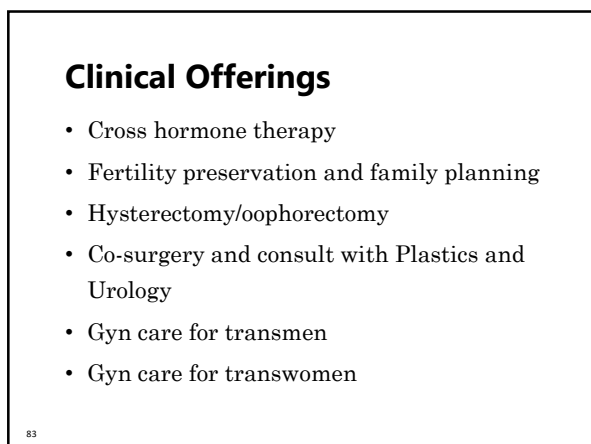
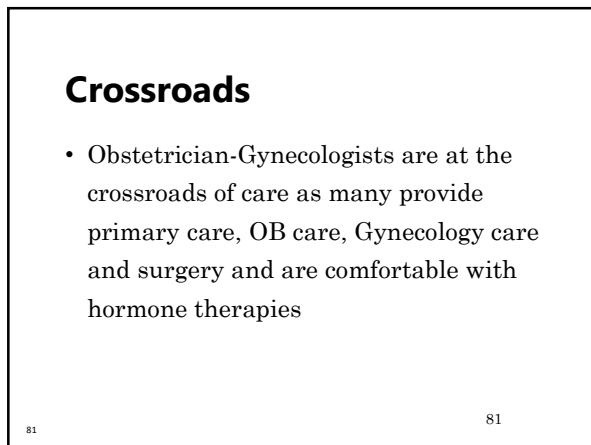
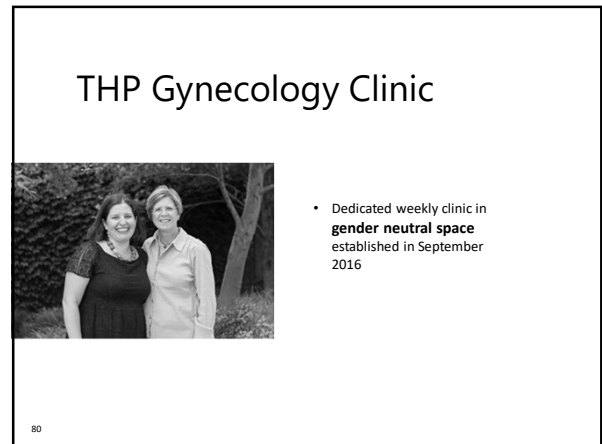
75



Now imagine him needing GYN services...

The Entrance





Patient center language

- Important to ask and use language for anatomic parts that a patient is comfortable with

"VAGINA"

- No name
- Down there
- Front hole
- Front chimney
- Snickerdoodle
- Canal
- Tater tot

Reproductive Rights



87

Fertility

- Equal reproductive rights
- Openly address dysphoria and urgency it lends to reproductive considerations

Why discuss fertility?

- Medical and surgical treatments can affect reproductive health
- **GnRH agonists:**
 - No reduction in fertility in children treated with precocious puberty
- **Estrogen:**
 - Can affect Leydig cells → ↓ testosterone
 - Sertoli cells transformed into undifferentiated cells → ↓ sperm motility, ↓ sperm density
- **Testosterone:**
 - Can alter ovarian morphology

Schulze, C. *Cell Tissue Res.*, 1988
Lubbert et al. *Fertil Steril*, 1992
Reeda et al., *Human Reproduction*, 2013



Fertility-related attitudes among transgender adults

- Survey conducted with 121 affirmed females (30-50 y/o), in various stages of transitioning 2002:
 - 77%: cryopreservation should be discussed/offered
 - 51%: would have considered it
 - 90%: loss of fertility not important enough to delay transition
- Similar questionnaire in 50 trans men
 - 54 % desired children
 - 37.5% would have cryopreserve oocytes

De Sutter et al., *Int J Transgenderism*, 2003
Wierckx et al., *Human Reproduction*, 2012



Fertility attitudes among transgender youth

- Pilot of first measure to assess fertility & FP attitudes in transgender youth & parents
- 25 youth meeting criteria for GD, 26 parents
 - mean age 15.7, range 13-19
 - 56% trans male, 40% trans female, 4% non binary
 - 7 on pubertal suppression, 8 hormones
- Youth findings
 - 56% indicated wish for children (bio or adopted)
 - 48% indicated feelings may change
 - 84% indicated importance to learn about how treatments might affect ability to have bio children
 - 36% would consider FP procedures

Strang et al. J Adol Health, 2018



Low fertility preservation utility rates in trans youth

- 72 youth (50 trans males, 23 trans females)
 - Received counseling re: FP
 - Median age at start of hormones 16 (range 14-18 yrs)
 - 70/72 declined FP
 - 2 attempted semen cryopreservation
- 105 adolescents starting hormones
 - 12.4% seen for formal FP consultation (average age 16.5 yrs; range 14.2-20.6 years)
 - 4.8% attempting FP
 - 4 semen cryopreservation
 - 1 oocyte cryopreservation

Nahata et al., J Adol Health, 2017
Chen et al. J Adol Health, 2017



Low fertility preservation utility rates: Why?

- 70/72 declined FP
 - 45.2%: considering/planning to adopt
 - 21.9%: "I never want to have children"
 - 8.2%: too expensive
 - 1.4%: masturbating to produce sample too uncomfortable
 - 1.4%: concern FP will delay hormone treatment

Nahata et al., J Adol Health, 2017



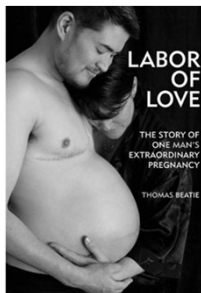
Why the difference between adults and youth?

- Perspectives may change about FP later in life
- Dysphoria about body
- Family disruption/rejection
- If significant depression/hopelessness: difficulty envisioning future parenthood?
- Pressured by societal expectations of what a family unit should encompass
- Urgency to start gender affirming hormones

Nahata et al., J Adol Health, 2017



Re-Imagining parenthood



- Role of healthcare providers in affirming desires and providing support for family building.
- Public attention regarding transgender pregnancy and parenting surged in 2009 with Thomas Beatie's story
- Limited medical and nursing literature available describing the experience or health outcomes of pregnant transmen and reproduction/family building in transgender communities.

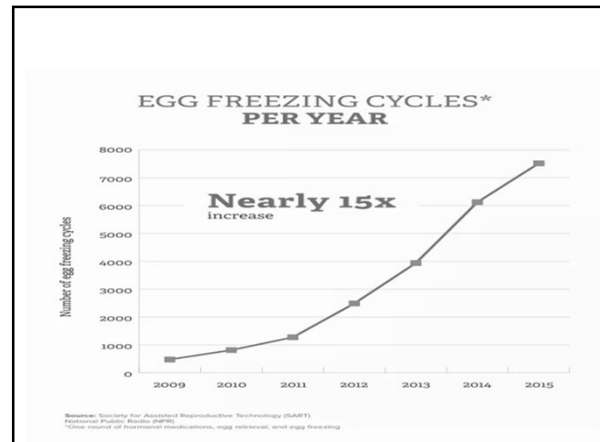
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Fertility Preservation

- Important Conversation to be had before hormones initiated and then again before orchiectomy or oophorectomy
- Techniques of cryopreservation have advance significantly over last 10 years

Transmasculine fertility preservation options

- Oocyte and/or embryo cryopreservation (using partner or donor sperm)
 - Success rate is age-dependent
- Ovarian tissue cryopreservation (experimental)
 - ~ 25 live births worldwide
- In-vitro oocyte maturation (experimental)



Transfeminine Fertility Preservation Options

- Sperm cryopreservation
- Testicular sperm extraction (TESE)
- Testicular tissue preservation (experimental in prepubertal natal males)

Sample Costs & Fees

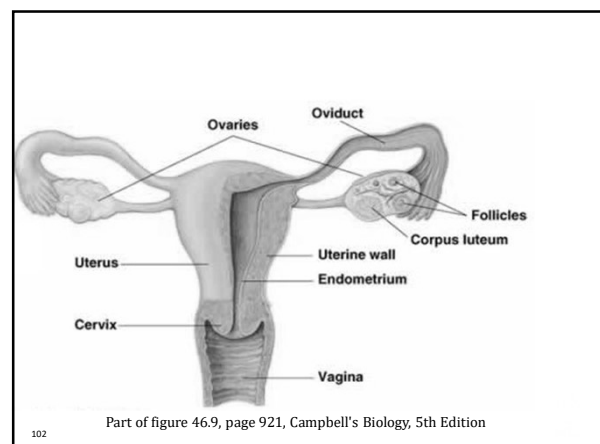
- Donor sperm \$500/vial
- Sperm banking/FDA testing \$1,000
- Intrauterine insemination (IUI) \$400
- IVF \$15,000/cycle
- Oocyte/embryo cryopreservation \$10,000
- Egg donation IVF \$25,000
- Gestational surrogacy \$50,000-100,000



Perinatal, Pregnancy, and Parenting Issues

- Web-based survey
- 41 transmen; 61% had used T
- 80% resumed menses w/in 6 months
- 88% cases used own eggs
- 2/3 of pregnancies were planned
- 7% used fertility meds
- Similar OB outcomes in T and non-T users
- Desire for supportive resources
- Lack of provider awareness and knowledge

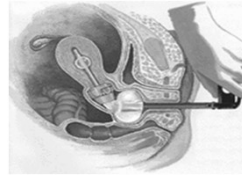
Light et al. Obstet Gynecol, 2014



Uterus

- Dysphoria Causing?
- Unexpected Bleeding?
- Zero Desire to Carry a Baby?
- Planning vaginectomy?

If YES.....Hysterectomy



Total laparoscopic hysterectomy

- Total vaginal hysterectomy



Hysterectomy Considerations

- Sensitivity to anatomic terminology
- Use of canal
- Atrophy
- Prior surgeries
- Surgeon's skill level with various routes
- OK to forego pre-op exam
- Trauma history

Tubes

- If hyst then recommend salpingectomy to reduce risk of ovarian cancer
- ACOG Committee Opinion Jan 2015: Salpingectomy for Ovarian Cancer Prevention

Ovaries

"Brovaries"

- Dysphoria causing?
- Any desire to pass on their genetic material to an offspring?
- Committed to lifelong T?
- Any problems in the past taking T?

- Travel
- Zombie Apocalypse
- <https://www.cdc.gov/prpr/zombie>
- Cascadia Subduction Quake
- TRUMP!!



- **Lifetime Risk of Developing Ovarian Cancer:** Approximately 1.3 percent of individuals with ovaries will be diagnosed with ovarian cancer at some point during their lifetime, based on 2013-2015 data.*

*NIH-National Cancer
Institute, The Surveillance,

- The risk of ovarian cancer after hysterectomy with ovarian preservation is 0.1-0.75%

Parker WH Bilateral
oophorectomy vs Ovarian

the
Williams
INSTITUTE

TRANSGENDER PARENTING:
A REVIEW OF EXISTING RESEARCH

Rebecca L. Slotzer, Jody L. Herman, and Amira Hasenbush

[illegible]

113

TRANSFEMININE
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- Mothering a child and one's idea of self as inconsistent with experience of being the biological father and using her own stored semen.
- Affirming role as "Non gestational mother" as opposed to "non biological" or "donor"
- Affirming co-parenting mother role despite gender role or expression of the birthing/gestational parent
- Desires and/or attempts to breastfeed

114

Trans masculine experience

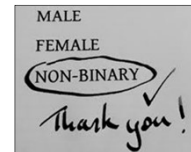
- Pregnancy and childbirth may cause a potential increase in dysphoria.
- Loneliness can be a theme through preconception, prenatal, and postpartum periods due to isolation and poor understanding
- Potential for forced disclosure of trans status secondary to being pregnant.
- “Maternity” clothing and authentic gender expression.
- Lactation and chest feeding ambivalence or challenges associated with chest feeding

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115

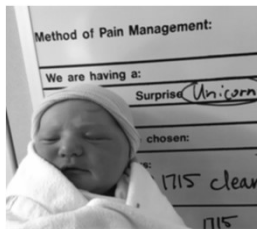
Non binary experiences

- Presumed parenting roles of “mother” vs “father” with few models and role acceptance as “parent”
- Implications of socially normed Mother’s Day, Father’s Day creating erasure/absence of identity
- “Maternity” clothing and limitations of authentic gender expression.
- Structures of binary systems and exclusions



116

3 pregnancies-1 month



117

Pearls from L&D

- Don’t assume, ask!
- Don’t be fascinated, be positive and affirming
- Be careful with language
- Use medical record so patient doesn’t have to keep repeating desires
- Maximize warm transfers
- Keep in mind dysphoria will be in different forms

118

What can you do?

- Good interactions will be experienced when compassion, respect, gender-appropriate/affirming language, and normalcy are used by all
- Promote environments where gender diversity is expected and welcomed.
- Ensure referrals to outside resources are appropriate and welcoming for gender diverse individuals.



119

What can you do?



- Become aware and knowledgeable
- Educate others
- Advocate for change
- Hold others accountable
- Be aware of your biases, beliefs, behaviors
- Be genuine
- Be an ALLY!

120



121

Future

- As a team, we recognize that we are in the early days of healthcare excellence for this long underserved population
- We hope to continue to improve care and also share our experience via research and education so that the same level of care will eventually be accessible for all
- We look forward to the day this discussion is outdated and care of all individuals is affirming, safe and patient centered

Resources

National Center for Transgender Equality
<http://www.transequality.org>

Path2Parenthood
www.path2parenthood.org/article/family-building-for-transgender-men-and-women-a-guide-to-becoming-a-parent

National LGBT Health Education Center
<https://www.lgbthealtheducation.org/>

World Professional Association of Transgender Health
<http://www.wpath.org/>

UCSF Center of Excellence for Transgender Health
<http://www.transhealth.ucsf.edu>

123

Transgender Health Program

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