



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Affirming Reproductive Health Care for LGBTQIA+ People

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# Our Roots

## Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

## The Fenway Institute

- Research, Education, Policy



# LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - Webinars, Learning Modules
  - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

[www.lgbtqiahealtheducation.org](http://www.lgbtqiahealtheducation.org)

[education@fenwayhealth.org](mailto:education@fenwayhealth.org)



# Technical Questions?

- Please call Zoom Technical Support: 1.888.799.9666 ext 2
- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon, and type your question.
- Alternatively, e-mail us at [education@fenwayhealth.org](mailto:education@fenwayhealth.org) for less urgent questions

# Sound Issues?

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- If you cannot hear through your computer speakers: Navigate to the bottom toolbar on your screen, go to the far left, and click the arrow next to the phone icon
- Choose “I will call in.”
- Dial the phone number and access code

# After the Webinar

- Close the browser, and an evaluation will automatically open for you to complete
- We very much appreciate receiving feedback from all participants
- Completing the evaluation is required to obtain a CME certificate

# CME/CEU Information

This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity.

<b>Physicians</b>	AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.
<b>Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants</b>	AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned. <ul style="list-style-type: none"><li>•American Academy of Physician Assistants (AAPA)</li><li>•National Commission on Certification of Physician Assistants (NCCPA)</li><li>•American Nurses Credentialing Center (ANCC)</li><li>•American Association of Nurse Practitioners (AANP)</li><li>•American Academy of Nurse Practitioners Certification Program (AANPCP)</li><li>•American Association of Medical Assistants (AAMA)</li></ul>
<b>Other Health Professionals</b>	Confirm equivalency of credits with relevant licensing body.

# DISCLOSURES

Content advisor for Wolter Kluwers



# Learning Objectives

- Describe unique challenges and barriers to reproductive health care for LGBTQIA+ people
- Discover best and promising practices for providing affirming pre-conception counseling and OBGYN care for LGBTQIA+ people
- Gain strategies for counseling LGBTQIA+ patients seeking to raise children through case study practice
- Apply best practices for building an inclusive and affirming clinic environment for LGBTQIA+ people

# Case #1

- 41 y.o. G0 cisgender woman and cisgender wife
- Desires pregnancy
- Office intrauterine insemination x 6 with cryopreserved donor sperm

# Case #2

- Gender diverse couple desiring pregnancy
- Trans man and non-binary (assigned female at birth) partner
- No gender-affirming surgeries
- Trans man no longer on testosterone
- Would like to know reproductive options

# 2015 U.S. Transgender Survey

- Pervasive mistreatment and violence
- Severe economic hardship
- Harmful effects on physical & mental health
  - *9x Suicide, 5x HIV*
- Transgender people of color experience deeper and broader discrimination

# 2015 Transgender Survey: Healthcare Barriers

25% Experienced a problem with their insurance related to being transgender

33% Had a negative experience with a health care provider

23% Did not see a doctor when they needed due to fear

33% Could not afford it to see a doctor

<https://www.ustranssurvey.org/reports>

# 2015 Transgender Survey: Healthcare Barriers

33% had a negative experience with a health care provider

24% had to teach their health care provider about transgender appropriate care

15% were asked unnecessary or invasive questions about their status unrelated to their visit

8% were refused transition related care

6% verbally harassed in a health care setting

5% had health care provider use harsh or abusive language when treating them

3% had health care provider refuse to provide care UNRELATED to gender transition

2% had health care provider provide physically rough or abusive treatment

1% physically attacked by someone in health care setting

<https://www.ustranssurvey.org/reports>



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# Pregnancy in Trans men

- **Transgender Men Who Experienced Pregnancy After Female-to-Male Gender Transitioning**
- Alexis D. Light, MD, MPH, Juno Obedin-Maliver, MD, MPH, Jae M. Sevelius, PhD, and Jennifer L. Kerns, MD, MPH
- *Obstetrics & Gynecology Vol. 124, NO. 6, Dec 2014*

Feeling of isolation  
common

Lack of resources  
available to pregnant  
transgender men

Varying degrees of  
gender dysphoria

“It was relieving to feel  
comfortable in the  
body I’d been born  
with”

1/3 unplanned  
pregnancy

“Heavy time, having a  
baby, not passing as  
male, all the changes  
and a society telling me  
to just be happy”

# Recommendations for Providers

- **From erasure to opportunity: a qualitative study of the experience of transgender men around pregnancy and recommendations for providers**
- Hoffkling A, Obedin-Maliver J, Sevelius J. BMC Pregnancy Childbirth. 2017 Nov 8;17(suppl 2):332

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## Anticipatory Guidance

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Information from primary prescribing provider

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Impact of Gender affirming hormones/surgery

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Fertility Preservation

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Future Reproductive health and function

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Logistics of Reproductive options

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Emotional experience pre-pregnancy, antepartum and postpartum



# Family Equality Council: 2019 LGBTQ Family Building Survey

LGBTQIA-headed families increasing

The gap in parenthood rates is narrowing between non-LGBTQIA and LGBTQIA

More LGBTQIA families will be formed through ART, adoption and foster care

Family Equality Council (2019) LGBTQ Family Building Survey. <https://www.familyequality.org/fbs>



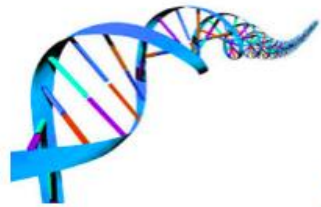
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# IDENTITY: What's the Difference?

## SEX

Assigned  
at birth based  
on external  
genitalia and/or  
chromosomes



## GENDER

Internal,  
individual sense  
of gender.  
How you identify  
yourself



## SEXUAL ORIENTATION

- How people experience emotional and physical attraction to others
  - Straight
  - Lesbian
  - Gay
  - Bisexual
  - Something else

## GENDER IDENTITY

- Inner sense of woman/man/beyond/agender
  - Transgender
  - Non Binary
  - Something else



# Gender Identity Terminology

- Binary
  - Transgender woman, trans woman
  - Transgender man, trans man
- Non-binary
  - Genderqueer person, gender fluid person
- Trans feminine, Trans masculine (inclusive of binary and non-binary identities)
- Gender identity is increasingly described as being on a continuum



# Gender Dysphoria

- A profound distress or discomfort caused by the discrepancy between assigned sex at birth and gender identity
- [F64](#) Gender identity disorders
  - [F64.0](#) Transsexualism
  - [F64.1](#) Dual role transvestism
  - [F64.2](#) Gender identity disorder of childhood
  - [F64.8](#) Other gender identity disorders
  - [F64.9](#) Gender identity disorder, unspecified



# Gender Expression



# Gender Affirmation

Process by which individuals are *affirmed* in their gender identity or expression

**Social** – affirming name, pronoun

**Medical**-hormone, surgery

**Legal**-identity documents



# Affirming Reproductive Care

Non-gendered language on decor/signage, intake forms, consents

Diversity education and training for all staff

Update EMR with correct identifiers

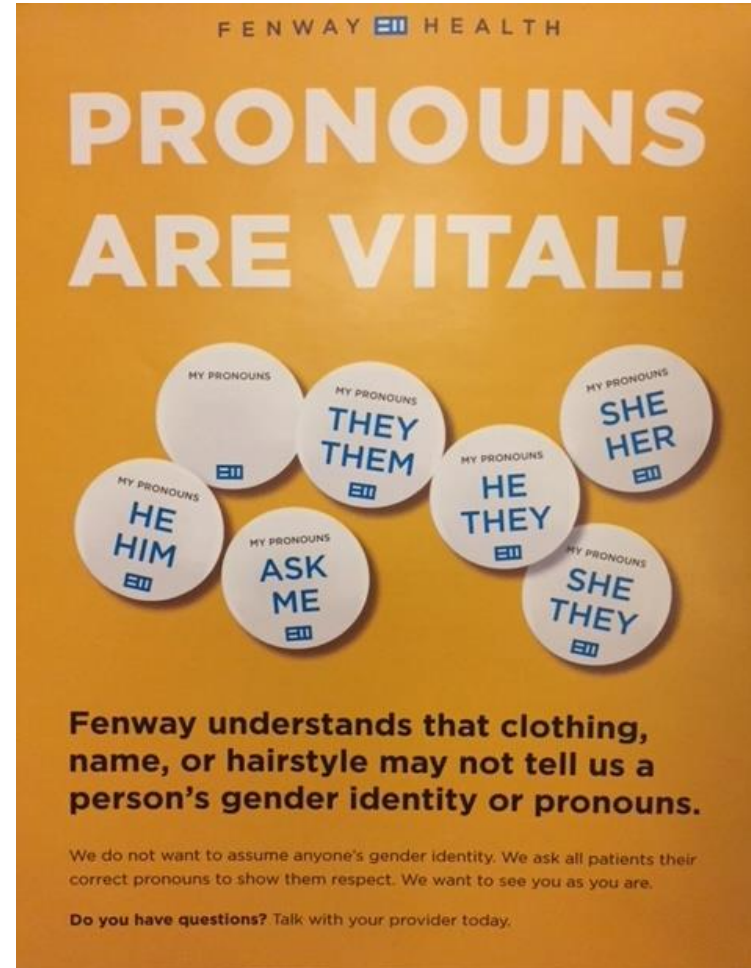






Figure 2: Suggested SOGI Questions

Introduction: *We are asking the following information in order to understand whom we are serving and to provide you with more patient-centered health care. This information will be entered into your electronic health record.*

**Sexual Orientation**

Do you think of yourself as: *(Check all that apply) or (Please choose the option that best describes you. Currently our system allows only one option.)*

- Lesbian or gay
- Straight or heterosexual (that is, not gay or lesbian)
- Bisexual
- Queer
- Pansexual
- Something else: \_\_\_\_\_
- Don't know
- Prefer not to answer

What is your current gender identity? *(Check all that apply) or (Please choose the option that best describes you. Currently our system allows only one option.)*

- Female/woman/girl
- Male/man/boy
- Nonbinary, genderqueer, or not exclusively female or male
- Transgender female/woman/girl
- Transgender male/man/boy
- Another gender: \_\_\_\_\_
- Don't know
- Prefer not to answer

What sex were you assigned at birth, on your original birth certificate? *(Check one.)*

- Female
- Male
- X/Another sex: \_\_\_\_\_
- Don't know
- Prefer not to answer

# Putting What You Learn into Practice....

- If you are unsure about a patient's name or pronouns:
  - *"I would like to be respectful—what is your name and pronouns?"*
- If a patient's name doesn't match insurance or medical records:
  - *"Could your chart/insurance be under a different name?"*
  - *"What is the name on your insurance?"*
- If you accidentally use the wrong term or pronoun:
  - *"I'm sorry. I didn't mean to be disrespectful."*

# Keeping up with terminology

Instead of...	Replace with..
Biologic female/male	Assigned Male/Female at birth (AMAB/AFAB)
Cross-sex hormones	Gender-affirming hormone therapy (GAHT)
Disorders/Differences of sex development, Ambiguous genitalia	Intersex
Female-to-Male (FTM), Male-to-Female (MTF)	Transgender Man/Woman
Homosexual	Gay or Lesbian
Sex change surgery	Gender-affirming surgery
Sexual preference	Sexual orientation

<b>Common/Gendered</b>	<b>Affirming/Non-Gendered</b>
Women's Health	Reproductive health
Breast	Chest, lactation tissue
Uterus, ovaries	Reproductive or internal organs
Vulva	External pelvic area, external genitals
Vagina	Internal canal, frontal/genital opening
Mother/Mom, Father/Dad	Birth/Gestational parent, Intended parent, Parent
Husband, Wife	Non-birth/Non-Gestational parent, Partner
Breastfeeding	Nursing, feeding, chestfeeding
Breast milk	Human milk

# Medical Mindfulness



If you've never been sexually active (in any way) and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Pap easier.



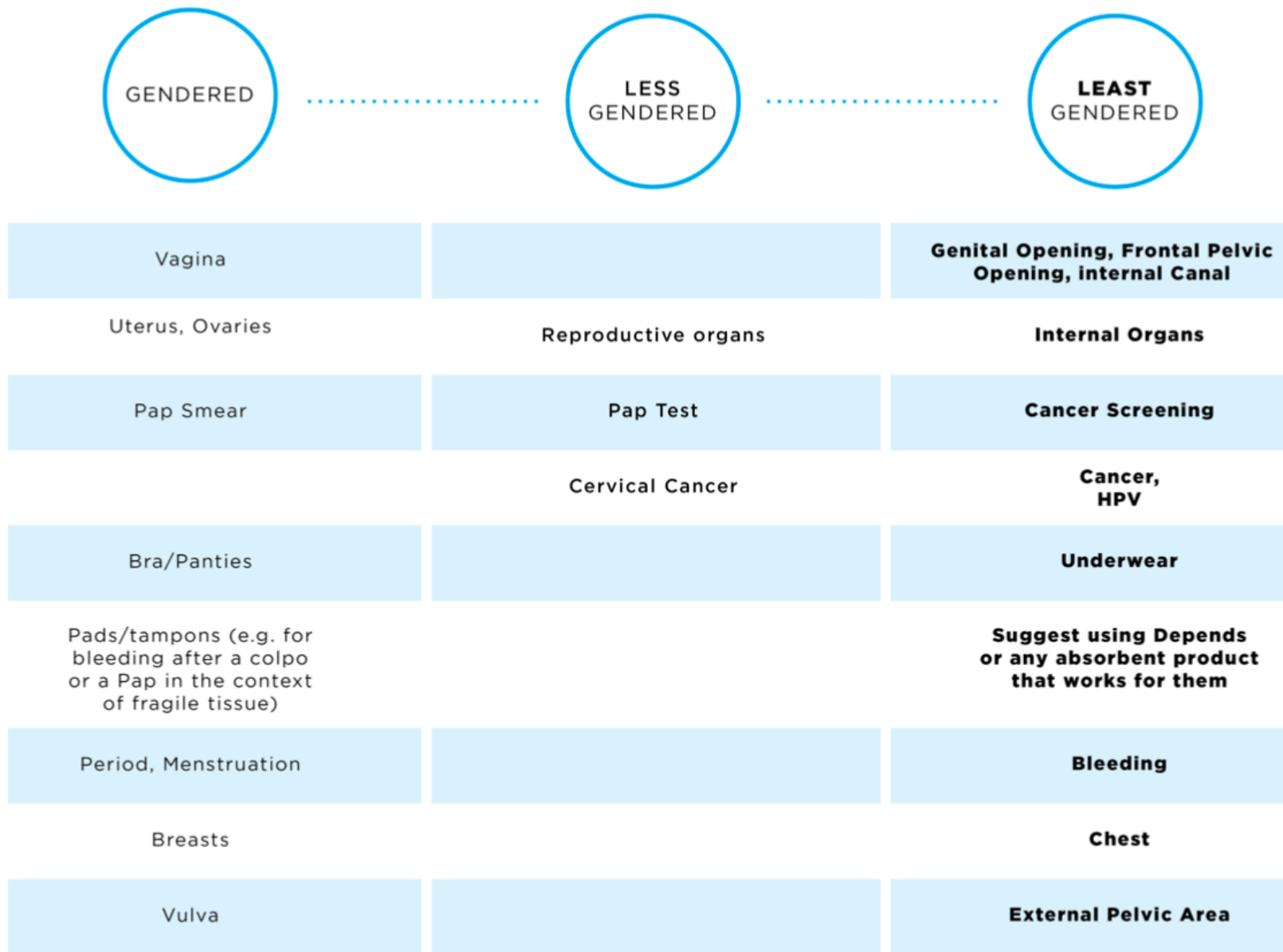
[checkitoutguys.ca](http://checkitoutguys.ca)

Listen and incorporate how persons describe their own identities, partners and body parts

Individualized approach and acknowledge prior healthcare and trauma experience.

Avoid making assumptions about sexual orientation, sexual practices, surgeries

Document organ inventory and continue natal sex surveillance



*If you have it, check it: Overcoming barriers to cervical cancer screening with patients on the female-to-male transgender spectrum.* I. Bernstein BA, S. Peitzmeier MSPH, J. Potter MD, S. Raisner ScD, MA [J Gen Intern Med.](#) 2015 Dec; 30(12): 1857–1864.

# Planning for a Family



- Fertility and childbearing goals of involved persons
- Reproductive organs/gametes present
- Access to assisted reproductive therapies
- Financial and insurance coverage
- Local legislations

# Preconception Counseling



Healthy diet



Prenatal vitamin  
with folic acid



Natal sex organ  
screening



Medication  
review



Travel  
precautions



Immunizations



Genetic testing



# Transgender Reproductive Care

- UCSF Center of Excellence for Transgender Health
  - “It is recommended that prior to transition all transgender persons be counseled on the effects of transition on their fertility as well as regarding options for fertility preservation and reproduction”
  - “Because infertility is not absolute or universal in transgender people undergoing hormone therapy, all transgender people who have gonads and engage in sexual activity that could result in pregnancy should be counseled on the need for contraception. **Gender-affirming hormone therapy alone is not a reliable form of contraception**, and testosterone is a teratogen that is contraindicated in pregnancy.”

# Gender Affirming Hormonal Therapy

- **Trans feminine** : Estrogen effect
  - Decreased testosterone production
  - Decreased sperm count and motility
  - Stopping estrogen therapy *may/may not* reverse effects
- **Trans masculine**: Testosterone effect
  - *Usually* leads to anovulation and amenorrhea
  - Stopping Testosterone therapy *may/may not* reverse effects

# Fertility Preservation

## Sperm cryopreservation

*Testicular sperm extraction, testicular tissue preservation*

## Egg Freezing (Oocyte Cryopreservation)

- Hormone-induced ovulation
- Ultrasound guided retrieval under anesthesia

## Embryo Banking

- Egg retrieval with immediate fertilization with chosen donor sperm

*Ovarian Tissue Cryopreservation*

# Family Forming Options



Adoption and Foster care



Conception through home  
insemination



Assisted Reproductive  
Treatment (ART)

*Artificial/Intrauterine insemination*

In Vitro Fertilization

Reciprocal In Vitro Fertilization

Surrogacy

Fertility preservation

# Adoption & Foster care

- Private vs state
- LGBTQ friendly adoption agencies
- Cost \$2000-\$40,000
- <https://www.familyequality.org/resources/foster-and-adoption-laws/>

# Assisted Reproductive Technology

- Fertility/reproductive specialist
- Comprehensive fertility and genetic testing and reproductive imaging
- IUI with medicated ovulation + donor sperm
- In vitro Fertilization (IVF) : embryo formed in lab, transferred to uterus
  - Donor / partner sperm, Donor /partner egg, Surrogate or partner uterus



# Intrauterine Insemination (IUI)

- Frozen (cryopreserved) sperm
  - *Current guidelines prohibit insemination of fresh sperm*
- Natural vs medicated cycle
- Home vs office/fertility center
- Limited insurance coverage
  - Infertility coverage/diagnosis

# Surrogacy

Assisted Reproductive Technology

Traditional vs Gestational Surrogacy

- Traditional: Own egg
- Gestational: Egg donor + donor/partner sperm

Attorney and medical provider management





# Legal Considerations

- Laws based on genetic connections
  - Genetic parents have legal relationship to child at birth
  - Contracts when using donor/surrogate
- Co-parent or 2<sup>nd</sup> parent adoption
- Marriage equality
- Varying state laws/policies



# Price of Parenthood

Anonymous Donor Sperm \$300-\$1500/vial

Known Donor Sperm \$25-\$300

IUI \$250-4K Fenway cost: <\$300 to enroll, \$250/IUI/cycle

IVF \$13-21K/cycle (+egg donor \$25K-30K)

Sperm banking \$250- 1500 +storage

Egg banking \$7k-12K +storage

Gestational Surrogacy \$60K-150K

Establishing legal parentage \$100-3000



Family Equality (2019) Building LGBTQ+ Families: The Price of Parenthood. <https://www.familyequality.org/price-of-parenthood>

# “-Partum” Planning

## Antepartum

- Midwife, MD/NP/PA

## Intrapartum

- Home, hospital, birth center
- Vaginal vs elective Cesarean
- Labor support
- Birth preference list (preferred language, clothing)

## Postpartum

- Parental names and family support
- Gendering baby; Infant feeding and support
- Restarting hormones

# Transwomen and Lactation

- 2018 *Transgender Health* case report: Induced lactation in a transgender woman
  - Breastfed exclusively x 6 weeks then introduced formula for insufficient milk volume
- Breast augmentation may mask inadequate mammary tissue development or result in pressure atrophy of remaining tissue

# CASE #1

Pregnancy by reciprocal IVF

-partner's egg + anonymous donor sperm

Benign prenatal course

Doula + birth preference plan

Skin to skin by partner



# CASE #2-Reproductive Discussion

- Who will carry pregnancy
- Sperm donor
- Social support
- Delivery plans
- Parenting names
- Infant gender
- Infant feeding choices
- Restarting hormones



# Take Home Points

**Provider Competence:** Improves patient health and experience.

**Anticipatory Guidance:** Routinely discuss reproductive options and fertility preservation.

**Optimize health:** The same health issues that impact cisgender fertility impact transgender fertility.

**Be financially/legally prepared:** Assisted reproductive options are expensive, potentially complex.

# Resources

UCSF University of California, San Francisco | About UCSF | Search UCSF | UCSF Medical Center

center of excellence FOR **TRANSGENDER** health

Increasing access to comprehensive, effective, and a healthcare services for trans and gender-variant com

Search CoE

About Us Meet Center leadership and staff

Programs & Services Learn how we work to trans health

Learning Center Access current guidelines, articles, and online learning

Connect Find partners, services, and leaders in the field

Ce

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Primary Care Protocols

Professional Literature

Guidelines & Reports

Conferences, Lectures, Online Training

Community Education

Audiences

Health Care Providers

Researchers

Community Organizers

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ENDOCRINE SOCIETY

Gender-Dysphoria/ Gender-Incongruence

GuidelineCentral.com

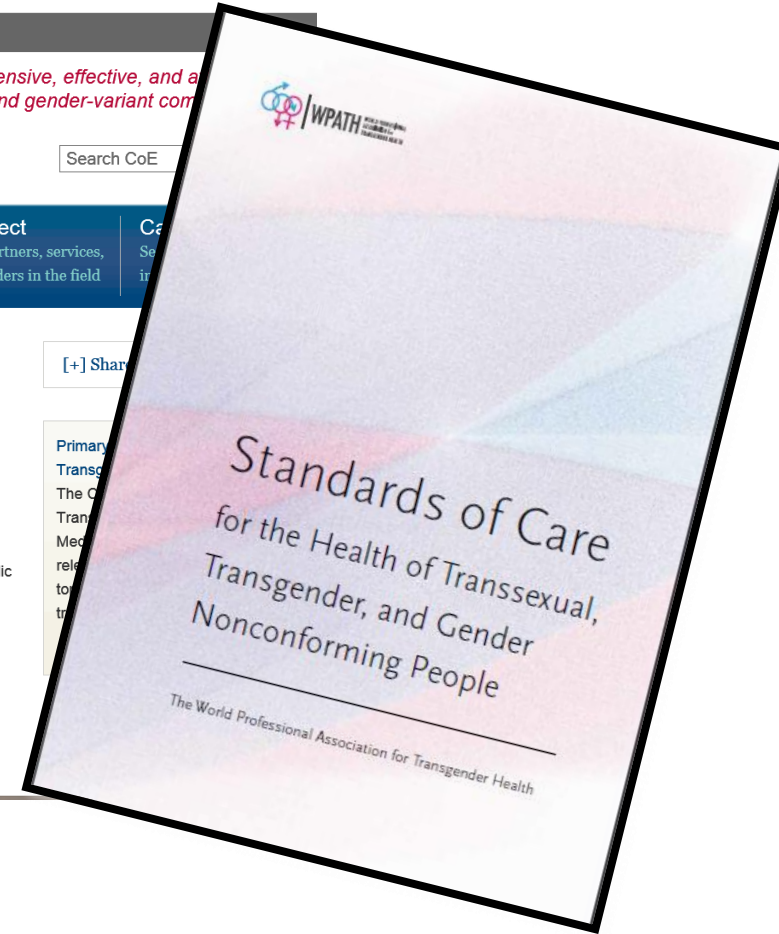
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# Questions



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