Putting the ‘T’ in Inclusivity – improving perinatal care for transgender people

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Introduction

- There are an estimated 200,000-500,000 transgender people in the UK, though this is likely underreported. This number may increase as awareness and acceptance in wider society grows.
- There are documented cases of transgender men becoming pregnant.
- It is recognised that pregnancy may exacerbate mental illness and gender dysphoria in transgender people(1).
- Lack of knowledge and clinical guidance can contribute to decreased quality of care for this population, who are known to experience discrimination and higher rates of mental illness(1).



An example of a pronoun sticker

Gender dysphoria	when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity
Misgender	to use incorrect pronouns
Transgender person	an individual whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth
Transition	the steps a trans person may take to live in the gender with which they identify

Glossary (adapted from Stonewall UK)

Patient background

We cared for an 18 year old transgender man who became pregnant unintentionally. He began his transition five years previously and had initiated testosterone therapy three weeks prior to the pregnancy. The patient had an extensive psychiatric history including Autism Spectrum Disorder, Bipolar Affective Disorder, Emotionally Unstable Personality Disorder, self-harm and was currently in an abusive relationship.

Management

He had an antenatal multidisciplinary team assessment including input from mental health services and a gender inclusivity nurse. Specific requests were identified including: the patient’s desire to bottle-feed; care in a side room; delivery via elective Caesarean section and to be addressed as ‘Father’ or ‘Dad’.

Challenges

Additional challenges the team encountered included preferred vocabulary, for example ‘chestfeeding’ rather than ‘breastfeeding’, misgendering by staff members and limitations of the patient administration system, which could not identify ‘male’ and ‘pregnant’.

Discussion

- There are currently no UK guidelines for pregnant transgender individuals, though useful advice from the USA-based American College of Obstetricians is available(1).
- Education on LGBT+ healthcare in medical schools is not comprehensive and is limited regarding childbirth and adolescent health(2). During our care, staff were mostly respectful to the patient and his needs.
- There were issues identified, mainly unfamiliarity with transgender patients, specifically use of correct terminology and frequent misgendering.



Recommendations

- This case highlighted the need for additional education which could be incorporated in mandatory training.
- In addition, we identified required departmental changes, such as:
  - Adjustments to administration systems to reflect the diversity within our population,
  - The use of pronoun stickers for increased staff awareness,
  - Availability of gender neutral paperwork in obstetrics.
- Further education with inclusive guidelines will improve care for future transgender people during pregnancy and childbirth.

References
1) American College of Obstetricians and Gynecologists Committee. Health Care for Transgender and Gender Diverse Individuals. Obstetrics & Gynecology. 2021; 137: 75-88.
2)Tollemache N, Shrewsbury D et al. Que(e)rying undergraduate medical curricula: a cross-sectional online survey of lesbian, gay, bisexual, transgender, and queer content inclusion in UK undergraduate medical education. BMC Medical Education. 2021; 21: 100.

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