



Challenges in management of transgender patients in obstetrics and gynaecology.

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The meaning of the word gender is ever evolving in today's world. It is estimated that around **2%** of the world's population identifies itself as non-binary. A 2021 study on evolution of gender identity over the last seven and half decades can be found here:



Non-binary people need a holistic and multidisciplinary approach for their treatment. Here, we have presented two cases: one with obstetric focus and other with gynaecology to highlight the key issues that can arise while treating this population.

The journey of a transman into parenthood..

- 22 yrs old transman- first pregnancy
- Wished to be referred as 'parent'
- H/O anxiety, depression, emotional instability, self harm, use of recreational drugs pre-pregnancy.
- Difficult childhood with CYPs involvement.

- MDT with obstetric, anaesthetic and midwifery team in attendance.
- CS discussed in detail keeping in mind patient wishes- type of anaesthesia, type of incision, contraception.
- Opinions taken from Norwich, Brighton.

- Ruptured membranes at 37+4 weeks and had an uneventful CS with Mirena Coil insertion.
- Uneventful post procedure recovery and discharge.

- Parent and baby doing well.
- Discharged from care.

- Uncomfortable with changes in body
- Effect on mental health- Looked after by PNMH team.
- Petrified about birth
- Expressed preference for cesarean section(CS)

Transman with cervical intraepithelial neoplasia(CIN)

- Patient had LLETZ and procedure was uneventful.
- Discharged home with safety netting advice.

- 29 yrs old transman.
- No significant medical, surgical or social history.
- Diagnosed with CIN3 on routine screening

- Readmission to AnE on same day with profuse bleeding.
- Needed immediate recauterisation of the bleeding edges.
- Patient upset as differential treatment from staff.

- Case discussed as learning event.
- Learning points disseminated in OBGY and AnE.

Learnings from our experience:

- Use of proper pronouns
- Open questions on sexual history
- Use of gender neutral phrases eg. Chest feeding, genitals, parent.
- Use of appropriate instruments: small sized, lubricated.
- Offering appointments at the beginning or end of the clinic
- Referring to specialised clinics if needed
- Awareness and education of staff about transgender patients to provide best possible care and treatment.