Gyn Care for the Transgender Patient

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What the Evidence Tells Us
San Francisco, CA
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Disclosures
I have consulted for Sage Therapeutics about post-partum depression treatment and care pathways.

Today’s Objectives

• Understand the difference between sex, gender, sexual orientation, gender identity, and gender expression.
• Understand some of the reproductive health needs for transgender men & women
• Build a framework for providing sensitive and competent gynecological care for transgender patients.

Today’s Plan

• Terminology
• Why is this important?
• What do I need to know?
• Resources & Homework

Resources
http://tinyurl.com/lwn6au5
**Terminology**

**Gender vs. Sex**

**Right?**

But what if the family gets Laverne instead of Jessie?

**Gender vs. Sex**

**Sex:**
- The biological and physiological characteristics that define males and females.

**Gender:**
- The socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

“Male” and “female” are sex categories, while “man” and “woman” are gender categories.
Gender vs. Sex

The Gender Unicorn

“Sex is what’s in your genes/jeans. Gender identity is what’s between your ears.”

“Gender identity is who you go to bed as. Sexual orientation is who you go to bed with.”

The Alphabet Soup

Lesbian
Gay
Bisexual
Transgender
Queer
… and others

Transgender: an Umbrella

Transgender (Trans*) is an umbrella term…

For persons whose gender identity, gender expression, or behavior does not conform…to that typically associated with the sex to which they were assigned at birth.

Use people’s affirmed gender

http://transhealth.ucsf.edu/trans?page=guidelines-terminology
Transgender: an Umbrella

Transgender (Trans*) is an umbrella term...

Use people’s **affirmed** gender

- Transgender man/ trans man (FTM^): a **man** who was **assigned female** sex at birth.
- Transgender woman/ trans woman (MTF^): a **woman** who was **assigned male** sex at birth.
- Genderqueer/ Gender non-binary: someone who identifies **outside of the gender binary** of man and woman may have **either sex assigned** at birth.

Terminology

- **Transition**: The process of “gender transition” or “gender affirmation” may include social, medical, and/or surgical processes.

- **Putting it together! (Sexual orientation and GI)**
  - Lesbian (Transgender/Cisgender) Woman
  - Straight (Transgender/Cisgender) Man
  - Bisexual (Cisgender/Transgender) Woman

Terminology: Principles for Use

- No single definition
- Vary geographically, individually, & over time!
- Avoid seeking or attaching labels to people.
- Follow patient lead in language with name, pronouns, body organs

**ASK patients & use THEIR language !**

Quiz Time

The following are features that correspond with a person’s sex assigned at birth:

A) Clothing, hair, make-up
B) Reproductive organs
C) Vocal intonation
D) Desire to carry a child
E) “Opposite” gender attraction
F) Pronouns
I'm busy, what does this have to do with me?

LGBT ADULT Population Estimates

Figure 5. Percent and number of adults who identify as LGBT in the United States.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>Lesbian/Sexist</td>
<td>1,359,801</td>
<td>3.4%</td>
</tr>
<tr>
<td>Women</td>
<td>Gay</td>
<td>2,648,033</td>
<td>6.6%</td>
</tr>
<tr>
<td>Men</td>
<td>Lesbian/Sexist</td>
<td>2,491,034</td>
<td>6.6%</td>
</tr>
<tr>
<td>Men</td>
<td>Gay</td>
<td>4,030,946</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

But...we don't really know!

Patients Want LGBT-Specific Care

When Health Care Isn’t Caring

Lambda Legal’s Survey on Discrimination Against LGBT People and People Living with HIV

Providers Don’t Ask About SOGI

What We Don’t Talk about When We Don’t Talk about Sex:
Results of a National Survey of U.S. Obstetrician/Gynecologists

Massachusetts BRFSS 0.5% transgender

But...we don't really know!
Don’t be that doctor.

Southern Comfort: A documentary about the life of Robert Eads a trans man who died of ovarian cancer.

Some MEN need OBGYN health care!

Trans MEN’s repro health care needs

- Obstetrics: they get pregnant
- Family Planning: undesired pregnancies
- Gynecology: they still have vaginas, uteri etc.
- REI: PCOS, needing assisted reproduction
- Urogynecology: genital reconstruction, general urogyn
- RID: STIs, HIV
- Oncology: sadly cancer too…

Trans women need repro health care too!

- Obstetrics: uterus transplants are on the horizon
- Family Planning: semen analysis, cryopreservation
- Gynecology: they have neo-vaginas, and need support and mammos
- REI: back to family planning
- Urogynecology: often involved in reconstruction
- RID: high rates of STIs, HIV
- Oncology: they get cancer too…
National Committee Recognize This…

Transgender identity is a spectrum
Barriers to care are significant
Appropriate referrals & safe environment are key

Quiz Time

What is the population prevalence of transgender people in the U.S.?

A. 1 in 100
B. 1 in 200 - 300
C. 1 in 500 – 1,000
D. 1 in 2,000 – 3,000
E. 1 in 10,000 – 30,000
F. None of the above

Okay, so what do I need to know?

“Transition” has 3 components

1. Social
2. Medical
3. Surgical
Key Pearls for Caring for Trans* People

Regardless of stage of transition:
- Not one “transition” or “complete”
- Use correct pronouns
- Learn about transition desires & offer support
- If they have it, screen it
- Whether they do or don’t want a family – help
- Sxs may / may not be 2/2 transition

Social Transition – Movement Advancement Project – LGBTQ Rights Maps

CA Legislature - is ahead of the curve

“Gender is no barrier to applying for Medi-Cal Pregnancy Services”

Medical Transition – 2011 NTDS

62% have had hormone therapy, increases with age
23% hope to in the future
Transgender women (80%) > Transgender men
Gender Affirming Hormone Administration

Great references:
http://transhealth.ucsf.edu/trans?page=guidelines-home
Hembree et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline. 2017

Trans men:
Testosterone: IM, transdermal patch or gel or cream, or subq implant.
Most common regimen: Depo-methyltestosterone 50-100mg IM qwk
• Pts learn to self-inject, patch & gel works more slowly
• Initiation / Surveillance: lipids, A1c/fasting glucose, total testosterone, SHBG, albumin, HGB/HCT (see guidelines for more details)

An active testosterone-sensitive cancer is a contraindication

Trans women:
Estradiol +/- progestin +/- androgen blocker: oral, transdermal, IM
Most common regimen: Most adults 2-4mg QD PO (lower start and slower titration can be done) +/- MDPA 5-10mg PO QD, +/- Spironolactone 200mg PO BID
• Initiation / Surveillance: lipids, A1c/fasting glucose, estradiol, total testosterone, SHBG, albumin, prolactin (see guidelines for more details)

Testosterone Outcomes (for reference)

Table 12: Masculinizing Effects in Transgender Males

<table>
<thead>
<tr>
<th>Effect</th>
<th>Onset</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin oiliness/excess</td>
<td>1-6 mo</td>
<td>1-2 y</td>
</tr>
<tr>
<td>Facial/body hair growth</td>
<td>6-12 mo</td>
<td>4-5 y</td>
</tr>
<tr>
<td>Scalp hair loss</td>
<td>6-12 mo</td>
<td>4-5 y</td>
</tr>
<tr>
<td>Increased muscle mass</td>
<td>6-12 mo</td>
<td>2-5 y</td>
</tr>
<tr>
<td>Fat redistribution</td>
<td>1-6 mo</td>
<td>2-5 y</td>
</tr>
<tr>
<td>Cessation of menses</td>
<td>1-6 mo</td>
<td>1-2 y</td>
</tr>
<tr>
<td>Clitoral enlargement</td>
<td>1-6 mo</td>
<td>1-2 y</td>
</tr>
<tr>
<td>Vaginal atrophy</td>
<td>1-6 mo</td>
<td>1-2 y</td>
</tr>
<tr>
<td>Deepening of voice</td>
<td>6-12 mo</td>
<td>1-2 y</td>
</tr>
</tbody>
</table>

*Prevention and treatment as recommended for biological men.
*Menorrhagia requires diagnosis and treatment by a gynecologist.

Testosterone Outcomes (for reference)

- Deepened Voice
- Amenorrhea
- Hirsutism (body/facial)
- Clitoral Growth (Avg 4-5cm)
- Laryngeal prominence
- Increased Libido
- Breast Atrophy
- Redistribution of fat^
- Testosterone to male levels^
- Increased muscle mass^
- Increased HCT (hct>50%)
- Acne
- Weight increase >10%
- Elevated LFTs (upto 15%)
- Sleep Apnea
- Aggression and hypersexuality
- Poor lipid profile^
- Decreased insulin sensitivity^
- Increased IGF^
- Decreased BMD after gonadectomy^

^ = statistical changes, not always clinically significant
Blue = permanent changes
Green = reversible changes

Moore et al. J. Clinical Endocrin. 2003
Hembree et al. J Clinical Endo Metab, 2017
• Gynecomastia
• Enlarged areolae & nipple
• Softened skin
• Redistributed testicular volume
• Decreased spontaneous erections
• “Calming effect”
• Redistribution of fat
• Testosterone to female levels
• Decreased hair growth

• Venous thromboembolism
• Cholelithiasis
• Hyperprolactinemia
• Elevated liver enzymes
• Depression
• Decrease in Hgb
• Prolactoma (case reports)
• Breast cancer (case reports)
• Prostate carcinoma after orchietomy (case report)
• Decreased insulin sensitivity
• Decreased IGF

^ = statistical changes, not always clinically significant
Green = reversible changes

Estrogen Outcomes (for reference)

So…what about health implications?

Monitoring Trans Women (for reference)

Table 15. Monitoring of Transgender Persons on Gender-Affirming Hormone Therapy: Transgender Females

1. Evaluate patient every 3 mos in the first year and then once a year or sooner for appropriate signs of feminization and for development of adverse reactions.
2. Measure serum testosterone and estradiol every 3 mos.
3. Serum testosterone levels should be ≤30 ng/dl.
4. Serum estradiol levels should not exceed the peak prepubertal range: 150-200 pg/ml.
5. For individuals on gonadotropin, serum estradiol, particularly progestin, should be monitored every 3 mos in the first year and annually thereafter.
6. Routine cancer screening is recommended, as in nontransgender individuals (all tissues present).
7. Consider HIV testing at baseline (186) in individuals at high risk, screening for osteoporosis should be conducted at age 40 years or in those who are not compliant with hormone therapy.

This table presents strong recommendations and does not include lower tier recommendations.

Hembree et al. J. Clinical Endo Metab, 2017
**Are hormones safe?**

**Goal:** What are the effects of cross-sex hormones in transsexual men and women?

- **n = 100,** average 10 years on hormones
- **FTM (exogenous testosterone):** appears safe - no osteoporosis, CV events, hormone-related CA
- **MTF (exogenous estrogen):** 25% osteoporosis at lumbar spine, 6% thromboembolic event, 6% CV event after 11 years, no hormone-related tumors


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**Are hormones and SRS effective?**

**Goal:** Assess prognosis of people with GID (now GD) receiving hormones & SRS in terms of QoL?

**Systematic Review & Meta-analysis:**
- 28 observational studies, n=1,833 (1,093 MTF)
  - 80% improvement in QoL
  - 72% improvement in sexual function
  - 78% improvement in psych sxns


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**What about GYN Cancer?**

**Goal:** Summarize published case reports (at that time).

The group found 6 cases:
- Ovarian Cancer: 2
- Cervical Cancer: 2
- Endometrial Cancer: 1
- Vaginal Cancer: 1

*Where there’s no smoke, there’s no fire.*


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**Increased Rates of Abnormal Pap Smear**

**Goal:** Investigate anecdotal high rates of inadequate paps among FTM.

**Clinical chart review, case series.** 233 FTM compared with 3625 cisgender female.

- **FTM patients more likely to have inadequate paps** 10.8% vs. 1.3% total tests.
  - Longer latency of follow-up
  - Years of testosterone use affected the model.

*Peitzmeier et al. Female-to-male patients have high prevalence of unsatisfactory Paps compared to non-transgender females: implications for cervical cancer screening. JGIM, 2014*
Case: Abnormal Pap Smear

HPI: 46 yo G0 FTM with ASC-H pap and scant care.
Non-smoker. No post-coital spotting. Male and female partners. Uses condoms with male partners. Amenorrheic for years. On T x 12 years. Also c/o irritation and vaginal dryness with sexual activity. Lube is insufficient.

Pap history as follows:
2009 PAP normal.
2012 PAP – ASC-H
Path Comments: “There are extensive atrophic...

Case: Abnormal Pap Smear

HPI: 47 yo G0 FTM with ASC-H pap and intermittent care.

Irritation and vaginal dryness relieved with vaginal estrogen.

Pap history as follows:
2009 PAP normal.
2012 PAP – ASC-H, colpo satisfactory and normal
2014 PAP – ASCUS, HPV not done
2016 PAP – Pre-treat with estrogen, normal pap, HPV-

What about Breast Cancer?

Goal: Examine the occurrence of breast cancer in Dutch MTF and FTM between 1975-2011.

Patients 18-80, hormones 5-30 years.
N= 2,307 MTF (52,000 p-y), 795 FTM (16,000 p-y)

• Among MTF, 1 confirmed, +1?: 4.1/100,000 p-y
• Among FTM, 1 case: 5.9/100,000 p-y

Hormones not associated with increased CA. How to refer physiologically to cases?
What about Breast Cancer (among Vets)?


VHA system patients, examined 1996-2013 (n=5,135 vets).

10 breast cancer cases confirmed:
- 7 FTM
- 2 MTF
- 1 Natal male with “transvestite fetishism”

Hormones not associated with increased CA!!


Case: Fibroids

Consult: 30 yo F with fibroids, wants to start hormones for her transition. Can we start testosterone (T)?

What do you want to know? What do you think?

Case: Fibroids

Consult: 30 yo F with fibroids, wants to start hormones for her (ugh!) transition. Can we start testosterone (T)?

ID: 30 yo G0 transgender man w/ sxs fibroids.
- Socially transitioned x 10 years, uses male pronouns outside of VA/Air Force.
- Now that out of active duty, wants to go on T
- Uterus: 20x13x10cm, symptomatic
- Endocrine: Waiting for GYN about on T with fibroids

My response: No data, but go ahead, might help fibroids, but what about his fertility?

What about Fertility?

The New York Times

The Next Frontier in Fertility Treatment.


“Over the past 15 years, activists have fought to compel insurers to cover transgender-related health care....

What’s been left out of the spotlight: having babies.”
Beyond surviving...thriveing.

TIME
My Brother’s Pregnancy
and the Making of a New
American Family.
September 12, 2016

*Pregnancies like Evan’s – will stretch our cultural perceptions of gender norms even further... But what is you were born into a female body, know you are a man and still want to participate in the traditionally exclusive rite of womanhood? What kind of man are you then?

What about Family Planning?

Goal: Provide info on reproductive wishes of transsexual men after SRS (FTM)

Single-center, cross-sectional, 50 FTM after T & SRS
- 64% in a relationship
- 22% had children
  - N = 8 female partner, donor sperm
  - N = 3 birth before T & SRS
- 54% desired to have children
- 37.5% would have frozen eggs


What about hormones and pregnancy?

Goal: Understand FTM who had been pregnant and delivered after transition.

Online, cross-sectional, international 41 FTM (social and medical transition)
- 61% used testosterone prior to pregnancy
- 72% resumption menses within 6 mos
- 84% used their own oocytes
- 24% unplanned pregnancy


What about contraception/conception?

Conclusion: Transgender men have different gender partners & family building options & needs

TABLE 1. Sexual Orientation of Trans Men in Ontario, Canada (n = 227): Identity and Behavior

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>% (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideology/Persuasal</td>
<td>24.0 (16.4, 33.3)</td>
</tr>
<tr>
<td>Gay</td>
<td>10.0 (4.1, 17.7)</td>
</tr>
<tr>
<td>Lesbian</td>
<td>4.1 (1.0, 7.8)</td>
</tr>
<tr>
<td>Asexual</td>
<td>4.1 (1.0, 7.8)</td>
</tr>
<tr>
<td>Queer</td>
<td>4.0 (1.1, 6.9)</td>
</tr>
<tr>
<td>Transgender/Gender</td>
<td>36.2 (24.0, 48.3)</td>
</tr>
<tr>
<td>Transgender/Other</td>
<td>3.0 (1.1, 6.7)</td>
</tr>
<tr>
<td>Non-classifying</td>
<td>1.8 (0.0, 3.6)</td>
</tr>
<tr>
<td>Other</td>
<td>7.4 (2.4, 11.4)</td>
</tr>
<tr>
<td>Partner type</td>
<td></td>
</tr>
<tr>
<td>Trans men</td>
<td>10.2 (4.3, 16.1)</td>
</tr>
<tr>
<td>Co men</td>
<td>25.5 (12.9, 38.1)</td>
</tr>
<tr>
<td>Trans woman</td>
<td>5.6 (1.5, 9.5)</td>
</tr>
<tr>
<td>Co women</td>
<td>4.8 (2.3, 5.3)</td>
</tr>
<tr>
<td>Genderqueer persons</td>
<td>13.7 (4.8, 21.6)</td>
</tr>
</tbody>
</table>

Note: CI = confidence intervals; co = co-gender (coincident). From 2014.
Study goal: Understand contraceptive use among transgender men “at risk” for pregnancy.

26 transgender men studied at San Francisco Clinic
- 50% using testosterone (13/26)
- Among those on T, 69% amenorrheic (9/13)
- 50% “at risk” for pregnancy (13/26) — have sex with cisgender man or transgender woman
- 85% wanted to avoid pregnancy
- 42% no contraceptive method (11/26)

What about contraception/conception?

Quiz Time

Who are transgender men partnering with sexually?
A. Cisgender men
B. Cisgender women
C. Transgender men
D. Transgender women
E. Genderqueer people
F. All of the above

Gender Affirming Surgeries

Previously called: sex re-assignment surgery (SRS)
- More than 26 different procedures

For Trans Men:
- Hyst +/- BSO
- Chest Reconstruction
- Metoidioplasty
- Phalloplasty
- Scrotoplasty
- Urethroplasty
- Vaginectomy (+/- colpocleisis)

For Trans Women:
- Orchiectomy
- Penectomy
- Breast augmentation
- Vaginoplasty
- Tracheal shave
- Facial reconstruction

Surgical Transition – 2011 NTDS

Trans Men and surgeries:

Trans Women and surgeries:

Note: among all gender - 93% who have had surgeries also received hormones
Chest Reconstruction

On the left: Metoidioplasty
Or "metas"
(+scrotoplasty)

On the right: Phalloplasty
Or “phallos”

Case: Surgical Complication

Consult: 44 yo transgender woman s/p SRS in Thailand, presents 10days later with fevers, chills, vaginal discharge.

Vaginoplasty, (a) immediately pre-op, (b) post-op & (c)10w
**Case: Surgical Complication**

Consult: 44 yo transgender woman s/p SRS in Thailand, presents 10 days later with fevers, chills, vaginal discharge.

CT: 8x4x3cm fluid collection lateral to the neovagina. Taken to the OR for washout, drainage. Admit → ABX. Still symptomatic with abnormal watery vaginal discharge 3 months later. No pain f/c/o/n/v.

Exam: Well-healed GRS, Spatulated urethra, labia formed a bridge trapping urine.

Plan: To OR, surgical revision, Education

**Signaling Approachability**

How can you signal to LGBTQ people that you are a safe person with whom they can disclosure and or discuss sexual orientation, gender identity?

Consider in your practice:
- What happens when patients come in the door?
- What happens behind closed doors?
- What happens between the doors?
- What happens to open doors?

**Making Your Clinic LGBTQ Friendly**

1. Board and Senior Management are Actively Engaged
2. Policies Reflect the Needs of LGBTQ People
3. All Staff Receive Training on Culturally Affirming LGBT Care
4. Processes & Forms Reflect the Diversity of LGBT People & their Relationships
5. Data is Collected on Sexual Orientation & Gender Identity
6. All Patients Receive Routine Sexual Health Histories
7. Clinical Care and Services Incorporate LGBT Health Care Needs
8. The Physical Environment Welcomes and Includes LGBT People
9. LGBT Staff are Recruited and Retained
10. Outreach Efforts Engage LGBT People in Your Community

See the webinar from The Fenway Institute:

*How to Ask?*

**Gender Identity**

“I also talk to my patients about their gender identity. Do you know what I mean by that?”

“Some people may feel like their physical bodies do not match with the gender they most identify. Knowing your gender identity also will allow me to care best for you.”

“What gender do you most identify with?”

**Documentation**

“Is it OK with you if I record this information in your medical record or would you prefer I not? It would be included in your record that other providers could see, including outside the hospital.”
**Considerations in the clinical encounter**

Establishing rapport:
Use - Patient’s own language

Use – Chosen vs. given names

Use - Gender neutral terminology

Ask - About identity & pronouns:
ey/em/eir; he/him/his; ne/nem/nirs; she/her/hers;ve/ver/vis; xe/xem/xyr ze(or zie)/hir; ze(or zie)/zir; it/its;they/them/their; (other)

It’s okay to make mistakes, be humble and honest!

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**Questions to add to forms / discussions**

- What name should I use as we work together?
- What pronoun(s) should I use as we work together?
- What are the gender(s) of your sexual partners?
- What specific sexual activities are you involved in? (e.g., penis-in-vagina sex, vagina-to vagina sex, penis-in-anus sex etc… (sometimes best on intake forms))
- Have you ever taken gender affirming hormones?
- Have you undergone any masculinizing or feminizing surgical procedures?
- Are you planning to pursue hormone therapy or surgeries in the future?
- Are there any other masculinizing or feminizing interventions you are seeking?

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**Get Involved Change the Landscape**

**THE PRIDE STUDY**

- National, online, longitudinal cohort study
- Web Based Platform
- Designed for and by LGBTQ people
- State-of-the-art participant management system
- 5800+ participants since May 2, 2017

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

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**Conclusions**

- Transgender people and their reproductive health needs are diverse, but not insurmountable
- Understanding the difference between sex, gender, and gender transition are critical to good care.
- There are reproductive health implications to gender transition, but more data is needed.
- You know the medicine, simple changes to care for transgender people help!
How to Ask? (Homework)

• How does the clinician begin the conversation about gender and sexuality?

• What other ways might one broach these topics?

• Think about the questions used to ask about gender identity, gender expression, sexual attraction, sexual activities, and sexually transmitted infections.

• Can you think of alternative ways to obtain the same information?
Video 2: The Bad? (SKIP – Homework)

- What factors contributed to the patient feeling offended by the clinician?
- How might the clinician have performed an unassuming patient history?
- What might have been done systematically to allow the patient to disclose identity information in a welcoming manner?

Video 3: The Nitty Gritty (SKIP – Homework)

- How might the clinician have helped the patient better understand the similarities and differences between sexual orientation, sexual attraction, sexual behaviors, and sexuality?
- What techniques might you consider implementing to increase patient comfort when talking about sexuality and sexual histories?
Here’s How to Ask!
(HOMEWORK)

“Sex is what’s between your jeans/genes. Gender identity is what’s between your ears.”

Where To Ask

- In-person
  - Initial visit: getting to know the patient, living situation
  - Sexual history if appropriate to complaint
- Intake or Pre-appointment questionnaire
- Patient-reported into electronic health record

Particular Concerns
- Should I include it in the (electronic) medical record?
- Can I ensure confidentiality?
- What if medical record is sent out to another facility?

Deutsch et al., J Am Med Inform Assoc. 2013; 20:700-3

Where To Ask
How to Ask (1)

There is no CORRECT way to ask.
We provide only examples here.
Make NO assumptions.
Ask patient when/if appropriate.

Special Considerations
• Setting (e.g., inpatient, outpatient, ICU, home, SNFs)
• Acuity
• Age
• Condition
• Culture race/ethnicity
• Religion
• Family structure / third parties
• Institutional policies and state laws

How to Ask (2)

Gender Identity
• “I also talk to my patients about their gender identity. Do you know what I mean by that?”
• “Some people may feel like their physical bodies do not match with the gender they most identify. Knowing your gender identity also will allow me to care best for you.”
• Ask about pronouns.

Documentation
• “Is it OK with you if I record this information in your medical record or would you prefer I not? It would be included in your record that other providers could see, including outside the hospital.”

Pronouns – We All Have Them

Gender Pronouns

<table>
<thead>
<tr>
<th>Subject Pronoun</th>
<th>Object Pronoun</th>
<th>Possessive Pronoun</th>
<th>Reflexive Pronoun</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>She</td>
<td>Her</td>
<td>Hers</td>
<td>Herself</td>
<td>She is speaking, I am her, and she is in her.</td>
</tr>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>Himself</td>
<td>He is speaking, I am his, and he is in his.</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Their</td>
<td>Themselves</td>
<td>They are speaking, I am theirs, and they are in theirs.</td>
</tr>
<tr>
<td>Her</td>
<td>Her’s</td>
<td>Hers’</td>
<td>Herself’s</td>
<td>Her is speaking, I am her’s, and her is in her’s.</td>
</tr>
<tr>
<td>His</td>
<td>His’</td>
<td>His’</td>
<td>Himself’</td>
<td>His is speaking, I am his’, and his is in his’.</td>
</tr>
<tr>
<td>Their</td>
<td>Their’s</td>
<td>Their’s</td>
<td>Themselves’</td>
<td>Their are speaking, I am theirs’, and they are in theirs’.</td>
</tr>
<tr>
<td>Her’s</td>
<td>Her’s’</td>
<td>Her’s’</td>
<td>Herself’s’</td>
<td>Her’s is speaking, I am her’s’, and her’s is in her’s’.</td>
</tr>
<tr>
<td>His’</td>
<td>His’’</td>
<td>His’’</td>
<td>Himself’’</td>
<td>His’ is speaking, I am his’’, and his’ is in his’’.</td>
</tr>
<tr>
<td>Their’</td>
<td>Their’’</td>
<td>Their’’</td>
<td>Themselves’’</td>
<td>Their’ are speaking, I am theirs’’, and they are in theirs’’.</td>
</tr>
</tbody>
</table>

How to Ask (3)

• Use gender neutral language.
• “Tell me a little about your living situation.” OR “Can you tell me a bit about your partner(s)?”
• “Are you in an intimate / sexual relationship?”
• Ask the patient how they would like to be referred to and/or how to refer to partner(s).
• Respect pronouns.
How to Ask (4)

* "Like the questions I asked about tobacco, alcohol, and other drugs, I would like to ask some more questions that I ask of all my patients. These ones are about your sexual activity, sexual health, and identity."

* "Are you sexually active?"
* "Are your partners men, women, or both?" vs. "What genders are your partners?"
* "Knowing about your sexuality will help me better care for you..."

How to Ask (5)

Closing
* "Do you have any concerns or questions today?"

Gender Identity vs. Sex

Sexual Behaviors

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Body Part</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>Vulva</td>
<td>Cunnilingus (&quot;eating out&quot;)</td>
</tr>
<tr>
<td>Mouth</td>
<td>Penis</td>
<td>Fellatio (&quot;blow job&quot;)</td>
</tr>
<tr>
<td>Mouth</td>
<td>Anus</td>
<td>Anilingus (&quot;rim job&quot;)</td>
</tr>
<tr>
<td>Finger</td>
<td>Vagina</td>
<td>Fingering</td>
</tr>
<tr>
<td>Finger</td>
<td>Anus</td>
<td>Fingering</td>
</tr>
<tr>
<td>Vulva</td>
<td>Vulva</td>
<td>Scissoring (&quot;polishing mirrors&quot; &quot;bumping fur&quot;)</td>
</tr>
<tr>
<td>Penis</td>
<td>Vagina</td>
<td>Intercourse</td>
</tr>
<tr>
<td>Penis</td>
<td>Anus</td>
<td>Anal intercourse</td>
</tr>
</tbody>
</table>

... And many more... 😄

Last tips... and resources
(More Homework)
Specific Interview Tips

- Use language **free of assumptions**
  Instead of: "How many I help you ma’am”, “How may I help you?”
  Instead of: “Do you have a husband” or “What birth control do you use?”
  Try: “Are you in a relationship?”
  “[A]re you interested in becoming a parent someday?”
  “[H]ave you though about how you would like to become a parent?”

- Ask about **specific sexual activities** in a direct, non-judgmental manner to assess for high-risk behavior.

- Normalize discussion of often **stigmatized** content (e.g., “atypical” sex practices, gender identity and expression)

- Encourage patients to obtain legal documents that **specify who can make medical and/or legal decisions** for them in accordance with state laws

Components of History Forms (1)

- What is your current gender (check all that apply):
  - Woman
  - Man
  - TransFemale / Trans woman
  - TransMale / Trans man
  - Genderqueer
  - Additional category (please specify): ______________
  - Decline to State

- What sex were you assigned at birth:
  - Female
  - Male
  - Decline to State

- What is your preferred name and what pronouns do you prefer (e.g. she/her, he/him, they/them)?
  __________________

Components of History Forms (2)

- Please describe your sexual orientation? ___________
  Or
- Do you think of yourself as:
  - Lesbian, gay or homosexual
  - Straight / heterosexual
  - Bisexual
  - Queer
  - Additional category (please specify): ______________
  - Decline to State

- Are you attracted to (check all that apply):
  - Men __ Women __ Transgender Men __ Transgender Women __ Another (please describe)

- Have you had sexual contact with (in the last 12 months) (check all that apply):
  - Men __ Women __ Transgender Men __ Transgender Women __ Another (please describe)

- Please describe any sexual concerns you may have: ________________

Components of History Form (3)

- When you have sexual contact, do you have (check all that apply):
  - Oral-Genital Contact __ Genital-Genital Contact
  - Genital-Anal Contact __ Oral-Anal Contact

- Do you use protective barriers (e.g. condoms or dental dams) in the following sexual contact situations? Write in yes (Y) / no (N) / not applicable (N/A):
  - Oral-Genital Contact __ Genital-Genital Contact
  - Genital-Anal Contact __ Oral-Anal Contact

- What are the gender(s) of the people you are having sex with?

- How many sexual partners have you had in the last year?
Three really helpful trainings:

- Do Ask, Do Tell: Collecting Data on Sexual Orientation and Gender Identity in Health Centers
- Ten Things: Providing an Inclusive and Affirmative Health Care Environment for LGBT People
- Training Frontline Staff to Collect Data on Sexual Orientation and Gender Identity

https://www.lgbthealtheducation.org

transhealth.ucsf.edu/video/story.html