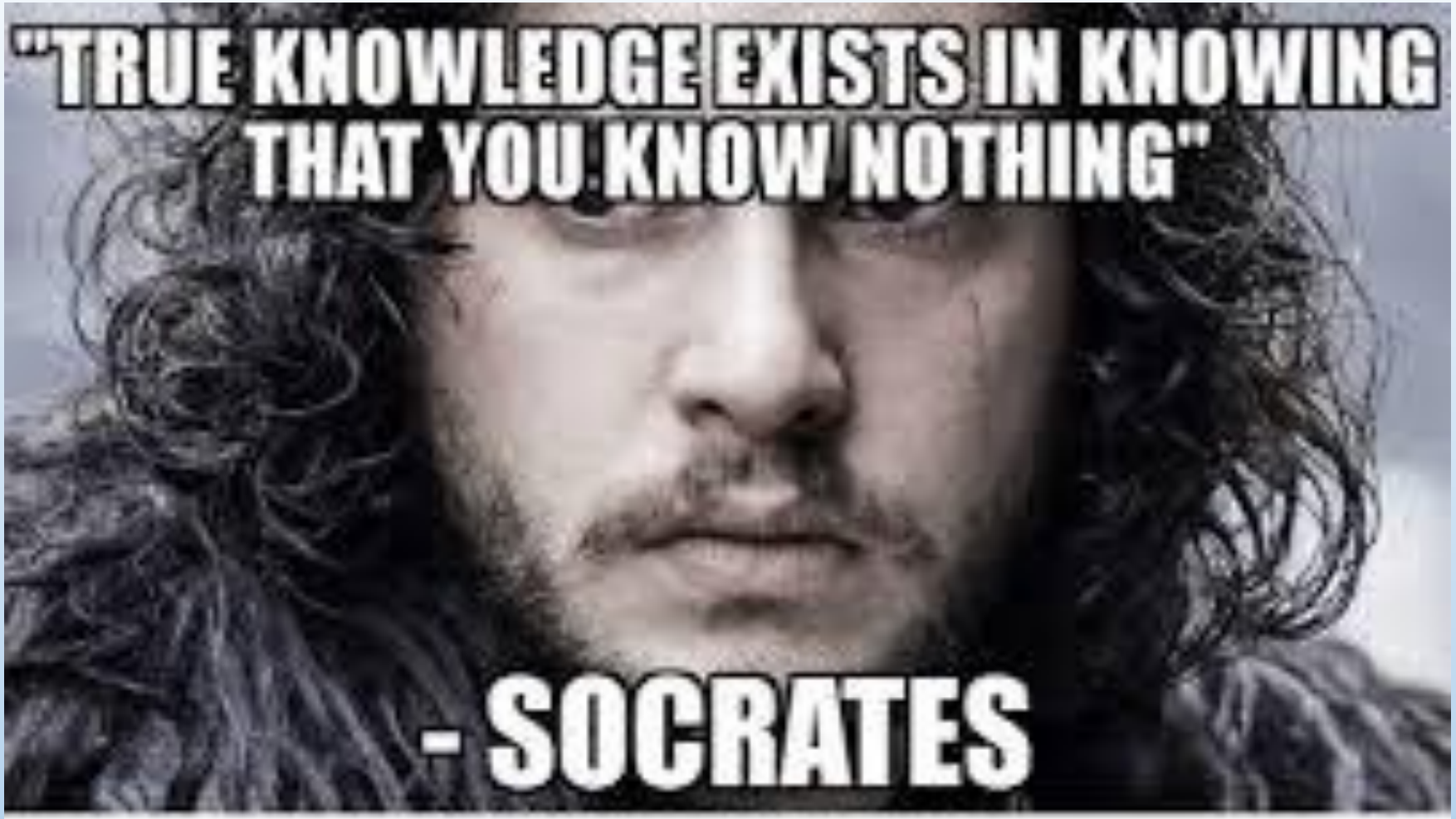
Gynaecological and obstetric care of the trans man in Australia

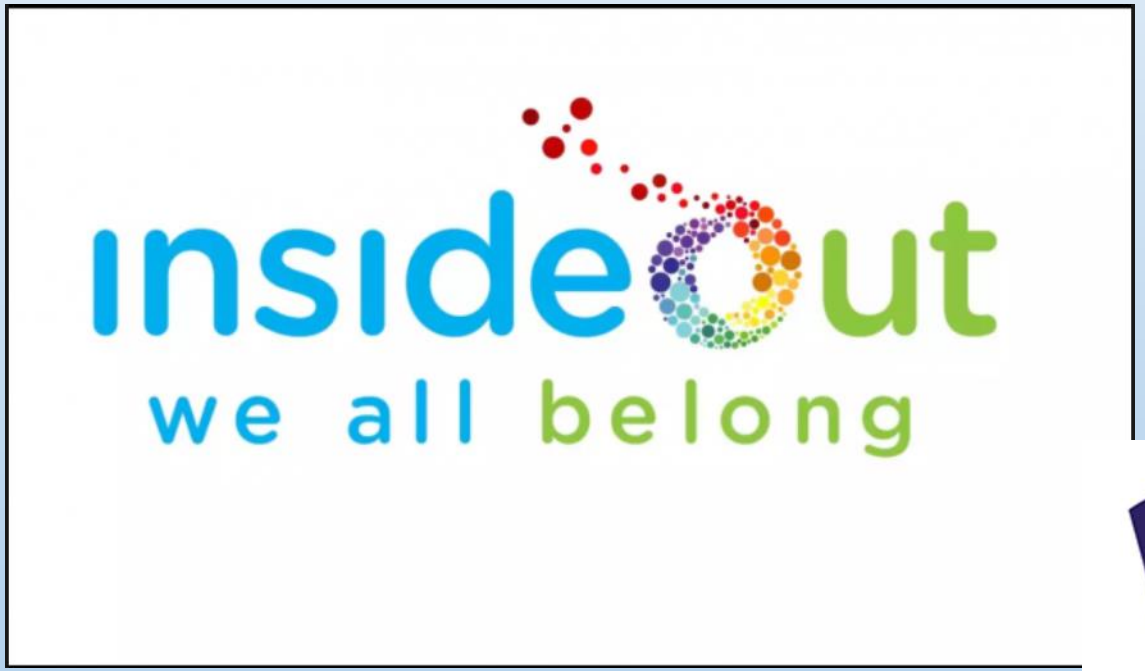


"You know nothing Jon Snow!"

Medical education re gender diversity

- **Inclusion of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Health in Australian and New Zealand Medical Education** Sanchez et al.
- LGBT Health. August 2017, Vol. 4, No. 4: 295-303
  - Medical schools Australia & NZ
  - Description of coverage of LGBTQI content at their institution as
    - Good 2
    - Fair 8
    - Poor 2
    - Very poor 1

Services for Youth



Aspects of care

Gynaecological

- Menstrual management
- Avoiding unwanted pregnancy
- Sexually transmitted infections
- Screening to prevent cancer
- Surgery

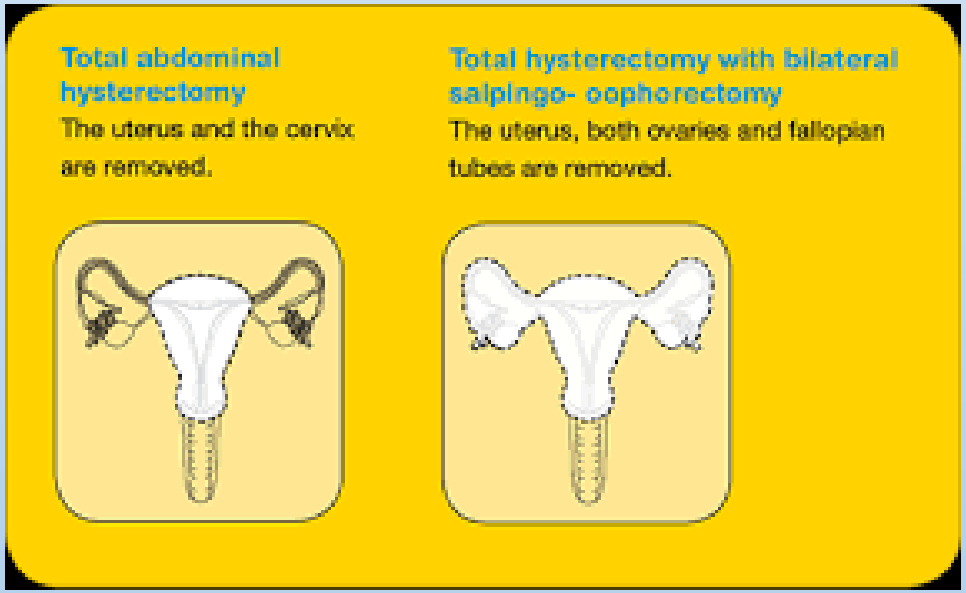
Obstetric

- Preconception
- Antenatal
- Intrapartum
- Post partum

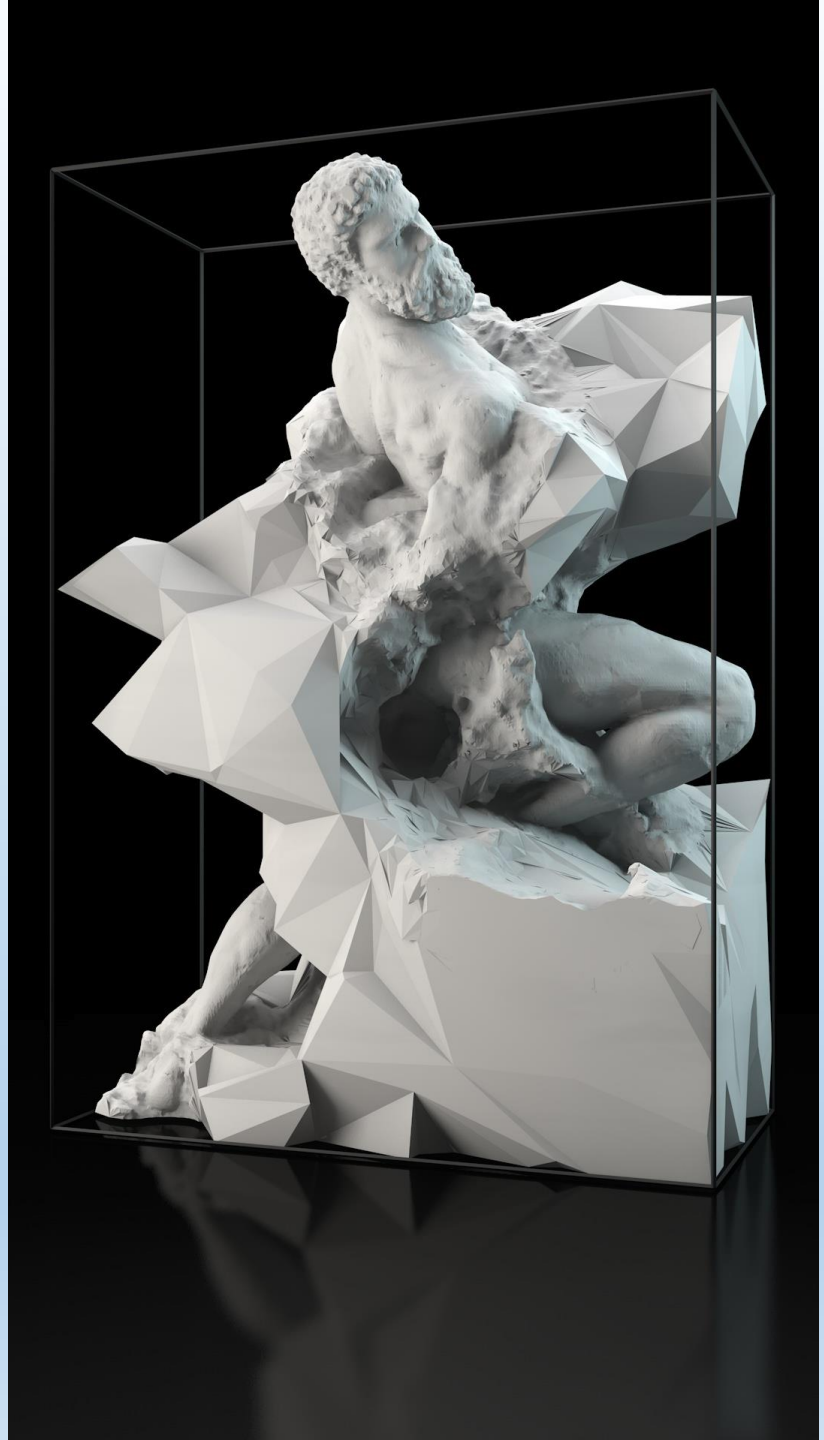
Individual needs highlighted

- Transgender men can be at any stage of transition
  - Social/emotional
  - Legal
  - Medical
    - Hormonal
    - Surgery

- Not all will transition with surgery
    - Surgical options
      - Hysterectomy and/or removal ovaries + tubes
      - Chest surgery, body sculpting
    - Some or all pelvic organs may be retained
      - Screening
      - Management of unacceptable symptoms

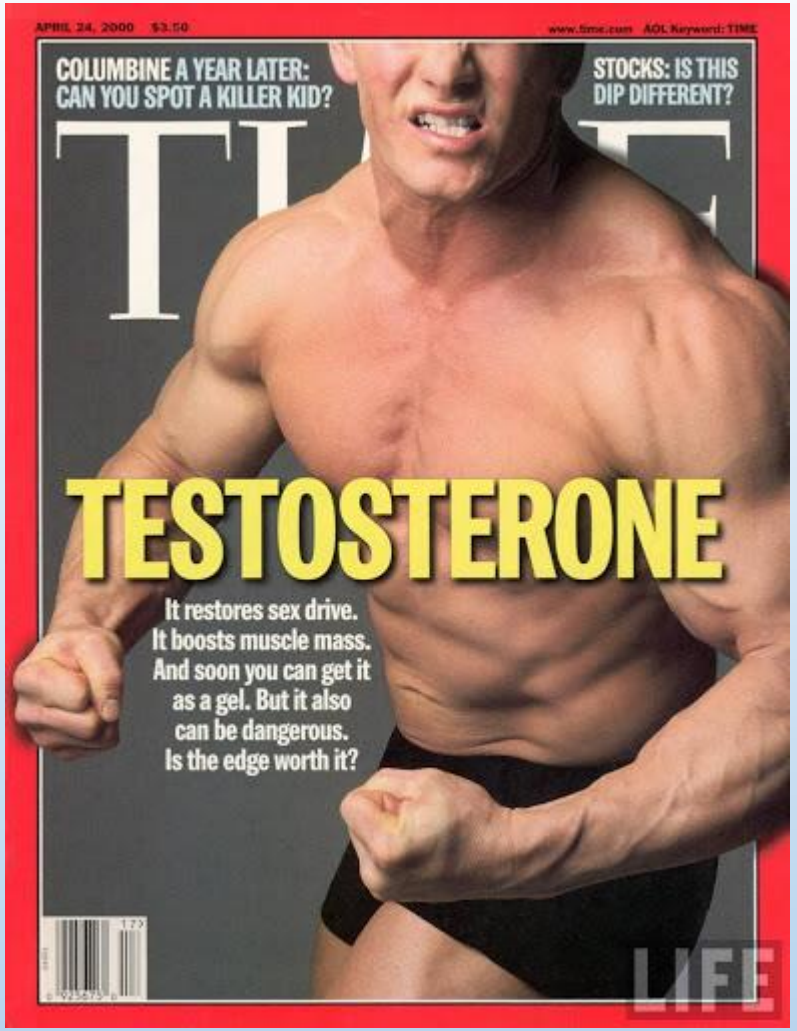


Gynaecological considerations



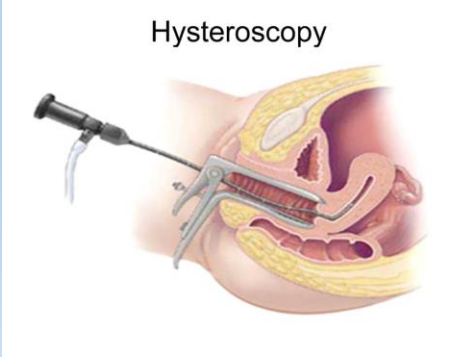
Testosterone therapy

- Used to achieve virilisation
- Impact on other organs uncertain
- Impact on fertility unpredictable
- Possible associated risks of
  - breast & uterine cancer
  - changes to blood components , lipids, bone density
    - potential liver disease
    - associated insulin resistance – diabetes



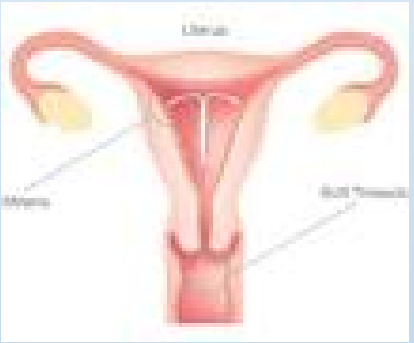
Testosterone and periods

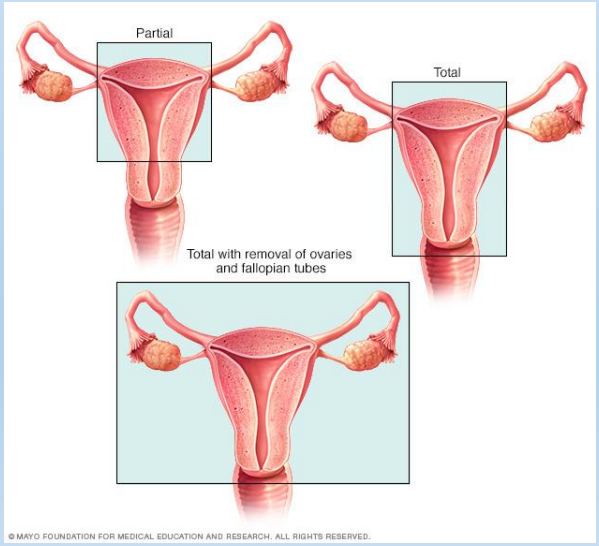
- Testosterone in high dose may inhibit periods
  - If not add progesterone
  - peripheral oestrogen conversion
- Abnormal uterine bleeding -evaluated as for cis women
- Prolonged testosterone exposure could lead to
  - an increase in endogenous estrogen levels
  - increase the risk of endometrial hyperplasia and carcinoma
- No recommended screening for endometrial cancer in asymptomatic transgender men (same as cis women)
  - Investigate atypical bleeding
    - TA USS , cervical screening, STI screening, consider hysteroscopy

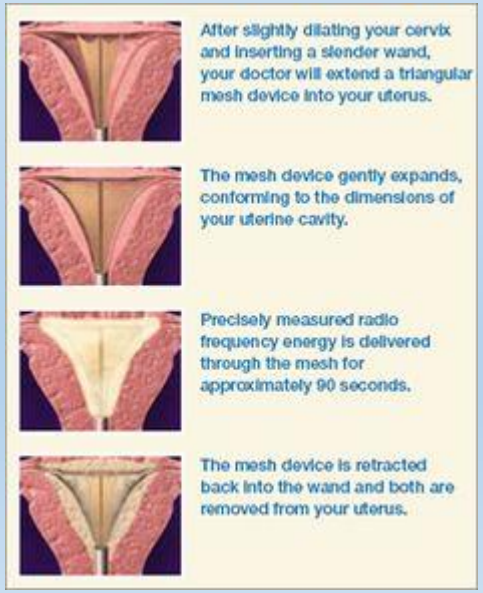


Options for controlling periods

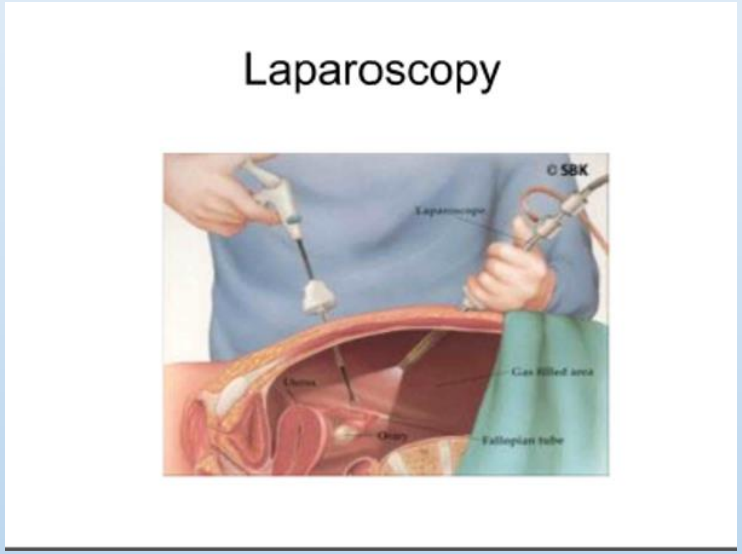
- Usual management menstrual loss if acceptable
- Combined pill taken continuously
- If bleeding not acceptable and on testosterone
  - Progesterone only methods
    - Oral progesterone tablets, Depo provera, Implanon, Mirena IUCD
  - Endometrial ablation
  - Hysterectomy







Pain



- Vulva
  - Infection, trauma, vulvodynia
- Vaginal
  - Levator ani muscle tone
  - Vaginitis secondary to low oestrogen
- Abdominal/pelvic
  - Adhesions post surgery
  - If ovaries, tubes, uterus retained consider infection, ovarian cyst/tortion, endometriosis
  - Cyclic testosterone related pain

Fertility and testosterone

- Transgender men have
  - successfully conceived and carried a pregnancy after using testosterone
  - had unintended pregnancies while taking or still amenorrheic from testosterone, which was mistakenly thought to preclude pregnancy
- If ovaries and uterus present and at risk for pregnancy
  - Contraception advised
    - Depo provera
    - Implanon
    - IUCD
    - Condoms

STI risks

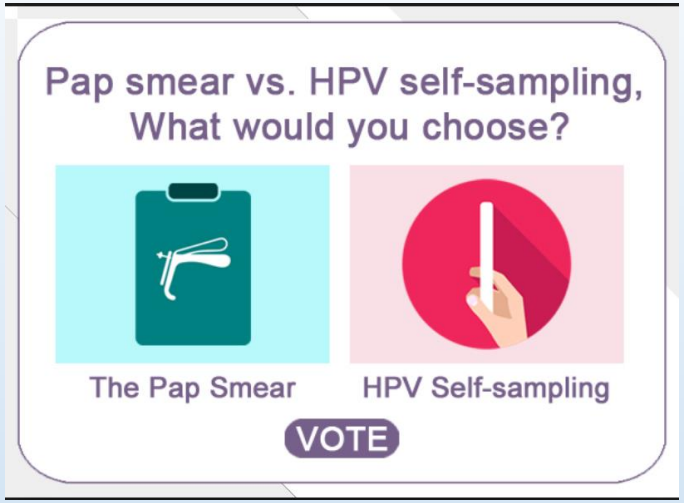
- Transgender men report higher likelihood of risky sexual behaviours as a result of
  - substance abuse, commercial sex work, homelessness, sexual abuse
- These result in
  - higher rate of sexually transmitted diseases
    - Human papilloma virus
    - Chlamydia
    - Neisseria gonorrhoea
    - Trichomonas
    - HIV
    - Hepatitis B, C
    - Syphilis
- Screening

Breast cancer screening

Transgender men may undergo top surgery but breast tissue still remains so screening recommended

- Transgender men
  - who have not had chest reconstructive surgery should get mammograms regularly after age 50
  - who have had top surgery still need annual breast exams by a health care professional
  - those with family risk factors may need to begin screening earlier +/- MRI

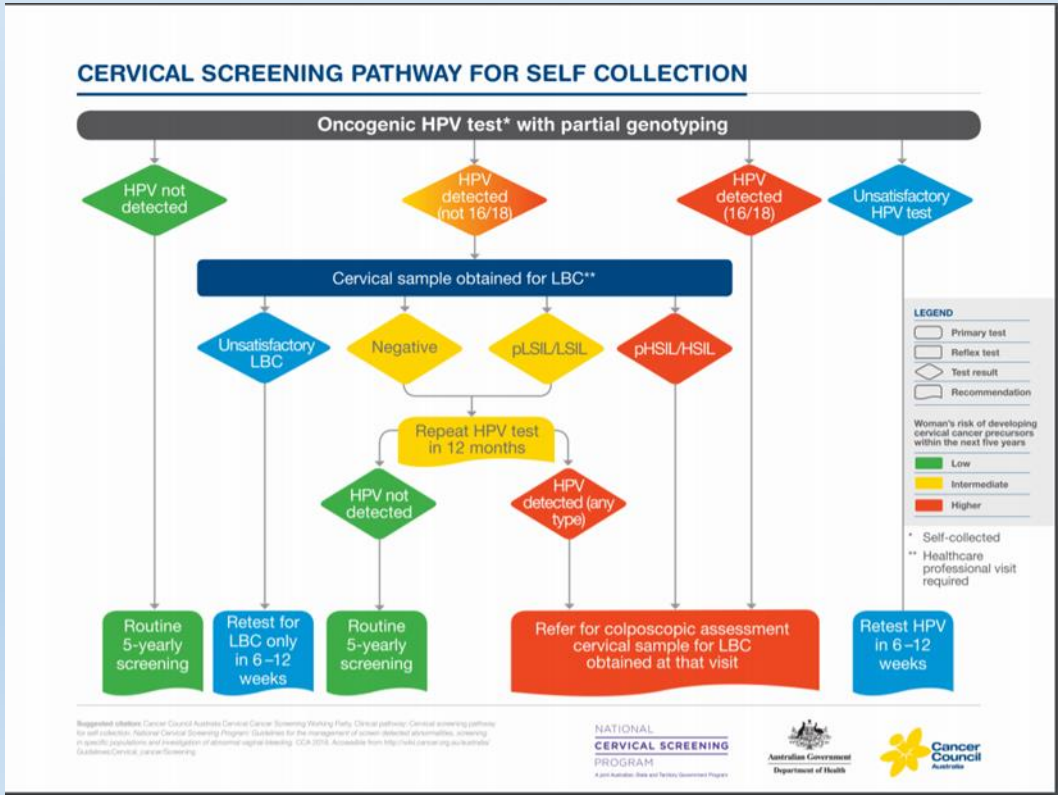
Cervical cancer screening



- Risk dependant upon sexual history
- HPV Cervical screening test 5 yearly if low risk
  - Frequency determined by symptoms and risk factors
- If total hysterectomy with
  - no history abnormal screening prior – do one HPV test if negative cease
  - cervical dysplasia history - vaginal screening HPV annually til negative

Cervical cancer screening

- **Understanding Transgender Men's Experiences with and Preferences for Cervical Cancer Screening: A Rapid Assessment Survey** Seay Julia et al
- LGBT Health. August 2017, Vol. 4, No. 4: 304-309
  - 91 transgender men surveyed
  - Less than half up to date
  - Preferred self collection method



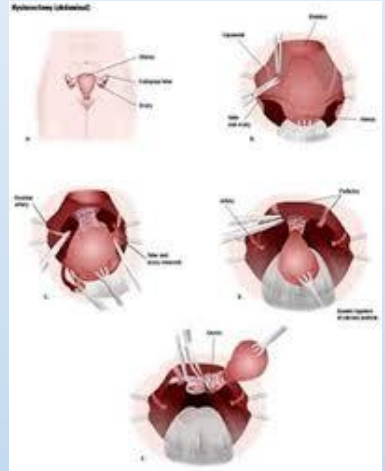
Ovarian and uterine cancer screening

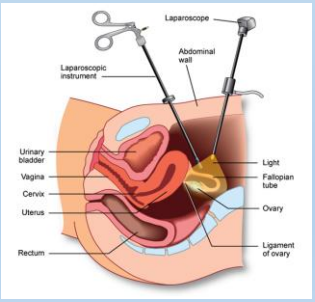
- Ovary
  - Similar risk as the general population
  - No screening guidelines currently exist
- Uterus
  - Increased risk possible due to testosterone therapy

- Pelvic exam and/or ultrasound 1-3yr
- Investigate abdominal pain or vaginal bleeding
- Possible surgery – laparoscopy / hysteroscopy

Surgery

Surgery	Advantages	Disadvantages
Hysterectomy	No periods Remove cervix and risk cancer Remove need for vaginal examinations No risk hyperplasia Reduce risk pelvic infection	Surgical risks same as for cis women , anaesthetic , bleeding, transfusion, infection, deep venous thrombosis, recovery Long term risks – pain , adhesions, regret (fertility), prolapse, incontinence
Salpingoophorectomy (tubes and ovaries)	Reduce dose testosterone Remove main source oestrogen production Avoids cysts , tortion, pregnancy, PID	Fertility Cardiovascular and skeletal effects Pain, adhesions





Fertility

- Testosterone have been shown to diminish fertility
- Advice prior to hormones and surgery to ovaries and/or uterus to consider fertility wishes
- Options
  - If wish to have own children
    - Oocyte retrieval and freezing
    - Embryo freezing
  - If wish to carry pregnancy
    - Preserve uterus

Pregnancy

Israeli man gives birth

Transgender man makes history, becomes first Israeli male to give birth Thursday

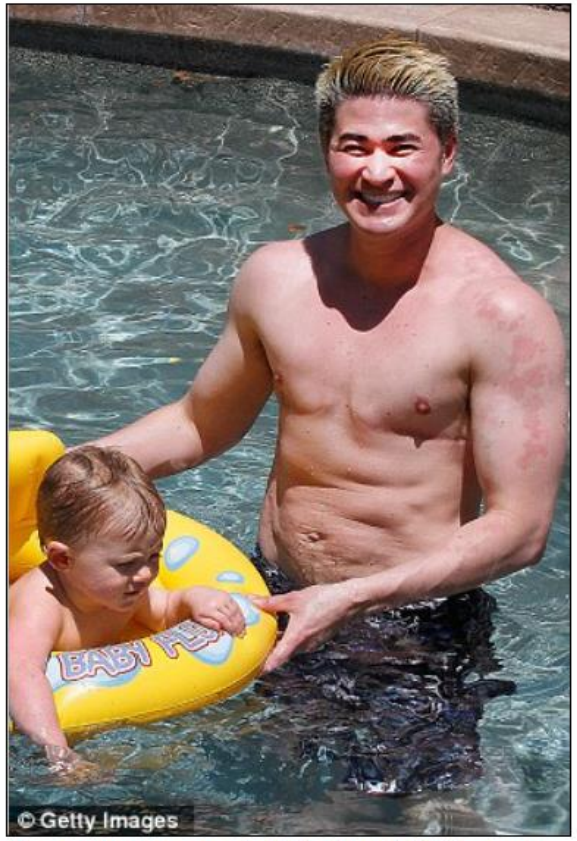
Neri Brener | Published: 12.30.11 , 19:16

More Transgender Men Have Given Birth This Year Than You May Think

MARQUITA HARRIS
JULY 13, 2017, 1:00 PM

In Australia, there's been a major spike in the number of transgender men who've given birth in 2017. As noted by the Australian health department, 54 transgender men have given birth to healthy children in the last six months,

According to PinkNews, the numbers are as follows: 22 men in Perth, 16 in New South Wales, seven in Victoria, two in South Australia, and one in Tasmania. It was unclear where the additional six children were born.



Transformation: Thomas Beatie, shown left when he was pregnant with his first child in 2008, shows off his muscular physique a year after giving birth to his third child, Jensen, also pictured

Conception and testosterone use

- Study
  - transgender men with functioning natal reproductive organs
  - online survey of 41 transgender
    - 25 (61%) reported testosterone use prior to pregnancy
      - 6 (24%) had an unplanned pregnancy
      - 14 (72%) conceived within six months of stopping
      - 20 (80%) resumed menses within six months after stopping testosterone
      - five participants conceived while still amenorrheic on testosterone
      - majority of planned pregnancies used own oocytes

Transgender Men Who Experienced Pregnancy After Female-to-Male Gender Transitioning

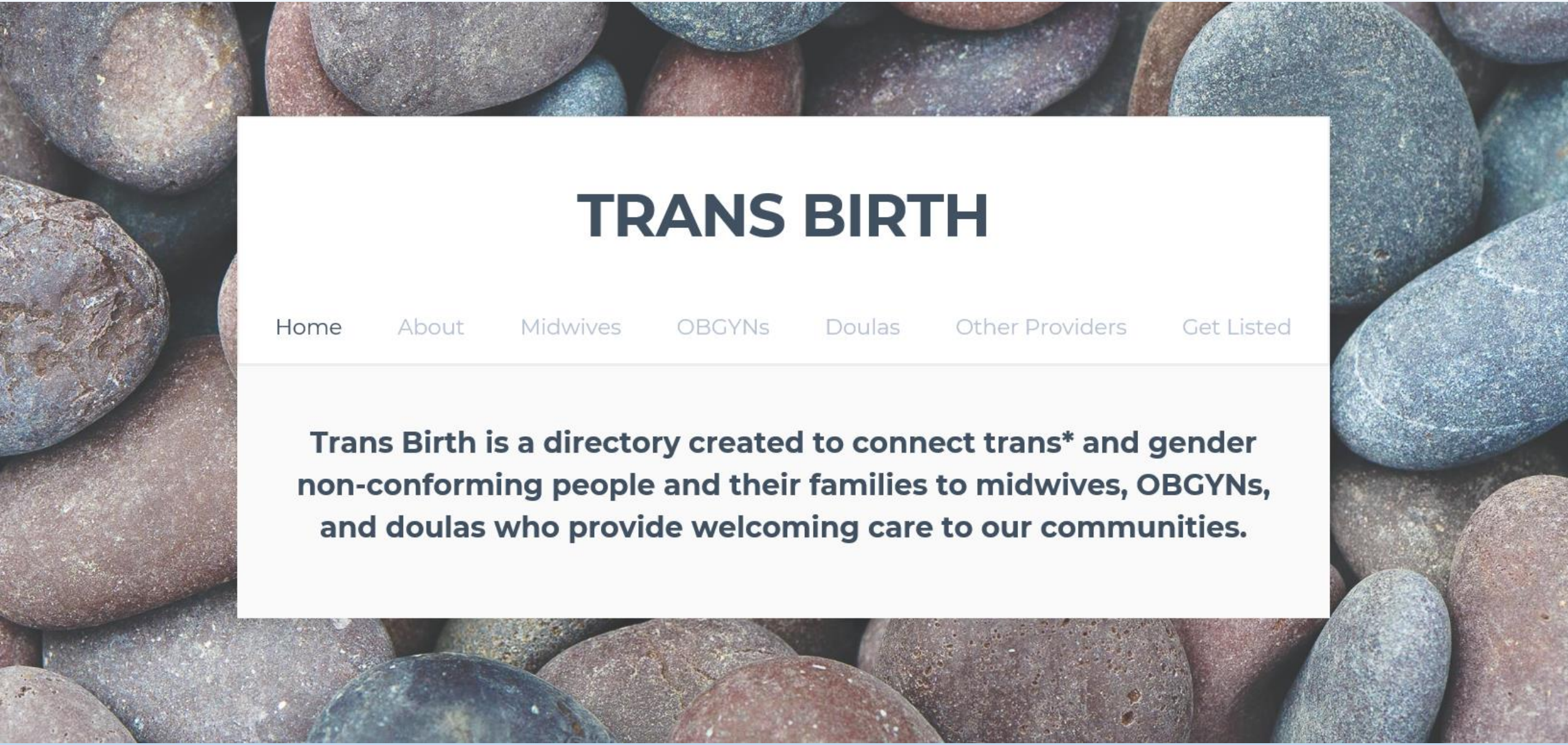
Light, Alexis D. MD, MPH; Obedin-Maliver, Juno MD, MPH; Sevelius, Jae M. PhD; Kerns, Jennifer L. MD, MPH

Obstetrics & Gynecology: December 2014 - Volume 124 - Issue 6 - p 1120–1127

RESULTS: Forty-one self-described transgender men completed the survey. Before pregnancy, 61% (n=25) had used testosterone. Mean age at conception was 28 years with a standard deviation of 6.8 years. Eighty-eight percent of oocytes (n=36) came from participants' own ovaries. Half of the participants received prenatal care from a physician and 78% delivered in a hospital. Qualitative themes included low levels of health care provider awareness and knowledge about the unique needs of pregnant transgender men as well as a desire for resources to support transgender men through their pregnancy.

Emotions around pregnancy

- Study showed as a group pregnant transgender men experienced
  - significant and persistent loneliness
  - a lack of clear role models of what a positive, well integrated, gender-variant parental role might look like
  - internal conflict between one's identity as male and social norms that define a pregnant person as woman and a gestational parent as mother
  - External conflict, "experience of pregnancy involved a constant tension about needing to manage others' perceptions"


TRANS BIRTH
Home
About
Midwives
OBGYNs
Doulas
Other Providers
Get Listed
Trans Birth is a directory created to connect trans* and gender non-conforming people and their families to midwives, OBGYNs, and doulas who provide welcoming care to our communities.

Pregnancy care

- Positive psychological outcome will depend on the experience someone has from the moment they first present for care and depends on the total experience from beginning to end being inclusive and affirmative

Antenatal complications

- Not significantly different to cis women in pregnancy
  - hypertension
  - preterm labour
  - placental abruption
  - Anaemia
- Antenatal care routine monitoring and education
  - Scans
  - Blood tests
  - Screening

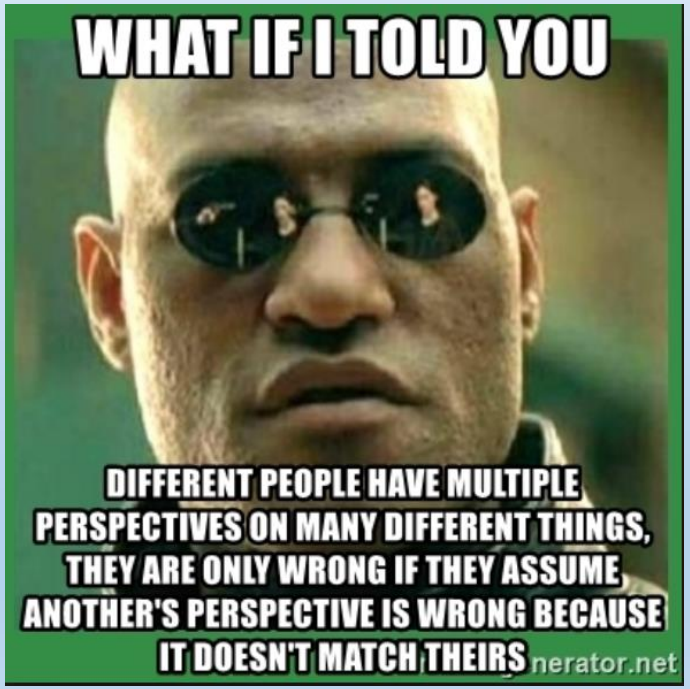
Mode of birth

- Various studies
  - More transgender men who had used testosterone delivered by caesarean section than those who had not used testosterone
  - Vaginal birth is an option
  - Management during labour and birth same but discuss concerns
    - Pain relief, fetal monitoring, second stage, delivery placenta
  - Specific considerations include
    - Managing staff - acceptance of a virilised man undergoing labour and delivery
      - Language and support
    - Patient's concerns with or disassociation from natal female genitalia
      - Eg. vaginal examinations for progress of labour

Post partum

- Studies identify that pregnancy elicits
  - Difficulties with gender dysphoria
  - Differences in interactions with health care providers

- These increase the potential for postpartum depression

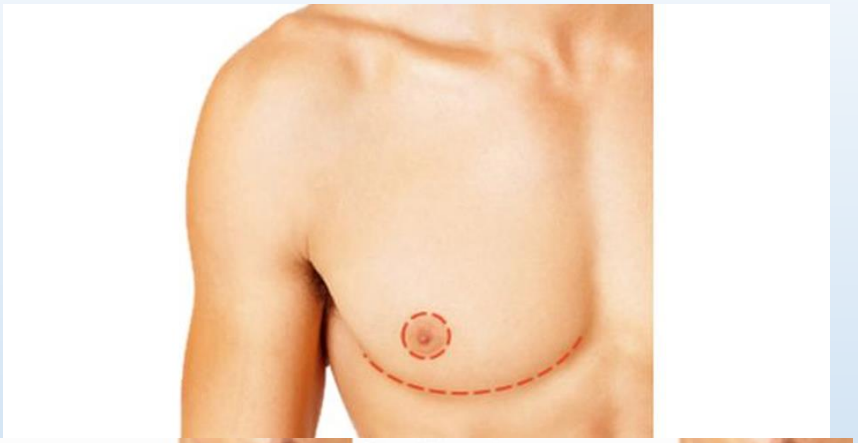


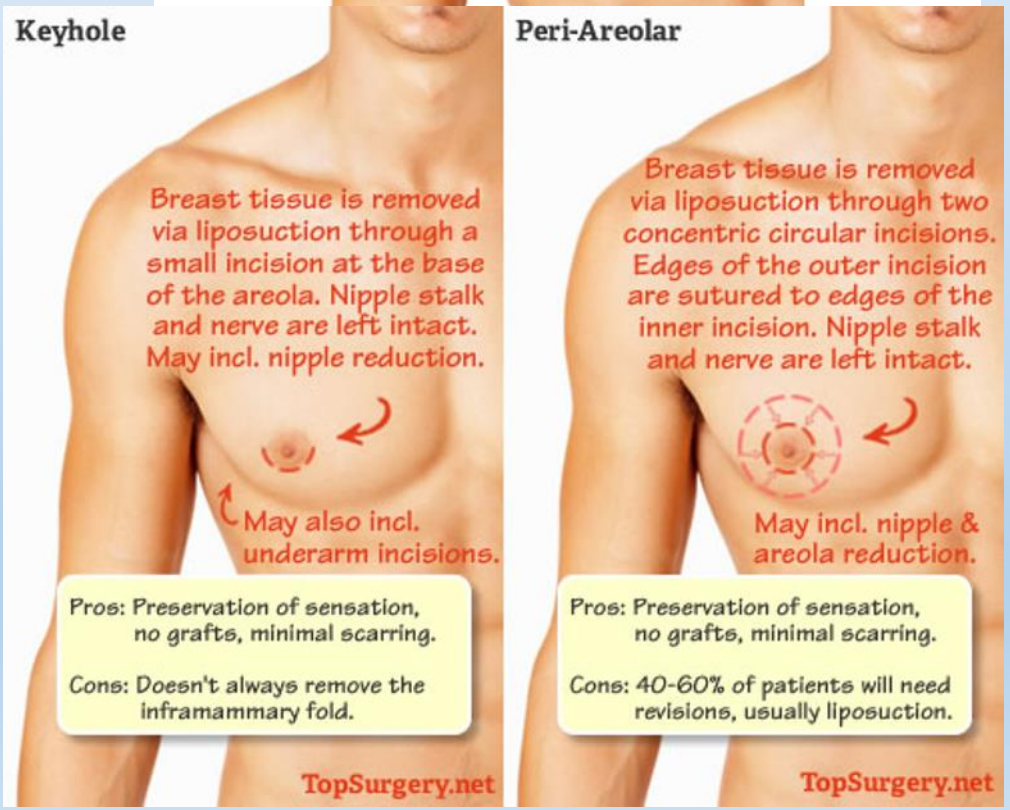
Feeding the newborn

- For those who seek to chest (breast) feed
  - an elevated testosterone level has been shown to suppress lactation
  - testosterone does not appear to significantly pass into breast milk or have a short-term impact on infants
  - recommended that men who do chest feed stay off testosterone

Lactation after top surgery

- Surgical technique for top surgery is variable
  - depending on volume of tissue and skin elasticity
- Two methods reported
  - the 'double incision' technique
    - involves nipple grafts
    - not ideal for preserving milk ducts
  - The 'peri-areolar' approach
    - incisions go around the outer borders of the areolae and leaves the nipple stalks intact and likely has better results in terms of future breastfeeding and milk production





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