

Care of LGBTQIA Patients

Week 79

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Reading Assignment:

ACOG Committee Opinion #525

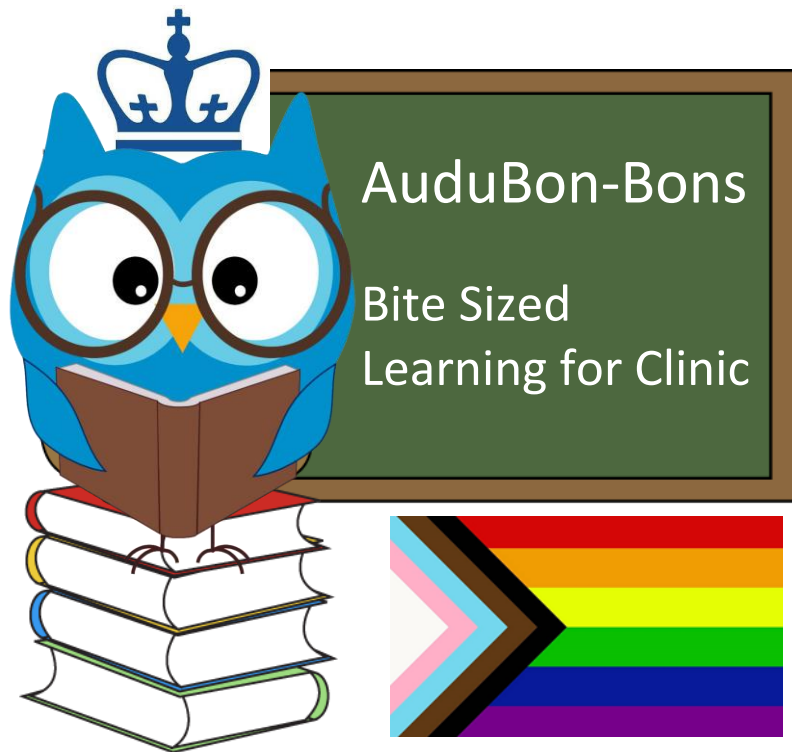
Health Care for Lesbians and Bisexual Women

ACOG Committee Opinion #685

Care for Transgender Adolescents

ACOG Committee Opinion #749

Marriage and Family Building Equality for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Gender Nonconforming Individuals



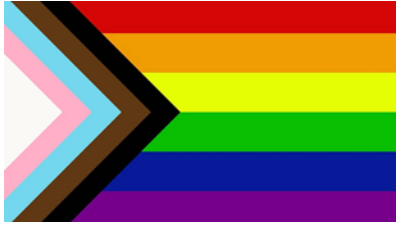


LEARNING OBJECTIVES



- Understand gender and sexual identity and be able to provide a safe and supportive clinical environment for all patients regardless of gender or sexual identity
- Recognize and address the challenges the LGBTQAI and gender nonconforming communities experience in accessing obstetric and gynecologic care
- To discuss the medical and surgical therapeutic options for transgender patients and provide appropriate referrals, including social and mental health services and preventative care





CASE VIGNETTE

- Mr. Acro Iris, a 25yo G1P0 transgender male at 8 weeks gestation presents to clinic to establish prenatal care.



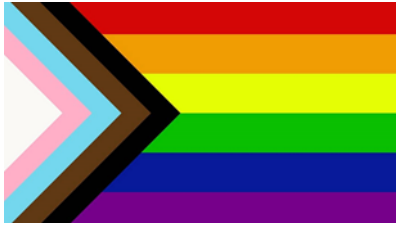


FOCUSED HISTORY

What elements of the patient's history are most relevant?

- **PMH:** Denies
- **PSH:** Top surgery (mastectomy) at age 18
- **POBH:** G1P0
- **PGYNH:** Used Mirena IUD previously and was amenorrheic. Had irregular menses for 3 months prior to conceiving. Denies history of abnormal paps, STIs, fibroids, or cysts.
- **MEDS:** Previously was using testosterone therapy and held temporarily to conceive and during pregnancy. Currently taking PNV.
- **ALL:** NKDA
- **FH:** Grandmother with breast cancer
- **SH:** Homosexual transgender male patient. Lives with husband. Denies IPV. Works in healthcare. Denies tob, drug, etoh use. Accepts blood products.

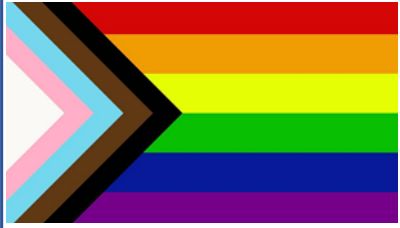




LGBTQIA

What are the components of the acronym?

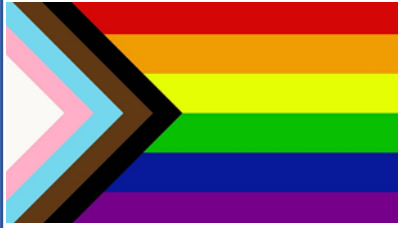
- **Lesbian**
 - A woman who is emotionally, romantically, or sexually attracted to other women
- **Gay**
 - A person who is emotionally, romantically, or sexually attracted to members of the same gender
- **Bisexual**
 - A person who is emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity
- **Transgender**
 - An umbrella term for people whose gender identity, or expression, or both, is different from cultural expectations based on the sex they were assigned at birth
- **Queer**
 - A term people often use to express fluid identities and orientations. Sometimes used interchangeably with “LGBTQ”
- **Intersex**
 - An umbrella term used for a variety of conditions in which a person is born with a reproductive sexual anatomy that does not seem to fit the typical definitions of male or female
- **Asexual**
 - A lack of sexual attraction or desire for other people
- **Also Gender Nonconforming!**
 - Variation in gender expression or gender roles from expected societal norms



INCLUSIVITY

- What are some ways we can provide a safe and supportive clinical environment for all patients regardless of gender or sexual identity?
 - Nondiscrimination policy
 - Posting of nondiscrimination policy in reception area: **“This office appreciates diversity and does not discriminate based on race, age, religion, disability, marital status, sexual orientation, or perceived gender.”**
 - Inclusive language
 - Gender neutral forms; all-gender bathrooms; patient material with pictures of cisgender women, and transgender and nonbinary people including multiple genders of pregnant people and same-gender relationships; non-gendered office design; ask about gender and sexual identity and pronouns; clearly indicate pronouns on chart; ask patient their preferred terms for their body parts
 - Cultural competency training for the practice

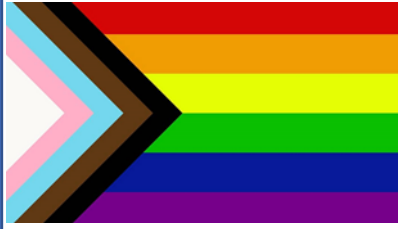




INCLUSIVITY CONTINUED

- What are some ways we can provide a safe and supportive clinical environment for all patients regardless of gender or sexual identity?
 - **Open-ended questions**
 - With nonjudgmental responses
 - **Educational materials**
 - Resource for health information about sexual orientation and gender issues for both patients and their families
 - PFLAG information



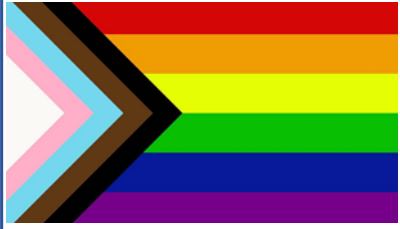


ACCESS TO CARE

What are some barriers to OBGYN care for LGBTAQI and gender nonconforming patients?

- Concerns about **confidentiality** and disclosure
- Fear of **discriminatory** attitudes and treatment
- Discomfort with highly **gendered** environments and **exclusionary** language related to gynecologic and pregnancy care
- Limited **access** to health care and health insurance
 - Not all employment benefits packages include same-sex partners
 - Insurance coverage of transgender care



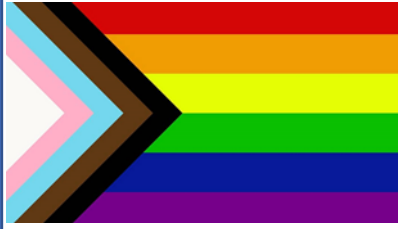


GYNECOLOGIC VISITS FOR LGBTQAI AND GENDER NONCONFORMING PATIENTS

What are the important components of this visit?

- **Preventative healthcare**
 - Cardiovascular disease, obesity, cancer, and STI screening
 - Higher prevalence rates of MI, obesity, tobacco use, and alcohol use by women who have sex with women
 - Routine healthcare screening including cervical cancer screening regardless of if they had intercourse with men
- **Safer sex education**
 - Discuss types of sexual activity
- **Family planning services**
 - Some transgender males are at risk for unwanted pregnancy
- **Mental health and psychosocial considerations**
 - Intimate partner violence screening
 - Substance abuse screening
 - Mental health screening
 - Housing and food security
- **Family building**
 - Fertility preservation options for transgender patients
 - Lack of relationship recognition has adverse health effects and often translates into limited resources and protections for desired family formation





CARE FOR TRANSGENDER PATIENTS

What are options for medical management of transgender patients?

Table 1. Eligibility and Readiness Criteria ↵

GnRH Agonist "Puberty Suppression"	Cross-Sex Hormones
<ul style="list-style-type: none">• Diagnosis established for gender dysphoria, transgender, transsexualism• Physical examination reveals Tanner stage II or greater• Pubertal changes worsen gender dysphoria• No psychiatric illness that prevents proper diagnosis• No psychiatric or medical contraindications to treatment• Adequate support (eg, ongoing behavioral health support, family or peer support)• Patient demonstrates understanding of diagnosis, treatment, and the risks and benefits of treatment	<p>Testosterone or estrogen</p> <ul style="list-style-type: none">• Fulfill criteria for GnRH agonist• 16 years or older

Abbreviation: GnRH, gonadotropin-releasing hormone.

Care for transgender adolescents. Committee Opinion No. 685. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017;129:e11-6.





CARE FOR TRANSGENDER PATIENTS

What options for surgical management of transgender patients?

- Reserved for patients 18 years or older
 - Endocrine Society guidelines states that mastectomy (“top surgery”) may be considered before age 18
- Hysterectomy and salpingectomy with or without oophorectomy
- Phalloplasty & Metoidioplasty (“bottom surgery”)
- Transgender female patients who chose to undergo surgery for a neovagina may have a vaginoplasty
 - Gynecologists may support with postoperative vaginal dilation



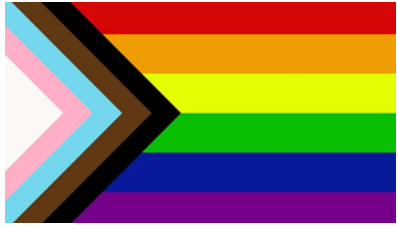


SOCIAL DETERMINANTS OF HEALTH

- According to the latest national transgender survey (28,000 people) one-third of transgender people reported a negative healthcare experience in the previous year such as verbal harassment, refusal of treatment or the need to teach their doctors about transgender care
- LGBTQAI and nonconforming youth are more likely to experience depression, anxiety, substance-abuse, attempted suicide, and self-harm

Early medical guidance and support for the transgender and gender diverse (TGD) youth TGD community has been associated with long-term positive emotional and physical health outcomes.





EPIC .PHRASE

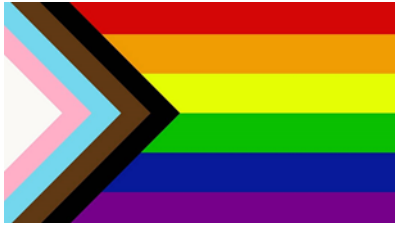
.BBIdentifiers

Included in this discussion was patient's gender identity which is ***; their sexual identity which is ***; their preferred name which is ***; and their preferred pronouns which are ***.

.BBDiversity

We discussed that NYP and Columbia University Irving Medical Center appreciate diversity and do not discriminate based on race, age, religion, disability, marital status, sexual orientation, or perceived gender.





CODING AND BILLING

- **ICD-10 Code**

- F64.0

- Transsexualism

- **CPT Code**

- 99214

- Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

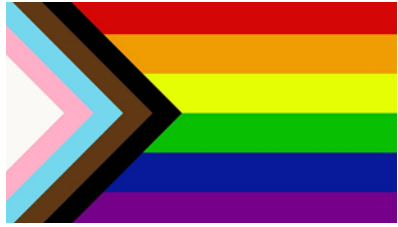
- A detailed history; a detailed examination; medical decision making of moderate complexity.

- Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

- Usually, the presenting problem(s) are of moderate to high severity.

- Typically, 25 minutes are spent face-to-face with the patient and/or family.





EVIDENCE

1. Care for transgender adolescents. Committee Opinion No. 685. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017;129:e11-6.
2. Healthcare for lesbians and bisexual women. Committee Opinion No. 525. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;119:1077-80.
3. Healthcare for Transgender Individuals. Committee Opinion No. 512. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118:1454-8.
4. Importance of social determinants of health and cultural awareness in the delivery of reproductive health care. ACOG Committee Opinion No. 729, American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;131:e43-8.
5. Light et al. Transgender Men who Experienced Pregnancy After Female-to-Male Gender Transitioning. *Obstet Gynecol* Dec 2014;1120-1127.
6. Marriage and family building equality for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and gender nonconforming individuals. ACOG Committee Opinion No. 749. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;132:e82-6.
7. Moseson et al. The Imperative for Transgender and Gender Nonbinary Inclusion. *Obstet Gynecol* May 2020;1059-1068.

