

TRANSGENDER CARE AND CONSIDERATIONS:

PROVIDING GENDER AFFIRMING CARE IN LABOR AND
DELIVERY

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Institute for Nursing Excellence

Disclosures



- ☐ I have no conflicts of interest to disclose for this lecture.

Learning objectives

After this course the learner will be able to:

- Greet and address a patient that is gender variant
- Define cys and transgendered
- Describe health care needs specific to the transgender and gender variant patient population in inpatient labor & delivery
- Describe health care challenges experienced by transgender and gender variant patients
- Incorporate practices that create a welcoming environment for transgender and gender variant people

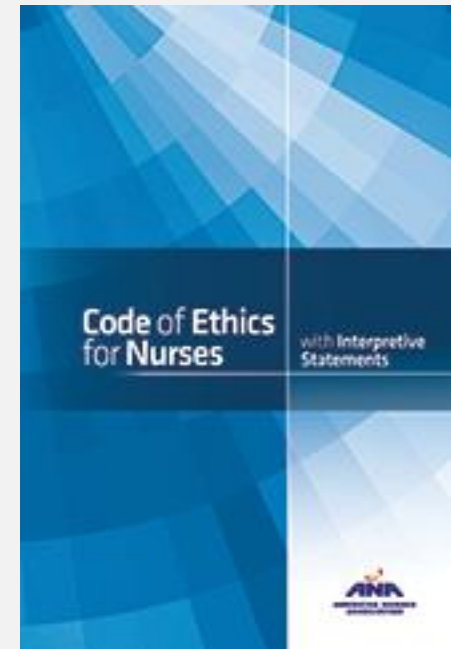
ANA Code of Ethics for Nurses - 2015

1.1 Respect for Human Dignity

A fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, unique attributes, and human rights of all individuals. The need for and right to health care is universal, transcending all individual differences. Nurses consider the needs and respect the values of each person in every professional relationship and setting; they provide leadership in the development and implementation of changes in public and health policies that support this duty.

1.2 Relationships with Patients

Nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice. Factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation or gender expression, and primary language are to be considered when planning individual, family and population-centered care. Such considerations must promote health and wellness, address problems, and respect patients' or clients' decisions. Respect for patient decisions does not require that the nurse agree with or support all patient choices. When patient choices are risky or self-destructive, nurses have an obligation to address the behavior and to offer opportunities and resources to modify the behavior or to eradicate the risk.



The Voice of our Profession

- ANA
 - Comprehensive, LGBTQ+ focused, nurses to be competent and nursing programs to support this, ensure population specific needs are met
- AWHONN
 - No position statements
 - Need more competent providers, sensitivity to alienation experience, fear of labor and not being able to advocate for self, fear of judgement from others (Ellis, Wojnar, Pettinato, 2014)
- ACNM
 - CNM/NM should work to provide competent care, update curricula, and match treatment to needs
- AORN
 - Cover OR windows, privacy in open bays, warm handoffs, always use their name, assess biases and excuse self if unable to set aside (Smith, 2016)
- Ambulatory Nurses
 - No position statement
- Urology
 - No position statement

Regulatory Influences

- The Joint Commission
 - ▣ accreditation standards require facilities to have policies that prohibit discrimination based on gender identity or sexual orientation
- Affordable Care Act
 - ▣ prohibits sexual discrimination in federally funded health facilities or programs
 - ▣ insurance companies can't have automatic or categorical exclusions of transition related care.
- State of California (and handful of others)
 - ▣ prohibits gender identity and sexual orientation discrimination in health care

Cultural Humility



true humility is
staying teachable,
regardless of how
much you
already know

Cultural humility : Hook, Davis, Owen, Worthington and Utsey (2013) conceptualize cultural humility as the “**ability to maintain an interpersonal stance that is other-oriented (or open to the other)** in relation to aspects of cultural identity that are most important to the [person]” (p. 2).

It is up to us to create the space for the patient to tell us who they are, not up to the patient.

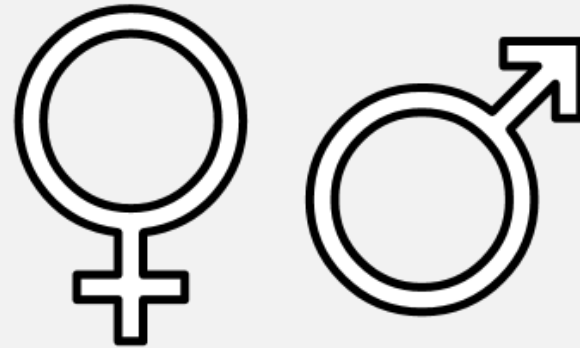
Terminology



Terminology

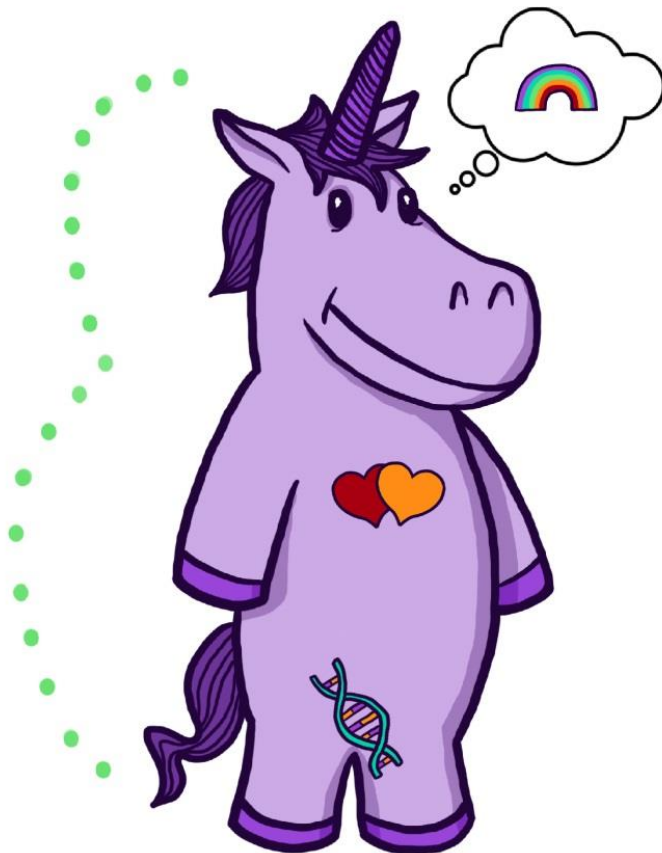


- Sex
 - ▣ Biology
- Intersex
 - ▣ Genitalia, internal or external
- Gender
 - ▣ Spectrum
- Gender Identity
 - ▣ Internal, psychological, emotional
- Gender Expression
 - ▣ External, social, visible
- Sexual Orientation
 - ▣ LGBTQIAAP2...



The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

Female/Woman/Girl
Male/Man/Boy
Other Gender(s)



Gender Expression

Feminine
Masculine
Other



Sex Assigned at Birth

Female



Male



Other/Intersex



Physically Attracted to

Women
Men
Other Gender(s)



Emotionally Attracted to

Women
Men
Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Gender Terminology



- Gender Non-Conforming
 - ▣ Non-binary expression
 - ▣ Spectrum
 - ▣ Inclusive of transgender, gender queer, others
 - ▣ Not same as androgyny
- Transgender
 - ▣ Transition
 - ▣ MTF
 - ▣ FTM
- Genderqueer
 - ▣ Fluid
- Cis-Gender
 - ▣ Aligned with sex on birth certificate



Taken from lavernecox.com



Taken from thechrisosier.com



Taken from jacobtobias.com



Other Terms

- Puberty Suppression
 - ▣ For children and adolescents
 - ▣ Persistent, consistent, insistent
- Gender Affirming Surgery
 - ▣ Confirmation, reassignment, sex change, SRS
 - ▣ Usage is generational
 - Transsexual is medical in origin, use only if asked to
- Hormone Replacement

Pronouns



Cis-Gendered

- ☐ She, Her, Hers
- ☐ He, Him, His
- ☐ *They, Them, Theirs*
- ☐ *Names*

HELLO

PLEASE ADDRESS ME AS

PLEASE USE: **ZE, HIR, HIRS**

Gender Non-Conforming

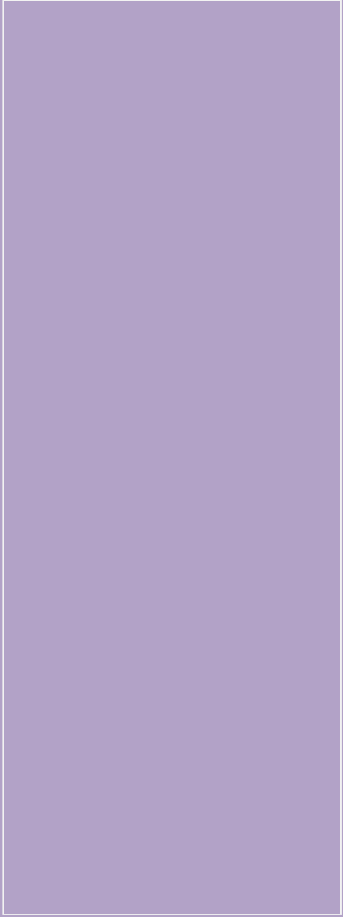
- ☐ Ze, Hir, Hirs
- ☐ Xe, Xem, Xyrs
- ☐ Ze, Zim, Zirs
- ☐ *They, Them, Theirs*
- ☐ *Names*

HELLO

PLEASE ADDRESS ME AS

PLEASE USE: **THEY, THEM, THEIRS**

It is like learning a new language...

- 
- Generational challenge of incorporating pronouns and other terminology
 - Complex, not complicated

What is your _____ pronoun, name, etc?



- ☐ **Correct** is best term
 - ☐ Would skip:
 - ☐ Preferred
 - ☐ Chosen
- ☐ **Assigned**
 - ☐ “Given”
 - ☐ Noted on birth certificate

Words and terms to avoid



- Ma'am

- Sir

- Ladies and Gentlemen

- It

- Mr. / Miss / Ms.

NEVER USE:

- Shim

- She-male

- He/She

- Hermaphrodite

Family and Friends

- Patients themselves may not be TG or GNC
- Family members may have a chosen name to be called
- Using gendered language may be offensive
- Assumed relationships
 - ▣ Father, daughter, partner, sister, brother, etc.

Gendered Language in Healthcare

- Birth Mother/Father → Birth Parent, Carrier, Gestational Parent
- Breastfeeding → Chestfeeding
- Pregnant women → Pregnant people
- Female → person with uterus, ovaries
- Most women experience... → People with a uterus experience
 - ▣ Think of what the point is and go there
 - ▣ Ditch the gender if not meaningful to the information
- Women's health...

Historical Considerations

Evolution of a Community and Population

TG and GNC Identity



- Population of almost 1.4 million (Williams Institute UCLA, 2016)
 - ▣ No current board exam available for clinicians
- Stigma's lasting impact
 - ▣ Myth of dishonesty
 - ▣ Research abuses
 - ▣ HIV/AIDs
 - ▣ Laws permit discrimination
 - ▣ Suicide rate – 41% (US Transgender Survey)
- Costly and constant process of coming out
 - ▣ Transitioning medically
 - ACA helped...
 - ▣ Transitioning legally



Myths and Biases

□ Interpersonal Myths

▣ **Trans folks are Gay, Lesbian, or Bisexual**

- Trans parents may be planned pregnancies (or not)

▣ The needs of GLBTQ folks are similar

▣ Masculine or feminine appearance = transgender/GNC

▣ Tomboys are transgender

▣ Gender surgery fixes homosexuality

- *‘Normalizes the sex act’*

Myths and Biases



□ Clinical Myths

- **FTM and childbearing**
- [Surgery is a priority](#) (2:36)
- Patient as teacher
- GLBTQ providers are best match
- Transitioned = surgery completed
- FTM – always get hysterectomy/oophorectomy
- MTF – prostate is removed
- Chest surgery = mastectomy



Photo: Elinor Carucci for TIME

Accessing Health Care



Experience of care



- Themes from qualitative research
 - ▣ Avoiding care
 - ▣ Fighting for safe healthcare
 - ▣ Fear: trans secret
 - ▣ Strategies: overcoming barriers
 - ▣ Clinician patient relationship as a distraction

Health Survey Data



Table 7.3: Negative experiences when seeing a health care provider in the past year

Negative experience	% of those who had seen a provider in the past year
They had to teach their health care provider about transgender people to get appropriate care	24%
A health care provider asked them unnecessary or invasive questions about their transgender status that were not related to the reason for their visit	15%
A health care provider refused to give them transition-related care	8%
They were verbally harassed in a health care setting (such as a hospital, office, or clinic)	6%
A health care provider used harsh or abusive language when treating them	5%
A health care provider refused to give them care not related to gender transition (such as physicals or care for the flu or diabetes)	3%
A health care provider was physically rough or abusive when treating them	2%
They were physically attacked by someone during their visit in a health care setting (such as a hospital, office, or clinic)	1%
They were sexually assaulted ⁹ in a health care setting (such as a hospital, office, or clinic)	1%
One or more experiences listed	33%

- 1 / 3 had negative experience
- 1 / 4 had to teach provider about TG / GNC needs
- 15% asked unnecessary questions

Worst life fear...

- Think of your worst fear
- How many think of:
 - ▣ Heights
 - ▣ Snakes
 - ▣ Death of loved one
- Some trans/gender variant folks have said...



Transition Related Care

- Hormone therapy
- Hair removal
- Reconstructive surgeries
- Plastic surgery
- Tracheal shave
- Voice therapy

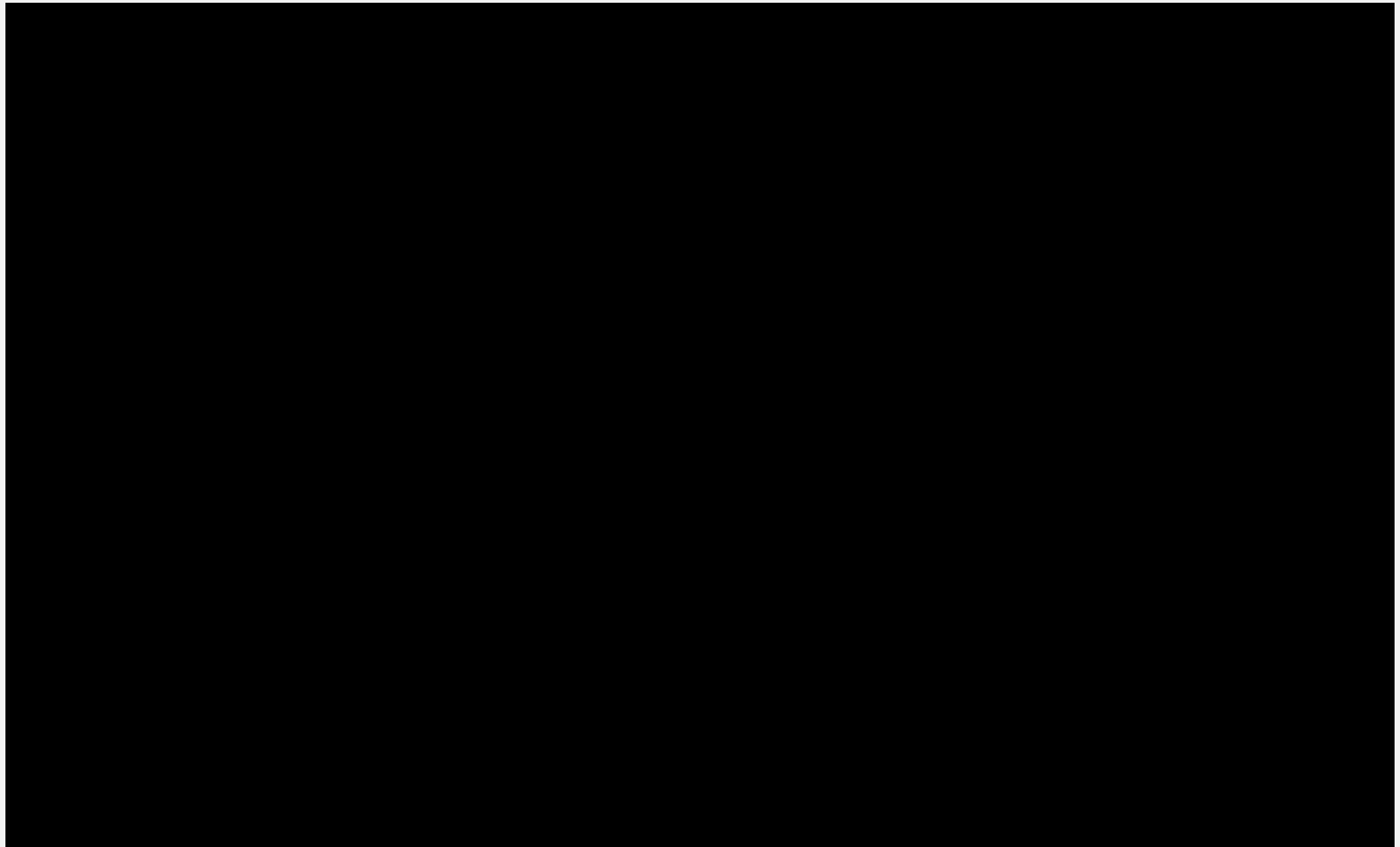
- Psychiatric evaluations per [guidelines](#)



Routine Care Considerations – Birth Center

Transgender Birth and Parenting

- <https://youtu.be/R2NKZFwEud4?t=130> (2:10-6:01)



Research and Publication - GAPS

- Review of literature found ONE article exploring competent intrapartum nursing care for pregnant male patients.
- Nursing has lagged behind other disciplines in adding to this evidence base
- If this feels like a new population...

There is not one way...

- Birth parent may wait for or halt HRT
- Sperm may come from a MTF parent
- Both parents can be transgender, lesbian, gay
- Sperm banking and egg freezing also in use
 - ▣ Allows folks to move forward with transition if that is priority
- Induced lactation and chest feeding

Understanding the Population

- Cross-sectional & Qualitative study of 41 transmasculine, gender non-conforming, transmen who had been pregnant in past
- 2/3rds were planned pregnancies
- 25% of the C-sections in the group were elective

(Light, Obedin-Maliver, Sevelius & Kerns, 2014)

From the Literature...Qualitative

- “I didn’t want to encounter adversity when already so vulnerable...If I need you to be focusing on specific medical concerns, I am nervous to come out as trans.”
- “Practitioners seem more like ‘the sisterhood’ oriented which I get.....but being sensitive to being a practice that might attract queers, too, is important.”

(Wolfe-Roubatis and Spatz, 2015)

Antepartum Considerations

- Gynecologic care may be lacking in GNC folks due to fears of mistreatment or dysphoria about their bodies
- Develop a plan of care (individualized)
 - ▣ Work to empower patient with choices where they exist
- Consider creating a pathway for your facility
 - ▣ Include: Names to use, correct terminology, environmental needs, foley and other invasive procedures
 - ▣ Educate all who will be in patient's zone
 - Assitants, housekeeping, dietary, leaders, staff, providers

(Adams, 2010)

In their words:

- “I looked at it as something to endure to have a child.”
- “When I birthed my children, I was born into fatherhood.”
- “Lonely because I was the only one.”
- “Heavy time, having a baby, not passing as male, all the changes and a society telling me to just be happy”

(Light, Obedin-Maliver, Sevelius & Kerns, 2014)

In their words:

- “I was always called “he”, I was always called “dad” and my body parts were called by the words I used”
- Direct care providers may have been welcoming, *but this didn’t always extend to other clinic and inpatient team members*

(Light, Obedin-Maliver, Sevelius & Kerns, 2014)

Intrapartum Considerations:

- Chart access, might opt to make chart private
 - ▣ In Epic, this is “break the glass” concept
- Ensuring the care team is aware of the right terminology to use
 - ▣ Does birthparent want to be called Dad? Or something else?
 - ▣ What about their partner, if present?
- Addressing fears and anxiety, compassionate competent care
- Otherwise – it is what you think!

(Adams, 2010)

Post-Partum Considerations

- Some may have significant body dysphoria
- A birth experience was marred by perceived mistreatment or misgendering
- Anxiety and depression may result
- “What are your plans for feeding the baby?”
 - ▣ Instead of assuming they won’t or can’t, also mindful of those that have removed breasts
- Educational materials and forms may need updating
- Do you have a gender neutral post-partum unit?
- Continued respect for added privacy if needed

(Adams, 2010)

Routine Care Considerations



- **If it is there, it needs to have healthcare!**
 - ▣ Chest/Breast health
 - ▣ Gynecological cancer/PCOS
 - ▣ Cardiac issues
 - ▣ Bone health
 - ▣ Smoking
 - ▣ STIs
- Issues stemming from delaying care, bathroom access

A7-8. Potential Side Effects and Complications of Hormone Therapy



Risks of Testosterone Therapy

Lower HDL
Elevated triglycerides
Increased homocysteine level
Hepatotoxicity
Polycythemia
Chronic Pelvic Pain
Unknown effects on breast, endometrial, ovarian tissues
Increased risk of sleep apnea
(Insulin resistance)
Infertility

Risks of Estrogen Therapy

Venous thrombosis/thromboembolism
Weight gain
Decreased libido
Increased triglycerides
Elevated blood pressure
Decreased glucose tolerance / risk of diabetes
Gallbladder disease
Breast cancer ?
Infertility

Creating a Welcoming Environment

We welcome:

All **races**

All **religions**

All **countries of origin**

All **sexual orientations**

All **genders**

All **ethnicities**

All **abilities**

We stand with you.

[UCSFHealth.org/WelcomeAll](https://www.ucsfhealth.org/welcomeall)

UCSF Health

Мы приветствуем

Людей **всех** **расс**

Людей **всех** **религий**

Людей **всех** **стран**

Людей **всех** **сексуальных**
ориентаций

Людей **всех** **полов**

Людей **всех** **этнических**
принадлежностей

Людей **с** **любыми**
ограничениями

Мы с вами

UCSF Health

我們歡迎

所有**種族**

所有**宗教**

所有**原國籍**

所有**性取向**

所有**性別**

所有**族裔**

所有**能力**

我們與您攜手並肩

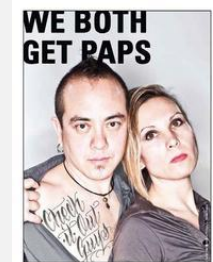
UCSF Health

Welcoming TG/GNC Patients

Aquí servimos a
todas las personas de
todas las razas
todas las nacionalidades
todas las religiones
todas las orientaciones
sexuales
Todos los sexos
Todas las etnias
Todas las discapacidades
Son todos bienvenidos

UHS Health

- It is up to *us* to create the space for the patient to tell us who they are, not up to the patient
- Many of us have never been in a space where we didn't see ourselves in the folks around us
- Clinics and floors can incorporate signage



Electronic Health Record: Examples

- Clinics are trialing entry of correct name

- ▣ Cystic Fibrosis clinic

Female, 30 years

Pref Lang, Interp?: English, No
Preferred Pronoun: She/Her

Epic Home Patient Lists Sched Orders

Smith, Michael

Smith, Michael
Legal Name: Smith, Mary
Pt Aliases (AKAs): SMITH, MICH...
MRN: 62073586
Age/Sex/DOB: 38 yr old / F / 7/16...
Allergies: Not on File
Code Status: Full (policy)
Adv Care Plan/POLST:
Room and Bed: 4610-1
Exp Disch Date: None

my patients 2 Patients		
Department ▲	Room/Bed	Patient Name
SAMC ICU CARDIAC	ICOVF-...	Zztestpa, Carla "Carly"
SAMC TELEMETRY CARDIAC CARE	4216-A	Zztest, Michelle "Mike"

- California regulation for “non-binary” as option for gender

UCSF APeX Pilot – Women's Health Clinic

Hyperspace - WOMEN'S HEALTH H23 - UCSF POC - RACHEL COX

Patient Station In Basket Schedule Record Viewer Content Review Reports Support Apex Announcements Personalize

Test, Tracey

Pref Lang: English

DOB: 06/01/1980 PCP: None Allergies: Unknown: Not on File AD: No Research: None
CSN: 34599 PC Attending: None Overdue Health Maintenance: None POLST: No
Payer: None Ref. Prov.: None MyChart: Inactive

UCSF POC

Rooming

Visit Info Vital Signs Allergies Verify Rx Benefits Reconcile Discharges Medication Review Questionnaires History **SOGI** Screenings Goals

✓ Mark as Reviewed Never Reviewed

SOGI History

Patient's chosen FIRST name:

Sexuality

Is the patient sexually active? ☒ Yes ☐ No

Patient's sexual orientation: ☐ Lesbian or Gay ☐ Straight (not lesbian or gay) ☐ Bisexual ☐ Something else ☐ Don't know ☐ Choose not to disclose ☐ Asexual

Gender of sexual partners:

<input type="radio"/> Female	<input type="radio"/> Male	<input type="radio"/> Transgender Female	<input type="radio"/> Transgender Male	<input type="radio"/> Choose not to disclose
<input type="radio"/> Nonbinary / Gender Queer - Female Spectrum	<input type="radio"/> Nonbinary / Gender Queer - Male Spectrum	<input type="radio"/> Something else		

Gender Identity

Patient's gender identity: ☒ Female ☐ Male ☐ Transgender Female ☐ Transgender Male ☐ Choose not to disclose ☐ Gender Nonbinary / Gender Queer ☐ Something else

Patient's sex assigned at birth: ☐ Female ☒ Male ☐ Unknown ☐ Not recorded on birth certificate ☐ Choose not to disclose

Patient's pronouns: ☐ he/him/his ☐ she/her/hers ☐ they/them/theirs ☐ declines to answer

Organ Inventory

Organs the patient currently has: ☐ breasts ☐ cervix ☐ ovaries ☐ uterus ☐ vagina ☐ penis ☐ prostate ☐ testes

Organs present at birth/organs aligned with birth sex: ☐ same as current organs (no organ modification)

☐ breasts ☐ cervix ☐ ovaries ☐ uterus ☐ vagina ☐ penis ☐ prostate ☐ testes

Organs hormonally enhanced or developed: ☐ breasts

Organs surgically enhanced or constructed: ☐ breasts ☐ vagina ☐ penis

Restore Close

Previous Next

Medical Records

- Photo ID must match chart
 - ▣ Alias, preferred, AKA don't carry over to banner currently
- Can merge old name chart with new
 - ▣ Done by medical records
 - ▣ Lag time
 - ▣ SS Card required
 - Social Security is actually a recommended first step in the paperwork process



Communication Techniques

Phrases to Consider - Greetings

Phrase	Considerations
“Hi, how may I help you?” or “Excuse me, we are ready to see you now, please come this way” ^a	Avoiding gendered greetings like “Sir, Ma’am, Miss,” etc. If the patient’s name is unknown and there is a risk for misgendering, this can help you move patient into a more private area to gather needed information
“What is your name?” or “How would you like us to address you?” ^a	This is applicable to ALL patients, actually
“I apologize for using the incorrect name. What is your correct name?” ^a	Be sure to also ensure that others have the correct name
“Why are you here / What brings you in to us today?”	Let the patient define the purpose for the visit, transgender or gender non-conforming may not be related to the visit/admission
“How are you related to the patient / How do you know the patient”	Treat family and support system with same level of respect for their identity
“Hi – I am NAME, your (nurse, PCA, MA, etc.) and I am here to... ”	Ensure your patient knows the reason for your time in their space

(^aFenway Institute, n.d.)

Phrase	Considerations
<p>“What is your correct pronoun/are your correct pronouns?”</p> <p>“What pronouns should we use for you?”</p> <p>“I want to check before I assume – what are your pronouns?” ^a</p> <p>“I apologize for using the wrong pronouns, I did not mean to disrespect you” ^a</p>	<p>We means you are committing yourself <i>and</i> the full care team to get it right</p> <p>Can use “they” or “the patient” until you ascertain the correct pronoun</p> <p>Can add a notation like: “When referring to patient, please use [name] and [pronoun].”</p> <p>If colleagues aren’t familiar with the pronoun, consider an example sentence to help (<i>see next two slides</i>)</p>
<p>“What terms should I use when referring to your genitals or reproductive organs?” ^b</p>	<p>It is okay to ask for patient to explain what a word means if it is unfamiliar</p>
<p>“I have never used those pronouns before, so I apologize if I make a mistake. Can you help me pronounce them properly?” ^b</p>	<p>Use the language that your patient uses, use and discuss these only when needed for care</p>
<p>“Because many people are affected by gender issues, I ask patients if they have any relevant concerns. Anything you say will be kept confidential. If this topic isn’t relevant to you, tell me and I will move on.”</p> <p>“I ask because our hospital proudly recognizes gender diversity”</p>	<p>These are options for those that struggle with the concept of incorporating asking gender related questions on a routine basis with all patients</p>
<p>“What else can I do to make you feel more comfortable” ^b</p> <p>“Do you want me to address anything else for you while you are here?” ^b</p>	<p>If you have a rapport with your patient, offer them opportunities to address their needs that may not have been met by others</p> <p>(^a Fenway Institute, n.d.; ^b Cicero & Wesp, 2017)</p>

Examples When Pronoun is Not Yet Known:

- Example 1: Instead of “she needs that”, **say** “they need that”, or use the person’s name: “Mary needs that”.
- Example 2: Instead of saying “He is doing better today”, **say** “The patient is doing better today”
- Example 3: Instead of “Ladies and Gentlemen”, **say** “Folks”, “your attention please”, etc.

Sexual Health and Family Planning: Phrases to Incorporate

- Counseling FTM regarding fertility/pregnancy (Ellis, Wojnar, Pettinato, 2014)
 - ▣ “Are you interested in becoming a parent someday?”
 - ▣ “Have you thought about how you would like to become a parent?”
 - ▣ What is your plan for postpartum feedings?
- Sexual Health (Cicero & Wesp, 2017)
 - ▣ Have you been sexually involved with anyone during the past year? Have you been sexually involved with men, women, both? There are many ways to be intimate including oral, anal, vaginal sex, hugging, and kissing. Have you ever had these? Which? Were they with men, women, both?

Other Key Techniques

- Be direct when you have sensitive information that you need in order to provide care
 - ▣ Do you have a uterus?
 - ▣ Do you have a penis?
 - ▣ Do you use your vagina/penis for sex?
 - ▣ How do you engage in sex with others?

(Cavanaugh et al, 2015)

Helpful Reminders

- Body language
 - ▣ Align verbal and non-verbal communication
 - ▣ Eye contact!
- Being self aware
 - ▣ Is what I am about to ask pertinent to care or curiosity?
- The last menstrual period question
 - ▣ Triggering for some!
 - ▣ Determine your patient's status before asking
 - ▣ “Congenital absence of ovaries” for those that do not have them
 - ▣ Example: “Do you have a uterus? ovaries?”
 - Yes – “Do you experience bleeding? If so what is the nature of it?”
 - No – *move on*

Avoid these:

- ❑ When you were a girl/boy ➔ before you transitioned, last year, when you were an adolescent
- ❑ Pre-op/post op ➔ transition, gender affirmation
- ❑ You look awesome! I never would have known
- ❑ What is your **real** name?
- ❑ Why would you want to...?
- ❑ What did you look like before?
- ❑ When did you know you wanted to change?

(Cicero & Wesp, 2017)

Scenarios for Practice!

- New client or patient arrives to your work area
 - ▣ Which is the least preferred pronoun strategy?
 - ▣ Politely ask them what pronoun they prefer
 - ▣ Avoid using a pronoun at all
 - ▣ Use 'it' as a neutral pronoun
 - ▣ Use 'they' as a neutral pronoun

Scenarios for Practice

- You walk into your patient's room/exam room and notice that your patient appears extremely masculine and has a light scruffy beard.
 - ▣ How would you greet this patient?
 - ▣ How would you address them?
 - ▣ How would you manage a possible discrepancy between the medical record and the patient's gender identity and expression?
 - ▣ If a handoff is necessary, what would you say?

Mistakes do happen...

- *“I apologize for using the wrong pronoun/name. I did not mean to disrespect you.”*
- Be clear, be direct, address it, and move on!
- Excessive apologizing may be as offensive as getting it wrong in the first place
- Get it right and make it stick
- Communicate with oncoming RNs and other clinicians
 - ▣ Take the onus off of the patient!

(Cavanaugh et al, 2015)

Nursing Implications

Gender isn't really like this:



Gender is more like this:



Other Key Techniques

- Be direct when you have to provide intimate care
- Explain what is about to happen and give choices
- Don't react with surprise by what you find
 - ▣ Placing chest leads for ECG – always tell patients what you are doing, then do it
 - ▣ Placing urinary catheters
 - ▣ Providing perineal care or assisting with bathing
- It is not the patient's responsibility to prepare you for their body
 - ▣ Non-transgender patients are not expected to do this

Supportive Practices

- Negotiation of approach for intimate invasive procedures
 - ▣ Can they insert the probe or participate in the process?
 - ▣ What helps patient? Music, lighting?
- Do they need to put on a gown for the appt?
 - ▣ Sensitive to front and back open
- Explore, don't argue
- Institutional navigator or Buddy Programs to support folks in gendered or unfamiliar medical spaces

Implications for Nursing Practice

- **Increase your curiosity around this population!**
- Provide a non-anxious presence – it is not about you, leave it at the door
- **Ask everyone:** How would you like me to call you?
- Communicate with your patient and your colleagues - **'Warm handoffs'**
 - ▣ Speak directly with clinicians that need to know patient's requests (can also use Kardex or other key communication tools)
 - Avoids multiple clinicians needing to ask the same personal questions
- **Let your patient know you want to provide the best care possible, and that you will advocate for them**



Resources for Clinicians

Points of Access for TG GNC Folks

- Name Change
- Social Security
- Driver's License
- SF Clinics and resources
 - ▣ [SFDPH Transgender Resource Guide \(2014\)](#)
- [National Legal](#) and [local social groups](#)

Resources for You

Organizations

- ☐ [UCSF Center of Excellence for Transgender Health](#)
- ☐ [Birth for Every Body](#)
- ☐ [World Professional Association for Transgender Health](#)
- ☐ [Fenway Health](#)
- ☐ [Gender Spectrum](#)
- ☐ [The Gender Book](#)
- ☐ [Interest form: Association of Transgender Health Nurses \(ATHN\)](#)

Short Videos

- ☐ [To Treat Me, You Have to Know Me](#) (10 min)
- ☐ [Voices of Adolescents in Healthcare - U of Michigan](#) (7:45)
- ☐ [Vanessa Goes to the Doctor](#) (8:26)
- ☐ [Pregnant Dad: Giving Birth as a Transgender Man](#) (23:07)
- ☐ [John Oliver and Transgender People in the Media](#) (16:45 min)

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Thank you for your presence and participation!