MISSION FOCUSED:
Nurse-Midwives
Answering the Call
A Virtual Event in Celebration of National Midwifery Week
Gender Identity and Sexual Orientation: Beyond the World of Pink and Blue in Healthcare and Graduate Education
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Objectives

- Identify the origins of sex and gender assignment at birth
- Examine the curriculum of graduate education in this area
- Discuss the impact of gender and sexual orientation stereotyping on health behaviors of gender non conforming and sexual minority individuals.
- Discuss the impact of gender and sexual orientation stereotyping on access to care of gender non conforming and sexual minority individuals.
According to WHO 2017 ‘Gender’ describes those characteristics of people that are largely socially created. ‘Sexual assignment’ encompasses those that are biologically determined. However, these terms are often mistakenly used interchangeably in scientific literature, health policy, and legislation.
Gender and Sex Assignment at birth

- Cultural/Religious: US culture, “gender reveal” parties, baby showers, colors associated with birth; cultures with more than 2 genders
- Social: expectations for different genders
- Medical: health outcomes e.g. Diseases inherited in an X-linked recessive pattern mostly affect persons born as males, because a second X chromosome usually protects females from showing symptoms; persons born female rarely show signs of Duchenne Muscular Dystrophy
Sex and Gender

Sex = male, female, intersex
Gender = masculine, feminine, transgender and more?

Sex refers to biological differences; chromosomes, hormonal profiles, internal and external sex organs.
Gender describes the characteristics that a society or culture delineates as masculine or feminine or non-conforming.
Sexual orientation

Sexual orientation is an enduring pattern of romantic or sexual attraction to persons of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender.
What do all these letters mean?
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>Sexually attracted to other women</td>
</tr>
<tr>
<td>Gay</td>
<td>Generally a term used for a homosexual male, however some women use it</td>
</tr>
<tr>
<td>Bisexual</td>
<td>Is attracted to both genders</td>
</tr>
<tr>
<td>Transgender</td>
<td>Identifying as a gender that is different from your biological one</td>
</tr>
<tr>
<td>Queer</td>
<td>Also gay, however some people prefer to identify as queer because they like the word and/or use it to empower themselves and ‘take it back from the bullies’</td>
</tr>
<tr>
<td>Questioning</td>
<td>People who are unsure about their gender identity/sexuality</td>
</tr>
<tr>
<td>Intersex</td>
<td>People with two sets of genitalia or various chromosomal differences—formerly known as “hermaphrodite” which is now considered an offensive term</td>
</tr>
<tr>
<td>Pansexual</td>
<td>Attracted to all gender identities</td>
</tr>
<tr>
<td>2-Spirit</td>
<td>A tradition in many First Nations that considers sexual minorities to have both male and female spirits</td>
</tr>
<tr>
<td>Asexual</td>
<td>People who are not sexually attracted to anyone, and do not identify with any orientation--other than this one, obviously.</td>
</tr>
<tr>
<td>Allies</td>
<td>Loving supporters of the community, though not necessarily ’part’ of it. [fully supportive straight people are here, as well as supportive members of the community]</td>
</tr>
</tbody>
</table>
Assignment at birth

Sex assignment is the determination of an infant's sex at birth. In the majority of births, a relative, or health care provider inspects the genitalia when the baby is delivered, and sex and gender are assigned, without the expectation of ambiguity. Assignment may also be done prior to birth through prenatal sex determination.

Even though the term assignment suggests a decision on the part of the parents or medical professionals, the act almost universally constitutes an observation or recognition of inherent sexual characteristics of the baby. In the majority of cases, the gender of rearing of the child matches the child's gender identity. The act of assignment carries the implicit expectation that future gender identity will develop in alignment with the physical anatomy, assignment, and rearing.
Gender Identity

Sometimes sex assignment at birth does not align with future gender identity and the earlier assignment can be problematic. People who have a gender identity or gender expression that differs from that associated with their assigned sex may identify themselves as transgender or gender non-conforming (GNC).

The rationales for sex assignment and consequential registration appear to have been little questioned. A Dutch report on gender registration states that sex registration was introduced in 1811 as an intrinsic component in population registration, due to gender-specific rights and responsibilities, such as military conscription.
Curricular Issues Surrounding the Teaching of LGBTQ-focused Content
Three Primary General Issues:

- Little time is devoted to LGBTQ-focused health content
- Content often treats the LGBTQ community as a monolith
- Content is often taught in a way that reinforces stereotypes
Curricular Issues-General

Little time is devoted to LGBTQ-focused health content

Few studies exist quantifying the amount of time assigned to LGBTQ+ content in health professions. In 2009, a comprehensive study of US medical curriculum found that the average student received only 5 hours of LGBT curriculum through the four years of schooling (didactic and clinical), and most of those focus on singular issue items (and lack intersectionality).
Content often treats the LGBTQ community as a monolith.

The LGBTQ+ community is a wide-ranging, diverse group of people. Unfortunately, they are often treated as if they are one distinct block. This makes it difficult to understand the wide range of health issues, barriers to care, and lived experiences that affect the community.
Curricular Issues-General

Content is often taught in a way that reinforces stereotypes

Two primary ways this occurs:

- Assumed heteronormativity
- Content tied to specific populations (i.e. HIV=Gay men=Promiscuity)

We want to create content that is inclusive but that also provides opportunities to deconstruct myths, challenge bias and stereotypes, and increase overall awareness.
Curricular Issues--Frontier

Frontier has many positives in addressing LGBTQ issues (specifically gender non-conforming topics). Topics such as pronoun use are addressed in a clear, understandable way in the curriculum, and there is clear up-to-date information in required textbooks.

However, there are many areas in which we can improve. Providing content outside the current narrow scope, integrating content in other courses, and developing opportunities for students to apply that content in action are just a few ways we can improve upon our current offerings.
Curricular Issues-Future Focus and Goals

- Where is LGBTQ content available?
- What is the quality of the content?
- How is it being applied?
- Does it meet learning outcomes?
How Does Your Practice Measure Up?
How do Providers Learn about LGBTQ Health Care Needs?

- Curricula in NP and CNM programs lack content on treatment options and needs for this population
- FNU curriculum: Some required readings and case studies
- What about your program (non-FNU grads)?
- Many LGBTQ (and particularly Trans) clients are uncomfortable seeking primary care due to insensitivity and lack of understanding from healthcare providers
Question....

How many LGBTQ patients are in your practice?
How do you know?
What, if anything, have you done to make your practice setting safe and welcoming for the LGBTQ community?
Toolkit: Overview

• Terminology
• Disparities
• Provider Training and Knowledge
• Creating a Welcoming Practice
• Healthcare Needs
• Transition Care
• Fertility Issues
• Trans Men and Pregnancy
• Lesbians and Pregnancy
Toolkit: Creating a Welcoming Practice

Physical Changes to Practice
- Intake forms
- Patient education materials
- Office décor
- Bathrooms
- Potential times or days set aside for trans care

Staff Training
- Ask for pronouns and names
- Be aware of heteronormativity
- Be aware of personal biases
- Be aware of subtle misgendering
Toolkit: Health Care Needs

Treat the anatomy the client has
- Ask the client what terms they use for their anatomy
- Chest and breast exams
- Cervical cancer screenings
- Vaginal exams
- Prostate exams

Hormonal Needs for Trans clients
- Care depends on age and pubertal status of client
- If not yet in puberty, birth hormones can be blocked indefinitely
- If through puberty (and when age 16, usually), begin gender-affirming hormones
  - MTF will need androgen blocker and estrogen (oral, parenteral, patch)
  - FTM will need testosterone (parenteral, gel, patch)
- Expected side effects those of the affirmed gender
Toolkit: Fertility and Sexuality

• Don’t assume Lesbians and Transmen do not need contraception!
• Considerations re hormone tx for Transclients:
  • MTF
    – Cryo-banking
    – Decreased libido, erectile function, and ejaculation with estrogen therapy
  • FTM, with testosterone therapy
    – Increased libido
    – Decreased fertility
    – NO contraceptive benefits
Transmen and Pregnancy

- Generally a deliberate decision
- Can lead to loneliness and isolation
- Mixed effects on gender dysphoria
- Different ways to engage outside world
  - Hiding
  - Passing
  - Telling
- Amenorrhea usually within 6 months of testosterone initiation
- Resumption of menses usually within 6 months, often 3 months, after discontinuing testosterone
- Can use partner’s sperm or donor sperm
- Can use own oocytes or donor’s
- Alternative to surrogacy if partnered with a natal male
Lesbians and Pregnancy

- Preconceptual counseling
- Donor choice (known vs. anonymous, fresh vs. frozen semen)
- Donor testing
- Ordering/storing donor semen
- Insemination process (including ovulation monitoring and differing methods of insemination)
- Pregnancy care
- Family support (biological/nonbiological mothers)
Perinatal Issues to Consider

- Developing rapport with provider and staff
- Waiting rooms
- Concerns for privacy
- Arrival at birth facility while in labor
- Housing while hospitalized
- Accessing parenting resources
- Provider referrals
- Plans for feeding
Primary Care and Family Support for LGBTQ+ Nonconforming Families

- CNMs and NPs have scope of practice to care for LGBTQ+ individuals and families.
- Provider knowledge/education needed.
- Safe, welcoming practice environment is essential.
Conclusion

Our own Gender Identity, Expression and Sexual Orientation are essential concepts to our innermost perceptions of self.

As healthcare providers, we must be attuned to our own selves so we can provide sensitive, culturally competent and appropriate care to all our clients at every stage in their lives.
Resources

LibGuide: http://library.frontier.edu/LGBTQToolkit

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