

Birthing Across Gender

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Birthing Father



Photo by Elinor Carucci, 2016

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Objectives

- Familiarity with transgender and gender non-conforming definitions
- Brief understanding of the barriers to seeking care for transgender and gender non-conforming patients
- Awareness of how transmasculine patient care may differ from cisgender patients during conception, pregnancy, labor, postpartum and lactation
- Importance of continued care and screening beyond pregnancy

What is transgender?

- ❑ DSM Definition of Gender Identity Disorder
- ❑ Definitions in trans communities are very fluid
- ❑ Most important language skill: Respect via Listening and Mirroring
 - How does your patient identify themselves?
 - What pronouns do they use? (Him/Her/They/Xir/none)
 - Who do they identify as their friends and family? What do they call them?
 - How do they refer to their body/body parts?
- ❑ Transfeminine vs. Transmasculine vs. Gender Non-conforming/Gender Queer
- ❑ Words you may hear: Transman, Transwoman, FTM, MTF, cisgender, nonbinary, gender fluid, transmasculine, transfeminine
- ❑ Asking about “The Surgery”- only as relevant to care; Don’t assume it’s desired
- ❑ What if you mess up? Correct yourself, apologize, move on.

Why Transfolks Might Not Seek Care

- ✓ History of medical fascination
- ✓ Freak show approach
- ✓ Medical insurance complications
- ✓ Employer held insurance implications
- ✓ Personal history of physician/medical mistreatment
- ✓ Open Letter to Midwives Alliance of North America (MANA) following 2014 change of some language to be gender inclusive

MANA Open Letter

In August 2015 Michelle Peixinho Smith and Mary Lou Singleton drafted on behalf of Women's Liberation Front (WoLF), under the title "Radical Feminism"

Claims of female erasure from core competencies for midwives

Co-signers included Ina May Gaskin

Women's self-help movement of the 1960's

MANA stood with trans communities, including not allowing WoLF table at annual conference



Response to the Open Letter to MANA

“We assert that we can honor the power of the female body and at the same time extend this reverence to all people who are pregnant and giving birth, and that to do so is in full alignment with the heart of midwifery.”

Refuted because:

Denies existence of trans and genderqueer people, unnatural

Asserts bodily possession of a uterus and ability to give birth makes a person female

Asserts using language that is inclusive of all genders erases the inclusion of women

Double standard regarding rights and privileges of women not extended to all people (bodily autonomy and right to speak about experiences)

Language to Consider

Instead of:	Use:
Pregnant Woman	Pregnant person
Mother	Birthing Parent
Husband	Partner
Breast feeding	Chest feeding, Nursing

Transgender Conception

- Like cisgender people, many ways to get there
- Fertility care may or may not have been involved
- Partner(s) may or may not be involved in conception or plan to parent
- Accidental pregnancies do occur
 - Decision to keep a pregnancy as a man is complex
- Often very planned, including active plan of how to work with or around needs for medical care
- Misconception that someone “transitions back” to a woman to conceive, carry and birth

Trystan's Clip

<https://www.facebook.com/biffandi/>

<https://www.facebook.com/biffandi/videos/1250064601759419/>

Care for Cisgender Patient:

Conception and partner

Mental health history, screen 1st visit, 28wk and 6wks postpartum

Screen for history of physical, sexual or emotional abuse

Screen for history of disordered eating

Explore support for birth and postpartum period

Check in around comfort with body changes

Discuss care on L&D, postpartum - hospital and home

Setting the Stage for Success: Building the Patient Relationship

- Listen, Mirror and Ask
 - Asking about how they refer to their body/parts
- Consider your facility:
 - Other caregivers the person will interact with
 - Physical resources (gendered bathrooms, areas for care, etc)
 - Who can attend with the patient and when
 - Space for questions
 - Who is patient information shared with

Building the Patient Relationship Cont.'

- Tailor medical history and physical exam to reflect gender identity and expression
- Be aware of your own biases and be willing to examine them
- Screen patients for:
 - Childhood or current trauma
 - Anxiety or depression
 - Substance use/abuse; including disordered eating
 - Body and gender dysmorphia
- Be open to discussing gender dysphoria and their goals for gender expression

Caring for Transmasculine Patients During Pregnancy

“Being described with words such as *she, her, mom, mum, mother, breasts, or breastfeeding* could be distressing for a parent who self-identifies differently.”

MacDonald

What do they want to be referred to as a parent or by name

Review available literature handed out and try to change literature to be more gender neutral/inclusive

Vaginal birth vs. elective cesarean

Discuss plans for feeding baby

Discuss timing of reinitiation of hormones if they were on them

Preparing for Labor

Care team; nurses, PCA, OB's, CNM, scrub techs, pediatricians

Dilation exams, minimizing

Discharge during labor & rupture of membranes

Terminology preferred during labor

Comfort with amount of clothing and nudity

Preparing nurses to care for transmasculine patient

Writing birth plan

Birth classes taught by someone who is knowledgeable if possible

Alternative birthing classes online

Labor support; doula, chosen support people

Preparing for Postpartum - Home and Hospital

Care team; nurses, PCA, OB's, CNM, lactation consultants, pediatricians

Purpose and extent of exams after birth

Lactation support

Expected physiologic changes after birth

Emotional support

Postpartum depression in trans/genderqueer gestational parents

Visitors

Postpartum follow-up

Re-initiation of hormones

Contraception

Lactation for Transmasculine People

Words used to describe lactation and feeding for transmasculine pregnancy:

- ✓ Breastfeeding
 - ✓ Nursing,
 - ✓ Chestfeeding,
 - ✓ Feeding
 - ✓ Mammal feeding
- Chestfeeding can happen even after chest masculinization surgery
 - Other things to consider: Inducing partner lactation , SNS, bottle feeding
 - Binding and/or testosterone during chestfeeding period
 - Patients need to be educated on engorgement and mastitis regardless of surgery
 - La Leche League support options

Continuing Care and Screening Beyond Pregnancy

Discuss need for contraception if applicable

Cervical cancer screening if applicable

Breast cancer screening if applicable

Assess for physical health risks associated with transgenderism,
such as cardiovascular disease and PCOS.

Discuss importance of annual exams

What Can YOU Do Tomorrow?

Taking It Home

- Look at the policies of your organization. Seek help in evaluating sensitivity if you need it.
- Change your language around birth to be gender inclusive- even with cis-gender presenting clients.
- Have conversations with your colleagues about gender inclusive birth
- Change language on your webpages/adverts to be gender inclusive and explicitly invite gender non-conforming and trans people to seek care (not just “LGBT welcome”)
- <http://www.transbirth.com/midwives.html#MA>

Resources for Providers

- www.transequality.org
- www.transgenderlawcenter.org
- www.nclrights.org
- Fenway Boston
- www.glma.org
- Birthing and Breast or Chestfeeding Trans People and Allies Facebook Group
- <https://mana.org/healthcare-policy/use-of-inclusive-language>

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Question and Answer Session



Photo by Katje Chiller 2016

