



POSITION STATEMENT

Transgender/Transsexual/Gender Variant Health Care

The American College of Nurse-Midwives (ACNM) supports efforts to provide transgender, transsexual, and gender variant individuals with access to safe, comprehensive, culturally competent health care and therefore endorses the 2011 World Professional Association for Transgender Health (WPATH) Standards of Care.

It is the position of ACNM that midwives

- Exhibit respect for patients with nonconforming gender identities and do not pathologize differences in gender identity or expression;
- Provide care in a manner that affirms patients' gender identities and reduces the distress of gender dysphoria or refer to knowledgeable colleagues;
- Become knowledgeable about the health care needs of transsexual, transgender, and gender nonconforming people, including the benefits and risks of gender affirming treatment options;
- Match treatment approaches to the specific needs of patients, particularly their goals for gender expression and need for relief from gender dysphoria;
- Have resources available to support and advocate for patients within their families and communities (schools, workplaces, and other settings).

To facilitate these goals, ACNM is committed to

- Work toward the incorporation of information about gender identity, expression, and development in all midwifery educational programs;
- Make available educational materials that address the identities and health care needs of gender variant individuals in order to improve midwives' cultural competence in providing care to this population;
- Support legislation and policies that prohibit discrimination based on gender expression or identity;
- Support measures to ensure full, equal, and unrestricted access to health insurance coverage for all care needed by gender variant individuals.

Background

Gender variant people face multiple barriers to accessing health care and suffer disproportionate disparities in health outcomes. Gender variant individuals experience higher rates of discrimination in housing, education, and employment and lower rates of health insurance coverage than the general population.¹ As many as one-fourth of gender variant people avoid

health care services due to concerns about discrimination and harassment.² HIV infection within the gender variant community is 4 times the rate of the general population; rates of drug, alcohol, and tobacco use, and depression and suicide attempts are also higher.^{2,3} These outcomes disproportionately affect gender variant people of color.

When gender variant individuals are able to obtain health insurance, most find that their insurance providers specifically exclude gender affirming therapies (eg hormonal or surgical procedures), deny basic preventative care services on the basis of gender identity, and refuse to cover sex-specific services due to perceived gender incongruence (eg a man with a cervix may be refused coverage for a pap smear).⁴⁻⁶ Few legal recourses exist because gender identity and expression are excluded from federal and most state non-discrimination protections.

In addition, the under-reported and under-researched reproductive health care needs of gender variant individuals are of particular interest to midwives. Qualitative studies and anecdotal evidence confirm that gender variant individuals desire parenting roles and can and do create biological families.⁷

Midwifery Practice and the Gender Variant Patient

As many as half of gender variant individuals report having to educate their health care providers about their health care needs, but gender variant people do not by default have unique or complicated health issues. Most members of this community require the same primary, mental, and sexual health care that all individuals need.⁸ The most important thing all midwives can do to improve the health care outcomes of gender variant individuals is to use their skills to provide care that is welcoming and accessible.

Musculoskeletal, cardiovascular, breast, and pelvic care for individuals who have undergone hormonal and/or surgical therapy is typically straightforward but in some cases requires additional training. Similarly, administration of hormone therapy for gender affirmation is appropriate for primary care providers, including certified nurse-midwives/certified midwives (CNMs®/CMs®) who have undergone appropriate training. The World Professional Association for Transgender Health (WPATH) “strongly encourages the increased training and involvement of primary care providers in the area of feminizing/masculinizing hormone therapy.”⁹ Seeking hormone therapy is the entryway to health care for many gender variant individuals. According to WPATH, “medical visits relating to hormone maintenance provide an opportunity to deliver broader care to a population that is often medically underserved.”⁹

CNMs/CMs should seek to provide evidence-based, welcoming, and accessible care for gender variant individuals in accordance with ACNM Standard of Practice VIII¹⁰ and their state regulatory bodies.

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Note. The term “gender variant” is used throughout this document to reflect a broad range of gender non-conforming identities, expressions, and experiences. This term is used as an umbrella term for all individuals whose gender expression or identity differs from the sex assigned at birth.

Source: Task Force on Gender Bias; Clinical Standards and Documents Section DOSP

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