



# POSITION STATEMENT

## Health Care for Transgender and Gender Non-Binary People

The American College of Nurse-Midwives (ACNM) supports efforts to provide transgender and gender non-binary (TGNB) people with access to safe, comprehensive, culturally-responsive, and respectful health care. The term *transgender* is used to describe a person whose gender identity differs from their sex assigned at their birth. Not all transgender individuals have binary gender identities (male or female). Terms such as *gender non-binary*, *non-conforming*, and *gender-expansive* extend beyond traditional definitions of gender to include a spectrum of gender identities.<sup>1</sup> ACNM affirms that care for transgender and gender non-binary people falls within the midwifery scope of practice.

It is the position of ACNM that midwives should:

- Respect transgender and gender non-binary (TGNB) people. This includes becoming familiar with terminology related to gender identities and expression and endeavoring to use correct names, pronouns, and preferred anatomical language.
- Understand TGNB identity as a normal human variation rather than pathology.
- Be knowledgeable about the health care needs of TGNB people, including the individual and systematic barriers to care, as well as the options and benefits of gender-affirming treatment within a framework of shared decision-making and harm reduction.
- Provide or identify appropriate referral for reproductive and sexual health and primary care, including gender-affirming hormone therapy. Match treatment approaches to the specific needs of TGNB people, particularly their goals for gender affirmation and expression.
- Provide resources and referrals to support and advocate for patients within their families and communities (eg, schools, workplaces, and other settings).
- Advocate for, and work to create welcoming and inclusive health care settings for TGNB people (eg, gender-neutral bathrooms and gender inclusive forms, signage, education materials, and electronic health records).

In recognition of the role of midwives in caring for TGNB people, ACNM is committed to taking the following actions:

- Incorporating gender-inclusive language into ACNM documents.
- Offering educational opportunities to members of the midwifery community on how to care for TGNB people. Training would include the use of non-discriminatory, culturally-

appropriate language as outlined in ACNM's issue brief, *Use of Culturally-Appropriate Terminology for Gender Diverse Populations* and understanding gender-affirming treatment options such as hormone therapy.

- Advancing legislation and policies that prohibit discrimination based on gender expression and/or identity.
- Supporting measures to ensure TGNB people have comprehensive and unrestricted access to health insurance coverage.

## **Background**

Transgender and gender non-binary (TGNB) people face significant barriers to accessing health care and, as a result, experience disproportionate health disparities that negatively impact their overall well-being.<sup>2</sup> Among the obstacles they encounter are discrimination, lack of financial security, inadequate insurance coverage, cultural incompetence among health care providers, and inexperienced medical professionals. There is a well-documented link between experiences of discrimination and marginalization and poor physical and mental health outcomes.<sup>2</sup>

As many as one-fourth of TGNB people avoid health care services because of concerns about discrimination and harassment, and as many as one-third do not seek health care when needed because they cannot afford it.<sup>2</sup> The rate of HIV infection among transgender people is 4-5 times the rate of the general population.<sup>2</sup> Rates of depression and drug and alcohol use are also higher and most concerning is the fact that suicide attempts among TGNB people are 9 times higher than the general U.S. population.<sup>2</sup> Furthermore, these outcomes disproportionately affect TGNB people of color, particularly transgender women of color.<sup>2</sup>

TGNB individuals experience higher rates of poverty, homelessness, and unemployment and lower rates of health insurance coverage than the general population.<sup>2</sup> When TGNB people are able to obtain health insurance, they may find their insurance providers specifically exclude gender-affirming therapies (eg, hormone treatment or surgical procedures), deny basic preventative care services on the basis of gender identity, and refuse to cover gender-specific services because of perceived gender incongruence (eg, a man with a cervix may be refused coverage for a pap smear).<sup>3</sup> Legal recourse may be difficult because many states still do not protect TGNB people as part of their nondiscrimination laws.<sup>4</sup>

## **Midwifery Care of TGNB People**

The under-reported and under-researched reproductive health care needs of TGNB individuals are of particular importance to midwives. Many TGNB individuals are, or want to become, parents.<sup>5</sup> Available routes to parenthood are the same as among cisgender individuals (those whose self-identity corresponds with their sex assigned at birth): person carries a pregnancy, partner carries a pregnancy, adoption, fostering, use of gestational carrier or surrogate, and step-parenting.

Most TGNB people require the same primary, mental, reproductive, and sexual health care that all individuals need.<sup>6-8</sup> While they do not, by default, have unique or complicated health issues, as many as one-fourth of these individuals report having to educate their health care providers about their health care needs.<sup>2</sup>

There is an unmet need for qualified health care providers to provide gender-affirming care to transgender individuals. As noted by Ellis and Dalke (2019), “the midwifery model of care is particularly well suited to assume this role because of its respect for autonomy, self-determination, and shared decision-making.”<sup>9</sup> Gender affirmation focuses on affirming an individual’s gender identity and expression. The process of gender affirmation varies greatly between individuals and can include a variety of processes, such as counseling, change of legal name and gender marker, hormone therapy, and/or surgical procedures.<sup>6-8</sup>

Gender-affirming hormone therapy is the primary medical intervention typically sought by transgender people. Such treatment allows the acquisition of secondary sex characteristics more aligned with an individual's gender identity.<sup>10</sup> While many individuals seek hormonal and/or surgical affirmation care, some do not.<sup>2</sup> This varies based on individual desire and access to financial, medical, and other resources.<sup>2</sup> The provision of gender-affirming hormone therapy falls within the scope of primary care providers, including midwives.<sup>7,11,12</sup> It is similar in complexity to prescribing hormonal contraception or menopausal hormone therapy and many midwifery education programs now include this content.

Certified nurse-midwives (CNM) and certified midwives (CM) may obtain necessary training through continuing education courses.<sup>6-8</sup> Clinical guidelines and toolkits developed by the University of California San Francisco Center of Excellence for Transgender Health, Cedar River Clinics, and Fenway Health are excellent resources that are updated regularly.<sup>7,8,11</sup> The World Professional Association for Transgender Health also maintains standards of care for TGNB people.<sup>12</sup> There is a crucial need for more primary care providers to offer gender-affirming hormone therapy, particularly as the impact of gender-affirming care in reducing the significant health disparities experienced by transgender people is well established.

Available data support the safety of gender-affirming hormone therapy,<sup>13</sup> and a large, U.S. based cohort study is currently underway.<sup>14</sup> Shared decision-making includes discussion of risks, benefits, and individual choice and provides a framework for the provision of gender-affirming therapy in midwifery practice.<sup>15</sup> The theoretical and known risks of gender-affirming hormone therapy must be balanced with the known mental health and safety risks of withholding this care. While it can be useful, mental health consultation to initiate gender-affirming hormone therapy is no longer required in current standards of care.<sup>7,8,11</sup> Furthermore, many TGNB individuals do not have access to qualified mental health providers.<sup>2</sup>

Midwives should seek to provide competent care based on current evidence to TGNB people in accordance with ACNM’s *Standards for the Practice of Midwifery*<sup>16</sup> and state regulatory bodies. The most important approach to improving the health care experience for TGNB people is to provide compassionate, holistic, respectful care in a welcoming, accessible, and inclusive environment that affirms individual gender identities.

## REFERENCES

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*Note.* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board (AMCB).

Source: Clinical Documents Section of the DOSP, Gender Equity Taskforce

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