Reproductive Health and Obstetric Care in Transgender Patients

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Continuing Medical Education Disclosure

- **Program Faculty**: Rebekah P. Viloria, MD
- **Current Positions**: Obstetrician & Gynecologist, Fenway Health
- **Disclosure**: No relevant financial relationships.

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OBJECTIVES

- Brief overview of fertility preservation
- Brief overview of reproductive options
- Brief overview of transmen experience with pregnancy and chestfeeding
The Reproductive Conversation

- **WPATH:** “…it is desirable for patients to make decisions concerning fertility before starting hormone therapy or undergoing surgery to remove/alter their reproductive organs…”

- **UCSF:** “It is recommended that prior to transition all transgender persons be counseled on the effects of transition on their fertility as well as regarding options for fertility preservation and reproduction”
Reproductive Wish

Survey of 50 transmen after GRS

- 22% participants already had children
  - 8 had partners conceived with donor sperm
  - 3 conceived prior to GRS
- 54% were interested in having children at time of study
- 37.5% would have considered fertility preservation if available

Contraception

“Because infertility is not absolute or universal in transgender people undergoing hormone therapy, all transgender people who have gonads and engage in sexual activity that could result in pregnancy should be counseled on the need for contraception. Gender affirming hormone therapy alone is not a reliable form of contraception, and testosterone is a teratogen that is contraindicated in pregnancy.”

UCSF Center of Excellence for Transgender Health
MTF: Estrogen Effect

- Estrogen therapy decreases testosterone production
  ↓ sperm count and motility

- Stopping estrogen therapy *may/may not* reverse effects
MTF: Fertility Preservation

- Sperm cryopreservation
- Testicular sperm extraction
- Testicular tissue preservation
FTM: Testosterone Effect

- Testosterone therapy *usually* leads to anovulation and amenorrhea

- Stopping testosterone therapy *may/may not* reverse effects
Egg/Embryo Preservation

Oocyte Cryopreservation
- Hormone-induced ovulation
- Ultrasound guided retrieval under anesthesia

Embryo Banking
- Egg retrieval with immediate fertilization with chosen donor sperm
**TABLE 1**

<table>
<thead>
<tr>
<th>Age Group (y)</th>
<th>Method</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 18</td>
<td>OC</td>
<td>Well-tolerated Minimally invasive outpatient procedure</td>
<td>Must be perimenarchal or postmenarchal</td>
</tr>
<tr>
<td></td>
<td>OTC</td>
<td>Available before menarche</td>
<td>Experimental</td>
</tr>
<tr>
<td>18 or older</td>
<td>OC</td>
<td>More flexibility for the future use of gametes</td>
<td>Requires invasive surgical procedure</td>
</tr>
<tr>
<td></td>
<td>OTC</td>
<td>No need to stop androgen therapy before surgery Performed at the time of planned oophorectomy</td>
<td>Difficult to estimate number of oocytes needed for a live birth</td>
</tr>
<tr>
<td></td>
<td>EB</td>
<td>More accurate estimate of chance of live birth Can perform CCS before embryo cryopreservation</td>
<td>Embryo formation rates may be lower at some centers</td>
</tr>
</tbody>
</table>

OC, oocyte cryopreservation; OTC, ovarian tissue cryopreservation; IVF, in vitro fertilization; EB, embryo banking; CCS, comprehensive chromosomal screening.

Pregnancy Outcomes After Fertility Preservation in Transgender Men
doi: 10.1097/AOG.0000000000002036

Table 1. Fertility Preservation Options for Adolescent Transgender Boys and Adult Transgender Men
Family Building Options

- Adoption
- Alternative insemination (donor sperm)
- Assisted Reproductive Treatment (IVF)
  - Donor sperm/egg
  - Cryopreserved sperm/egg
  - Surrogacy
The Basics of Reproduction

“In order to make a baby, you need sperm, an egg, and a uterus for the embryo to grow in. Any one of those can be your own, your partner's, or a donor's. All that matters is that the sperm meets the egg, and the fertilized embryo implants and then grows inside the uterus. How and where the magic happens is ultimately a matter of logistics and planning.”

Cost

- Donor sperm: $500 per vial
- Sperm banking and FDA testing: $1,000
- Intrauterine insemination: $400
- In vitro fertilization: $15,000 per cycle
- In vitro fertilization with egg donation: $25,000 per cycle
- Oocyte/embryo cryopreservation: $10,000
- Gestational surrogacy: $50,000 - $100,000

P. Amato MD. Fertility Options for Transgender Persons. Endocrine Society Annual Meeting, San Diego, CA March 2015
Legal Considerations

Contracts when using donor/surrogate

- Financial obligations
- Visitation agreement
- Child custody
- Varying state laws/policies
Reproductive Health

- Obesity
- Hypertension
- Polycystic Ovarian Syndrome
- Tobacco/Drug use
- Sexually transmitted infections
- Anatomic pathology
**Preconception Counseling**

- Healthy diet
- Prenatal vitamin with folic acid
- Routine screening
- Medications
- Menstrual calendar
Preconception Considerations

- When to start/stop Testosterone
- Return of normal/spontaneous menses
  - Regular vs irregular bleeding
  - Pelvic ultrasound, endometrial biopsy
- Labs
  - Testosterone, Cycle day 3 labs, CBC, Hgb a1c and LFT
Pregnancy in Transmen

Transgender Men Who Experienced Pregnancy After Female-to-Male Gender Transitioning

Alexis D. Light, MD, MPH, Juno Obedin-Maliver, MD, MPH, Jae M. Sevelius, PhD, and Jennifer L. Kerns, MD, MPH

Obstetrics & Gynecology Vol. 124, NO. 6, Dec 2014
Cross Sectional Survey

- March – Dec 2013
- Online survey
- > 18 y.o.
- Self identified as male BEFORE pregnancy
- Delivered within 10 years
- Testosterone therapy or gender affirming surgery not required
Results: 41 Participants

- 61% used pre-pregnancy T
- 68% planned pregnancy 32% unplanned
- 58% conceived within 6 months
- No difference in pregnancy, delivery or birth outcomes in those with prior T use
Pregnancy Experience

- Feeling of isolation common
  - “Lack of resources available to pregnant transgender men”

- Varying degrees of gender dysphoria
  - “It was relieving to feel comfortable in the body I’d been born with”
  - “Heavy time, having a baby, not passing as male, all the changes and a society telling me to just be happy”
Pregnancy Experience

- Positive experience associated with proper use of gender-related language by health care team

- Negative experience due to improper pronouns and denial of services
Chestfeeding

Transmasculine individuals’ experiences with lactation, chestfeeding, and gender identity: a qualitative study

Trevor MacDonald, Joy Noel-Weiss, Diana West, Michelle Walks, MaryLynne Biener, Alanna Kibbe and Elizabeth Myler

*BMC Pregnancy and Childbirth, May 2016*
Results: 22 Responders

- 9 with prior chest surgery
  - No discussion with surgeon regarding future infant feeding choices
- 16 chose to chest feed
  - 7 had gender dysphoria
  - 11 chest fed for more than 1 year
  - 7 received donor milk
  - 1 resumed testosterone therapy
Chestfeeding after Top Surgery

- 9 with prior chest surgery
  - 6 experienced some growth in chest tissue
  - 2 reported chest tissue grew back to original size
  - 2 experienced engorgement and mastitis post-partum
Testosterone and Chestfeeding

- Safety of maternal testosterone therapy during breast feeding
  - Single case report
  - 100 mg of implantable testosterone
  - No significant increase in testosterone in breast milk
  - No detectable increase in testosterone and no apparent deleterious effects in infant

Chestfeeding Support

- Use non-gendered language
- Avoid touching without permission
- Privacy is important
- Support all decisions around feeding
OB/GYN Care of Trans Men

- Need fertility preservation counseling
- Need preconception counseling & care
- Need comprehensive guidelines for care
- Need trained & affirming care & supports

Use of name, parental role, and pronouns is KEY

Ellis et al., 2015; Light et al., 2014; Nixon, 2013; Trum et al., 2015; Unger, 2015; Wallace et al., 2014; Wierckx et al., 2012.
Take Home Points

- Discuss fertility and contraception before starting gender affirming hormone therapy or surgery
- Assisted reproductive options are expensive, potentially complex
- Transmen should have preconception counseling & care
Take Home Points

- Pregnancy and chestfeeding are options for transgender men
- Variable gender dysphoria occurs during pregnancy and chestfeeding
- Gender-affirming language/care/support improves transgender patient experience
Just Ask!

What do you like to be called?

What pronouns do you use?

What words do you use to talk about your body and body parts?
What term(s) have you chosen for your parental role that you want us to use when referring to your relationship to your baby?

What name and pronoun have you chosen for your baby?

What infant feeding choices are you considering?