



Contraception Across the Gender Spectrum

Kirsten Morissette, MD

Montana Academy of Family Physicians Summer Meeting 2023

Objectives


1. Review appropriate terminology for gender identity
2. Understand current contraception options available to all patients.
3. Understand the role of contraception for patients on gender affirming medications
4. Begin to develop a patient-centered contraception plan



Terminology

Transgender: An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

Sex assigned at birth: term used to describe the biological organs a person is born with. This may or may not be in concordance with gender identity.

- Assigned female at birth (AFAB)
 - Assigned male at birth (AMAB)
- 

Terminology cont.

Intersex: Intersex people are born with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response, and/or secondary sex traits.



Terminology cont.

Gender identity: One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Sexual orientation: An inherent or immutable enduring emotional, romantic or sexual attraction to other people. *Note: an individual's sexual orientation is independent of their gender identity.*



Gender expression: External appearance of one's gender identity, usually expressed through behavior, clothing, body characteristics or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.


Gender transition: The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance. Some people socially transition, whereby they might begin dressing, using names and pronouns and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions.

Terminology cont.

Non-binary: An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid.



Steps to Creating a Contraceptive Plan

- Document gender identity and “organ inventory” in the chart.
 - What gender-affirming treatments are they receiving?
 - What are their goals with contraception? Stop periods, prevent a partner from getting pregnant, etc.
 - Is there a preferred method that they are interested in?
 - Are there any contraindications to their preferred method?
- 

Who needs to consider contraception?

- Anyone having penis-in-vagina (PIV) sex.
- People who have a uterus and ovaries can get pregnant even if they are on testosterone.
- People who have a penis and testes can get someone pregnant even if they are on estrogen.




Contraception Options

- Estrogen-Progesterone combinations
 - Pills, patch, ring
- Progesterone only
 - IUD, implant, injection, pills, emergency contraception
- Non-hormonal
 - Condoms, copper-T
- Permanent options
 - Vasectomy, tubal ligation



Methods with Estrogen

- Unclear if estrogen interacts with testosterone. However, testosterone alone is not sufficient to prevent pregnancy.
 - Patch, Pill, and Ring are all about 93% effective when used appropriately.
 - Contraindicated in patients with cirrhosis, breast cancer, active or high risk for recurrent DVT/VTE, migraine with aura, and others (see CDC MEC Summary).
- 

Methods containing only progesterone

Progesterone does not interact with testosterone.

All progesterone methods contraindicated in current breast cancer.

- Injection: in-office IM administration or self-administered subQ injection, 96% effective
- Implant: Nexplanon (lasts up to 5 years), >99% effectiveness
- IUD: Multiple versions. Last 3-8 years, >99% effectiveness
- Oral: mini-pill 93% effective
- Emergency contraception: 58-94% effective
 - Ulipristal acetate more effective than progestin EC if BMI >26

Non-hormonal methods

- Copper-T: lasts up to 12 years, may cause heavier periods. Few contraindications. >99% effective
- External/Internal condoms: no contraindications. 87%/ 79% effective
- Permanent sterilization: no contraindications.



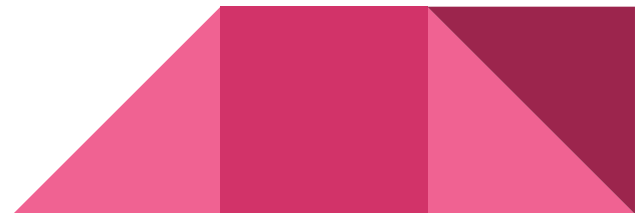
Considerations for contraceptive choice

- Options that decrease menstruation (menstruation can be very troubling for some)
 - Progesterone IUD—if on testosterone, may need some vaginal estrogen to aid in placement
 - Progesterone implant



References and Resources

- Reproductive Health Access Project:
 - [Birth Control Across the Gender Spectrum](#)
- World Professional Association for Transgender Health Standard of Care
 - [SOC8](#)
- CDC Medical Eligibility Criteria for Contraceptive Use, 2016
 - [Summary Chart](#)
- Human Rights Campaign Glossary of Terms
 - [Glossary of terms](#)



Questions/Discussion

