

FUTURITY



PREGNANT TRANS MEN NEED BETTER HEALTH CARE

BY PATTI VERBANAS

A lack of knowledge among health care providers puts pregnant transgender men at increased risk of depression and difficulty getting medical care, research finds.

The study, published in the journal *Maturitas*, examines health care research on transgender men who become pregnant at or after age 35 to determine their medical and mental health needs.

“Despite the increased visibility of transgender people—there are about 1.4 million who have transitioned in the United States—medical providers are largely unprepared to care for them and most have had limited educational opportunities,” says lead author Justin Brandt, an assistant clinical professor in the department of obstetrics, gynecology, and reproductive sciences at Rutgers Robert Wood Johnson Medical School.

TRANS MEN AND PREGNANCY

Transgender men who have transitioned hormonally and are taking testosterone but retain their female reproductive organs have the potential to become pregnant. Since the US medical system has been tracking these patients as female, no data exist on how many transgender men give birth each year, but Brandt says the number is likely higher than people realize. While some plan to become pregnant, the research suggests that unintended pregnancies occur in up to 30% of transgender men.

According to the US Transgender Survey, nearly 40% of its 28,000 respondents reported attempting suicide—nearly 9 times the national average. That risk can be increased in transgender men with the unwanted physical changes resulting from pregnancy, according to Brandt. “The process of transitioning is long and arduous, and pregnancy, which is regarded as a feminine condition, forces these men to almost fully transition back to their sex assigned at birth, which can worsen gender dysphoria,” he says.

Surveys used to screen pregnant and postpartum women for depression are not designed to assess the impact of pregnancy on gender dysphoria in transgender men.

The study also found that nearly 25% of transgender people reported **negative health care experiences** in the last year. This correlates with the finding that about 44% of pregnant transgender men seek medical care outside of traditional care with an obstetrician. Rather, they may seek out non-physician providers, such as nurse midwives, with 17% delivering outside of hospitals—a higher rate than with women.

BIRTH AND POSTPARTUM CHOICES

Although there is limited data on how transgender men give birth, the review found that 64% had vaginal births and 25% requested cesarean delivery.

The report also notes that transgender men who requested cesarean deliveries reported feeling uncomfortable with their genitalia being exposed for long periods of time while those who went through labor reported that the process of giving birth vaginally overcame any negative feelings that they had with the female gender that they had been assigned at birth.

“Although Rutgers physicians have not yet had a pregnant transgender male patient, our healthcare professionals are trained and ready,” Brandt says.

The researchers also found that about 51% of transgender men breast or chest fed their infants even if they had breast surgery.

VITAMINS, TESTS, AND OTHER CARE

Brandt recommends that transgender men planning to conceive should visit their doctor before becoming pregnant to address routine issues, such as folic acid supplementation and screening for genetic disorders, and to get counseling on the risks of advanced-age pregnancy, such as infertility, miscarriage, gestational diabetes, and pre-term delivery.

Transgender men also likely will need to update health screenings that could have lapsed during transition, such as pap smears and, when indicated for those who have not had chest surgery, mammograms.

After delivery, Brandt says doctors should address long-acting and reversible methods of contraception if the individual is at risk for unplanned pregnancy. “Transgender men who intend to restart testosterone after delivery may decide to defer contraception since they perceive that their male hormone therapy induces a state of infertility, which is not always the case,” he says.