Recommendations for Providing Respectful Menstruation-Related Care to Transgender and Gender Non-Binary Patient Populations

Intended Audience
This document is designed to provide guidance for healthcare providers working with transgender and gender non-binary (TGNB) patients who may discuss menstruation and its management as part of their scope of practice. This includes, though is not limited to, nurses (RNs and APRNs), physicians, physician’s assistants, and therapists who work in the fields of endocrinology, primary care, or mental health services.

Language & Terminology
We use the umbrella term “TGNB” because of its capacity to capture a wide range of identities and its specificity to gender identity (As opposed to the term LGBTQ, which can sometimes appear to conflate gender identity and sexual orientation). There are many identities that fall within these categorizations and we recognize that while these recommendations are designed to be as inclusive as possible, there may be many for whom this terminology is not relatable.

Foreword
This recommendation sheet was informed by a small qualitative study conducted in New York City assessing barriers TGNB people face with menstrual hygiene management.* These recommendations aim to help providers discuss menstruation and prepare for related issues such as stigma, anxiety, and gender dysphoria. While the topic of menstruation may be a clinically relevant discussion in the context of sexual and reproductive health, providers should reflect on whether the clinical encounter necessitates a conversation on menstruation and its management. Despite its potential relevancy to TGNB folks, this topic can evoke feelings of dysphoria and discomfort.

Fostering Respectful Interactions in the Clinical Encounter

i. Introductions and Beginning a Visit

Establish and be respectful of your patient’s pronouns
Misgendering someone, avoiding pronouns, and asking for pronouns multiple times are all alienating behaviors that may compromise the patient’s sense of safety and comfort.

"Hello, I am ___ and I use the pronouns___/____. What pronouns do you use?"

Confirm acceptability of standard clinical language
This is an important opportunity for patients to set boundaries around language and terminology. Some patients may prefer coded language to describe their bodies as a way to minimize feelings of dysphoria.

"I’m going to be using standard clinical language to discuss sexual and reproductive health by using terms like "menstruation," "vagina," and "uterus." Are these alright or is there language or terms you would prefer I use?"

Obtain consent to discuss menstruation
For TGNB patients, conversations about menstruation and its management can be triggering and uncomfortable. By creating an opportunity to consent to the conversation, providers can avoid situations in which a patient is alienated by a conversation they did not want to have.

"As part of this appointment, I was planning on discussing menstruation and its management with you. Would you be ok with us talking about that today?"

## ii. Discussing Menstruation and its Management

### Be prepared for dysphoria

Even if a patient has consented to the conversation, menstruation is still a topic that can result in feelings of gender dysphoria. Providers should be aware of this possibility and prepared to change the topic if the conversation becomes distressing for the patient.

> "I understand that this can be uncomfortable to discuss. Please let me know if at any time you would like to stop discussing it. It’s always okay to not answer any questions you’d rather not answer right now."

### De-gender the experience of menstruation in clinical conversations

Menstruation has long been viewed as a symbol of womanhood; however, it is important to redefine it as a biological process that may occur in any person with a uterus.

> "People bleed for all different reasons, and this is going to happen to anyone who still has a uterus."
- “person with” rather than “woman or girl”
- “cycle” rather than “period”
- “sexual health visits” rather than “family planning visits”
- “menstrual product” rather than “feminine hygiene product”

### Address the potential for post-hormone bleeding

Be realistic about the potential for post-hormone bleeding and the amount of time it may take to achieve amenorrhea. Make sure the patient knows there is still a chance that other menstrual symptoms (such as cramps) will persist and that if so, it is perfectly normal.

> "Everyone's body reacts differently to hormones and as a result, you could see a cessation of menses within a month, or it could take several months. It’s also possible that you may stop bleeding, but continue to have some symptoms each month, such as cramps. These are perfectly normal, but I know they can be difficult. I want to support you during this time, so please don’t hesitate to call if you’re worried about symptoms you’re having."

### Be inclusive when discussing product options

There are many product options in addition to the traditional tampons and pads. Discuss cups and contraceptives as options to manage menstruation. Further, many people may elect to begin hormone therapy as a strategy towards achieving amenorrhea. For some folks, cessation of menses may be a particularly significant benefit associated with hormone therapy. Highlighting this effect may help some patients feel more confident beginning treatment.

> "There are tons of options to help you manage. Beyond pads and tampons, both good options if you prefer them, there are also cups and sponges. If you look online, there are an increasing number of brands which make underwear styles that are super absorbent and can be used for bleeding. In addition to these products, contraceptive pills can be taken to stop menses, as can hormones like testosterone."

### Provide alternative (accurate) sources of information

Some patients may feel uncomfortable discussing menstruation and its management with their provider or in person. By providing the names of social media forums or websites that have accurate, tailored information, providers can help to ensure patients have the resources they need to make informed decisions about their health.

> "I know this is a lot to go over and can be overwhelming. If you’d prefer, I can give you a list of some helpful online resources that you can look into at home?"

## iii. Ending the Clinical Encounter

### Create multiple opportunities to discuss menstruation with patients

The beginning of the transitioning journey can be overwhelming. Information about menstruation and its management may be more digestible over time and can be circled back to, with the patient’s consent. Create opportunities to discuss menstruation every so often, but do not force the conversation.

> "I know you’ve had a lot of information to digest recently, so I wanted to circle back and make sure no new questions had arisen for you."
In any clinical encounter, avoiding questions or being intentionally vague can erode patients' trust. Rather than avoid the question, acknowledge to the patient that you are not sure, but will find out and let them know.

Prioritize recruiting a demographically representative staff

If a clinic's provider population does not represent its patient population, it can signal to patients that the clinic is not supportive. Hiring more TGNB medical providers may allow for greater empathy in a clinical setting through some shared experiences. It may also make it easier for some patients to discuss menstruation-related issues.

Design clinics to be supportive and give staff the proper tools & training to be allies

The physical environment can send key messages to patients that influence their comfort level discussing menstruation. In addition to having menstrual products readily available, some actions clinics can take include having LGBTQ+-friendly posters on the walls and brochures available that are tailored to your patient population's needs.

Create inclusive intake forms

Not being able to indicate one's chosen or preferred name, gender identity, pronouns, or sexual identity can be alienating for patients and start the visit off on a bad note. Inclusive intake forms will help patients feel safe, seen, and respected.

Gender-neutral bathrooms

A binary bathroom system can make patients outside the binary feel uncomfortable using the restroom, both generally and for menstruation-related needs. Gender-neutral, single-use bathrooms can allow all patients to feel secure and comfortable. Even something as simple as homemade signs on bathroom doors can alert patients that your clinic is a supportive and safe place.

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