

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."

General TGNB Competencies

Mirror patient language

Patients may use a variety of terminology when discussing their body and its processes. Keeping the conversation consistent with the language and terminology the patient uses can help ensure they are comfortable and their needs and/or concerns are addressed.

Be transparent and honest when you don't know something

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.

"I'm actually not sure of the answer to that question, I apologize. Let me speak to a colleague and would it be alright if I called you back with the answer?"

Do not make assumptions about sexual practice

Do not assume someone's sexual identity based on their gender identity. If relevant, ask patient about their sexual partners or the type of sex they're having.

"Are you having sex with someone that produces sperm?"

Apologize if you make a mistake

Interpersonal and medical mistakes happen. Rather than dwell on or deny them, it is important for providers to acknowledge their mistake and work to reestablish trust with the patient by apologizing.

One example may be using language to discuss menstruation and its management that the patient indicated they were uncomfortable with:

"I sincerely apologize for misspeaking there, that was my mistake."

Consider the relevancy of the question: "When was your last period?"

This question can induce dysphoria and may seem unnecessary to patients. Consider the question's relevance to what they're being seen for. If irrelevant, consider omitting it. If relevant, provide your rationale for asking it to the patient.

"Because you mentioned experiencing abdominal pain, I want to rule out a few things to ensure you get the best care. Menstruation-related symptoms can sometimes cause or contribute to abdominal pain. As a result, I wanted to ask if you're still menstruating and if so, when was your last cycle?"

Creating a Supportive Physical Infrastructure

Have a range of free menstrual products available

Have products (tampons, pads, cups, lubricant for the cup, sponges, etc.) readily available in all bathrooms and exam rooms. Offer free products to patients at the end of the visit.

"Can I offer you any of these products to take home? Please take as many as you want, we have loads!"

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 have 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.

Contact Information: Dr. Marni Sommer, Columbia University, Mailman School of Public Health

Email: marni.sommer@columbia.edu