Humber and North Yorkshire
Health and Care Partnership

Support for transgender and non-binary people during the perinatal period

Information for service users

Adapted from Brighton and Sussex University Hospitals Trust with permission.

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Contents

We recognise gender identity may pose additional challenges, and this information may help to support your journey to parenthood.

This leaflet aims to provide some information about the maternity care you will be offered at the Trusts within the Humber and North Yorkshire Local Maternity and Neonatal System which cover York, Scarborough, Harrogate, Hull, Grimsby, Goole and Scunthorpe, as well as signposting to further information. We are committed to being inclusive and respectful to all who access maternity care.

The role of the midwife and antenatal care

The role of the midwife is to support you during your journey to parenthood. Your care will be personalised and tailored to your individual needs and wishes.

At the initial antenatal appointment, which is called the booking appointment, the community midwife asks all service users about preferred names and the pronouns you use. This will be documented in your records accordingly.

As part of the medical history, you may be asked if you have previously used hormone therapy or undergone any surgeries as part of your transition. These questions are relevant because they facilitate accurate information provision regarding mode of birth and infant feeding options.

If you conceived whilst taking testosterone you will be advised to stop taking this and your midwife will seek guidance from a consultant doctor, at the hospital for a discussion and to ascertain if any further support or surveillance would be offered.

Taking testosterone in pregnancy, could cause birth defects, and has potential implications for the reproductive development of the baby.

No action is required if testosterone was discontinued prior to conception.

If you have had lower/genital surgery, you can discuss with the consultant obstetrician options for mode of birth, and to formulate with you a plan for the birth.

Antenatal care

Antenatal care will be offered in the community or hospital setting, however if you prefer an appointment at the beginning or end of the day when the waiting room is quieter or you require greater privacy, please discuss this with your midwife.

The community midwife will also discuss and consider:

- Liaising with your health visitor to ensure information is shared according to your wishes.
- Offering 1:1 antenatal classes, if available, according to your wishes.
- Offering an appointment with Specialist Infant Feeding Midwife to develop a personalised care plan if required.

- A language preferences sheet will be given for you to discuss and complete, this will be scanned into your records at 36 weeks in preparation for care during labour and birth.

Physical changes

You may have some questions about how your body may change during pregnancy.

- Medical literature reports that many changes induced by testosterone are permanent.
- However, some people report partial reversal of some of these changes on cessation of testosterone, and during pregnancy.
- Reversible changes are most likely to include muscle and fat redistribution and may include reduced facial hair and a higher-pitched voice.
- Some people who have had top surgery report increase in chest size during pregnancy, with varying degrees, while other parents report no change in chest size at all.

Emotional health

Your midwife will discuss emotional wellbeing at each contact.

If you are finding the physical changes to your body from pregnancy are causing you additional emotional distress and your mental health is deteriorating, please discuss this with your midwife or health care professional so you can be referred to appropriate mental health support.

In the postnatal period, if you have previously taken testosterone, you possibly may be at more at risk of postnatal depression. Please let your midwife, health visitor or GP know if you experience low mood.

Care in hospital

On the maternity unit, you will be offered choice between a side room, or shared accommodation on the ward.

If a single room is not available, the situation will be discussed with you and a joint decision made as to how to resolve it. This may depend on the clinical situation, for example, stay on the labour ward until a single room is available on the postnatal ward.

Care will be considerate of your need for privacy and dignity.

Infant feeding

You will be supported in choices regarding infant feeding.

The midwives will support you to feed your baby how you choose.

Breast/chest feeding or expressing may still be possible after top surgery if the nipples have not been permanently removed.

The midwives will discuss signs of effective milk transfer and expected newborn behaviour including wet and dirty nappies to ensure the baby is receiving enough milk.

Following top surgery there may be less soft tissue available for the baby to latch on to, however some parents have reported success with using their fingers to firmly shape their chest (known as the “sandwich” technique).

If breast/chest feeding is not possible, or desired, the midwives will discuss other methods of infant feeding and promotion of attachment, including skin-to-skin contact and responsive bottle feeding. Medication (cabergoline) can be given after the birth if you want to prevent lactation (“milk coming in”).

Non-birthing parents may wish to participate in feeding their infants using their own bodies and may choose to use supplemental nursing systems with expressed milk or formula.

You may be offered a referral to the infant feeding specialist midwives to support you on your feeding journey.

Resumption of testosterone

You may be keen to initiate, or resume, testosterone therapy soon after you have given birth.

The literature is not clear regarding testosterone transmission into human milk, or potential impact on milk supply, although some evidence suggests high testosterone levels may have a negative effect on milk production. Whilst there are possible risks to the infant, there is no clear evidence of harm, however it should be noted that the evidence-base for this conclusion is very limited. This decision should be made with your health care professional taking factors including emotional, physical, social and mental wellbeing into account.

When taking testosterone, dryness, itching or burning can occur around the tissues of the pelvic floor. Topical oestrogen/hormonal cream or gel can help with these symptoms and won't affect your testosterone levels. Paraben free vaginal moisturisers can also be helpful in managing these symptoms and are hormone free.

Pelvic Floor

During pregnancy there is increased weight and stretch placed upon the pelvic floor and supporting muscles. Some people can experience pregnancy related pelvic and back pain (pelvic girdle pain) during pregnancy and after having their baby.

The muscles of the pelvic floor stretch during birth and there is a risk of injury to the perineum/pelvic floor which can affect bladder, bowel, and pelvic floor function.

The POGP leaflet in the link below has information, advice, and exercises. Your midwife or doctor may also recommend that you are referred to a specialist pelvic health physiotherapist for further assessment and treatment.
211012pogppelvic_floor_trans_men_v3_1.pdf (thepogp.co.uk)

Birth registration

The current legal process for registration of birth in the UK stipulates that the birth parent is always recorded as "Mother" regardless of gender identity or legal sex.

Contraception and screening

Contraception is recommended for all birthing parents, if they engage in sexual activity that could result in pregnancy.

- Contraception is still advised for people considering resuming testosterone, if they have sexual activity with a partner who produces sperm.
- Copper intrauterine devices (copper coil) are safe and do not interfere with hormonal treatment.
- Progestogen-only contraceptive methods are not thought to interact with hormonal treatment and are generally acceptable.
- The use of combined hormonal contraceptives are not recommended for trans men and non-binary people who are taking testosterone.

Trans and non-binary people are often omitted from sex-specific screening systems if their NHS gender markers have been updated to reflect their gender identity. Therefore, birthing parents are reminded postnatally that they are eligible for routine cervical screening but may not receive invitations to appointments.

Further resources

Support for Transgender & Non-binary Parents - La Leche League GB

Birth for Every Body

Trans and Nonbinary People Can Be Pregnant Too (parents.com)

Our partnership with LGBT Mummies | Tommy's (tommys.org)

Pelvic floor muscle exercises and advice - A guide for trans men, trans masculine and non-binary people (who were assigned female at birth). | POGP (thepogp.co.uk)

211012pogppelvic_floor_trans_men_v3_1.pdf (thepogp.co.uk)

https://thedadpad.co.uk/about-coparentpad