

Preliminary Findings

Canadian Transgender Reproductive Health (TRH): Contraceptive and Pregnancy Healthcare Experiences Study

Tammy Troute-Wood (RN, MN)¹; Dr. Julia Carter (MD, FCFP)¹; Heather Cobb (BSc., PGCE)¹; Natalie Anderson (RN MSc)¹; Megan McQuiston (RN, BN)²; Alec Moorji (RN, BScN)³; James Demers (community representative), Dr. Wendi Lokanc-Diluzio⁴ (research mentor), Dr. Peter Kellett⁴ (research mentor)

¹Sexual & Reproductive Health, Calgary Zone ; ²Women's Health, Calgary Zone; ³Women's Health, Edmonton Zone ; ⁴University of Lethbridge, Lethbridge Alberta



The AHS Research Challenge
~Best Care Through Research

Introduction

Approximately 0.5% of people identify as transgender.¹ Transgender is an umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.²

Alberta Health Services (AHS) is committed to improving the patient and family experience, yet little is known about the reproductive health care experiences of transgender Canadians. Transgender health is an evolving field with gaps in our understanding of it. However, the reproductive health needs of transgender patients still need to be addressed. In the fall of 2019, a review of the literature was conducted to reveal very limited Canadian research regarding the reproductive health experiences of transgender Canadians, which was limited to fertility/assisted reproduction and lactation.

Research Question

What are the contraceptive and pregnancy healthcare experiences of adult transgender Canadians who were born with a uterus?



Research Objectives

There were five research objectives. This poster addresses the first three:

1. To assess prior contraceptive and emergency contraceptive use
2. To understand contraception decision-making
3. To understand the experience accessing contraception
4. To understand the prenatal and intrapartum care experience
5. To understand the breast/chest feeding experience

Methods

Study design:

- First comprehensive study of contraceptive accessibility and healthcare experience of transgender people in Canada
- Quantitative cross-sectional online Qualtrics survey (N=268) in French (N=14) and English (N=254)
- May to October, 2020

Recruitment occurred through:

- Social media, community agencies, and health clinics

Acknowledgements

Funding for this project was generously provided by the Alberta Health Services (AHS) Research Challenge and in-kind support was generously provided by AHS Sexual and Reproductive Health, Calgary Zone leadership; Calgary Zone Women's Health Executive; and Edmonton Zone - Lois Hole Hospital for Women.

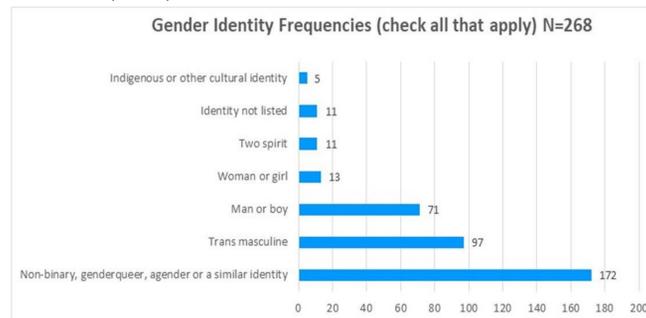
Thank you to James Demers, our study patient advisor group and FrancoQueers Edmonton for sharing of lived experience and invaluable insights to research design and language.

Photo credit *The Gender Spectrum Collection*
[The Gender Spectrum Collection by Broadly \(vice.com\)](#)

Demographics

Top four sexual orientations

- Queer (N=141)
- Pansexual (N= 80)
- Bisexual (N=68)
- Asexual (N=43)



Selected Results

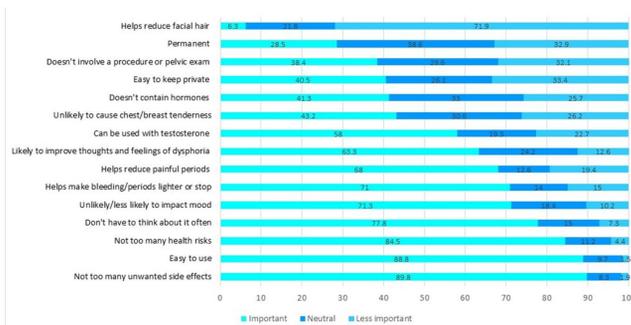
Contraceptive Use:

- 82.7% had ever used contraception; 56.4% to prevent pregnancy
- Method used in lifetime: condoms (56.0%); birth control pills (53.1%); withdrawal (28.9%); ECPs (23.8%); IUS (10.6%)

Contraception Satisfaction:

Contraceptive method most satisfied with (>=1%)	Percent
Condoms (external penis)	24.5%
Hormonal IUS	21.4%
Birth control pills	15.6%
Hysterectomy	13.5%
Copper IUD	5.2%
Birth control ring	3.6%
Injection (DMPA)	3.6%
Vasectomy	3.1%
Tubal ligation	2.1%

Factors Influencing the Choice of Birth Control Method (%):



References

¹Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102, 118–122. doi:10.2105=AJPH.2011.300315

²Sexual & Reproductive Health, AHS Calgary Zone (2019). *Sexual Orientation, Gender Identity & Gender Expression (SOGIE): An introduction for creating safer and more welcoming healthcare*. Calgary: Author.

Contact Information

Tammy Troute-Wood, RN MN CCHN (C), Sexual and Reproductive Health, Calgary Zone. Email: tammy.troute-wood@ahs.ca

Selected Results

Overall experience accessing birth control:

- 25.1% positive experience
- 32.8% neutral experience
- 42.0% negative experience

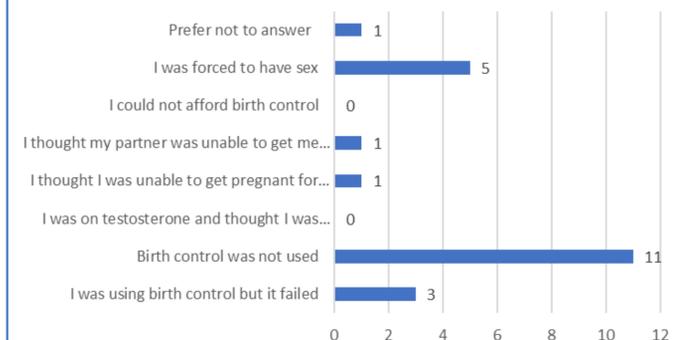
Healthcare Experiences:

Most recent experience accessing birth control	Percent who agree or strongly agree
Providers were respectful and affirming of my gender identity	46.4%
Clinic environment was welcoming	44.1%
Staff at clinic (e.g., receptionist, support staff) were respectful and affirming	42.1%
Pelvic exam or procedure was performed with care and sensitivity	40.0%
Providers were knowledgeable about birth control options for transgender people	21.9%
Clinic intake form was inclusive <small>(Note: Those who disagreed were more likely to identify as queer/non-binary (p=0.047))</small>	18.5%
Birth control handouts had inclusive (non-gendered) language	9.2%
Birth control handouts had information specifically for transgender people	4.5%

Was this pregnancy planned (N= 38)?

- Yes – 52.6%
- No – 47.4%
- Prefer not to answer – 0%

Factors contributing to unintended pregnancies:



Healthcare experience assessing contraception:

- Strong correlation between respondents agreeing that the clinic environment was welcoming and agreeing that: the clinic intake form was inclusive; and birth control handouts had information specifically for transgender people
- Respondents who were "out" to their providers were more likely to report: the clinic was welcoming (p<0.001); providers were respectful and affirming (p<0.001); providers were knowledgeable about birth control options for transgender people (p<0.001)

Next steps: findings related to prenatal, intrapartum, and breast/chest experiences

Implications for Care

- It is important to discuss contraception with transgender patients
- Less effective contraceptive methods are used more commonly
- Providers can tailor contraceptive counselling to transgender people by asking about the desirability of oligo/amenorrhea, co-administration with testosterone, and hormone preferences
- Long-acting reversible contraceptives like LNG-IUS may be underutilized considering the high levels of reported satisfaction, although some individuals may wish to avoid a pelvic procedure
- Use of gender inclusive intake forms and contraception handouts may help create a gender affirming clinic environment and improve the healthcare experience of transgender people
- Important that forms and handouts are inclusive of those with non-binary identities