Contraception for transgender people

Deborah Bateson
Medical Director Family Planning NSW

Transgender and non-binary people: contraceptive considerations

- Consider if engaging in vaginal sex with 'risk' of pregnancy
- **Appropriateness and acceptability** of different methods will vary:
  - Existing medical conditions or drug therapies
  - Side-effects (effect on bleeding patterns), additional benefits, effectiveness, ease of use, affordability
  - Invasiveness, body dysphoria, discretion, religious beliefs
  - Personal preference

UK Faculty of Sexual and Reproductive Health guidance on contraceptive choices for transgender and non-binary people October 2017

What's in the 2018 contraceptive toolkit?

Explaining contraceptive effectiveness

method	Perfect use effectiveness %	Typical use effectiveness %
Contraceptive implant	> 99	> 99
Hormonal and copper IUDs	> 99	> 99
Vasectomy and tubal ligation	> 99	> 99
Depot injection	> 99	94
Pills & ring	> 99	91
Diaphragm	94	88
Condom external (internal)	98	82
Withdrawal	96	78

Adapted Trussel J. contraception 2011; 83 (5)

Contraception for transgender people assigned female at birth

- No restriction on any method on account of current gender identity
- Consider effect on menstrual bleeding and desire for menstrual suppression
- Testosterone therapy can cause amenorrhoea but **doesn't provide adequate contraception** (GnRH analogues suppress ovarian function but can't be relied on for contraception)

Contraception for transgender people assigned female at birth

- Misperceptions and misinformation documented amongst transgender men and their doctors[1]
- Pregnancy is an absolute CI to testosterone therapy

➢ **Testosterone treatment in current regimens can be associated with teratogenicity i.e. masculinisation of a female fetus**

[1] *Light A. et al. Family planning and contraception use in transgender men. Contraception 2018*

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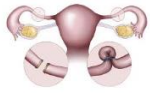
Contraception for transgender people assigned female at birth

- Condoms (external or internal) provide additional benefit of STI protection but associated with contraceptive failure rates up to 18%
- Permanent contraception (sterility) with tubal occlusion or partner vasectomy



- Combined hormonal pills & ring not recommended for people undergoing testosterone treatment (oestrogen counteracts masculinising effects)
- **Offer emergency contraception after unprotected vaginal intercourse**

➢ Emergency contraceptive pills at pharmacies (testosterone not thought to reduce efficacy) or an emergency copper IUD

Contraception for transgender people assigned female at birth

- Copper-IUD: safe, no effect on hormone regimens; may cause unacceptable, unpredictable vaginal spotting and bleeding

- Hormonal-IUD, injections, implant, PO pills- not thought to interfere with hormone regimens

➢ **Depot medroxyprogesterone acetate injection or hormonal-IUD may reduce/stop vaginal bleeding**

Contraception for transgender people assigned female at birth

IUD considerations:

- **Effect of testosterone (hypo-oestrogenisation) on comfort of speculum insertion and IUD placement**
- **? Increased risk of perforation**
- **Effect of pelvic dysphoria**
- Consider prior use of topical oestrogen if acceptable
- Ask what support systems are needed (headphones; insertion under light sedation)
- Determine insertion timing to exclude pregnancy if amenorrhoeic
- Sign posting during the insertion essential

Contraception for transgender people assigned male at birth

- Transgender women and non-binary (assigned male) people who have not undergone orchidectomy or vasectomy require effective contraception if having vaginal sex & their partner does not wish to conceive
- **Although oestradiol treatment impairs spermatogenesis it does not provide adequate contraception**

Contraception for transgender people assigned male at birth

- Hormonal therapy (e.g. GnRH analogues or cyproterone acetate can't be relied on to reduce or block sperm production)
- Condoms can be used (consider failure rate)
- Permanent contraception can be achieved with vasectomy

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