

Health care for transgender men during the puerperal pregnancy cycle: An integrative review

RESUMO | Objetivo: Identificar a produção científica acerca da assistência à saúde do homem transgênero durante o ciclo gravídico puerperal. Método: Foi realizada uma revisão integrativa da literatura, em abril de 2022, nas bases de dados: Scopus, Web of Science, PubMed Central, Embase e Literatura Latino-Americana e do Caribe em Ciências da Saúde, sem delimitação de intervalo temporal para a pesquisa. Resultados: Após aplicação dos critérios de elegibilidade, nove artigos foram incluídos na amostra final. A maior parte dos estudos foi publicada nos anos de 2020 (22,2%) e 2015 (22,2%), prevaleceram os estudos transversais (44,4%) e todos estavam escritos na língua inglesa. Conclusão: O estudo da literatura evidenciou que a assistência à saúde dos homens transgênero engloba diversos desafios como a falta de competência profissional, receio de receber tratamento transfóbico, ausência de orientações e escassez de evidências científicas para as necessidades de saúde desse público.

Descritores: Pessoas Transgênero; Gravidez; Assistência Integral à Saúde.

ABSTRACT | Objective: To identify the scientific production on health care for transgender men during the pregnancy-puerperal cycle. Method: An integrative literature review was carried out, in April 2022, in the following databases: Scopus, Web of Science, PubMed Central, Embase and Latin American and Caribbean Literature on Health Sciences, without delimitation of time interval for research. Results: After applying the eligibility criteria, nine articles were included in the final sample. Most of the studies were published in 2020 (22.2%) and 2015 (22.2%), cross-sectional studies prevailed (44.4%) and all were written in English. Conclusion: The study of the literature showed that the health care of transgender men encompasses several challenges such as lack of professional competence, fear of receiving transphobic treatment, lack of guidelines and scarcity of scientific evidence for the health needs of this public.

Keywords: Transgender People; Pregnancy; Comprehensive Health Assistance.

RESUMEN | Objetivo: Identificar la producción científica sobre la atención a la salud de hombres transgénero durante el ciclo embarazo-puerperio. Método: Se realizó una revisión integrativa de la literatura, en abril de 2022, en las siguientes bases de datos: Scopus, Web of Science, PubMed Central, Embase y Latin American and Caribbean Literature on Health Sciences, sin delimitación de intervalos de tiempo para la investigación. Resultados: Después de aplicar los criterios de elegibilidad, se incluyeron nueve artículos en la muestra final. La mayoría de los estudios se publicaron en 2020 (22,2%) y 2015 (22,2%), prevalecieron los estudios transversales (44,4%) y todos estaban escritos en inglés. Conclusión: El estudio de la literatura mostró que la atención a la salud de los hombres transgénero engloba varios desafíos, como la falta de competencia profesional, el miedo a recibir un tratamiento transfóbico, la falta de directrices y la escasez de evidencia científica para las necesidades de salud de este público.

Palabras claves: Personas Transgénero; El embarazo; Asistencia Sanitaria Integral.

Larissa Beatriz Francisca de Souza

Nursing student at the Federal University of Rio Grande do Norte - UFRN. Natal (RN), Brazil.
ORCID: 0000-0002-0232-7707

Renata Marinho Fernandes

Nurse at the Federal University of Rio Grande do Norte - UFRN. Master by the Graduate Program in Nursing at UFRN. Doctoral student of the Postgraduate Program in Nursing at UFRN. Natal (RN), Brazil.
ORCID : 0000-0001-7358-9061

Leíza Melo Sousa

Nurse at the Federal University of Campina Grande – UFCG. Master's student in Health

and Education Practices at the Federal University of Rio Grande do Norte - UFRN. Natal (RN), Brazil.
ORCID: 0000-0002-6117-2469

Maria Isabel da Conceição Dias Fernandes

Nurse at the Federal University of Rio Grande do Norte - UFRN. Adjunct Professor A at the Department of Nursing at UFRN, professor at the Postgraduate Program in Health and Society at the State University of Rio Grande do Norte - UERN and at the Postgraduate Program in Nursing (PGENF) at UFRN. Master and Doctor in Nursing from UFRN. Natal (RN), Brazil.
ORCID: 0000-0003-0569-5027

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INTRODUCTION

A transgender man (trans) is an individual who identifies as a man, whose sex assigned at birth was female. ⁽¹⁾ In many cases, these individuals may opt for the gender affirmation process, which consists of bodily, social, and legal modifications congruent with their gender identity. ^(2,3)

However, many trans men preserve their ovaries and uterus, making possible a future pregnancy. ⁽⁴⁾ It is emphasized that trans people have unwanted pregnancies, as well as the desire for future pregnancy and parenthood similar to cisgender individuals. ^(4,5) Still, studies indicate that pregnancy rates

among trans men can range from 5% to 17%, with continuous growth, according to experts. ^(6,7)

Despite this, the professionals' unpreparedness to care for the transgender public is notorious, as well as there are still few studies and guidelines that address the best practices of reproductive planning in this population, not mirroring the experience they experience. ⁽⁷⁾ As a result, trans men have faced barriers in accessing health services, especially due to gender bias, social stigma, and discrimination in patient-professional interactions. ⁽⁸⁾

This fact permeates an ethical-moral debate, because within the social construction of gender, the act of gestating is seen as an exclusive process for women. ⁽⁹⁾ The idea that a trans man can gestate is so contradictory to gender assumptions that it becomes imperceptible to society. ⁽¹⁰⁾ This scenario reflects little clinical guidance on prenatal, intrapartum and postpartum care, corroborating feelings of isolation and invisibility in this public. ⁽¹¹⁾

Thus, the failure of health systems to support this population is proven, further increasing the vulnerability of trans men in heteronormative perinatal environments. ⁽¹²⁾ With this, an appeal has been made to the critical self-reflection of nurses, as they constitute the majority of health professionals. This strategy aims to cultivate greater awareness, reducing assumptions of heteronormativity in health institutions. ⁽¹³⁾

Given the above, the question is: "What is the knowledge produced in the literature about health care for transgender men during the pregnancy-puerperal cycle?". Thus, the present study is justified by providing new knowledge to health professionals, increasing the visibility of the transgender public and improving the access and experiences of trans men who need reproductive health care.

Therefore, the objective was to identify the scientific production on he-

alth care for transgender men during the pregnancy-puerperal cycle.

METHOD

This is an integrative literature review, based on the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The elaboration of the research questioning followed the PICO strategy (population/patient/problem, interest and context). From that, P- transgender men was defined; I- Health care; Co-Cycle of pregnancy and childbirth. Thus, the delimited guiding question was: "What is the knowledge produced in the literature about health care for transgender men during the pregnancy-puerperal cycle?".

The search took place in April 2022 from the following data sources: Scopus, Web of Science, PubMed Central, Embase and Latin American and Caribbean Literature on Health Sciences. In addition, a search was carried out in the Medical Subject Headings (MeSH) and the following descriptors were listed, namely: Transgender Persons, Transgender, Pregnancy e Postpartum Period. For the crossing, the Boolean and OR operators were used.

The inclusion criteria were: articles that answered the objective of the study and that were available in full through the proxy linked to the Federal University of Rio Grande do Norte. The exclusion criteria were: publications in editorial format, letter to the editor, protocols, dissertation, thesis, literature review and duplicate documents. For a comprehensive explanation of the theme, there was no delimitation of time interval and language for the research.

The selected studies were exported to the Rayyan® Software, a free computational tool, for paired analysis of the references found and removal of duplicates. To minimize the risk of bias, the entire search was performed by two researchers, simultaneously and on di-

fferent computers. In case of disagreement, the two researchers reached a consensus.

Initially, 1362 publications were found. After applying the eligibility criteria and reading the titles and abstracts, 52 articles were selected for full reading. After careful reading of the texts, nine articles were chosen to compose the final sample. For a better understanding of the applied method, a flowchart was built according to figure 1.

To enable the synthesis and analysis of the data, the selected studies were grouped in a table that gathered the information, namely: author(s), year of publication, journal, title, objective, study type, main results and level of evidence, according to the Joanna Briggs Institute ⁽¹⁴⁾, which suggests a pyramidal classification, in which at the top of the pyramid are the most robust studies of type 1, while at the last level (level 5), base of the pyramid, are the studies with the lowest level of evidence.

RESULTS

Nine studies were selected to compose the sample of this review. Of these, most were published in 2020 (22.2%) and 2015 (22.2%). The studies were carried out in different locations, 77.7% of which were carried out in the United States. As for the type of methodological approach, cross-sectional studies prevailed (44.4%), as with regard to language, all studies were written in English. Regarding the level of evidence, most were classified as level 3 (44.4%).

Table 1 summarizes the data from the studies that were included in this review.

DISCUSSION

From the analysis of the studies included in the review, it was possible to identify the main themes in the literature about health care for transgender men during the puerperal pregnancy

cycle. With this, they were outlined and categorized into three sub-themes discussed later according to the relevant literature, namely: prenatal care: implications of the patient-professional relationship; childbirth: decision process and autonomy; and, puerperium: focus on the breastfeeding process and postpartum depression.

Prenatal care: implications of the patient-professional relationship.

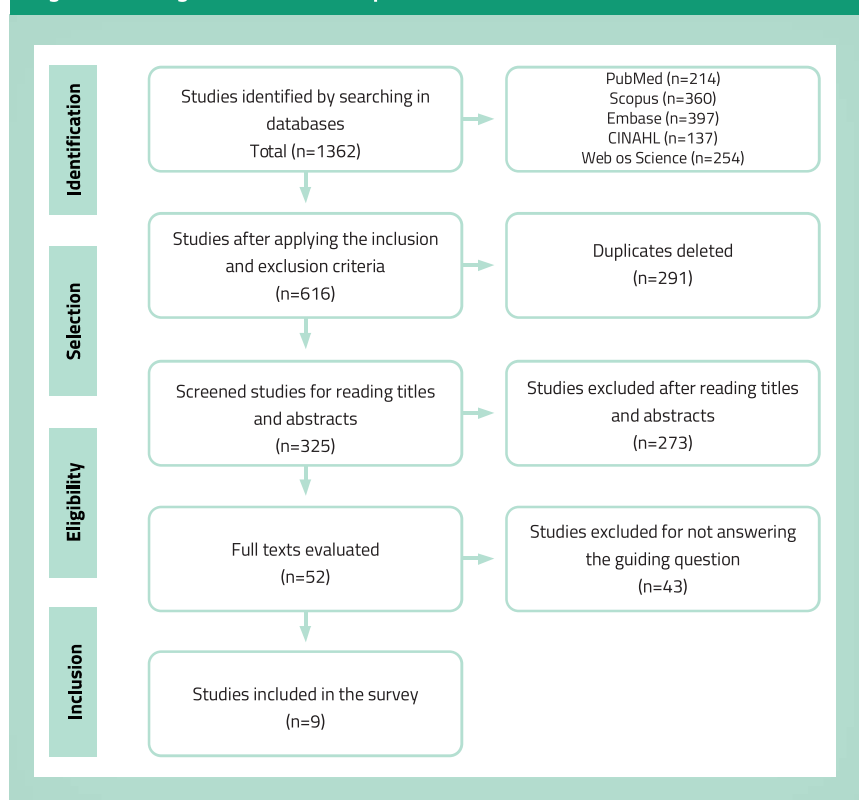
During prenatal care, the therapeutic relationship is built and strengthened, in order to allow holistic care for patients. However, according to the studies included in the present review, it was observed that during prenatal care, health professionals generally demonstrate a lack of cultural knowledge in transgender health, resulting in some barriers to care. For example, it is possible to mention the lack of guidance, unnecessary questioning, assumptions about gender identity, inappropriate use of pronouns, discomfort during the physical examination and invasive procedures.

These actions, when adopted by people from dominant identity groups, constitute micro-aggressions, being experienced in a very aversive way.^(22,23) In this sense, even if professionals have good intentions, ignorance about the health of transgender people can affect interpersonal relationships, resulting in a greater probability of exclusion and discrimination, in addition to making prenatal care difficult.

As a result, an observational study found that 24% of transgender people who seek health care report unequal treatment, 19% report total denial of care, and 33% avoid preventive services.⁽²⁴⁾ Thus, specific care for this public, such as obstetric care and mental health care, are commonly neglected.⁽²⁵⁾

Another consequence of the lack of knowledge is exemplified in the study by Stroumsa et al.⁽²⁶⁾, which describe

Figura 1. Fluxograma do método aplicado. Natal, Rio Grande do Norte, Brasil, 2022.



Source: Survey data, 2022.

Table 1. Synthesis of data from studies included in the review. Natal, Rio Grande do Norte, Brazil, 2022.

Author/ Year	Main results	Type of study/ LE*
Gomez et al. (2020)	Health professionals use invasive approaches to transgender people by asking unnecessary questions or assumptions about gender identity and body changes.	Cross-sectional study/ 3
Riggs et al. (2020)	Participants showed positive experiences in the face of pregnancy loss. They highlight the efforts of professionals to adapt the pronouns and sex inserted in documents and system of that institution.	Cross-sectional study/ 3
Hahn et al. (2019)	Trainings on culturally appropriate care for transgender patients were conducted with antenatal clinic and labor, resulting in increased patient confidence.	Case study/ 4
Richardson e Campbell-Yeo (2018)	The current healthcare system has not developed a standardized method of inquiring about gender identity. There is an ingrained specific language for cisgender women in delivery units.	Study of a phenomenological approach /5

the experience of a trans man who presented to the emergency room with abdominal pain and hypertensive urgency. Due to its masculine appearance, professionals concluded it was a case of untreated chronic hypertension, not including an assessment for common pregnancy complications. As a result, there was a delay in recognizing an obstetric emergency.

Still, in the study by Besse et al.⁽²⁷⁾, the professionals themselves assume that they do not have the resources to help these men, and therefore fear making mistakes during care, resulting in a greater risk of negative experiences for the patient. For Brandt et al.⁽²⁸⁾ these situations are a consequence of the lack of experience with the public since professional training, in addition to the scarcity of scientific evidence about the provision of health care to transgender individuals, corroborating the present review.

Childbirth: decision process and autonomy

The literature indicates that at the time of delivery, transgender men tend to seek care outside the hospital and with professionals who are not doctors at higher rates when compared to the general population.⁽²⁸⁾ This is confirmed through the research by Light et al.⁽²¹⁾, in which he identified that about 44% of trans men were assisted by non-medical professionals, including nurses, and 17% had their children at home.

This fact can be partially explained by the fear of transphobic treatment, characterized as the main concern of trans men about childbirth.⁽²⁷⁾ The term transphobia is used to refer to prejudice and discrimination directed at transgender people, and it is not uncommon among health professionals, which impairs the ability to identify the needs of this clientele.⁽³⁰⁾

In line with the study by Malmquist et al.⁽³¹⁾, it was identified that trans men fear that the vulnerability attributed to

Hoffkling et al. (2017)	Institutional invisibility creates barriers for transgender men to receive routine perinatal care. Denial of service is present.	Cross-sectional study/ 3
MacDonald et al. (2016)	Need for professionals to understand the choice of breastfeeding. Patients felt pressured to breastfeed.	Interpretive Description/ 4
Wolfe-Roubatis e Spatz(2015)	Transgender patients may feel the need not to reveal their transgender identity because they assume caregivers' lack of knowledge.	Case study/ 4
Ellis et al. (2015)	Participants reveal having had positive experiences in the perinatal period. However, feelings of fear and discomfort still persist.	Grounded Theory/ 5
Light et al. (2014)	Low levels of awareness and knowledge of health professionals about the unique needs of pregnant transgender men.	Cross-sectional study/ 3

Source: survey data, 2022. *LE= Level of evidence.

the birth process becomes an opportunity for professionals to harm them. Thus, as a way of avoiding discrimination, these patients tend not to reveal their gender identity and present themselves as women in health services, corroborating the present review.⁽³¹⁾

Fear of discrimination by physicians may lead to the choice of nurse midwives.⁽²¹⁾ This is due to the less medicalized care model adopted by these professionals, providing transgender men with greater control over their childbirth experiences. At this moment, the feeling of control helps to alleviate the tension to be experienced during childbirth, in order to avoid negative situations.⁽²⁷⁾

Regarding the mode of delivery, it was observed that the choices of trans men involve a complex and personal process, varying according to each person's perceptions of their body. According to Besse et al.⁽²⁷⁾ a vaginal birth can give these men the feeling that their reproductive organs have a purpose and can connect them to the newborn. Elective cesarean section, on the other hand, can alleviate gender dysphoria by dissociating childbirth from your vagina.⁽²⁷⁾ However, the feeling of discom-

fort of having your genitals exposed can be present in both types of delivery.^(20,21)

Puerperium: focus on the breastfeeding process and postpartum depression

During the gender affirmation process, trans men may choose to have chest masculinization surgery in order to feel more comfortable with their own bodies. As it does not involve the removal of all breast tissue, the surgery allows greater chances of future breastfeeding according to the individual's will.⁽²⁹⁾

Thus, it is evident that the search for information about infant feeding is characterized as a support in choosing to breastfeed or use other methods to feed the baby. However, according to a study⁽¹⁸⁾, 27% of participants reported experiencing some type of pressure to breastfeed from caregivers, family members and friends, resulting in feelings of anxiety and intimidation.

Thus, it is important to point out that breastfeeding involves a combination of feelings for the trans man. According to Garcia-Acosta et al.⁽²⁹⁾ breastfeeding is related to moments of anguish, in addition to being seen as the maximum point of gender dysphoria, as it is cha-

acterized as one of the most feminine acts existing. However, MacDonald et al. ⁽¹⁸⁾ point out that breastfeeding was associated with strengthening the bond between parents and children, in addition to taking into account the health benefits of the child.

In addition to lactation, it was identified that most men did not receive guidance on postpartum depression, causing confusion among patients, who were unable to distinguish less worrisome mood swings from a pathological process. ⁴ As a result, it is possible that cases of postpartum depression in this population are overlooked and, as a consequence, are not adequately treated. Added to this is the fear of suffering discrimination when seeking professional care, which can increasingly harm their mental health. ⁽³²⁾

Finally, the limitations of this study

include the level of evidence of the articles that make up the sample, demonstrating the scarcity of robust studies on the subject; the collection of methodological data, since some studies did not explicitly clarify the adopted methodology; and, selection of texts written mostly in a single country, restricting the analysis of the theme from the perspective of other cultures.

However, this study becomes relevant because it provides support for comprehensive health care for trans men during pregnancy, childbirth and the postpartum period, reinforcing inclusive care to ensure the establishment of trust between the professional and the client. Furthermore, it can assist in the construction of evidence-based policies and guidelines, in an ethical and meaningful way. It also contributes to greater visibility of this audience by

emphasizing their experiences and anxieties about the pregnancy-puerperal period.

CONCLUSION

After analyzing the literature, it is concluded that there are several challenges for the health care of transgender men that include lack of professional competence, absence of minimum guidelines during pregnancy and postpartum, and scarcity of scientific evidence for the health needs of this public, fear of receiving transphobic treatment when seeking care from a health professional. In view of this, the importance of training care providers to attend to the demands of care in an equitable and humanized way for this clientele is highlighted.

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