

Gender in Healthcare Implications for Blood Transfusion

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Gender in Healthcare

- Definitions of Transgender & non-binary
 - Implications in Blood Transfusion
 - What can we do?



Definitions

Transgender:

Denoting or relating to a person whose sense of personal identity does not correspond with the gender assigned to them at birth.



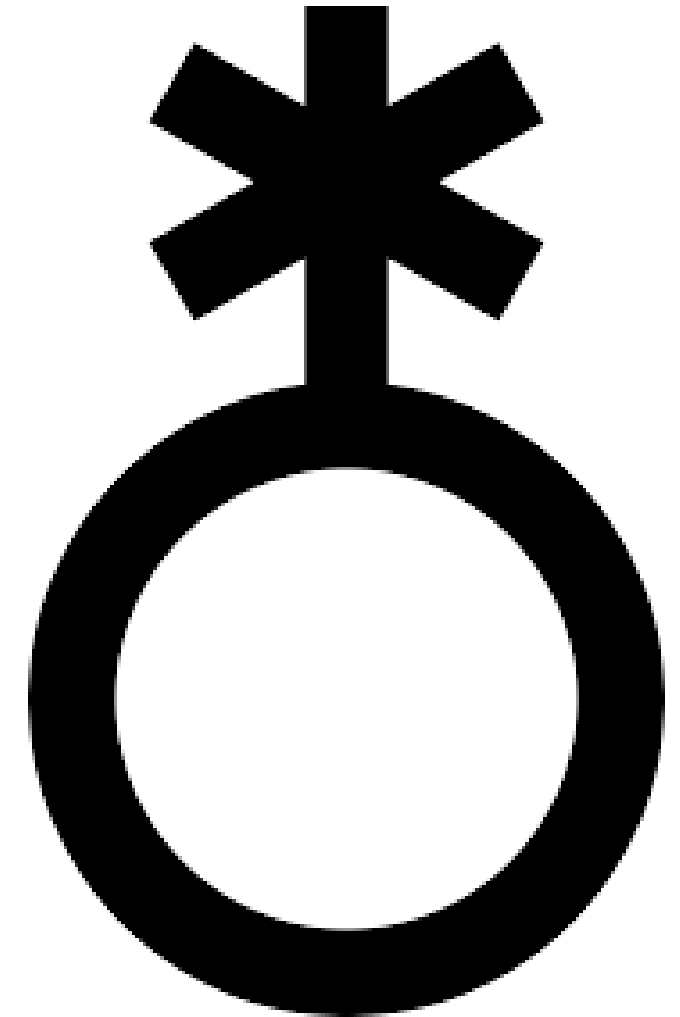
Definitions

Non-binary:

Describes any gender identity which does not fit within the binary of male and female.

Have an androgynous (both masculine and feminine) gender identity.

Have an identity between male and female, such as intergender.



Why does it matter as a patient?



- Blood Transfusion has binary guidelines
- The guidelines are in place to:
 - Protect 'females' from developing red cell antibodies that can cause HDFN
- So, in terms of gender and transfusion science, we are concerned about:
 - **Female to male** transitioning
 - Non-binary
 - These individuals may receive treatment for their gender dysmorphia but retain their childbearing potential.



Why does it matter as a patient?

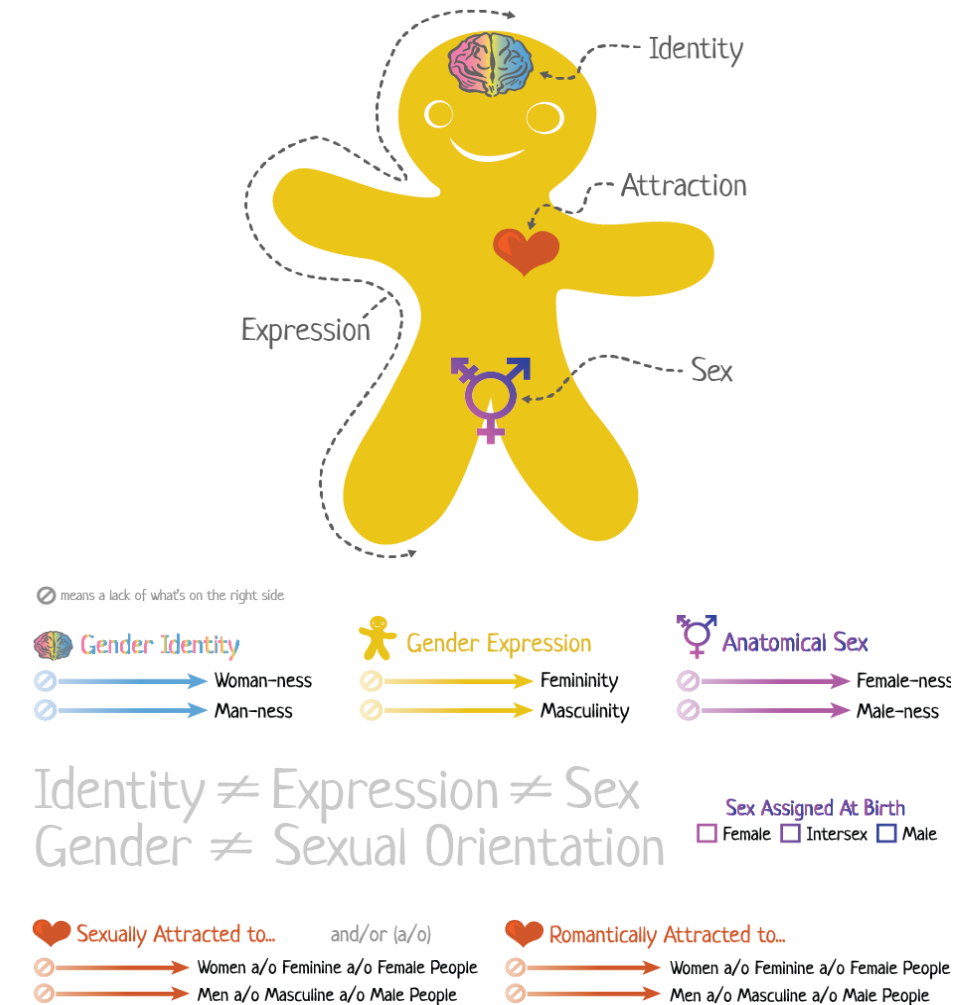


<https://www.nhs.uk/Livewell/Transhealth/Documents/LivingMyLife.pdf>

Why does it matter as a patient?

- Is it *that* common?
- Gender Identity Development Service (GIDS) the number of referrals rose from 678 in 2014-2015 to 2590 in 2018-2019.
- Of those 2590, 1740 were assigned female at birth vs 624 who were assigned male at birth.
- Rates of individuals requesting surgery is increasing:
 - **300 people** referred to NMGH in 2018/19
 - **165 mastectomies** performed in same period
 - Year before approx. **100**
 - NMGH currently do **all of NHS Scotland** and about **half of NHS England/Wales**

The Genderbread Person v4 by its pronounced **METROsexual** community



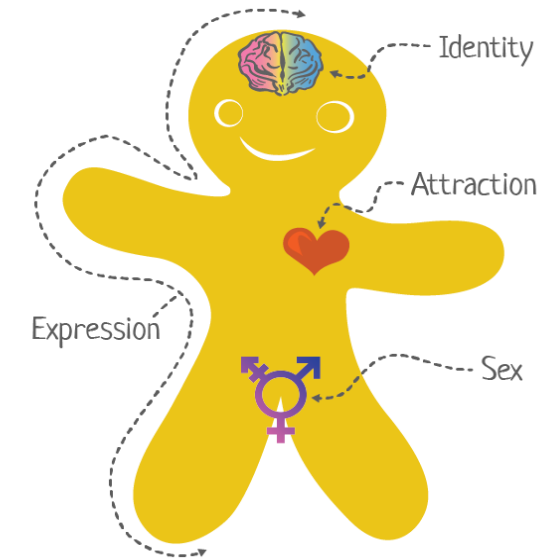
Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann

For a bigger bite, read more at www.genderbread.org

Why does it matter as a patient?

- However, prevalence of individuals identifying as transgender, non-binary or other descriptions is difficult to accurately determine.
- Historically, clinically defined by those who sought medical intervention or diagnosed with severe gender dysphoria.
- A significant majority may not attend gender identity clinics:
 - Fear of discrimination
 - Financial implication of treatment
 - Have no desire to medically transition
- There is a small, but significant, population of gender non-conforming individuals in any given society.

The Genderbread Person v4 by its pronounced METROsexual.com



⊘ means a lack of what's on the right side.

Gender Identity

⊘ → Woman-ness
⊘ → Man-ness



Gender Expression

⊘ → Femininity
⊘ → Masculinity



Anatomical Sex

⊘ → Female-ness
⊘ → Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
□ Female □ Intersex □ Male

♥ Sexually Attracted to... and/or (a/o)

⊘ → Women a/o Feminine a/o Female People
⊘ → Men a/o Masculine a/o Male People

♥ Romantically Attracted to...

⊘ → Women a/o Feminine a/o Female People
⊘ → Men a/o Masculine a/o Male People

Implications for Blood Transfusion Labs

We may receive a sample labelled as male
and issue blood components based on
this gender



This would mean that have failed to
address the requirements of Kell
negative and, if applicable, CDE
negative red cells to someone with
childbearing potential



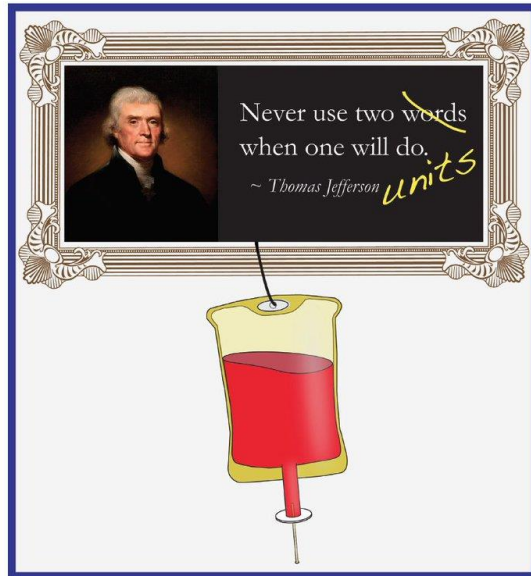
Special Requirements Not Met Incident



Recent Cases

www.transfusion.org Vol. 57, No. 5, May 2017

TRANSFUSION



aa
BB

Transfusion support for transgender men of childbearing age.

- A 40-year-old transgender man, who retained his uterus and ovaries, presented with severe vaginal haemorrhage following biopsies for a cervical mass.
- He was admitted to the Gynaecology unit and emergency blood was ordered.
- Because the patient was listed as male in the electronic health record (EHR), the transfusion service prepared uncrossmatched type O, RhD-positive red blood cells (RBC).
- After the sex/gender incongruence was recognised, the units were switched for Rh-negative.

May JA et al, Transfusion. 2018 Mar;58(3):823-825.

Implications for Blood Transfusion Labs



Both SHOT and MHRA agree that if the information is **not provided** or provided and the **incorrect gender** is recorded or assumed then **it is reportable** to SABRE.



If the **clinical area** provide the incorrect gender information then it is not a reportable incident (from a lab point of view).



However, SHOT would like you to check with them regarding any 'unusual circumstances', such as those outlined, because they do sometimes include cases when there are specific learning points.

Implications for Blood Transfusion Labs

We may receive an antenatal sample from a patient who identifies as male.



How do we process this? Will our LIMS allow us to perform all the same testing and product issuing for a sample inputted as male as it would for a female?



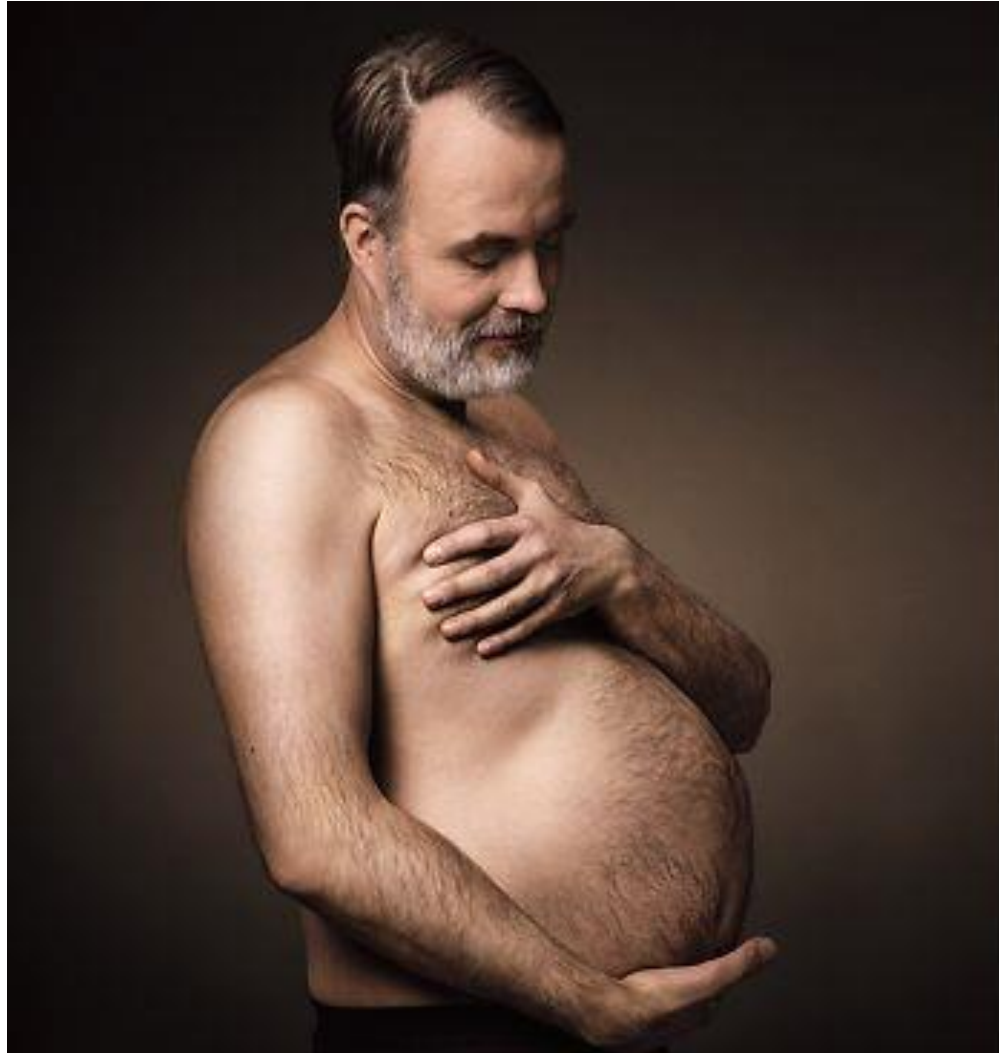
This very much depends on the LIMS in use, the age of the system and what rules are in place.





"As the pregnancy's progressed, it's like more and more obvious that it's not just a guy with a beer belly," Trystan Reese

Not to be confused with:





Thomas Beatie: Labor of love: the story of one man's extraordinary pregnancy, 2008.

- There is a paucity of research to determine the prevalence of pregnancy in transmen
- However, the reproductive desires of this group appears to be similar to cisgender women
- Expert opinion suggests that the number of pregnancies among transgender men is growing and will continue to increase in the future
- Consultant Breast Surgeon states she is seeing some patients who want to have children after transitioning
- Transmen may also retain childbearing potential unintentionally

Recent Cases



The Power & Limits of Classification

- A 32-year-old transgender man, presenting with severe lower abdominal pain and hypertension, was classified as a man who hadn't taken his blood-pressure medications.
- When examined several hours later, he was found to be pregnant, but no foetal heartbeat could be detected.

Stroumsa, D. (2019) *N. Engl. J. Med*, 380, pp. 1885–1888.

Implications for Blood Transfusion Labs



A recent case in Yorkshire & The Humber RTC area illustrated the difficulties:



NHS number showed gender as male
However, patient was pregnant and RhD negative



LIMS would not allow issue of Anti-D

Implications for Blood Transfusion Labs



In LTHT we could issue Anti-D



But we couldn't enter an
Estimated Date of Delivery



Workaround was putting gender
as 'P' for pregnant

Implications for Blood Transfusion Labs

Many people who have transitioned get a new NHS number which may or may not link to the medical history of the gender assigned at birth.



Lab staff unaware and don't merge records.



All future transfusion requests are therefore relying solely on antibody screening results with no historical transfusion information.



Implications for Blood Transfusion Labs

This is against BSH guidance for pre-transfusion testing which states that 'duplicate records should be avoided to prevent essential transfusion or antibody history being overlooked'

The clinical consequences of this error are missed incompatibilities, SRNM errors and immediate or delayed transfusion reactions with a potential for major morbidity or mortality.



Implications for Healthcare

- All the circumstances described above illustrate that provision of healthcare is not uniform for all patients in the UK
- Can be described as: 'cisgenderism' – the ideology that invalidates people's own understanding of their genders and bodies
- Often functions at systemic and structural levels of organisations, so the review of practices ideally should be trust wide, rather than one individual department.



Implications for Healthcare

- Nearly one quarter of transgender people reported negative healthcare experiences in the US in the last year.
- These can range from improper noun use (misgendering or 'mispronouncing') and rude treatment, to being turned away from medical practices and denied treatment.
- Medical providers seem largely unprepared for dealing with transgender patients. There may be several reasons for this:
 - limited exposure to transgender patient in their current medical practice;
 - little experience for caring for transgender patient during medical training;
 - limited educational resources and training opportunities;
 - lack of high-quality research in evidence based provision of healthcare delivery for transgender individuals

So what can we do?

Let's get a list of all female-to-male
and female-to-non-binary patients
and add them to the LIMS!



Implications for Blood Transfusion Labs

However, it is
illegal to disclose
a person as
transgender
without their
consent:

- 'Outing' a person as transsexual is classed as direct discrimination under the Equality Act 2010 and could result in criminal charges under the Gender Recognition Act 2004.

Consequences:

- You are personally liable (not the trust) for £5k fine +/- 6 months prison sentence.
- Nothing on LIMS can indicate transgender status without explicit, informed consent.

So what can we do?

Include 'transgender/not stated/non-binary' gender training for lab staff with responsibility for booking samples into LIMS to lessen the chances of assuming the wrong gender.



So what can we do?

- The use of a two-step method for collecting sex and gender information has been found to be superior at identifying transgender individuals in comparison to other methods:

Sex ID (at birth):

Is your current gender identity the same as the gender you were originally assigned at birth:

Two-step method for the collection of sex and gender identity information

| Current gender identity | Sex assigned at birth |
|--|-----------------------|
| Male | Male |
| Female | Female |
| Transmale/transman/FTM | Other |
| Transfemale/transwoman/MTF | |
| Genderqueer/gender-non-conforming | |
| Different identity: please state _____ | |

FTM, female to male (ie, female assigned at birth, male-spectrum identity); MTF, male to female (ie, male assigned at birth, female-spectrum identity).

So what can we do?

Develop a trust and/or departmental policy on gender in healthcare which could introduce the use of a consent form for transgender and non-binary individuals to allow pertinent information to be recorded on LIMS patient notes.



Discussion/Questions?

Hello
my name is

my pronouns are: _____

Hello
my name is

my pronouns are: **he, him, his**

Hello
my name is

my pronouns are: **she, her, hers**

Hello
my name is

my pronouns are: **they, them, theirs**

Hello
my name is

my pronouns are: **xe, xem, xys**

Hello
my name is

my pronouns are: **ze, hir, hirs**

Hello
my name is

Hello
my name is

Hello
my name is