

Dutch health care system isn't prepared for pregnant transgender men, says study

March 1 2023



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Transgender men can, and often wish to, become pregnant. However, they do need extra guidance and care providers often lack the necessary knowledge and skills. Amsterdam UMC is the first to conduct qualitative



research into the experiences of Dutch transgender people with maternity care. This research is now available as a pre-print in *Midwifery*.

Transgender men often undergo <u>medical procedures</u> to adjust their bodies to their male gender identity. These medical interventions can affect fertility. Some <u>transgender men</u> therefore choose not to undergo these treatments, postpone them or, even, to temporarily stop them. Allowing them to retain the possibility of becoming pregnant.

Lack of environment understanding

Registrar Jojanneke van Amesfoort and gynecologist Norah van Mello, together with colleagues from Amsterdam UMC, conducted research into the experiences of transgender and gender diverse individuals. With a focus on the entire pregnancy trajcetory, from becoming pregnant to being pregnant, giving birth and, lastly, the postpartum period. They interviewed five Dutch transgender men who have been pregnant and have given birth to one or more children.

This research shows that their experiences differ greatly from a female pregnancy. For example, transgender men get little to no understanding of pregnancy from their environment, as pregnancy is seen as something feminine in society. Finding the right care providers can also be difficult, sometimes leading to individuals withholding the desire to become pregnant.

Fear also plays a role in the process. On one hand the fear that pregnancy will hinder their medical transition as well as <u>fear</u> of negative reactions from <u>health care</u> providers. These findings echo international studies into the experience of pregnant transgender men.

Missing knowledge



In addition, for some, pregnancy and childbirth can provoke or even reinforce feelings of gender dysphoria (feeling of discomfort because gender at birth does not correspond to gender identity) and isolation. During the postpartum period, it became particularly clear to them that both health care and the law still offer insufficient scope for birth parents who do not identify as female. They also experienced that the care providers lack the right knowledge and understanding to adequately guide transgender and gender diverse people.

The results emphasize that the Dutch health care landscape, much like the international situation, is still insufficiently equipped to provide gender-inclusive care. There is also a lack of guidelines to guide transgender and gender diverse people and to enable referral to the correct services and support platforms.

More information: J.E. van Amesfoort et al, The barriers and needs of transgender men in pregnancy and childbirth: a qualitative interview study, *Midwifery* (2023). DOI: 10.1016/j.midw.2023.103620

Provided by Amsterdam University Medical Centers

Citation: Dutch health care system isn't prepared for pregnant transgender men, says study (2023, March 1) retrieved 4 July 2023 from https://medicalxpress.com/news/2023-03-dutch-health-isnt-pregnant-transgender.html

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