



# Gender-Affirming Care Recommendations for Primary Care Teams

## Developmental Considerations

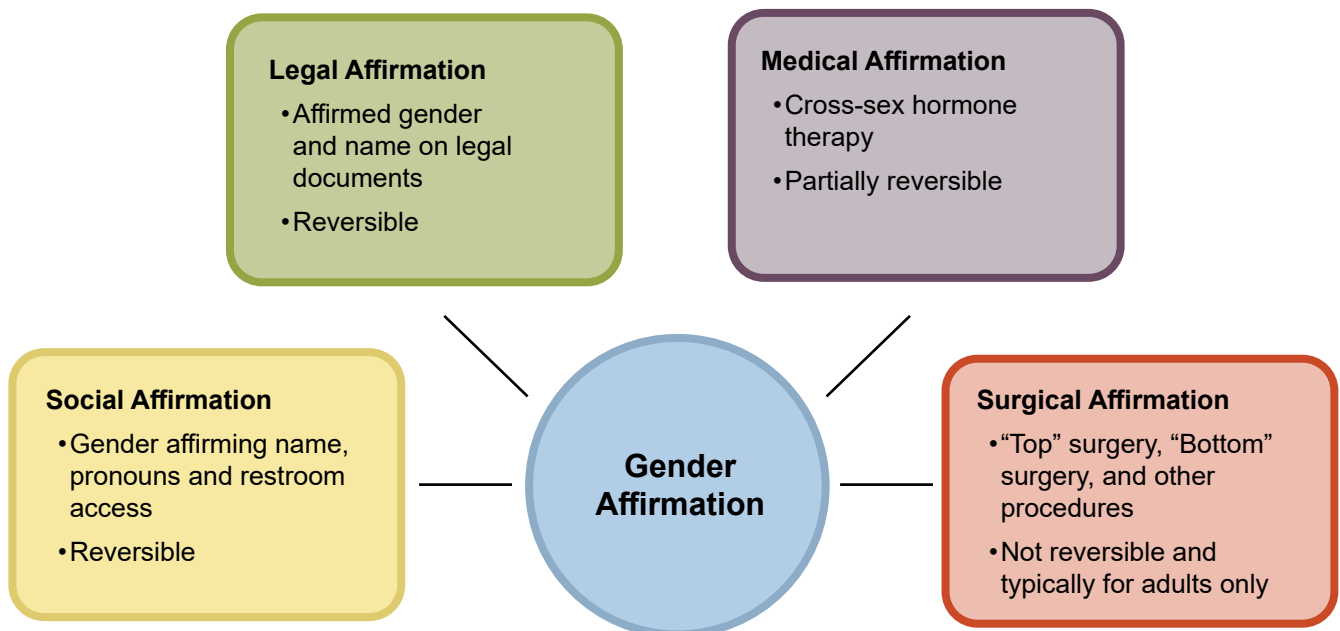
Support a child's gender identity and exploration regardless of age. Historically, providers held gender identity as "possibly true" until puberty. However, current research suggests that gender-diverse children understand their gender as clearly at young ages as peers and that supporting this identity early helps develop resilience and self-value for the child.

Children can express gender diversity as early as 2-5 years old, which can lead to uncertainty from parents and school professionals. Recommend that parents support gender exploration for their child (i.e., clothing, toy selection, and imaginary play). Ensure your primary care team creates a safe place by using preferred names and pronouns.

It is recommended that pediatric providers utilize the gender-affirmative model to support gender-diverse youth and families.

## The Process of Gender Affirmation

This process used to be called "transitioning"; however, this was re-labeled as Gender Affirmation since it is viewed as an affirmation of their identity rather than a transition from one gender to another.



## *American Academy of Pediatrics Recommendations for Supporting Gender Diverse Youth*

- 1. Gender-diverse youth should have access to comprehensive, gender affirming, and developmentally appropriate health care in a safe and inclusive clinical space.**
  - For example: Display flyers and posters related to LGBTQ+ health and gender diversity, provide access to gender neutral restroom, mandatory training for staff in use of preferred pronouns and name, etc.
- 2. Provide family-based therapy and support to recognize and respond to the emotional and mental health needs of parents, caregivers, and siblings of youth who identify as gender diverse.**
  - Encourage parents to communicate concerns and questions and provide education and recommendations for how to support their child.
  - Help the child understand parents' concerns, and provide education that acceptance and affirmation sometimes takes time and parents will likely make mistakes along the way.
- 3. Electronic health records, billing systems, patient-centered notification systems, and clinical research should be designed to respect the asserted gender identity of each patient.**
  - Use asserted name and pronouns in chart without creating duplicate charts.
- 4. Insurance plans should cover health care services specific to the needs of gender-diverse youth.**
  - Though providers don't control insurance coverage, they play a key role in advocating for improved coverage of gender-affirmative services.
- 5. Provider education, including medical school, residency, and continuing education, should integrate core competencies on the emotional and physical health needs and best practices for the care of gender diverse youth and their families.**
  - Seek out continuing education activities to build or maintain competency on this topic.
- 6. Pediatricians have a role in advocating for, educating, and developing liaison relationships.**
  - Work with school districts and other community organizations to promote acceptance and inclusion of all children without fear of harassment, exclusion, or bullying because of gender expression.

- 7. Pediatricians have a role in advocating for policies and laws that protect gender-diverse youth from discrimination and violence.**
  - Advocate for affirmative policies and laws at local, state, and national levels.
- 8. The healthcare workforce should protect diversity by offering equal employment opportunities and workplace protections, regardless of gender identity or expression.**
  - Evaluate potentially discriminative policies such as gendered dress codes.
- 9. The medical field and federal government should prioritize research that is dedicated to improving the quality of evidence-based care for gender-diverse youth.**
  - Consider if and how your practice could contribute to research and/or quality improvement evaluations that could inform and improve gender-affirmative care.

**Authors:**

Roberts, H., Johnson, K., and Clarke, B.

**References:**

Dowshen, N., Meadows, R., Byrnes, M., Hawkins, L., Eder, J., & Noonan, K. (2016). Policy perspective: Ensuring comprehensive care and support for gender nonconforming children and adolescents. *Transgender health*, 1(1), 75-85.

Rafferty, J. (2018). Committee on Psychosocial Aspects of Child and Family Health Committee on Adolescence. Ensuring comprehensive care and support for transgender and Gender-Diverse children and adolescents. *Pediatrics*, 142(4), e20182162.