

E-ISSN: 2582-2160 • Website: <a href="www.ijfmr.com">www.ijfmr.com</a> • Email: editor@ijfmr.com

# Gender Dysphoria and Obstetric Care: Nursing Challenges

# Ms. Krinal Chauhan<sup>1</sup>, Ms. Smitha Sivan<sup>2</sup>

<sup>1,2</sup>Nursing Tutor Department Of Obstetrics And Gynaecological Nursing P P Savani School Of Nursing Surat

#### **Abstract**

Gender dysphoria is a recognized medical condition characterized by a significant mismatch between an individual's gender identity and their assigned sex at birth, often resulting in emotional distress. As increasing numbers of transgender and non-binary individuals seek reproductive health services, nursing professionals face the challenge of providing sensitive, inclusive, and gender-affirming obstetric care. However, nurses often encounter barriers such as lack of knowledge, discomfort with gender-diverse patients, societal biases, and institutional limitations. Pregnancy-related body changes may intensify gender dysphoria, further complicating clinical care. Misgendering, use of inappropriate language, and lack of inclusive practices can negatively impact the health outcomes of transgender patients. This paper highlights key challenges in obstetric care for gender-diverse individuals and offers practical recommendations for nurses. These include continuous education, reflective practice, respectful communication, interprofessional collaboration, and advocacy for inclusive healthcare policies. Empowering nurses to deliver competent and affirming care is essential for promoting equitable maternal health outcomes for all gender identities.

**Keywords:** Gender Dysphoria, Obstetric Nursing, Transgender Health, Inclusive Care, Gender Identity, Misgendering, Nursing Challenges, Patient-Centered Care, Gender-Affirming Practices

#### INTRODUCTION

Gender dysphoria is a recognized medical condition involving a strong and persistent cross-gender identification and a persistent discomfort with one's sex or gender assigned at birth. t's characterized by a significant mismatch between a person's gender identity and their biological sex, leading to distress. This distress can manifest in various ways, including discomfort with physical characteristics associated with their assigned sex, and a desire to live as a different gender. As more transgender and non-binary individuals seek reproductive services, nurses are increasingly called upon to provide sensitive, respectful, and individualized care. However, this requires navigating complex issues such as gender identity, inclusive communication, and institutional barriers, all while ensuring clinical competence and emotional support. Addressing these challenges is essential for promoting equitable, affirming, and holistic obstetric care.

#### **RECOMMENDATIONS FOR NURSES:**

Nurses play a pivotal role in ensuring respectful, inclusive, and high-quality care for individuals experiencing gender dysphoria, especially within obstetric settings. One of the foremost recommendations



E-ISSN: 2582-2160 • Website: <a href="www.ijfmr.com">www.ijfmr.com</a> • Email: editor@ijfmr.com

is for nurses to enhance their knowledge through continuous education and training on gender identity, inclusive communication, and healthcare needs. Staying updated with clinical guidelines and best practices ensures competent and sensitive care delivery.



**Education and Training:** Nurses should participate in ongoing education and training on gender identity, transgender health, and inclusive care practices.

**Self-Reflection and Awareness:** Nurses should reflect on their own biases and assumptions about gender and sexuality to provide more inclusive care.

**Patient-Centered Approach:** Nurses should prioritize the individual needs and preferences of each patient, creating a safe space for open communication and shared decision-making.

**Respectful Language and Communication:** Nurses should use the patient's preferred name and pronouns, avoid assumptions about gender, and use gender-neutral language when appropriate.

Collaboration with Specialists: Nurses should collaborate with other healthcare professionals, such as endocrinologists, mental health

specialists, and gender specialists, to provide comprehensive care.

Advocacy for Inclusive Policies: Nurses can advocate for inclusive policies and practices within their healthcare settings to promote equitable access to care for all individuals.

Thus, Interdisciplinary collaboration is highly beneficial in such cases. Nurses should work closely with professionals such as OB/GYNs, endocrinologists, mental health providers, and social workers who are trained in gender-affirming care. It is also essential to address the emotional and psychological needs of transgender and non-binary individuals, as pregnancy and childbirth may trigger or intensify gender dysphoria.

Lastly, ensuring consistency in care is vital. All members of the healthcare team must be informed about a patient's gender identity and preferences to avoid repeated misgendering and invasive questioning. Clear



E-ISSN: 2582-2160 • Website: <a href="www.ijfmr.com">www.ijfmr.com</a> • Email: editor@ijfmr.com

communication and proper documentation can help maintain continuity of care across shifts and departments. Through these approaches, nurses can overcome challenges and provide respectful, competent obstetric care to individuals with gender dysphoria

# CHALLENGES IN OBSTETRIC CARE FOR TRANSGENDER AND GENDER DIVERSE INDIVIDUALS:

- Lack of Knowledge and Training: Many nurses lack adequate training and knowledge about gender dysphoria, transgender identities, and the specific healthcare needs of this population. This can lead to misgendering, inappropriate language, and insensitive care practices.
- **Discomfort and Anxiety:** Some nurses may feel uncomfortable or anxious when interacting with transgender and gender diverse patients, particularly when dealing with pregnancy-related changes that can exacerbate gender dysphoria.
- Societal Bias and Discrimination: Transgender individuals may experience discrimination and prejudice within the healthcare system, leading to avoidance of care or negative experiences.
- **Gender Dysphoria and Pregnancy:** Pregnancy can trigger or worsen gender dysphoria in transgender men and non-binary individuals, as physical changes (e.g., breast growth, changes in body shape) may conflict with their gender identity.
- **Misgendering and Language:** Using incorrect pronouns or terminology can be deeply hurtful and invalidating for transgender patients.
- Need for Inclusive Language and Practices: Nurses need to be aware of the importance of using gender-neutral language, respecting preferred pronouns, and creating a welcoming and inclusive environment.
- Concerns about Breastfeeding and Lactation: Some transgender men may desire to breastfeed or chestfeed their infants, but may face challenges related to dysphoria, chest masculinization surgery, or lack of support.
- **Postpartum Care:** Postpartum care requires sensitivity to the unique needs of transgender and gender diverse individuals, including decisions about testosterone use and lactation management.

#### **CONCLUSION:**

Gender dysphoria in obstetric settings challenges traditional nursing roles and demands a shift toward inclusive, patient-centered care. Nurses must be empowered through training and institutional support to deliver safe, respectful, and affirming obstetric care to all individuals, regardless of gender identity.

#### BIBLIOGRAPGY

- 1. American College of Obstetricians and Gynecologists. (2021). Health care for transgender and gender diverse individuals. ACOG Committee Opinion No. 823. https://www.acog.org
- 2. Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., & Deutsch, M. B. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of Transgender Health, 23(S1), S1–S259. https://doi.org/10.1080/26895269.2022.2100644
- 3. Lindroth, M. (2019). 'Competent persons who can treat you with competence, as simple as that' an interview study with transgender people on their experiences of health care encounters. BMC Health Services Research, 19(1), 648. https://doi.org/10.1186/s12913-019-4494-0



E-ISSN: 2582-2160 • Website: <a href="www.ijfmr.com">www.ijfmr.com</a> • Email: editor@ijfmr.com

- 4. Makadon, H. J., Mayer, K. H., Potter, J., & Goldhammer, H. (2015). The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health (2nd ed.). American College of Physicians.
- 5. Maraka, S., Singh Ospina, N. M., Rodriguez-Gutierrez, R., et al. (2017). Sex and gender in medical education: A national student survey. Biology of Sex Differences, 8(1), 11. https://doi.org/10.1186/s13293-017-0136-0
- 6. Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., Holland, C. E., & Baral, S. D. (2016). Global health burden and needs of transgender populations: A review. The Lancet, 388(10042), 412–436. https://doi.org/10.1016/S0140-6736(16)00684-X
- 7. Safer, J. D., & Tangpricha, V. (2019). Care of transgender persons. New England Journal of Medicine, 381(25), 2451–2460. https://doi.org/10.1056/NEJMcp1903650
- 8. WPATH (World Professional Association for Transgender Health). (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. https://www.wpath.org/publications/soc