

FSRH CEU Statement: Contraceptive Choices and Sexual Health for Transgender and Non-binary People

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This statement provides guidance on contraceptive choices for transgender and non-binary people and their partners, who are engaging in vaginal sex where there is a risk of pregnancy. The statement also offers general sexual health advice for these groups.

A transgender individual is someone whose gender identity is not congruent with the sex they were assigned at birth. A transgender woman is someone who was assigned the sex of male, but identifies as a woman. A transgender man is someone who was assigned the sex of female, but identifies as a man. The term transgender is often shortened to 'trans'. The term non binary describes any gender identity which does not fit the male and female binary.

It should be stressed that trans people may or may not elect to seek medical help and that, if sought, this medical help is highly individualised. People's goals from hormone use and surgery vary; therefore so will appropriateness and acceptability of different methods of contraception. Sensitive communication, with a clear attempt to avoid any stigmatising language, is therefore a key issue.

The FSRH CEU were unable to identify evidence in the scientific literature on the effectiveness and/or safe use of contraception by these groups. The clinical guidance in this statement is largely informed by consensus of experts in this field to support healthcare professionals (HCPs) in providing a high standard of contraception and sexual health care for these groups.

General advice

With regard to contraception:

- ▶ There is no restriction on the use of any method of contraception for people assigned female at birth on account of their current gender identity. An individual's personal characteristics and any existing medical conditions or drug therapies must be taken into consideration when assessing their eligibility to use any particular method.[1]
- ▶ People who were assigned female at birth should be given accurate information about all methods of contraception for which they are medically eligible and given help to decide which would best suit their needs.
- ▶ HCPs who give advice about contraception should be able to provide accurate information about the efficacy, risks and side effects, advantages and disadvantages, and non-contraceptive benefits of all available methods. [1]
- ▶ Condoms are advised for protection against sexually transmitted infections (STIs) and provide contraception when used correctly and consistently.

With regard to general sexual health, HCPs should:

- ▶ provide information regarding the national screening programme for cervical cancer to trans men and non-binary people who have a uterus. These individuals should receive invitations for this and be facilitated to have cervical screening undertaken in an appropriate environment and in a sensitive manner. Hormone therapy may affect the sampling and accuracy of cervical material.
- ▶ consider HPV vaccination for transgender and non-binary individuals to reduce the risk of HPV-associated cancers.
- ▶ advise trans and non-binary individuals who may engage in anal sex as to the importance of using condoms and on vaccination against Hepatitis A&B.
- ▶ advise trans and non-binary individuals who engage in high risk sexual behaviours about the importance of safe sex and the availability of HIV PrEP (pre exposure prophylaxis) and HIV PEPSE (post exposure prophylaxis following sexual exposure).

For further information on NHS screening programmes for trans people see leaflet produced by Public Health England [2] and Public Health Wales [3].

Contraceptive choices for trans people assigned female at birth

- ▶ Contraception is recommended for trans men and non-binary (assigned female) people, if they have not undergone hysterectomy or bilateral oophorectomy, who are having vaginal sex with a risk of pregnancy and do not wish to conceive.
- ▶ A trans man or non-binary person who is receiving testosterone therapy should be aware that testosterone treatment does not provide adequate contraceptive protection.
- ▶ A trans man or non-binary person who is receiving gonadotrophin releasing hormone (GnRH) analogues to suppress ovarian function should be aware that GnRH analogues cannot be relied on for contraceptive protection.
- ▶ Pregnancy is an absolute contraindication to testosterone therapy.[4,5] A trans man or non-binary person who is taking testosterone should be aware that if pregnancy does occur, testosterone treatment used in current regimens can be associated with teratogenicity i.e. masculinisation of a female fetus.[4-6]
- ▶ Trans men and non-binary (assigned female) people and their partners can use condoms with the additional benefit of protection against STIs. The contraceptive failure rate of condoms with perfect (correct and consistent) use is about 2% and with typical use failure rate is about 18%.[1]
- ▶ Permanent contraception (sterility) if required in either partner can be achieved with tubal occlusion or vasectomy.

Regular contraception

- ▶ Non-hormonal copper intrauterine devices (Cu-IUDs) are safe to use and do not interfere with hormone regimens used in the treatment of trans and non-binary people. However, a Cu-IUD may be associated with unwanted and unacceptable side effects such as unpredictable vaginal spotting and bleeding.
- ▶ Progestogen-only contraceptive methods such as pills, injections, implants and the levonorgestrel intrauterine systems (52mg LNG-IUS and 13mg LNG-IUS) are not thought to interfere with the hormone regimens used in the treatment of trans and non-binary people. Progestogen-only injections and the IUS may provide the additional non-contraceptive benefit of reducing or stopping vaginal bleeding.
- ▶ Use of combined hormonal contraceptives (CHC) such as pills, patches or the vaginal ring containing estrogen and progestogen by trans men and non-binary people undergoing testosterone treatment are not recommended as the estrogen component of CHC will counteract the masculinising effects of testosterone.

Emergency Contraception

- ▶ Trans men and non-binary (assigned female) people who do not wish to become pregnant should be offered emergency contraception (EC) after unprotected vaginal intercourse or if their regular contraception has been compromised or used incorrectly.
- ▶ Both oral EC methods, (ulipristal acetate 30 mg and levonorgestrel 1.5 mg) and the Cu-IUD can be used by trans men and non-binary people without interfering with the hormone regimens used in the treatment of trans and non-binary people. Testosterone is not thought to affect efficacy of emergency hormonal contraception.
- ▶ Trans men and non-binary people should be informed that the Cu-IUD is the most effective method of EC. Trans men who choose to use oral EC should be informed that these methods do not provide contraceptive cover for subsequent UPSI and that they will need to use contraception or abstain from sex to avoid further risk of pregnancy.
- ▶ Please see FSRH Guideline Emergency Contraception [7] for further details.

Contraception for trans people assigned male at birth

- ▶ Trans women and non-binary (assigned male) people, who have not undergone orchidectomy or vasectomy should ensure that effective contraception is used if they are having vaginal sex with a risk of pregnancy and their partner does not wish to conceive.
- ▶ A trans woman or non-binary person who is receiving estradiol therapy should be aware that although estradiol treatment results in impaired spermatogenesis, it does not provide adequate contraceptive protection if they are having vaginal sex.
- ▶ A trans woman or non-binary person who is receiving hormonal therapy (such as gonadotrophin releasing hormone (GnRH) analogues, finasteride or cyproterone acetate) should be aware that these treatments cannot be relied on for contraceptive protection in terms of reducing or blocking sperm production.

Regular and Emergency Contraception

- ▶ Trans women and non-binary (assigned male) people who have not undergone orchidectomy can use condoms as a non-permanent form of contraception with the additional benefit of protection against STIs. The contraceptive failure rate of condoms with perfect (correct and consistent) use is about 2% and with typical use failure rate is at about 18%.[1] Permanent contraception (sterility) can be achieved with vasectomy.
- ▶ To support the partners of trans women and non-binary people with choosing safe and appropriate methods of contraception and EC, please refer to the UKMEC [1], FSRH Guideline Emergency Contraception [2] and other relevant FSRH Guidelines as appropriate.

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The Clinical Effectiveness Unit (CEU) was formed to support the Clinical Effectiveness Committee of the Faculty of Sexual and Reproductive Healthcare (FSRH), the largest UK professional membership organisation working at the heart of sexual and reproductive healthcare. The FSRH CEU promotes evidence based clinical practice and it is fully funded by the FSRH through membership fees. It is based in Edinburgh and it provides a member's enquiry service, evidence based guidance, new SRH product reviews and clinical audit/research. [Find out more here.](#)