

# TRANSGENDER AND GENDER NON-CONFORMING (TGNC) YOUTH

THE GENDER CLINIC AT MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF ENDO & DIABETES) • 887 CONGRESS ST, SUITE 100, PORTLAND, ME • (207) 662-5522

## HIGH RISK

### SUGGESTED EMERGENT CONSULTATION

#### SYMPTOMS AND LABS

##### Pre-pubertal:

High level of stress or conflict related to gender identity, including family conflict/caregivers not in agreement over how to support

Attempts or thoughts of self-harm, especially thoughts or attempts to harm genitals

##### Pubertal:

Early stages of puberty (Tanner 2) or progressing through puberty with increasing distress due to pubertal development

Distress or impairment in functioning such as school avoidance, self harm, recent history of suicidal ideation or attempt

Does not feel supported by family

#### SUGGESTED PREVISIT WORKUP

REFER and consider calling to inform gender clinic of high risk designation and ask about interim resources (medical or mental health)

Perform suicide risk assessment

##### If needed-

Mobile crisis: 774-HELP  
Crisis hotline: 1-888-568-1112

## MODERATE RISK

### SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### SYMPTOMS AND LABS

##### Pre-pubertal:

Insistence of desire to be or identify as gender not assigned at birth

Signs of mental health co-morbidities

Social, environmental or family conflict present surrounding gender nonconforming behavior or gender expression

##### Pubertal:

Early pubertal (Tanner 2) with minimal distress around pubertal development

Desires medical and/or surgical intervention to help them transition to their affirmed gender

#### SUGGESTED WORKUP

REFER and please send: growth chart, any pertinent lab evaluations (though labs are not required), clinic notes, recent mental health evaluations

If patient desires menstrual suppression and the PCP is comfortable prescribing, it is ok to start medical treatment, such as Depo Provera, IUD or OCP, to suppress or minimize menses either independently or in consultation with pediatric endocrinology prior to initial Gender Clinic appointment

## LOW RISK

### SUGGESTED ROUTINE CARE

#### SYMPTOMS AND LABS

##### Pre-pubertal:

Gender nonconforming behavior without distress or mental health co-morbidities and without significant concerns regarding socialization. Also with healthy family support/dynamics, especially surrounding the gender nonconforming behavior.

##### Pubertal:

Gender nonconforming behavior without distress or mental health co-morbidities

Has progressed through puberty with strong sense of identity, but no distress nor desire for medical or surgical interventions to help them transition

No family conflict around their gender identity

Good social and school support

#### SUGGESTED MANAGEMENT

Monitor and refer when ready – consider call to Gender Clinic to discuss case

For Parents:  
GenderSpectrum.org  
PFLAG.org

For Providers  
TransHealth.uscf.edu  
GLMA.org  
FenwayHealth.org

For Schools:  
SafeSchoolsCoalition.org  
GLSEN.org

For Youth:  
TransYouthEquality.org

## CLINICAL PEARLS

- Ask your patient what name and pronouns they use and then educate staff to use and document chosen name and pronouns.
- Suicide risk for LGBTQ youth is very high and increased specifically in transgender youth (41% lifetime suicide attempt). This risk is further increased in those who do not have supportive families or environments.
- Let your patient know that you appreciate their willingness to share with you their questions about gender. 33% of transgender people report a negative experience with a health care provider in the past year (related to their gender identity) and 23% report delaying healthcare treatment because of this; 40% of transgender people are out with all of their healthcare providers while 31% are not out to any of their providers.
- Our clinic is happy to accept any child or adolescent with questions relating to gender identity. Given referral often must come through a patient's PCP, please REFER if a patient's mental health provider makes the request for a Gender Clinic referral.

Maine Medical  
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.