

## HealthPathways

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### Gender Diversity and Transgender Health

This pathway provides advice about gender affirming healthcare for people of all ages.



[About gender diversity and transgender health](#)

#### About gender diversity and transgender health

- For some people, their sex assigned at birth is different to their gender identity.
- Gender identity is the personal sense of self as a gendered individual.
- Respecting a gender diverse person means respecting their gender identity and not referring to them based on their assigned sex.
- Gender diverse is used here as an umbrella term that is inclusive of (and not limited to) culturally specific terms e.g., takatāpui, whakawahine, tangata-ira-tane, fa'afafine, fakaleiti, vakasalewalewa, transgender, transman, transwoman, non-binary, gender fluid, gender queer, bigender. Transgender is also often used as an umbrella term.
- Terminology:
  - [Transgender](#)

#### Transgender

A person whose gender identity is different to the sex assigned at birth.

- [Cis gender, cis](#)

#### Cis gender, cis

A person whose gender identity is aligned with the sex assigned at birth.

- [Gender dysphoria](#)

#### Gender dysphoria

- The distress caused by a discrepancy between a person's gender identity and their assigned sex, and the associated gender role or primary and secondary sex characteristics.
- Not all trans and gender diverse people experience gender dysphoria.

- [Intersex](#)

### Intersex

- A person born with sexual and reproductive anatomy that does not fit the typical definitions of female or male.
- Describes a wide range of natural body variations.
- Intersex people may be assigned a sex at birth that does not align with their gender identity, and may seek gender affirming healthcare.
- Intersex people may or may not identify as transgender or gender diverse.

- [Gender affirmation or gender transition](#)

### Gender affirmation or gender transition

- The process of using medical or surgical intervention to:
  - affirm the individual's gender identity.
  - increase their comfort with their physical and emotional embodiment.
- Gender transition involves medical intervention for many, but not all, gender diverse people.
- Transition is also a social, legal, and spiritual process that is unique to that individual and their needs.

## Assessment



### Practice Point!


Social stigmatisation and discrimination, including within the health care system, is a barrier to accessing health services and contributes to adverse outcomes.

1. Ask the patient about:
  - their preferred [pronoun](#), name, title, and [gender identity description](#). Enter the patient's self-identified name and gender into the clinical records.


### Gender identity description

- How does the patient identify? Male, female, transman, transwoman, takatāpui, whakawahine, tangata-ira-tane, fa'afafine, fakaleiti, non-binary, gender fluid, gender queer, bigender or a different identity. Patients may identify with more than 1 category.
- What sex or gender was assigned at birth e.g., male or female.
- Asking if a person is intersex or has intersex traits may be relevant.

### **Pronoun**

- Pronouns (e.g., he, she, they, them) can be a sensitive issue for some people.
  - Some people may need a private space in which to answer questions.
  - People present at different stages of social transition so responses from the same person may change over time.
  - Ensure all staff are aware of how to ask sensitively about preferred pronouns e.g.,
    - Hi my name is ..... What do you call yourself?
    - What pronoun, like "he, she, they", would you like this team to use when referring to you?
-  [history](#).

### **History**

- Ask the patient about:
  - how they would describe their gender to others and duration of awareness.
  - what supports they would like to access.
  - who is supporting them with their gender identity.
  - how comfortable they are with currently living in the gender they identify with.
  - prescribed and non-prescribed medications including self-medicating with hormones.
  - past medical history.
  - drug and alcohol history.
  -  [sexual health](#) and [risk activity for STI](#) or blood borne virus (BBV).

### **Sexual health**

- Sexual orientation is different to gender identity
  - Ask if sexual partners are male or female
  - Ask specifically what sexual contact is occurring in order to provide the appropriate sexual health tests
- mental health conditions e.g., depression, anxiety.

- Include [Headspace](#) psychosocial assessment for all young people to identify risks and resiliencies.
- [suicidal ideation and intent](#) and screen for self-harming behaviours. Gender diverse people are at higher risk of developing anxiety and depression. In a mental health emergency with immediate risk, request [emergency department assessment](#) or call 111 if immediate assistance is required.

### Suicidal ideation and intent

There are no absolute predictors of suicide and different practitioners may categorise risk differently.

- Suicide risk is dynamic. If circumstances change or there is an escalation in thinking or behaviours, reassessment is necessary.
- High alert indicators:
  - A plan with or without preparation or a recent attempt
  - Current hopelessness or intense anger
  - Isolation, inability to identify supports
  - Inability to identify reasons for living
  - Indirect references to own death
  - Recent loss of an important interpersonal relationship
  - Substance use or in the process of withdrawal. Intoxicated patients are more disinhibited, which may lead to impulsive, high-lethality attempts.
- Deliberate self-harm is often a coping mechanism to reduce emotional intensity:
  - Use a harm reduction model for deliberate self-harm.
  - Avoid stigmatising the behaviour, which can cause the person to go to greater lengths to hide it.

2. Discuss the patient's [goals and needs](#).

### Goals and needs

Do not assume that all transgender people want to conform to binary gender norms. Gender diverse people may identify as binary or non-binary. Each person's gender expression (how they present to the world) is unique. Discuss individual transition goals which may include:

- support around social transition.
- family/whānau support.
- hormonal treatments.
- vocal therapy.
- genital-affirming surgical interventions.
- initial and ongoing psychological support.

3. If hormones may be part of the patient's treatment plan:
  - Discuss [treatment effects](#) and manage expectations of hormonal therapy to enable informed treatment decisions.

## Treatment effects

The physical changes from hormonal treatment occur gradually over 1 to 2 years, with the degree of change and timeline of effects being highly variable.

<b>Typical changes from anti-androgens (varies for each person)</b>	
<b>Average timeline</b>	<b>Effect of anti-androgens</b>
1 to 3 months after starting anti-androgens	<ul style="list-style-type: none"> <li>• Decrease in sex drive</li> <li>• Fewer instances of waking up with an erection. Some trans women also have even when they are sexually aroused.</li> <li>• Decreased ability to make sperm and ejaculate</li> </ul>
Gradual changes, taking at least 2 years	<ul style="list-style-type: none"> <li>• Slower growth of facial and body hair</li> <li>• Slowed or stopped balding</li> <li>• Slight breast growth (reversible in some cases)</li> </ul>
<b>Typical changes from oestrogen (varies for each person)</b>	
<b>Average timeline</b>	<b>Effect of oestrogen</b>
1 to 3 months after starting oestrogen	<ul style="list-style-type: none"> <li>• Softening of skin</li> <li>• Decrease in muscle mass and increase in body fat</li> <li>• Redistribution of body fat to a more feminine pattern</li> <li>• Decrease in sex drive</li> <li>• Fewer instances of waking up with an erection. Some trans women also find it difficult to get an erection during sex, or can't get erect at all.</li> <li>• Decreased ability to make sperm and ejaculate</li> </ul>
Gradual changes, taking 1 to 2 years	<ul style="list-style-type: none"> <li>• Nipple and breast growth</li> <li>• Slower growth of facial and body hair</li> <li>• Slowed or stopped balding</li> <li>• Decrease in testicular size</li> </ul>
<b>Typical changes from testosterone (varies for each person)</b>	
<b>Average timeline</b>	<b>Effect of testosterone</b>
1 to 3 months after starting testosterone	<ul style="list-style-type: none"> <li>• Increased sex drive</li> <li>• Vaginal dryness</li> <li>• Growth of clitoris, typically 1 to 3 cm</li> <li>• Increased growth, coarseness, and thickening of chest, back, and abdomen</li> <li>• Oilier skin and increased acne</li> <li>• Increased muscle mass and upper body strength</li> <li>• Redistribution of body fat to a more masculine pattern (around the waist, less around the hips)</li> </ul>
1 to 6 months after starting testosterone	<ul style="list-style-type: none"> <li>• Menstrual periods stop</li> </ul>
3 to 6 months after starting testosterone	<ul style="list-style-type: none"> <li>• Voice starts to crack and drop within first 3 years to finish changing.</li> </ul>
1 year or more after starting testosterone	<ul style="list-style-type: none"> <li>• Gradual growth of facial hair, usually 1 to 4 years</li> <li>• Possible male-pattern balding</li> </ul>

- Assess for [precautions to hormonal treatment](#).

### Precautions to hormonal treatment

- Current or recent smoker
  - Heart failure, cerebrovascular disease, coronary artery disease, atrial fibrillation (AF)
  - History or family history of [venous thromboembolism \(VTE\)](#)
  - Cardiovascular risk factors – Body mass index (BMI) > 30, hyperlipidaemia, hypertension
  - Migraine
  - History of hormone-sensitive cancers e.g., breast, prostate, uterine, testicular
  - Possible drug interactions
  - Sleep apnoea
  - Some intersex disorders of sex development (DSD) conditions
- Arrange investigations:
    - [Baseline tests before feminising therapy](#)

#### Baseline tests before feminising therapy

- Blood test – FBC, LFT, renal function, HbA1c, non-fasting lipids, prolactin, LH and FSH, testosterone.
- If clinically indicated, karyotype.
- Blood pressure, height, weight, and BMI.

- [Baseline tests before masculinising therapy](#)

#### Baseline tests before masculinising therapy

- Blood tests – FBC, LFT, renal function, HbA1c, non-fasting lipids, LH and FSH, oestradiol, testosterone.
- Urine HCG if appropriate. Testosterone is contraindicated in pregnancy.
- Blood pressure, height, weight, and BMI.

## Management

Timely and appropriate management reduces the risk of self-harm and suicidal intent, and is associated with better health outcomes.

1. Provide patient information and support. Provide specific support to:
  - [young people](#).

### Young people

- Always discuss [confidentiality and privacy](#) at the beginning of the consultation.

- See all young people on their own for at least part of the consultation to enable full disclosure.
  - Puberty blockers have a positive impact on future well-being. Refer promptly.
  - Families and whānau need information and support.
  - Gender diverse young people may not have the support of their parents or guardians but this does not preclude them from receiving support and care.
  - Assess for risks around abuse, bullying, drug and alcohol risk taking, sexual health, and mental health concerns.
  - Provide assistance with family or carer conflict, and domestic violence.
  - If there are urgent mental health concerns, request [acute child and youth mental health assessment](#). If concerns are less acute, strongly consider referral to a [+ primary health service](#) e.g., school pastoral care teams and community counsellors.
  - Young people may benefit from being linked into [supportive peer groups](#).
- [- older adults](#).

### Older adults

- These patients may have experienced discrimination, non-acceptance, and significant barriers to healthcare for a long time.
  - There is no upper age limit to starting hormone therapy. Use an individual risk assessment and discussion on likely benefits to guide an informed consent process.
  - Cognitive impairment and chronic disease may require a multidisciplinary approach including primary care, endocrinology, and geriatric medicine, as well as other speciality input.
  - Offer to act as an advocate if the patient is
    - receiving support within the aged-care system.
    - resident in an aged care facility.
2. If there are urgent mental health concerns:
    - if aged > 18 years, request [acute specialised adult mental health assessment](#).
    - if aged ≤ 18 years, request [acute child and youth mental health assessment](#).
  3. If there is no urgent mental health risk but significant issues have been identified, refer to an appropriate [- primary health service](#) or secondary health service. If secondary health service:

### Primary health service

- School pastoral care teams
  - Community counsellors
  - [+ PHO](#)
- if aged ≥ 18 years, request [non-acute specialised mental health assessment](#).

- if aged < 18 years, request [non-acute child and youth mental health assessment](#).
4. Northern Region Transgender Health Services provide specific support if:
- the patient requires further support to explore gender identity.
  - there is doubt about the patient's ability to consent.
5. Discuss:
- lifestyle changes to reduce any [cardiovascular risks](#) associated with hormone treatments e.g., [smoking cessation](#), [weight loss](#), [hypertension](#), [diabetes](#).
  - referral to [Community Alcohol and Drug Services \(CADS\)](#) if drug or alcohol problems.

### Community Alcohol and Drug Service (CADS)

- eReferral – Addiction Services. Use free text box to request specific service.
  - [CADS Counselling Services](#) for advice and support about any substance abuse issues.
  - [Auckland Opioid Treatment Service](#) if opioid dependent.
  - [Altered High](#) for youths aged 13 to 19 years.
  - [Medical Detoxification services](#) for in- or out-patient detoxification from other drugs or alcohol.
    - Phone CADS on **(09) 845-1818**.
    - Contact Detox services, phone **(09) 815-5830** ext. **5028**.
  - Contact the 24-hour on-call medical officer, phone **021-784-288**.
- school or work environment.
6. Ensure appropriate [cancer screening](#) according to National Guidelines.

### Cancer screening

- Gender diverse people who have not undergone the surgical removal of breasts, cervix, uterus, ovaries, prostate, or testicles remain at risk of cancer in these organs.
  - Manage this carefully, as many gender diverse people find cancer screening physically and emotionally challenging.
7. Discuss [gamete cryopreservation](#), as hormonal therapy may affect future fertility.

### Gamete cryopreservation

- Discuss the patient's desire for fertility preservation.
- Decisions are best made before starting hormone therapy, or undergoing surgery to reproductive organs.
- For patients on feminising therapy, testicular volume is greatly reduced by long-term oestrogen use impacting on the maturation and motility of sperm.
- Patients on masculinising therapy who retain their ovaries and uteri may regain fertility after stopping testosterone. The likelihood of successful pregnancy is related to the person's age and duration of hormonal treatment.



- Testosterone is contraindicated in pregnancy and not recommended while breastfeeding as it inhibits lactation.
- Northern Region Transgender Health Services will arrange funded sperm cryopreservation through FertilityPlus.
- Advise patients to avoid tucking for 5 days before producing sperm for storage.

8. Provide information on [non-medical body interventions](#).

## Non-medical body interventions

### [Safe binding](#)

#### Safe binding

Flattening the breast tissue in order to create a male-appearing chest. Materials and methods will vary depending on chest size.

- There is no universal binding method because everyone is shaped differently.
- Provide patient advice:
  - Bind for less than 8 hours a day to avoid skin irritation, tissue breakdown, back pain, and breathing problems.
  - Always take the binder off before sleep and exercise.
  - Never use duct tape or Ace bandages to bind as they can restrict breathing and movement.
  - Stop binding if experiencing pain.
  - Purchase a binder made specifically for the task.

Binder types include vest style, sports-bra style, mid-length style, and long shirt style.

### [Tucking](#)

#### Tucking

Gently pushing testicles up inside the body and pulling the penis back in between the legs.

Provide patient advice:

- Use tight-fitting underwear or surgical tape to hold in place. Do not use any other tape as skin could peel off when removed.
- Cut pubic hair short to help with tape removal.
- Spend some time each day without tucking to avoid chafing, sores, and lower sperm

count. The latter is important to consider if they want to have a child.

#### **–** [Packing](#)

### **Packing**

Using a prosthetic penis, also called a packer.

- A packer may:
  - help reduce body dysphoria.
  - be used to aid urination while standing.
  - be used for sexual intercourse.
  - help being identified as a male, especially in a gym or swimming pool.
- A packer is held in place by tight-fitting underwear or a harness.
- If the packer is used for sexual penetration, advise the patient to use a condom.

#### **–** [Padding](#)

### **Padding**

Using undergarments to create the appearance of larger breasts, hips, and buttocks.

- A safe alternative to silicone injections.
- May help to reduce body dysphoria and improve the way clothing fits.
- Products include:
  - padded underwear.
  - padded bras, bras with pockets, and silicone gel breast forms.

9. Refer **–** [young people](#) promptly to Northern Regional Transgender Health Services.

## **Young people**

### **Patients aged < 8 years**

- Require support only for parents, carers, and child.
- Allowing the child to live in their identified gender may relieve distress.
- Encourage families to access online support and information.
- If there are high levels of distress, refer to Northern Region Transgender Health Services for assessment. Children will be triaged to be seen at the Centre for Youth Health.
- If unsure, contact the Centre for Youth Health for advice.

### Patients aged $\geq 8$ years, approaching puberty

- In early adolescence (children aged  $> 10$  years or Tanner stage 2) it may be appropriate to suspend puberty with GnRH blockers.
  - This is a reversible intervention to delay the development of secondary sexual characteristics.
  - Refer to Northern Region Transgender Health Services for assessment. Those in early adolescence will be triaged to be seen at the Centre for Youth Health.
- Medication to [suppress menstruation](#) to relieve distress may be required. Start before, or at the same time as, referral.

### Suppress menstruation

- Norethisterone (Primolut N) 5 mg, 2 to 3 times a day
- Combined oral contraceptive pill
- Depo Provera
- GnRH analogues (puberty blockers)

### Patients aged $\geq 16$ years

- Cross-sex hormone therapy to masculinise or feminise the body usually begins at aged  $\geq 16$  years.
- Refer to Northern Region Transgender Health Services to assess readiness for hormones before starting treatment. Referrals will be triaged to Centre for Youth Health or Auckland Regional Sexual Health Service depending on age.

10. Refer adults to Northern Region Transgender Health Services for support around medical transition if needed.

- [Feminising therapy](#)

### Feminising therapy

- Consider whether a GnRH blocker is needed. This is recommended to prevent full pubertal changes.
- Note that the Zoladex implant (goserelin) is currently the sole subsidised supply brand but that Lucrin (leuprorelin) is fully subsidised for adolescents with specialist endorsement.
- If not commencing a GnRH blocker, start with an anti-androgen agent e.g. cyproterone 25 mg or spironolactone. If starting on spironolactone, check electrolytes, urea, and creatinine after 1 to 6 weeks.
- Add oestradiol valerate e.g.:
  - Progynova 1 mg daily.
  - Estradot 50 microgram every 24 hours (change patch twice a week), measure oestradiol 48 hours after application and before applying the new patch.
  - These are suggested starting doses, which may need to be increased according to the patient context and biochemical levels achieved with therapy.

- Progesterone therapy is not recommended as it is associated with cardiovascular disease, breast cancer, weight gain, and depression. There is no evidence that it enhances breast development.
  - Biochemical targets:
    - Testosterone < 2 nmol/L
    - Oestradiol – Titrate dose gradually to achieve feminisation. Avoid supraphysiological levels.
  - [Consent form for feminising hormone therapy](#)
- [Masculinising therapy](#)

### **Masculinising therapy**

- Consider whether a GnRH blocker is needed. This is useful for period cessation while assessing the desirability of starting testosterone. Testosterone is contraindicated in pregnancy.
  - Discuss testosterone therapy options. Monitoring, initiation, and dose adjustments depend on the testosterone used.
    - Androderm transdermal patch – apply every night.
    - Sustanon 250 mg intramuscular every 3 weeks. Contraindicated if hypersensitivity to peanuts, soya.
    - Reandron 1000 mg intramuscular every 10 to 14 weeks. Administer second dose after 6 weeks to achieve more rapid steady-state levels.
  - Periods usually cease 2 to 3 cycles after commencement of testosterone therapy. If amenorrhea does not occur, consider the addition of a GnRH blocker or Mirena IUD.
  - [Consent form for masculinising hormone therapy](#)
- [Surveillance for maintenance hormonal therapy.](#)

### **Surveillance for maintenance hormonal therapy**

The prescribing and monitoring of maintenance hormonal therapy is best done in primary care as part of the patient's overall care.

- [Surveillance for maintenance feminising therapy](#)

### **Surveillance for maintenance feminising therapy**

- Check mental health issues – anxiety, depression.
- Check blood pressure (BP) and BMI every 6 months.
- Monitor for cardiovascular risks e.g., smoking.
- Ongoing investigations:
  - Every 3 to 6 months for first year then at least annually:
    - Blood tests – FBC, renal function, LFT, HbA1C, lipids, oestradiol (avoid supraphysiological levels), testosterone (aim for < 2 nmol/L).
    - Monitor K+ if on spironolactone – 1 to 6 weeks after starting or changing dose.
    - Every 2 years – prolactin (recommended although abnormality unlikely).

- If [major risk factors](#) for osteoporotic fracture are present consider [bone density scan \(DEXA\)](#) testing.

### Major risk factors

- Aged  $\geq 65$  years (women) or  $\geq 75$  years (men)
- BMI  $< 20 \text{ kg/m}^2$
- Family history of osteoporosis
- Smoking – current
- Glucocorticoid use – current
- Early menopause
- $> 2$  alcoholic drinks daily
- History of [falls](#)
- Rheumatoid arthritis
- History of eating disorders
- Medical conditions, e.g., hypogonadism (e.g., premature menopause, [anorexia](#), prostate cancer survivors), [coeliac disease](#), [hyperthyroidism](#), [COPD](#), [hyperparathyroidism](#).
- [Medications](#)

### Medications

- Glucocorticoids  
–  $\geq 5$  mg of oral prednisone or equivalent per day, for  $> 3$  months
- Anticonvulsants
- Chemotherapy drugs
- Suppressive doses of [thyroxine](#)
- [Lithium](#)
- [Methotrexate](#)
- [Pioglitazone](#)
- Gonadotropin- $\alpha$  hormone agonist
- Aromatase inhibitors



- Potential complications:
  - Venous thromboembolism (VTE):
    - particularly if aged > 40 years.
    - most common in first 2 years of treatment.
    - reduced risk on transdermal oestrogen.
    - if aged > 40 years or other DVT risks, consider switching to transdermal oestrogen.
  - Cardiovascular disease – adverse lipid profile, hypertension
  - Insulin resistance
  - Liver dysfunction
  - Gallstones
  - Alterations in mood and libido
  - Small risk of osteoporosis, breast cancer, and (rarely) hyperprolactinaemia.
  
- [Surveillance for maintenance masculinising therapy](#)

### Surveillance for maintenance masculinising therapy

- Check mental health issues – anxiety, depression.
- Check blood pressure (BP) and BMI every 6 months.
- Ongoing investigations – Every 3 to 6 months for first year then at least annually:
  - Blood tests – FBC (polycythemia risk), renal function, LFT, HbA1C, lipids, oestradiol, testosterone. Aim for normal male ranges for all hormone levels.
  - If [major risk factors](#) for osteoporotic fracture are present, consider [bone density scan \(DEXA\)](#) testing.




### Major risk factors

- Aged ≥ 65 years (women) or ≥ 75 years (men)
- BMI < 20 kg/m<sup>2</sup>
- Family history of osteoporosis
- Smoking – current
- Glucocorticoid use – current
- Early menopause
- > 2 alcoholic drinks daily
- History of [falls](#)
- Rheumatoid arthritis
- History of eating disorders
- Medical conditions, e.g., hypogonadism (e.g., premature menopause, [anorexia](#), prostate cancer survivors), [coeliac](#)


disease, hyperthyroidism, COPD, hyperparathyroidism.

-  [Medications](#)

### Medications

- Glucocorticoids
  - ≥ 5 mg of oral prednisone or equivalent per day, for > 3 months
- Anticonvulsants
- Chemotherapy drugs
- Suppressive doses of  [thyroxine](#)
-  [Lithium](#)
-  [Methotrexate](#)
-  [Pioglitazone](#)
- Gonadotropin- $\alpha$  hormone agonist
- Aromatase inhibitors



- Arrange ultrasound to assess endometrial thickness if vaginal bleeding restarts.
- Potential complications:
  - Polycythemia – If severe could lead to stroke
  - Adverse lipid profile
  - Mood and libido changes
  - Obstructive sleep apnoea
  - Small risk of liver dysfunction, insulin resistance, cardiovascular disease, endometrial hyperplasia, and osteoporosis
- Once hormonal therapy has been in place for 12 months, consider  [speech therapy](#).

### Speech therapy

- For patients aged  $\geq 18$  years.

- Voice therapy can assist patients to achieve a more gender-neutral pitch and modify other aspects of communication.
- Some patients will choose to undergo voice feminisation surgery.
- Outcomes are variable. Consult a specialist before surgery to protect vocal health and maximise the benefit.

11. If patient is aged  $\geq 18$  years and desires publicly-funded [genital or non-genital reassignment surgery](#), refer to Northern Region Transgender Health Services to assess readiness for surgery.

### **Genital or non-genital reassignment surgery**

- Availability and cost are significant issues within New Zealand. Some gender-affirming surgery is publicly funded in Auckland:
  - Chest surgery:
    - Breast augmentation (feminising) for patients with no demonstrable breast development after an appropriate time on hormones.
    - Chest reconstruction (masculinising) for transmen.
  - Facial feminisation
  - Hysterectomy
  - Salpingo-oophorectomy
  - Orchidectomy
- [Publicly funded genital reassignment surgery](#)

### **Publicly funded genital reassignment surgery**

- The Ministry of Health funds 1 female-to-male and 3 male-to-female operations every 2 years, all performed overseas.
- Applications are made by DHB specialists to the Ministry of Health High Cost Treatment Pool.
- Further information about criteria for eligibility for surgery can be found at the Ministry of Health website.
- There is currently a very long waiting list for this surgery.
- To place someone on the waiting list, contact Dr David St George, Chief Advisor, Ministry of Health, via email [david\\_stgeorge@moh.govt.nz](mailto:david_stgeorge@moh.govt.nz).

12. [Continuing support and care](#).

### **Continuing support and care**



- Ensure [changes in name and gender markers](#) are made in the practice system. Contact the [Ministry of Health](#) to update the NHI.

### Changes in name and gender markers

- Electronic and paper medical records must clearly indicate the patient's self-identified name and title.
  - Ministry of Health advice is for the NHI to reflect the name and gender of choice. There is no requirement for individuals to provide proof of their gender to support the information recorded in the NHI gender field. A preferred name can be recorded against the NHI also. Contact the Ministry of Health, phone **0800-855-151**, to make these changes.
  - Updating the NHI is important for the self-identified name and gender to be reflected in other health services. Do this only if the patient agrees.
- Offer continuity of care and support, and advocate for patients within their families and communities. Provide patient information.
  - Agree to an ongoing [plan of care](#).

### Plan of care

- If the patient is under specialist services, a plan of care will be established to allow ongoing prescribing and monitoring of therapy.
- Refer back to the specialist service if:
  - biochemical targets cannot be reached or maintained.
  - the patient wishes to discuss additional therapeutic choices.
  - complex comorbidities or complications of therapy develop.
  - surgical intervention is planned.
- Respect confidentiality in referrals to other health professionals, unless it is clinically necessary to disclose information about their previous transition.
- Patients who are trans or gender diverse experience the same health problems as other patients, and have very few differing needs, particularly after completion of treatment for gender dysphoria.
- Promote [LGBTQI+ inclusive behaviour](#) by staff, including displaying public health messages that are inclusive of gender diversity.

## Request

- If there is immediate danger call police on **111**.
- If there are urgent mental health concerns:
  - if aged > 18 years, request [acute specialised adult mental health assessment](#).
  - if aged ≤ 18 years, request [acute child and youth mental health assessment](#).

- If no urgent mental health risk but significant issues have been identified, refer to an appropriate [+ primary health service](#) or secondary health service. If secondary health service:
  - if aged ≥ 18 years, request [non-acute specialised mental health assessment](#).
  - if aged < 18 years, request [non-acute child and youth mental health assessment](#).
- Request assessment by [Northern Region Transgender Health Services](#):

### Northern Region Transgender Health Services

Referrals will be triaged to be seen at the Centre for Youth Health or Auckland Regional Sexual Health Service depending on age and domicile.

Send request via:

- eReferral – Sexual Health Services or, if unavailable,
  - fax to **(09) 630-9783**. Clearly state the reason for not sending the request electronically.
- if the patient requires further support to explore gender identity.
  - if there is doubt about the patient's ability to consent.
  - for prompt access to puberty blockers for young people.
  - for support around medical transition if needed, for all ages.
  - if aged ≥ 16 years for readiness for hormone treatment.
  - if aged ≥ 18 years for advice and assessment for publicly-funded genital or non-genital reassignment surgery.
  - if high levels of stress.
- If drug or alcohol problems, request [Community Alcohol and Drug Services \(CADS\)](#) assessment.

### Community Alcohol and Drug Service (CADS)

- eReferral – Addiction Services. Use free text box to request specific service.
  - [CADS Counselling Services](#) for advice and support about any substance abuse issues.
  - [Auckland Opioid Treatment Service](#) if opioid dependent.
  - [Altered High](#) for youths aged 13 to 19 years.
  - [Medical Detoxification services](#) for in- or out-patient detoxification from other drugs or alcohol.
    - Phone CADS on **(09) 845-1818**.
    - Contact Detox services, phone **(09) 815-5830** ext. **5028**.
  - Contact the 24-hour on-call medical officer, phone **021-784-288**.
- After 12 months of hormonal therapy, consider requesting [adult speech language therapy assessment](#).
  - If uncertain how to manage younger patients, seek advice from the Centre for Youth Health, phone **(09) 261-2272**.

## Information



[Clinical Resources](#)

- [ANZPATH](#)
- [Asia Pacific Transgender Network](#)
- [Consent form for feminising hormone therapy](#)
- [Consent form for masculinising hormone therapy](#)
- Kidz First:
  - [Centre for Youth Health](#)
  - [Useful links](#)
- Ministry of Health – [Gender Reassignment Health Services for Trans People within New Zealand](#)
- World Professional Association for Transgender Health – [Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People](#).



#### [Patient Information](#)

- [Gender Minorities Aotearoa](#)
- Human Rights Commission:
  - [Fact Sheet](#)
  - [To be Who I am](#)
- Ministry of Health – [Gender Reassignment Surgery](#)
- [Outline NZ](#)
- [Rainbow Youth](#)

#### Page Information

#### People

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