

# ESTABLISHING PREGNANCY STATUS IN AN INCLUSIVE MANNER

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Please find following a summary of a literature search and relevant results. All articles can be provided in full - email [library@monashhealth.org](mailto:library@monashhealth.org) for a list of the articles you require.

## QUESTION

How to create a safe and inclusive practice in relation to determining pregnancy status prior to radiology exams.

## SEARCH LIMITS

English-language.

## SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by two librarians using [Covidence](#). See the Appendix for the PRISMA chart, search terms, and Medline search strategy.

## DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- Cochrane Library – collection of databases containing high-quality independent evidence.
- ProQuest Nursing & Allied Health – scholarly journals, theses, and books for nursing & AH.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

## HAND SEARCHING

- Hand searching was completed in [BMJ](#) and [Radiography](#).

## LITERATURE RESULTS

All articles can be provided in full text - email [library@monashhealth.org](mailto:library@monashhealth.org) a list of articles you require.

## GENERAL RESOURCES

### ONLINE RESOURCES (GREY LITERATURE)

The Society and College of Radiographers. (2021). **Inclusive pregnancy status guidelines for ionising radiation.** [Web link](#).

This is a key document for imaging teams when asking pregnancy status in a safe and inclusive manner.

- p. 7 - p. 10. Glossary of terms for members of the LGBTIQ+ community.
- p. 14. Language and communication advice.
- p. 16. The gender spectrum.
- p. 19- p. 22. Respect, dignity, and best practice points.
- p. 29 – p. 32. Pregnancy status forms, best practice, scenarios.
- p. 33- p. 35. UK pilot projects that utilise the form.
- p. 37. Recommendations for staff education and training.
- p. 38 – p. 39. Additional considerations – children and youth, safeguarding, nuclear medicine.

Care Quality Commission. (2020). **IR(ME)R annual report 2019/20: CQC’s enforcement of the Ionising Radiation (Medical Exposure) Regulations 2017.** [Web link.](#)

(p. 17). Imaging and radiotherapy departments should ensure that their procedures are inclusive of transgender and non-binary patients, including the procedure for making pregnancy enquiries. To respect the patient’s privacy, they should be encouraged to disclose their gender history and status, without fear of it being recorded or shared without their consent. This may be achieved using posters with inclusive and accessible language around gender. Staff working in imaging and radiotherapy departments should also be trained in how to approach these matters through conversation while respecting the dignity and privacy of patients.

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Institute of Physics and Engineering in Medicine, The Society and College of Radiographers & The Royal College of Radiologists. (2020). **Ionising Radiation (Medical Exposure) Regulations: Implications for clinical practice in radiotherapy. Guidance from the Radiotherapy Board.** [Web link.](#)

(p. 67). Consideration should be given to the employer’s procedure to ensure it reflects the diversity of the gender spectrum in the population when making pregnancy enquiries. Tools such as information leaflets, posters, and patient questionnaires can be used to facilitate effective communication. The SIGE form can be used with modification.

LaTrobe University. (2019). **TRANScending discrimination in health & cancer care: A study of trans & gender diverse Australians.** [Web link.](#)

(p. 71). As our report shows, many trans and gender diverse people have significant body discomfort, which necessitates sensitive patient-centred care and communication on the part of clinicians. Many trans and gender diverse people are not visibly ‘identifiable’, and very few people always disclose in a healthcare environment. Healthcare providers need to be aware of this and able to know when to ask the right questions and create a way in which trans and gender diverse people can easily and safely disclose if they wish to, including on forms and in databases.

The Society and College of Radiographers. (2019). **Providing good, appropriate care for transgender and non-binary patients.** [Web link.](#)

A straightforward solution would be to routinely ask every patient of childbearing age the same question, thereby challenging any assumptions based on appearance or perceived gender.

Arndt, R. (2018). **Growing recognition of gray areas in gender identity leads to changes in EHRs.** *Modern Healthcare*, 48(25). pp. 22. [Web link.](#)

Discrimination can begin as soon as a person walks into a healthcare facility, when registration staff often record the patient's name, date of birth and other demographic information-- including sex. Or providers might attempt procedures that don't apply. Because of these concerns and others, some providers want a patient's gender and sexuality to be front and centre in an EHR.

Sanders, V. & Pedersen, S. (2018). **Improving communication with the gender diverse community in diagnostic imaging departments.** *Radiography*, 24(Suppl. 1), pp. s3-s6. [Web link.](#)

The most important thing to keep in mind when performing an x-ray examination on a transgender or non-binary patient is: don't make it weird. As soon as you feel awkward, then the patient will feel awkward and the whole exam will be uncomfortable! Adapting to different patient personalities and scenarios is something radiographers do every single day. We are trained professionals and have experience with patients that are anxious; challenged physically, mentally or emotionally; and we do whatever we can to make them feel comfortable.

Lewis, E.B., et. al. (2017). **I am your trans patient.** *BMJ*, 357. <https://doi.org/10.1136/bmj.j2963>

Male and female categories have never been the whole story—trans and intersex people have always been here—but the medical literature often oversimplifies, to our detriment. Knowing that I'm trans doesn't tell you anything about my primary and secondary sexual characteristics; but then neither does knowing—or assuming—that I'm not. If you need to ask, check whether I prefer to talk about my body in a particular way to minimise discomfort—I might want to avoid certain words, for example.

Kutscher, B. (2016). **Health systems adapt EHRs, cultures to meet transgender patients' needs.** *Modern Healthcare*, 46(5), pp. 14-15. [Web link.](#)

Most common EHR platforms aren't set up to track gender identity and gender expression, let alone preferred names and pronouns or where a transgender individual might be in the process of transitioning. However, the greatest barrier isn't technical, but cultural.

The Society and College of Radiographers. (n.d.). **Radiotherapy inclusive Pregnancy Status (IPS) form.** [Web link.](#)

A form that asks pregnancy status in an inclusive manner.

The Society and College of Radiographers. (n.d.). **Diagnostic imaging and nuclear medicine Inclusive Pregnancy Status (IPS) form.** [Web link.](#)

A form that asks pregnancy status in an inclusive manner.

## PEER-REVIEWED LITERATURE - IN REVERSE CHRONOLOGICAL ORDER

Articles are grouped by theme:

- Questions on gender
- EMR & Systems based information
- Inclusive practice
- Other recommendations in relation to gender diverse patients (e.g. interpreting images, avoiding misdiagnosis, education).

*Each article summary contains excerpts from the abstract and an online link.*

## QUESTIONS ON GENDER

Pedersen, S. & Sanders, V. (2019). **Sex, Identity, Gender, Expression Form - Pilot Project.** *Journal of Medical Imaging and Radiation Sciences*, 50(Suppl. 3), pp. s8.  
<http://dx.doi.org/10.1016/j.jmir.2019.06.022>

A total of 41 patients completed the SIGE Form and questionnaire. Results showed that patients understood the need for the information being asked on the SIGE Form, as well as willingness to complete the form prior to a diagnostic imaging examination. The impact of this study could lead to diagnostic imaging departments implementing the SIGE Form. Also it could lead to enhancing gender awareness with further education sessions for clinic staff to help create safer spaces for transgender and non-binary patients.

Pedersen, S. & Sanders, V. (2018). **A New and Inclusive Intake Form for Diagnostic Imaging Departments.** *Journal of Medical Imaging and Radiation Sciences*, 49(4), pp. 371-375.  
<https://dx.doi.org/10.1016/j.jmir.2018.10.001>

The authors have created a new intake form that accommodates all patients-regardless of age or gender. The result is the SIGE (Sex, Identity, Gender, Expression) form. The SIGE form is inclusive and asks the necessary questions medical radiation technologists need to know in a respectful and professional manner so that we can shield gonadal tissue from ionizing radiation. In addition, the intention of the form is to help the gender diverse community to feel safe and respected in our department.

## EMR & SYSTEMS BASED INFORMATION

Wilson, E. (2019). **Time for change.** *Imaging & Therapy Practice*. pp. 26-29. [Web link.](#)

Recent research has shown that adopting gender neutral language until personal preferences are established can help to foster trust between patients and practitioners. Taking time to use and record preferred names and pronouns is also an effective strategy in delivering PCC. However, to enable this to happen considerable adjustments in EHRs are needed to reflect diversity within gender identity fields. Most of all, continuous professional development (CPD) is needed to enable radiographers and healthcare workers to provide a safe, inclusive radiology service for transgender individuals

Donald, C. & Ehrenfeld, J. (2015). **The Opportunity for Medical Systems to Reduce Health Disparities Among Lesbian, Gay, Bisexual, Transgender and Intersex Patients.** *Journal of Medical Systems*, 39(11). <http://dx.doi.org/10.1007/s10916-015-0355-7>

The growing adoption of electronic health records (EHRs) presents an important opportunity to optimize care for LGBTI individuals by routinely capturing in structured form patient sexual orientation and gender identity (SO/GI), as well as a patient's preferred name and pronoun.

## INCLUSIVE PRACTICE

Clark K.R., et. at. (2018). **Caring for the transgender patient.** *Radiologic Technology*, 90(1). [Web link.](#)

A lack of awareness among health care providers and communication issues can compromise the care transgender patients receive. Opportunities to integrate transgender-related content into medical education and training programs can improve awareness and offer techniques to enhance communication. Inquiring about pregnancy status and other imaging modalities present unique challenges for radiology departments caring for transgender patients.

Nisly, N., et. al. (2018). **Unique Primary Care Needs of Transgender and Gender Non-Binary People.** *Clinical obstetrics and gynecology*, 61(4), pp. 674-686. <https://dx.doi.org/10.1097/GRF.0000000000000404>

A review of the unique health needs and essential terminology is presented. This knowledge is a basic foundation to develop a welcoming and inclusive practice for people who are gender nonconforming.

## OTHER RECOMMENDATIONS

Iwamoto, S., et. al. (2021). **Routine Screening for Transgender and Gender Diverse Adults Taking Gender-Affirming Hormone Therapy: a Narrative Review.** *Journal of General Internal Medicine*, (36)5, pp. 1380-1389. <http://dx.doi.org/10.1007/s11606-021-06634-7>

The goal of this narrative review is to assist healthcare professionals in counseling and screening their TGD patients when and where appropriate. Not all TGD adults have the ability or need to receive routine medical care from a specialized TGD health clinic; therefore, it is essential for all healthcare professionals involved in routine and gender-affirming care to have knowledge about these conditions and screenings.

Nazarian, M., et. al. (2021). **Spectrum of imaging findings in gender-affirming genital surgery: Intraoperative photographs, normal post-operative anatomy, and common complications.** *Clinical imaging*, 69, pp. 63-71. <https://dx.doi.org/10.1016/j.clinimag.2020.06.039>

Radiologists must be familiar with both terminology and anatomy following gender-affirming surgical procedures. This essay will review the most common gender-affirming genital surgeries, their post-operative anatomy, and common complications by providing intraoperative photographs, illustrations, and cross-sectional images. Routine radiologic imaging recommendations for transgender patients will also be reviewed.

Dabela-Biketi, A., et. al. (2020). **Urethrographic Evaluation of Anatomic Findings and Complications after Perineal Masculinization and Phalloplasty in Transgender Patients.** *Radiographics*, 40(2), pp. 393-402. <http://dx.doi.org/10.1148/rg.2020190143>

The successful postoperative imaging study in a transmasculine patient relies on open communication among the interdisciplinary team of specialized surgeons, radiologists, and medical providers, as well as special modifications to existing imaging techniques.

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Parikh, U., et al. (2020). **Breast Imaging in Transgender Patients: What the Radiologist Should Know.** *Radiographics*, 40(1), pp. 13-27. <https://dx.doi.org/10.1148/rg.2020190044>

This article defines appropriate terminology with respect to the transgender population, reviews evidence for breast cancer risk and screening in transgender individuals, considers diagnostic breast imaging approaches, and discusses special considerations and challenges with regard to health care access and public education for these individuals.

Shergill, A., et. al. (2019). **Imaging of transgender patients: expected findings and complications of gender reassignment therapy.** *Abdominal Radiology*, 44(8), pp. 2886-2898. <http://dx.doi.org/10.1007/s00261-019-02061-9>

Increasing the prevalence of transgender patients requires increased sensitivity when interpreting imaging studies to reduce the potential for misdiagnoses in reporting due to frequently incomplete available clinical history.

## MEDLINE SEARCH STRATEGY

Database: Ovid MEDLINE(R) and In-Process, In-Data-Review & Other Non-Indexed Citations and Daily  
<1946 to March 18, 2022>

1 Diagnostic Imaging/ or Radiography/ or Radiology Department, Hospital/ or X-Rays/ or Tomography, X-Ray Computed/ or Magnetic Resonance Imaging/ or Mammography/ or Positron Emission Tomography Computed Tomography/ (1199055)

2 Radiation Protection/ or Radiation Injuries/ or exp Pregnancy/ or Reproduction/ or Reproductive Health/ or exp Genitalia/ or Sex Characteristics/ (1593407)

3 1 and 2 (41291)

4 ((imaging or radiology or radiation or x?ray\* or CT or MRI or mammogra\* or PET) adj10 (reproductive or genitalia or pregnan\* or fetus or foetus or un?born)).mp. (14337)

5 ((imaging or radiology or radiation or x?ray\* or CT or MRI or mammogra\* or PET) adj10 (protect\* or safe\* or shield or prevent\* or adverse or injur\* or side effect\* or in?appropriate\* or un?necessar\* or un?intentional\*)).mp. (270734)

6 3 or 4 or 5 (308238)

7 Gender Identity/ or Transgender Persons/ or Transsexualism/ or "Sexual and Gender Minorities"/ (32936)

8 (gender adj3 (identity or expression or diverse or dysphoria or \$assign\* or minorit\* or variant or fluid)).mp. (32426)

9 (lgbt\* or transgender or transsex\* or transfeminine or transmasculine or non?binary or inter?sex or sexual orientation or sexuality or assigned sex or non?conform\*).mp. (41297)

10 7 or 8 or 9 (63945)

11 data collection/ or interviews as topic/ or medical records/ or Patient Satisfaction/ or Physician-Patient Relations/ or Communication/ or social inclusion/ (443825)

12 (communication or data collection or inclusi\* or sensitive or tactful or cultural or terminology or language or wording or question).mp. (2172307)

13 ((patient or personal) adj3 (history or information)).mp. (52123)

14 11 or 12 or 13 (2439005)

15 6 and 10 and 14 (31)

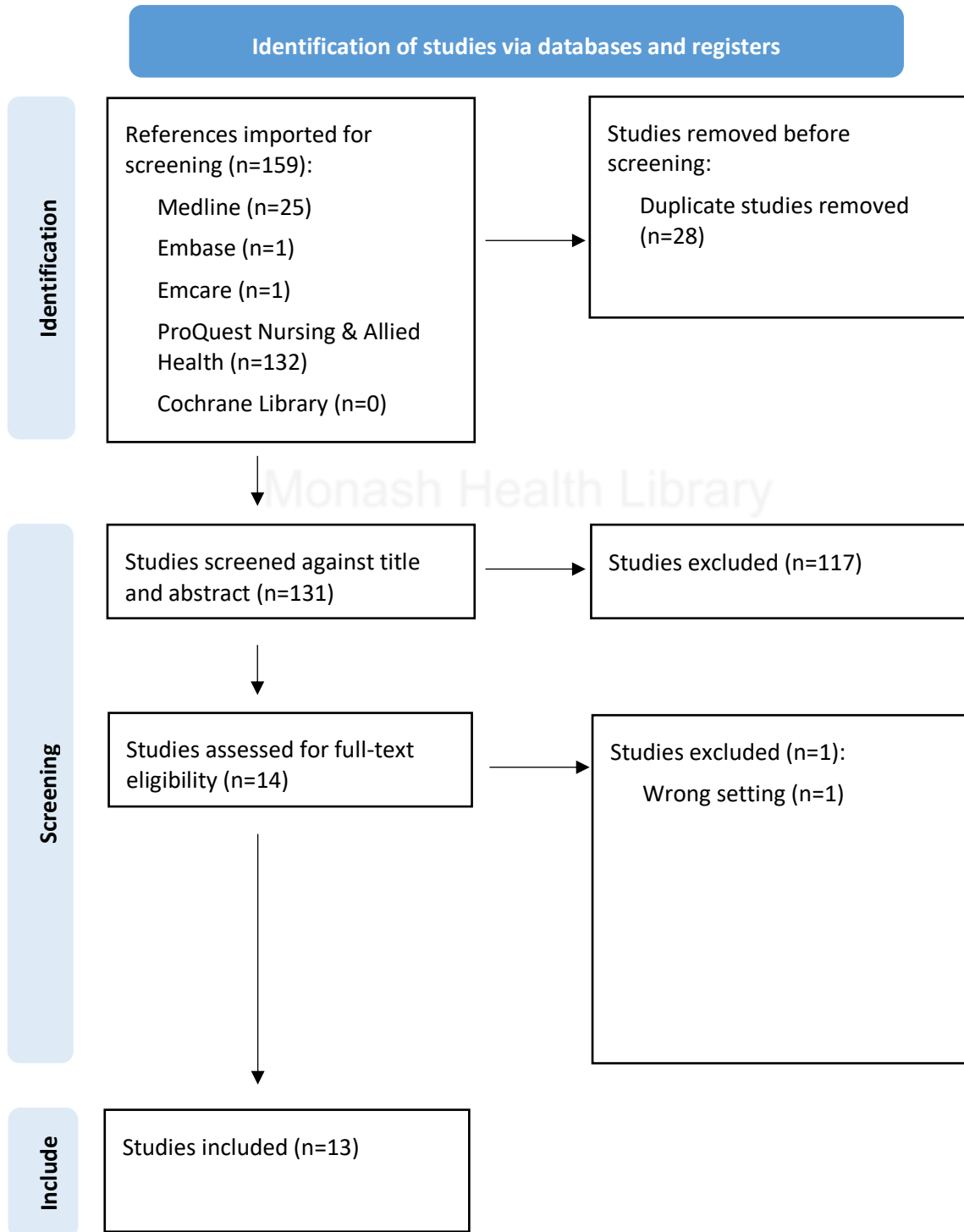
**SEARCH TERMS**

<b>Concept</b>	<b>MeSH headings</b>	<b>Keywords</b>
Radiology	Radiography, Diagnostic Imaging, Radiology Department, Hospital, X-Rays, Tomography, X-Ray Computed, Magnetic Resonance Imaging, Mammography, Positron Emission Tomography Computed Tomography	Imaging, Radiology, Radiation, CT, MRI, Mammogram, PET
Gender Identity	Gender Identity, Transgender Persons, Transsexualism, Sexual and Gender Minorities	Gender expression, Gender diverse, Gender dysphoria, Gender assignment, Gender variant, Gender fluid, LGBT, Transgender, Transsexual, Transfeminine, Transmasculine, Non-binary, Inter-sex, Sexual orientation, Sexuality, Assigned sex, Non-conformity
Pregnancy Status	Pregnancy	Pregnant, Fetus, Foetus, Unborn
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Question	Data collection, Interviews as topic, Medical records, Communication	Question, History, Information
Safe and Inclusive Practice	Patient Satisfaction, Physician-Patient Relations, Social inclusion	Sensitive, Tactful, Cultural, Terminology, Language, Wording, Protection, Protect, Safe



APPENDIX

PRISMA CHART



This report contains curated literature results against a unique set of criteria at a particular point in time. Users of this service are responsible for independently appraising the quality, reliability, and applicability of the evidence cited. We strongly recommend consulting the original sources and seeking further expert advice.