

7 Things to Know About Birth Control If You Are Transgender or Non-Binary

Hormone therapy won't prevent pregnancy.

By Suzannah Weiss

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For gender-nonconforming people, [getting medical care](#) can be an uphill battle. In the [2015 U.S. Transgender Survey](#), the most recent copy of this report, 33% of transgender people who had seen a medical provider over the past year reported a negative experience, like verbal harassment or denial of care, and 23% had avoided doctors' appointments due to fear of such incidents.

On top of that, there's not nearly enough information out there about trans and non-binary people's reproductive health. But regardless of how you identify, you deserve medical practitioners who respect your gender identity and understand your specific needs — one of which may be birth control. Depending on your anatomy and whether you're on hormone therapy, your decisions about birth control may require some considerations that you never learned about.

Here are some things that may be helpful to know before discussing birth control with your doctor.

1. There are knowledgeable, sensitive providers out there.

Because transgender and non-binary people often face discrimination in healthcare settings, several organizations offer resources to find doctors who are knowledgeable about gender identity, says [Jennifer Clair Villavicencio, M.D.](#), clinical lecturer in obstetrics and gynecology at the University of Michigan. The [World Professional Association for Transgender Health](#) has a [provider directory search](#) feature on its website, and the [Gay and Lesbian Medical Association](#) has a [database](#) of LGBTQ-friendly providers.

[Simon Adriane Ellis, an advanced registered nurse practitioner and certified nurse midwife](#), recommends asking other trans or non-binary people you know or meet in online communities for their recommendations. If your city has a gender center or LGBTQ community center, you can also contact them or check their website. In addition, if you've been able to work with any healthcare providers in the past who have been sensitive to your needs, you can ask them to refer you to somebody who's able to prescribe birth control, says Laurie Ray, a nurse practitioner, and a science writer for the health app [Clue](#).

"A comfortable and affirming environment is key to getting great care, and people should be feel empowered to find a provider who can offer that," says Villavicencio.

2. Birth control can be used for more than just birth control.

Some people who menstruate and don't identify as female find that their periods trigger [gender dysphoria](#), a feeling described by the [American Psychiatric Association](#) as "a conflict between a person's physical or assigned gender and the gender with which he/she/they identify." Going on birth control can be a way to suppress menstruation if you want to minimize feelings of dysphoria, says Villavicencio.

If you want to stop getting periods, Ellis says the best birth control methods are the levonorgestrel IUD like Mirena, and birth control pills used continuously — that is, you take the pills that affect your hormones month-round rather than taking sugar pills for a few days each month. "The Depo Provera

shot and the implant also often get rid of periods, but not as predictably as the IUD or the pill," they say.

3. Hormone therapy won't prevent pregnancy.

While hormone therapy generally decreases fertility, it does not eliminate it altogether, says Ray. In fact, even if hormone therapy has caused your periods to stop, you may still be ovulating. The need for birth control while on hormone therapy applies to those with penises as well as those with vaginas, as estrogen does not always stop sperm from developing in the testicles, Ray adds.

"Same as with people taking testosterone, we know that fertility is reduced for trans women when they are on hormone therapy but that it is still possible to get someone pregnant," says Ellis. "Any time two people have sex where sperm and egg can meet and do not want a pregnancy, it is the responsibility of both partners to help prevent a pregnancy from happening — it's not just the job of the person who can get pregnant."

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4. You don't need to avoid hormonal methods, but if you want to, there are options.

If you have a uterus and are undergoing hormone therapy, you have the same birth control options as cis women, including the pill, patches, and rings. Some people are concerned that methods with estrogen will make their bodies look more "feminine," which won't usually happen, says Ellis. But if this is a concern of yours, you can stick to estrogen-free options like condoms, the Depo-Provera shot, IUDs, and the implant. Some people are also concerned that birth control with estrogen will mess with testosterone, but that isn't the case. If you prefer not to put any hormones into your body, you can use copper IUDs, condoms, and/or spermicide, says Ray.

5. Birth control may affect hormone therapy.

If you're on both birth control and hormone therapy, make sure your doctor is aware of and knowledgeable about them both, as one might affect the other. "Hormonal contraception, when combined with gender-confirming hormonal therapy, may affect the dose required for the hormonal therapy," says Villavicencio. "Understanding that a trial period or trying several different methods before finding the right one can be helpful going into starting a contraception method."

6. Birth control cannot replace hormone therapy.

Just as hormone therapy doesn't provide birth control, birth control doesn't do the same things as gender-affirming hormone therapy, says Ray. "The estrogen found in birth control is a different form and dose than what is prescribed to trans women," she explains. "Trans women typically also use an anti-androgen, which blocks the effects of testosterone on the body. Trans women will have the safest and best results with being prescribed the correct type and dose of estrogen and anti-androgen by a healthcare provider."

7. If your birth control brings up uncomfortable emotions, help is available.

Using birth control may bring up dysphoria or other difficult feelings, especially in those with a history of trauma. Ellis sometimes sees this in people who get IUDs. "Some people do well having a support person present and taking prescription anti-anxiety medicine before the procedure," they say. "I have even done IUD placements under conscious sedation — IV medication that makes you very out of it but doesn't 'put you to sleep' — for folks who really want an IUD but are certain they wouldn't be able to get through the procedure without significant help from medication."

The most important thing to know? "We deserve excellent, compassionate, respectful, and affirming care. It should be the rule and not the exception," says Ellis. "Also, we have all the reproductive

choices that are available to any other person. Although there is a rich and terrible history of reproductive coercion against trans and non-binary people, we are the ones who should be in charge of our own futures and our reproductive life plans."