

Sexual Health Screening and Pelvic Examination



Gender diverse people experience health inequities related to sexual health care and pelvic examination. Many patients report experiences of significant body dysphoria, physical and emotional discomfort during pelvic examination, inadequate screening and low service expectations. Primary care providers are well-positioned to address these health inequities by providing affirming and trauma-informed care to gender diverse patients.

Clinical implications:

Keep in mind that patients may:

- Experience transphobic violence and discrimination;
- Find it hard to remove affirming clothing, compression garments, or prosthetics that, in doing so, will reveal a part of their body that may not align with their gender and/or that may have changed from hormone therapy;
- Have had traumatic experiences with the health care system; and
- Have experienced unnecessary and inappropriate physical exams.

Safety and Trustworthiness:

- Work to create a stronger therapeutic relationship before providing a genital or pelvic exam;
- Recommend assessments and exams only when they are clinically indicated;
- Provide rationales:
 - Why a specific exam, screening, or procedure is recommended
 - Distinguish between cancer screening and STI screening
 - Possible outcomes and related follow up
 - What is involved in each part of the assessment, exam, procedure, or treatment;
 - Take time– consider booking two appointments (one for teaching and one for screening);
- Use **affirming or neutral terminology** before, during, and after the exam;
- Ask for consent prior to each portion of an assessment, exam, procedure, or treatment.

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Choice, Collaboration, and Connection:

- Ask about their goals for sexual health and screening;
- Provide choices, including non-invasive options for STI screening;
- Ask what they would like to happen if they feel stressed or need to cry during the exam. For example:
 - Pause and practice relaxation techniques
 - Stop the exam right away
 - Proceed with the exam after a quick check-in
- Provide alternatives to the dorsal lithotomy position (e.g. frog-leg position or side-lying with a raised upper leg).

Strengths Based and Skills Building:

- Remind them that they are in control of the visit and can stop at any point, no matter what;
- Ask how they would like to engage in the exam, such as by:
 - Taking a step-by-step walkthrough, perhaps following along with a mirror
 - Introducing the speculum themselves
 - Distracting themselves with their phone
 - Playing music and practicing deep breathing or other stress management techniques
- Invite them to bring a support person for part or the entire visit;
- Invite them to insert the speculum themselves (provide privacy and time).

For clients with significant anxiety, PTSD, or difficulties tolerating the speculum, consider prescribing:

- An oral benzodiazepine to be taken 20-60 minutes prior to the exam;
- Remind them to arrange transportation to and from the appointment
- Topical estrogen to be used for two weeks prior to the exam to decrease symptoms of genital discomfort related to genital atrophy.