Gynecologic care for all genders: Bridging gaps in inclusive healthcare.

Kylie Fowler*

Department of Gynecology, Children's Minnesota, UK

Introduction

Gender identity plays a critical role in the way individuals experience healthcare, particularly in the field of gynecology. Traditionally, gynecologic care has been designed around the assumption that all patients identify as cisgender women. However, the growing recognition of gender diversity encompassing transgender men, non-binary individuals, and gender-nonconforming people—has highlighted the need for inclusive, respectful, and tailored gynecologic services that affirm each patient's identity while addressing their medical needs. [1,2].

Gender identity plays a critical role in the way individuals experience healthcare, particularly in the field of gynecology. Traditionally, gynecologic care has been designed around the assumption that all patients identify as cisgender women. However, the growing recognition of gender diversity encompassing transgender men, non-binary individuals, and gender-nonconforming people—has highlighted the need for inclusive, respectful, and tailored gynecologic services that affirm each patient's identity while addressing their medical needs. [3,4].

Inclusive care begins with the basics—using a patient's chosen name and pronouns, and avoiding assumptions based on appearance or medical history. Intake forms and electronic health records should be updated to reflect a range of gender identities, allowing patients to self-identify in ways that are meaningful to them. Clinical staff, from reception to nurses and doctors, must be trained in cultural competence and trauma-informed care to foster trust and open communication. [5,6].

Inclusive care begins with the basics—using a patient's chosen name and pronouns, and avoiding assumptions based on appearance or medical history. Intake forms and electronic health records should be updated to reflect a range of gender identities, allowing patients to self-identify in ways that are meaningful to them. Clinical staff, from reception to nurses and doctors, must be trained in cultural competence and trauma-informed care to foster trust and open communication. Research on gynecologic health in gender-diverse populations is still limited but growing. More studies are needed to understand the specific needs, health outcomes, and experiences of these individuals. Data collection should be inclusive, allowing for disaggregation by gender identity without compromising patient privacy. By centering gender-diverse voices in research, healthcare systems can develop

better-informed protocols and guidelines. [7,8].

Mental health is another crucial component of gynecologic care for gender-diverse individuals. The stress of navigating a healthcare system that often marginalizes or misunderstands their identity can exacerbate mental health concerns. Gynecologic visits may trigger anxiety, fear of discrimination, or past trauma. Building a supportive care team that includes mental health professionals familiar with LGBTQ+ issues can significantly improve patient outcomes and satisfaction. Access to care remains a significant barrier. Many transgender and non-binary people report delaying or avoiding gynecologic care due to fear of mistreatment or lack of knowledgeable providers. Insurance policies may also be restrictive, denying coverage for procedures that don't align with the individual's legal gender marker. Advocating for policy changes at institutional and governmental levels is crucial to ensure equitable healthcare access. [9,10].

Conclusion

Recognizing and affirming gender identity in gynecologic care is not only a matter of respect—it is a clinical imperative. Comprehensive, inclusive care improves both physical and mental health outcomes and fosters trust in the healthcare system. As society becomes increasingly aware of the spectrum of gender identities, the field of gynecology must evolve to meet the needs of all individuals it serves.

References

- 1. Nicolis GL, Modlinger RS, Gabrilove JL. A study of the histopathology of human gynecomastia. The J Clin Endocrinol & Metabol. 1971;32(2):173-8.
- Tin W, Wariyar UK, Hey EN, et al. Selection biases invalidate current low birthweight weight-for-gestation standards. BJOG: An Int J Obstetr & Gynaecol. 1997;104(2):180-5.
- Roberts CL, Lancaster PA. Australian national birthweight percentiles by gestational age. Med J Australia. 1999;170(3):114-8.
- 4. Skjaerven R, Gjessing HK, Bakketeig LS. Birthweight by gestational age in Norway. Acta Obstet Gynecol Scand. 2000;79:440-9.
- 5. Alexander GR, Himes JH, Kaufman RB, et al. A United States national reference for fetal growth. Obstetr & Gynecol. 1996;87(2):163-8.

Citation: Fowler K. Gynecologic care for all genders: Bridging gaps in inclusive healthcare. Gynecol Reprod Endocrinol. 2025;9(3):266

^{*}Correspondence to: Kylie Fowler*, Department of Gynecology, Children's Minnesota, UK. Email: kyliewler@childrensmn.org Received: 01-May-2025, Manuscript No. AAGGS-25-164354; Editor assigned: 02-May-2025, Pre QC No. AAGGS-25-164354(PQ); Reviewed:15-May-2025, QC No. AAGGS-25-164354; Revised:19-May-2025, Manuscript No. AAGGS-25-164354(R), Published:28-May-2025, DOI:10.35841/aaggs-9.3.266

- Largo RH, Walli R, Duc G, et al. Evaluation of perinatal growth. Presentation of combined intra-and extrauterine growth standards for weight, length and head circumference. Helvetica Paediatr Acta. 1980;35(5):419-36
- Devoto L, Kohen P, Vega M, et al. Control of human luteal steroidogenesis. Molecular and Cellular Endocrinol. 2002;186(2):137-41.
- 8. Christenson LK, Devoto L. Cholesterol transport and steroidogenesis by the corpus luteum. Reprod Biol and Endocrinol. 2003;1(1):1-9.
- Duncan WC. The human corpus luteum: remodelling during luteolysis and maternal recognition of pregnancy. Rev Reprod. 2000;5(1):12-7.
- Zeleznik AJ, Somers JP. Regulation of the primate corpus luteum: cellular and molecular perspectives. Trends in Endocrinol & Metabol. 1999;10(5):189-93.

Citation: Fowler K. Gynecologic care for all genders: Bridging gaps in inclusive healthcare. Gynecol Reprod Endocrinol. 2025;9(3):266