

Provider Factsheet on Birth-Sex and Self-Identified Gender Identity

This factsheet is a companion document to the Transgender Veteran Health Care “Get the Facts” Birth Sex and Self-Identified Gender Identity factsheet.¹ Together, these two documents are intended to facilitate a conversation between providers and Veterans regarding patient safety issues and documentation of birth sex and gender identity.

1. How are the terms ‘Birth Sex’ and ‘Self-Identified Gender Identity’ used in the medical record system?

The term ‘birth sex’ is used as the demographic identifier for automated generation of clinical reminders, lab ranges, and other values (e.g., prostate screening, pap smears, medication doses). Although Veterans have the right to change their ‘birth sex’ demographic field in their VA medical record, current medical advice is that reported ‘birth sex’ in the medical record should match the sex listed on a Veteran’s original birth certificate.^{2,3} This document can assist the Veteran’s decision-making process by helping explain the impact of changing the ‘birth sex’ field in the medical record.

The ‘Self-Identified Gender Identity (SIGI)’ field is where the Veteran describes their gender identity. ‘SIGI’ is a new, separate field within the medical record. SIGI does not need to be the same as the Veteran’s sex assigned at birth. Since the Veteran’s gender identity may differ from the birth sex, the ‘SIGI’ demographic field helps VA staff respect transgender and gender non-conforming Veterans by using the appropriate pronouns and terms to deliver personalized care.

2. How does Birth Sex relate to screenings and diagnostic testing?

Within the VA system, clinical reminders for screenings, ranges for lab results, and medication dosing are auto-calculated based on birth sex.

Approaches to care that vary by birth sex include but are not limited to:

- **Health Screens** for breast cancer, cervical cancer, prostate cancer, cardiovascular risk including cholesterol and triglycerides, pregnancy testing, STI/HIV, alcohol use, and obesity/overweight nomograms.
- **Drug Dosing** for chemotherapy dosing by body surface area (BSA), antibiotics, and other medications affected by creatinine clearance calculation.
- **Diagnostic Testing** for creatinine clearance, hemoglobin/hematocrit, liver function tests, pulmonary function tests, and DEXA scans.

Providers should always take an individualized approach to Veteran medical care. Transgender patients have health factors that uniquely influence health care. These factors include **existing anatomy** (e.g., penis, testes, prostate, breasts, vagina, cervix, uterus, ovaries), **medical history**, and **gender transition goals**. Veterans should undergo health screens that are consistent with their present anatomy (e.g., patients with a cervix should have recommended cervical cancer screenings; patients with a prostate should have recommended prostate cancer screenings). Their health screenings should be performed even when the automatic clinical reminders do not appear.

In situations in which the clinical implications of birth sex are unclear, you should use your clinical judgement, available resources (see resource list at end of document), and consult with more experienced providers when clinically indicated, such as the transgender e-consult program.⁴ Research on relationships of sex and gender to different domains of clinical care are available.⁵

3. What if Birth Sex is changed in the medical record?

Patients may be considering changing, or have previously changed, the birth sex field in their medical record to be consistent with their self-identified gender identity. It is important to have a conversation with your patient about the potential clinical and safety implications of this decision.

It is the Veteran’s right to have their birth sex listed in a way that affirms their gender identity. However, it is also important that Veterans make this decision with a full understanding of the health and safety impact of this choice.

Citations:

- 1) VHA. (2018). [Transgender Veteran health care “get the facts” birth sex and self-identified gender identity factsheet](#).
- 2) Cahill, S., Singal, R., Grasso, C., King, D., Mayer, K., Baker, K., & Makadon, H. (2014). Do ask, do tell: High levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. *PLOS One*, 9(9), 1-8.
- 3) Deutsch, M.B., Green, J., Keatley, J., Mayer, G., Hastings, J., & Hall, A.M. (2013). Electronic medical records and the transgender patient: Recommendations from the world professional association for transgender health EMR working group. *Journal of American Medical Information Association*, 20, 700-703. doi: 10.1136/amiajnl-2012-001472
- 4) VHA. (2018). [Transgender health e-consult](#).
- 5) VHA. (2018). [Transgender SharePoint resource library](#).

Additional Resources:

- Byne, W., Karasic, D., Coleman, E., Eyler, E.A., Kidd, J., Meyer-Bahlburg, H.F.L., Pleak, R.R., & Pula, J. (2018). [Gender dysphoria in adults: An overview and primer for psychiatrists](#). *Transgender Health*, 3.1, 57-70.
- Endocrine Society. (2017). [Endocrine treatment of gender-dysphoria/gender-incongruent persons](#).
- Kauth, M., & Shipherd, J. (2018). *Adult transgender care: An interdisciplinary approach for training mental health professionals*. New York, NY: Routledge.
- Pharmacy Benefits Management. (2012). [Transgender care, cross-sex hormone therapy](#).
- VHA Directive 1341. (2018). [Providing healthcare for transgender and intersex Veterans](#).
- VHA. (2018). [SIGI resources](#).
- WPATH (2011). [Standards of care, version 7](#).

It is important that all Veterans are treated with respect and dignity.