

Supplementary Data

Mind the Gap: A Nationwide Audit of LGBTQ+ Inclusion in Fertility Care Providers in the United Kingdom

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Cultural Competence

Cultural competency training can vary between clinics and medical schools. However, we would expect as a bare minimum, any training to cover the following topics:

Understanding LGBTQ+ Identities and Relationships

- Familiarity with different sexual orientations and gender identities. This includes the meaning of the terms “lesbian”, “gay”, “bisexual”, “transgender”, “non-binary”, “queer”, “asexual”, “intersex”, “poly”, “gender identity” and “gender dysphoria”.

Inclusive Language and Communication

- Using inclusive terminology that acknowledges various gender identities and relationships.
- This includes not assuming all patients to be in opposite-sex relationships (e.g. not immediately assuming a woman is attending with “her husband”). It also includes asking for pronouns (e.g. in sign-up forms).
- Effective communication strategies that make all patients feel comfortable (including when referring to body parts of transgender patients). This may include the use of body maps.

Healthcare Disparities and Health Needs

- Knowledge of the specific healthcare needs of LGBTQ+ individuals (including general knowledge of different procedures transgender patients may undergo that may impact their treatment).
- In-depth knowledge of assisted reproductive technologies (ART) suitable for LGBTQ+ individuals.
- Awareness of the unique health disparities and challenges faced by LGBTQ+ individuals in reproductive healthcare.
- Understanding of regional and national funding options available to LGBTQ+ patients. In the UK setting, this means understanding the extent to which different treatments are covered by different NHS clinical commissioning groups as well as what is needed to qualify for treatment.

Cultural Sensitivity and Inclusion

- Promoting a nonjudgmental and affirming environment for all patients.
- Respecting preferred names and pronouns.

Legal and Ethical Considerations

- Knowledge of relevant laws and regulations related to LGBTQ+ health care rights and protections.
- Understanding relevant administrative procedures and paperwork relating to parenting rights.

Resources and Referrals

- Knowledge of LGBTQ+-friendly organisations, support groups, and community resources.
- Ability to provide referrals to LGBTQ+-competent mental health professionals or legal advisors when necessary.
- Ability to provide referrals to LGBTQ+-competent antenatal, midwifery and postnatal services.

Clinical Knowledge

In addition to the cultural competence described above, we would expect doctors, embryologists and nurses to have the following clinical knowledge:

Biological Implications

- Awareness of surgical procedures that transgender people may undergo
- Awareness of variations in anatomy that may be seen in transgender patients during examination
- To be sensitive to the discomfort / reluctance in patients to be examined (e.g. pelvic floor dysfunction and vaginal atrophy in transgender men, sexual trauma)
- To understand to the impact of HRT medications on menstrual cycle / sperm production in order to prognosticate / adjust medications in fertility treatment (AND understand how these adjustments will impact transition progress in transgender individuals)
- Awareness of alternatives to transvaginal ultrasound for transmasculine individuals (transrectal / abdominal ultrasound)
- Awareness of alternatives to masturbation for transfeminine individuals (electroejaculation / surgical sperm extraction).

Drug Interactions

- Awareness of medications that transgender/non-binary patients may be on and how this may affect / interact with fertility medications
- Understanding the implications of ovarian stimulation for AFAB transgender patients
- Understanding whether different doses of medications are required when working with transgender/non-binary patients

Psychological Impact

- Awareness that LGBTQ+ individuals undergoing fertility treatment may experience a more pronounced negative psychological impact compared to their cisgender heterosexual counterparts. These may arise from:
 - Delay to transitioning (for transgender individuals)
 - Social pressures and community perception
 - Social isolation and therefore lack of support during treatment

Survey

Definition Recap

The following words come up in this survey. Please familiarise yourself with their definitions!

Gender Identity

A person's innate sense of their own gender, whether male, female or something else, which may or may not correspond to the sex assigned at birth.

Sexual Orientation

A person's sexual attraction to other people, or lack thereof.

Cisgender

Someone whose gender identity is the same as the sex they were assigned at birth.

Non-binary

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'.

Transgender

Someone whose gender identity is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Transfeminine

An umbrella term for transgender individuals assigned male at birth with a predominantly feminine identity or gender expression. This includes transgender women as well as some non-binary people.

Transmasculine

An umbrella term for transgender individuals assigned female at birth with a predominantly masculine identity or gender expression. This includes transgender men as well as some non-binary people.

General Practices

- My clinic has specific clinical pathways for same-sex couples. [Yes / No / Don't Know]
- My clinic has specific clinical pathways for transgender and non-binary individuals (and couples involving them). [Yes / No / Don't Know]
- Mixed-gender waiting spaces are available with all services (including gynaecology and andrology) at my clinic. [Yes / No / Don't Know]
- What is your clinic's procedure if a transmasculine patient is unwilling / unable to undergo transvaginal ultrasonography? [Free Text]
- What is your clinic's procedure if a transfeminine patient is unwilling / unable to produce a semen sample through masturbation? [Free Text]

Paperwork

- Clinic forms and paperwork (i.e. non-HFEA) for couples assume a couple to be made up of a man and a woman. [Yes / No / Don't Know]
- Clinic forms and paperwork (i.e. non-HFEA) assume that individuals are cisgender. [Yes / No / Don't Know]
- Patient on-boarding forms allow patients to specify their preferred name and pronouns (including gender neutral pronouns such as "they/them"). [Yes / No / Don't Know]
- Gender-neutral versions of HFEA paperwork are used. [Yes / No / Don't Know]
- At my clinic, preferred names and pronouns are used for all patients. [Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree]

Patient Guidance

- Patient guidance at my clinic is inclusive of same-sex couples. [Yes / No / Don't Know]
- Patient guidance at my clinic is gender neutral and/or there is specific patient guidance for transgender patients. [Yes / No / Don't Know]

Training

- I have received training on different sexual orientations. [Yes / No]
- I have received training on different gender identities. [Yes / No]
- I have received training on using inclusive terminology that acknowledges various gender identities and relationships. [Yes / No]
- I have received training on effective communication strategies for making LGBTQ+ patients feel comfortable (including when referring to body parts of transgender and non-binary individuals). [Yes / No]
- I have received training on the specific healthcare needs of same-sex couples. [Yes / No]
- I have received training on the specific healthcare needs of transgender and non-binary patients. [Yes / No]

- I have received training on assisted reproductive technologies suitable for LGBTQ+ individuals. [Yes / No]
- I have received training on the health disparities and challenges faced by LGBTQ+ individuals in reproductive healthcare. [Yes / No]
- I have received training on the relevant laws and regulations related to LGBTQ+ healthcare rights and protections. [Yes / No]
- I have received training on the relevant administrative procedures and paperwork relating to parenting rights (in particular, for surrogacy). [Yes / No]
- If you or your clinic refers patients to any LGBTQ+-competent mental health services, please name them below. Otherwise, write "N/A". [Free Text]
- If you or your clinic refers patients to any LGBTQ+-competent legal services, please name them below. Otherwise, write "N/A". [Free Text]
- If you or your clinic refers patients to any LGBTQ+-competent antenatal, midwifery and postnatal services, please name them below. Otherwise, write "N/A". [Free Text]

Confidence

- I am confident in my ability to work with same-sex couples. [Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree]
- I am confident in my ability to work with transgender and non-binary patients. [Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree]
- I am confident in my knowledge of LGBTQ+-friendly organisations, support groups and community resources. [Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree]

Clinical Aspects (Doctors / Nurses / Embryologists ONLY)

- I am aware of the surgical procedures transgender and non-binary people may undergo. [Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree]
- I am aware of the variations in anatomy that may be seen in transgender and non-binary patients during examination. [Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree]
- I am confident in my understanding of the impact that hormone replacement therapy medications may have on gametogenesis and am able to prognosticate / adjust medications in fertility treatment accordingly [Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree]
- I am aware on the different medications that transgender and non-binary individuals may be on, and how they may affect / interact with fertility medications. [Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree]
- I understand the implications of ovarian stimulation on transgender and non-binary patients assigned female at birth. [Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree]

- I am aware of the psychological aspects of fertility treatment in LGBTQ+ patients compared to their cisgender or heterosexual counterparts. [Strongly Disagree / Disagree / Neither Agree nor Disagree / Agree / Strongly Agree]
- Why might transgender or non-binary patients be reluctant to be examined? [Free Text]

Website Audit Rubric for Same-Sex Couples

Theme	Criterion	Yes/No	Weighting
Accessibility of content	Same-sex couple services are equally as accessible as heterosexual services (i.e. easy to navigate to and not hidden away)		1
Inclusivity / relevance of content	There is content on the website that details and explains available treatment plans for same-sex male couples		2
	There is content on the website that details and explains available treatment plans for same-sex female couples		2
	Language of the website/section is inclusive of same-sex couples, especially on treatments that can be used for both same-sex and heterosexual couples.		3
Promotion and engagement	Website explicitly mentions that the service is same-sex couple friendly/inclusive (e.g. mentions values/mission/inclusivity in terms of sexual orientation)		2
	Website content mentions staff training, awareness or readiness to work with same-sex couples		1
	Website has positive testimonies from same-sex couples that are easy to find		1
Points total			12

Website Audit Rubric for Transgender and Non-Binary Patients

Theme	Criterion	Yes/No	Weighting
Accessibility of content	Transgender and non-binary fertility services are equally as accessible as cisgender services (i.e. easy to navigate to and not hidden away)		1
Inclusivity / relevance of content	There is content on the website that details and explains fertility preservation in the context of transfeminine patients		2
	There is content on the website that details and explains fertility preservation in the context of transmasculine patients		2
	Language on the website is either inclusive of transgender patients and non-binary patients (i.e. mentions them) or gender neutral (e.g. uses “reciprocal IVF” instead of “shared motherhood”)		3
	Language on the website regarding transgender and non-binary patients is up-to-date (e.g. “transgender” rather than “transgendered”; “trans women” rather than “males transitioning to females”)		3
Promotion and engagement	Website explicitly mentions that the service is trans and non-binary friendly/inclusive (e.g. mentions values/mission/inclusivity in terms of gender identity)		2
	Website content mentions staff training, awareness or readiness to work with transgender and non-binary patients (just “transgender” is fine though)		1
	Website has positive testimonies from transgender and non-binary patients that are easy to find		1

Points total			15
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