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REVIEW

Quality Primary Care and Family Planning Services for LGBT Clients: A Comprehensive Review of Clinical Guidelines

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Abstract

LGBT clients have unique healthcare needs but experience a wide range of quality in the care that they receive. This study provides a summary of clinical guideline recommendations related to the provision of primary care and family planning services for LGBT clients. In addition, we identify gaps in current guidelines, and inform future recommendations and guidance for clinical practice and research. PubMed, Cochrane, and Agency for Healthcare Research and Quality electronic bibliographic databases, and relevant professional organizations' websites, were searched to identify clinical guidelines related to the provision of primary care and family planning services for LGBT clients. Information obtained from a technical expert panel was used to inform the review. Clinical guidelines meeting the inclusion criteria were assessed to determine their alignment with Institute of Medicine (IOM) standards for the development of clinical practice guidelines and content relevant to the identified themes. The search parameters identified 2,006 clinical practice guidelines. Seventeen clinical guidelines met the inclusion criteria. Two of the guidelines met all eight IOM criteria. However, many recommendations were consistent regarding provision of services to LGBT clients within the following themes: clinic environment, provider cultural sensitivity and awareness, communication, confidentiality, coordination of care, general clinical principles, mental health considerations, and reproductive health. Guidelines for the primary and family planning care of LGBT clients are evolving. The themes identified in this review may guide professional organizations during guideline development, clinicians when providing care, and researchers conducting LGBT-related studies.

Keywords: family planning, gay, lesbian, LGBT, primary care, transgender

Introduction

LGBT clients have a unique set of healthcare needs, particularly with regard to sexual and reproductive health services. While LGBT individuals utilize and benefit from comprehensive family planning services, they do not always receive quality care and often feel anxious, unwelcome, ashamed, and distrustful in clinical encounters, resulting in negative interactions with the healthcare system.[1,2] Clinicians often feel inadequately prepared to care for LGBT clients and, as a result, may fail to clarify preferred gender pronouns or inquire about a client's sexual orientation or gender identity.[3] A number of recent clinical guidelines address the optimal care of LGBT clients and are identified and discussed in this review. However, there are still areas of care that could benefit from more guidance, and there is a particular need for more evidence-based recommendations.[4,5] The evolution and scope of the LGBT healthcare field are advancing rapidly, making it important that clinical recommendations are updated regularly such that the unique needs of LGBT clients are recognized and prioritized.[4,5]

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In 2014, the Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs jointly published Providing Quality Family Planning Services (QFP),[6] recommendations developed in accordance with Institute of Medicine (IOM) standards.[7,8] This report outlines clinical recommendations for providing quality family planning services, including provision of contraception to prevent unintended pregnancies and enable individuals to plan and space births; pregnancy testing and counseling; services to aid in achieving pregnancy including basic infertility services; preconception health; and sexually transmitted disease screening and treatment services.[6] Although the QFP also highlights related preventive services, such as screening for breast and cervical cancers and other preventive health services (e.g., screening for lipid disorders), it does not include specific guidance with regard to providing family planning services for LGBT clients.[6]

In 2010, McNair and Hegarty performed a systematic review of guidelines for the primary care of lesbian, gay, and bisexual individuals and assessed the quality of guidelines using the validated Appraisal of Guidelines for Research and Evaluation instrument.[9] Given that few relevant guidelines were obtained from peer-reviewed data sources, the review also included websites of general practice and nursing primary care organizations, as well as health department websites and relevant textbooks. The authors identified 11 publications that met their inclusion criteria for full appraisal. The developmental rigor for these guidelines was poor and many lacked explicit inclusion criteria, independent reviewers, or updating procedures. However, the authors were able to identify several consistent recommendations relevant to primary care settings and gaps in the literature regarding inclusive clinical environments, standards for clinician/patient communication, sensitive documentation of sexual orientation, knowledge of cultural awareness, staff training, and population health issues.[9]

As the McNair and Hegarty review[9] included only lesbian, gay, and bisexual individuals, and focused on primary care, our goal was to conduct a broad review of the published clinical guidelines with a focus on provision of family planning and primary care services to LGBT individuals. The aim of the current study, therefore, was to assess the identified guidelines for alignment with IOM standards, consolidate guideline recommendations for clinicians caring for LGBT patients, and to inform future recommendations and guidance for clinical practice and research.

Methods

Clinical practice guidelines relevant to LGBT populations and primary or family planning care were identified by a systematic search of three electronic databases, including the Agency for Healthcare Research and Quality's (AHRQ) National Guideline Clearinghouse, PubMed, and Cochrane ($n = 1{,}779$). Search terms included ''LGBT,'' ''gender nonconforming,'' ''sexual minority,'' ''guidelines,'' and ''recommendations'' (Supplementary Table S1; Supplementary Data are available online at www.liebertpub.com/lgbt). Any identified guidelines from a complementary systematic review of primary literature (which included 16 databases) were also reviewed for inclusion ($n = 227$).[10] A search of the websites of professional organizations, which focus on the health of children and adolescents, women's healthcare, family planning, or LGBT populations (e.g., American Academy of Pediatrics, American College of Obstetricians and Gynecologists), was also conducted to ensure relevant guidelines were captured in the database search.

Selection of studies

To be eligible for inclusion, clinical practice guidelines needed to (1) be developed by a professional organization or federal agency in the United States or similar setting (to include Australia, Canada, New Zealand, and European countries categorized as ''very high'' on the Human Development Index, as defined by the United Nations Development Programme)[11]; (2) describe professional recommendations relevant to the clinical care of LGBT clients; and (3) be considered a clinical guideline or a recommended course of action for healthcare providers. Textbooks, conference abstracts, newsletters, and similar unpublished materials were not included in the review. Given the need for up-to-date guidelines, as well as the rapidly changing socio-political context in the United States, only clinical guidelines published between January 1, 2005, and June 7, 2017, were included.

Evidence synthesis

One analyst initially reviewed each of the 2,006 clinical guidelines identified according to the inclusion criteria. The resulting initial set of 20 guidelines, along with any available supplemental sources for each guideline such as the organization's webpage and a review of the National Guideline Clearinghouse summary, was assessed to determine their alignment with IOM standards.[8] Preliminary findings from the IOM review were presented to an LGBT technical panel of 16 experts held in June 2017. Members of this technical expert panel, comprising representatives from health centers, professional associations, universities, and the federal government, provided additional context on certain guidelines; suggested one additional guideline that met the inclusion criteria; and directed the study team to organizations that may have additional relevant guidelines. In addition, the study team reviewed the reference lists of all included guidelines to date.

The study team eliminated four additional manuscripts that did not meet final inclusion criteria (e.g., policy statements) and followed up individually with the author(s) of each of the guidelines to ensure that the most recent and accurate information was captured. Fourteen of the seventeen authors provided additional information. Specifically, the team asked for information to confirm whether the IOM standards were being applied appropriately (e.g., additional details on the guideline development process, the process for rating evidence to inform recommendations, review by external experts or parties, and intentions to update guidelines; Supplementary Table S2) and to determine whether there were any other relevant guidelines from that organization that should be considered.

At the final stage, two independent analysts categorized guideline content into major thematic areas. The thematic areas and specific themes were informed by the technical expert panel, the authors' input, and the systematic review of clinical guidelines by McNair and Hegarty (Supplementary Table S3).[9] The independent assessments of each guideline conducted by two authors were then compiled and reviewed for consistency; any variations were discussed and adjudicated

Table 1. Institute of Medicine Standards: Characteristics of Included Clinical Practice Guidelines

Organization/author[a]	*Transparency*	*Conflict of interest*	*Composition of development group*	*Systematic review*	*Evidence/ rating strength*	*Articulation of recommendations*	*External review*	*Updating*
American Academy of Child and Adolescent Psychiatry[12]	✓	✓	✓	✓		✓	✓	
American Academy of Pediatrics[13]	✓	✓	✓	✓		✓	✓	✓
American College of Obstetricians and Gynecologists[14] (Care for transgender adolescents)	✓	✓	✓			✓	✓	
American College of Obstetricians and Gynecologists[15] (Healthcare for lesbians and bisexual women)	✓	✓	✓			✓	✓	
American College of Obstetricians and Gynecologists[16] (Healthcare for transgender individuals)	✓	✓	✓			✓	✓	
American Psychological Association[17] (Guidelines for psychological practice with lesbian, gay, and bisexual clients)	✓	✓	✓		✓	✓	✓	✓
American Psychological Association[18] (Guidelines for psychological practice with transgender and gender nonconforming people)	✓	✓	✓		✓	✓	✓	✓
Center of Excellence for Transgender Health[19]	✓		✓		✓	✓	✓	
The Endocrine Society[20]	✓	✓	✓	✓	✓	✓	✓	✓
Fenway Health[21]	✓					✓		✓
Gay and Lesbian Medical Association[22]			✓			✓		
Male Training Center for Family Planning and Reproductive Health[23]	✓	✓	✓	✓		✓	✓	
Planned Parenthood of the Southern Finger Lakes[24]						✓		✓
Queensland Health[25]	✓	✓	✓			✓	✓	✓
Society for Adolescent Health and Medicine[26]	✓	✓	✓			✓	✓	✓
The Society of Obstetricians and Gynaecologists of Canada[27]	✓	✓	✓	✓	✓	✓	✓	✓
World Professional Association for Transgender Health[28]	✓		✓	✓		✓	✓	✓
Total Count	15	12	15	6	5	17	14	10

[a]In cases where an organization/author has multiple included guidelines, the specific guideline is listed in parentheses.

by a senior author. The full study team reviewed and discussed the resulting information to identify common themes, patterns, and gaps in the clinical guidelines.

Results

The search parameters identified 2,006 clinical practice guidelines; of these, 17 guidelines released by 14 professional medical organizations met inclusion criteria (Table 1).[12–28] Eight guidelines were identified by database searches,[12,13,15–17,20,27,28] six by website searches,[18,19,21,22,24,26] two by reference list searches of review articles,[23,25] and one by technical expert panel input.[14] Two of the included guidelines met all eight IOM standards (Table 1).[20,27] Of all included guidelines, 15 were found to have transparency in describing methods and funding sources,[12–21,23,25–28] and 12 elucidated potential conflicts of interests of the authors and how these conflicts may influence the guideline development.[12–18,20,23,25–27] 15 guidelines were developed by multidisciplinary teams, including clinicians, methodological experts, and those who may be affected by the recommendations.[12–20,22,23,25–28] Six guidelines were informed by systematic reviews,[12,13,20,23,27,28] and five reported the evidence foundation, including potential benefits and harms of recommendations, evidence quality, and the contribution of clinical experience in formulating recommendations.[17–20,27] All guidelines met IOM criteria for standardized and articulate reporting, in which circumstances for application of the recommendations were highlighted.[12–28] 14 guidelines underwent external review by relevant stakeholders,[12–20,23,25–28] and ten described updating procedures for future iterations.[13,17,18,20,21,24–28]

Themes and recommendations central to providing services for LGBT clients were categorized into the following thematic areas: (1) clinic environment, (2) provider cultural sensitivity and awareness, (3) communication, (4) confidentiality, (5) coordination of care, (6) general clinical principles, (7) mental health considerations, and (8) reproductive health. They are summarized in the next section and presented in Tables 2 and 3.

Clinic environment

Recommendations related to the clinic environment pertained to the creation of an inclusive clinical environment for all clients and were further categorized into five subthemes: (1) clinic policies, (2) clinic facility, (3) documentation and paperwork, (4) educational and promotional materials, (5) and staff training. Six guidelines by five professional organizations suggested that clinic policies be implemented to ensure the inclusive and affirmative care of LGBT clients.[15,16,22,24–26] Common features included the creation and dissemination of a nondiscrimination policy affirming the clinic's commitment to providing quality care to all clients regardless of gender identity or expression and sexual orientation, and incorporation of language regarding inclusive care for LGBT clients in clinic mission statements and work plans.

Five guidelines by five professional organizations pertained to the physical clinic facility.[18,19,22,24,25] Guidelines included recommendations to ensure that waiting rooms, check out areas, and other physical spaces within a clinic are LGBT friendly; four specifically recommended that at least one gender-neutral restroom be available.[18,19,22,24]

Eight guidelines by six professional organizations included recommendations related to clinic documentation and other paperwork.[13–16,18,19,22,24] Common recommendations included the adoption of LGBT-inclusive intake forms and patient records. Specific recommendations included providing a range of options for clients to self-select their gender identity (e.g., ''transgender''), modifying forms to elicit information about clients' relationship status (e.g., use of the term ''partner'' instead of husband or wife, use of the term ''relationship status'' instead of marital status), and providing space for written explanations of clients' gender identity and sexual orientation or relationship and family status.

Seven guidelines by seven professional organizations highlighted the benefits of LGBT-friendly educational and promotional materials within a clinic environment.[14,18,19,22,24,25,27] Recommendations included developing educational brochures, pamphlets, and other materials that are relevant to LGBT clients, displaying magazines and newsletters that are specific to LGBT clients, and displaying posters and other promotional materials to demonstrate an inclusive clinic environment for all clients.

Eleven guidelines by nine professional organizations detailed the importance of staff training on providing LGBT-friendly clinic environments.[13,14,16–19,22,24–26,28] Recommendations included training all providers and clinic staff to increase knowledge and awareness of LGBT-specific clinical needs. Specific training topics included the use of gender-inclusive language, assessments of internal biases regarding LGBT individuals, and familiarity with LGBT health issues.

Provider cultural sensitivity and awareness

Recommendations related to provider cultural sensitivity and awareness were focused on provision of culturally competent care, including clinicians' and clinic staff members' knowledge of and attitudes and behaviors toward LGBT clients and community involvement. Twelve guidelines by eleven professional organizations described recommendations related to clinicians' approach to care for LGBT clients.[12,13,16–19,22,24–28] The guidelines emphasized the importance of clinicians and clinic staff treating all clients with empathy, respect, and dignity and acknowledging their own personal biases and attitudes against and regarding LGBT clients. The guidelines also highlighted the role of the clinician in building rapport and trust with LGBT clients through nonjudgmental care and consideration of the impact of sociocultural factors, such as age, race, physical ability, and socioeconomic status, on patient experience. Guidelines that described appropriate treatment approaches recommended that clinicians not attempt to change a client's gender identity or sexual orientation (i.e., conversion therapy) due to the inherent harms of this approach[5]—such treatment is unethical and inconsistent with current standards of medical care.

Fourteen guidelines by eleven professional organizations provided recommendations related to community engagement of clinicians around LGBT issues.[12–18,20–24,26,28] Guidelines recommended that clinicians are aware of or actively participate in LGBT-related research and are able to identify support groups in schools and community organizations, inform clients of such resources, and act as a liaison and advocate for LGBT issues in the community.

Table 2. Care of Lesbian, Gay, Bisexual, and Transgender Clients: Recommendations from Clinical Guidelines

Recommendation	*References*
Clinic environment	
Clinic policies	
Adopt, display, and/or disseminate a nondiscrimination policy	15,16,22,24–26
Nondiscrimination policies specifically discuss gender identity	22,24,25
Clinics support visibility of LBGT employees	22
Sexual minority adolescents have full legal protection from victimization (local and federal)	26
Clinic facility	
Physical spaces inclusive of all LGBT clients	18,19,22,24,25
At least one gender-neutral restroom available	18,19,22,24
Documentation and paperwork	
Intake forms and/or records inclusive of the needs of LGBT individuals and use gender-neutral and inclusive language	13–16,18,19,22,24
A procedure in place that addresses discordance in gender identity or legal name on insurance documents	19,24
Educational and promotional materials	
LGBT-friendly symbols and signs demonstrate an inclusive clinic environment	19,22,25,27
LGBT-friendly materials (e.g., educational brochures, newsletters) available and/or displayed	14,18,19,22,24,25
Staff training	
All clinicians and clinic staff trained to increase knowledge and awareness of LGBT client issues, and improve competent care for all clients	13,14,16–19,22,24–26
Training specifically recommends gender-inclusive language, personal assessment of one's internal biases, and familiarity with LGBT health issues	17,18,22,24,28
Provider cultural sensitivity and awareness	
Clinician approach	
Clinicians treat all clients with empathy, respect, and dignity	22,24
Clinicians acknowledge personal biases and attitudes	17–19,22,25,27
Clinicians provide nonjudgmental care and build rapport and trust	12,19,22,26,28
Clinicians examine facets of identity (e.g., race, ethnicity, culture, socioeconomic class, disability, religion, spirituality) that intersect in creating the client's experience, and recognize effective coping strategies that clients have established through their multiple marginalization experiences	12,17,18,22,24,25
All clients, including children and adolescents, offered care in which the provider affirms the client's gender preference	12,16–19,26,28
Clinicians avoid imposing a binary view of gender	18,19,22,24,27,28
Efforts to change sexual orientation or gender identity (i.e., conversion or reparative approaches) are unethical and/or inconsistent with current standards of medical care	12,13,17,18,26,28
Community engagement	
Clinicians familiar with (and engage with) community resources, and be able to provide resources to clients	12–15,17,18,21–24,28
Clinicians advocate for the unique needs of LGBT clients	12,13,16,18,26,28
Clinicians optimize the client's sources of social support, including that of the family and/or community network; however, clinicians should not assume that all LGBT individuals (including adolescents) are ready to disclose their gender identity or sexual orientation to family members or others	12–14,17,18,20,22,26,28
Insurance companies and/or third-party payers cover the medical treatment to alleviate gender dysphoria	16,24,28
Clinicians accurately represent results of research and be aware of possible misuse or misrepresentation of findings	17,18
Research is needed on LGBT topics to inform interventions, education, and community policy	12,15,16,18,23,24,26
Antidiscrimination/antiharassment policies regarding adolescents should be implemented in school, foster care, and juvenile justice systems	12,26
Communication	
Establish an openness with client to discuss sexual health concerns	12–14,21,22,24,25,27
Use culturally appropriate and inclusive (and/or gender-neutral) language during clinic visits	12,13,15,19,22,24–26,28
Use client preferred name and pronouns	16,18,19,22,24,26
Inquire about unfamiliar terminology to prevent miscommunication	19,22,24

(*continued*)

Table 2. (Continued)

Recommendation	*References*
Confidentiality	
Confidentiality is an important component of open discussion between providers and clients	12,13,16,22,25
Adolescents have a confidential psychosocial history that examines risk and resilience. Screening and referral for depression, suicidality, cessation of tobacco/substance use, eating disorders, etc., as indicated	12,13
Clinics have a written confidentiality policy, which may include descriptions of what information is protected, who has access, and situations in which confidentiality may be inadvertently compromised	22,24
Clinicians aware of state-specific minor consent and confidentiality laws	14,17
Violations of confidentiality may have profound consequences for LGBT individuals; clinicians consider discussing the contents of medical documentation with the client	22
Coordination of care	
To ensure comprehensive care, coordination of care optimized between primary care providers, mental health providers, and other subspecialists (e.g., surgeons)	18–20,28
Clinics compile a resource list of referral sites for clients (internal and/or external to clinic)	18,19,21–24,28
Clinicians who are uncomfortable with or unable to provide care to LGBT clients refer clients to other clinicians	13,15,16,18,24,25,28
General clinical principles	
LGBT clients receive routine and comprehensive screening for general health conditions (e.g., cardiovascular disease, diabetes, obesity, cancer, sexually transmitted infections); these recommendations may depend on the client's current anatomy	15,16,19,20–23,28
LGBT youth receive an age-appropriate assessment of psychosexual development	12,13,20,25,26
LGBT clients receive routine and behavior-specific immunizations	13,14,21–23,25
Primary care clinicians or subspecialists who choose to manage gender transition have knowledge of and experience with evidence-based recommendations	16,21,28
LGBT individuals may benefit from a medical home/comprehensive care model of care	18,21,28
Clinicians are aware of the importance of the client's partner or nonbiologic partner, and attempt to include the partner when the client desires	17,18,23
Adolescent clients who question their gender may receive medication to suppress puberty after the onset of puberty; timely referral is necessary	12,18–21,28
Informed consent received before starting treatments that may result in irreversible physical changes (e.g., hormones or surgery); when treating adolescents, clinicians should know relevant parental consent laws	18,20,21,28
Ideally, care may be managed by a multidisciplinary team; however, this is not always possible or necessary for appropriate care	16,18–20,28
Individuals with differences of sexual development (DSD)/intersex conditions should be evaluated by professionals with experience in management of DSD; clients with gender dysphoria may be managed differently (e.g., in timing of treatment)	12,19,28
Clinicians who assume care of a client on hormone therapy but do not feel comfortable with ongoing management may consider ''bridging'' (e.g., prescribing a limited supply of medication) until a definitive treatment team can be established	21,26,28
Mental health considerations	
LGBT clients receive routine screening and treatment for mental health disorders (e.g., anxiety, depression, substance use, intimate partner violence, suicidality, eating disorders)	12,14,15,19,20–23,25–28
Clinicians avoid making assumptions that stressors are necessarily related to one's gender identity or sexual orientation	17–19,26
Providers consider the impact of their client's life experience during provision of mental health services (e.g., stress, stigma, harassment, discrimination, intimate partner violence)	12,17–19,21,26
LGBT youth offered age-appropriate screenings and appropriate support (e.g., timely referrals) related to their gender identity or sexual orientation	12,19,26
Providers screen for (and assess the possible impact of) bullying, isolation, and/or victimization of LGBT youth	12,17,21,23,25,26
Primary care providers equipped to handle basic mental health needs of transgender clients; the clients should be referred to a mental health provider if needed	19,26,28
Mental health professionals play an important role in the care of transgender individuals, which may include assessment for gender dysphoria, discussing options for care, addressing coexisting mental health concerns, and assessing and preparing the client for nonreversible interventions	12,20,21,28

(*continued*)

TABLE 2. (CONTINUED)

Recommendation	*References*
Reproductive health	
General	
Reproductive health services tailored to the needs of the client (e.g., related to the anatomy that is present)	16,19–21,26
Clinicians knowledgeable about specific sexual and reproductive healthcare needs of LGBT individuals	19,22,24,26
Pregnancy prevention	
Contraception, including emergency contraception, available for all clients regardless of sexual orientation	13,23,25
All transgender individuals who engage in sexual activity that could result in a pregnancy counseled on the need for contraception, even when undergoing hormone therapy	14,18,19,28
Clinicians not assume that lesbian women are not (or will not be) sexually active with men; lesbian women should have access to the full range of family planning services	15,22,27
Pregnancy planning	
Clinicians counsel LGBT clients on their reproductive options	22
Fertility services available to LGBT individuals and couples	15,28
Transgender patients counseled on reproductive options (including fertility preservation) and possible effects of hormone therapy on fertility before undergoing treatment	14,18–21,28
Clinicians recognize the unique strengths and resilience of LGBT families	17
STIs/HIV	
LGBT individuals offered regular screening for (and treatment of) sexually transmitted infections; testing options and frequencies may be influenced by sexual history and anatomy	13–15,19,21–23,25
Clinicians aware of current STI guidelines (e.g., CDC), which include recommendations for testing LGBT individuals/MSM, and specifically discuss HIV, gonorrhea, chlamydia, syphilis, and hepatitis (among other) infections	13,14,22,23,25,26
HIV pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) considered for use in appropriate individuals, in accordance with CDC recommendations	19,23,25
HIV and its treatment are not contraindications to hormone therapy	19,28
In accordance with CDC and USPSTF guidelines, all transgender persons screened at least once for HIV, and repeat screening is based on HIV risk assessment	19
Clinicians provide STI/HIV prevention and treatment services in alignment with the current biological, psychological, and social needs of the client	19,21,22,25
Discuss safer sex techniques and be prepared to answer questions about STIs and HIV transmission risk	14,15,17,18,22,23,25,27,28

MSM, men who have sex with men.

Communication

Fourteen guidelines by twelve professional organizations included guidance related to patient/clinician communication, clinician interview skills, and perception of clinician attitudes.[12–16,18,19,21,22,24–28] Commonalities included the importance of both clinicians and clinic staff using culturally appropriate and inclusive or gender-neutral language when conducting intake and medical examinations or in sexual health discussions with clients. Recommendations suggested consistent use of client-preferred pronouns to create a culturally sensitive and welcoming environment for LGBT individuals. Several recommendations stated the importance of inquiring about client-preferred terminology and attending to the language clients use to describe their sexual orientation, partners, and relationships.

Confidentiality

Eight guidelines by seven professional organizations included recommendations related to confidentiality and client disclosure of gender identity and sexual orientation.[12–14,16,17,22,24,25] Guidelines included recommendations emphasizing the importance of confidentiality to ensure provision of optimal care to clients of all ages, including adolescents. Specific recommendations suggested the development and dissemination of a written confidentiality policy, including what medical information is considered confidential, who has access to medical records, and situations in which maintaining confidentiality is not possible, thereby reiterating the clinic's commitment to the protection of shared sensitive information. The guidelines highlighted the need for clinicians to be aware of state minor consent and confidentiality laws and the importance of confidentiality in the adolescent psychosocial history during clinic encounters.

Coordination of care

Twelve guidelines by eleven professional organizations offered recommendations describing coordination of care among a range of service providers, including primary care, mental health, and surgical subspecialties to ensure collaboration and comprehensive care of the client.[13,15,16,18–25,28] Recommendations included making certain that all staff are aware of clinicians who specialize in LGBT issues and are trained to provide appropriate referrals to organizations and providers serving LGBT clients. Guidelines specifically recommended

TABLE 3. CARE OF LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CLIENTS: SUMMARY OF KEY THEMES BY PROFESSIONAL ORGANIZATION

Recommendations	*AACAP*[12]	*AAP*[13]	*ACOG*[14–16]	*APA*[17,18]	*Center of Excellence for Transgender Health*[19]	*The Endocrine Society*[20]	*Fenway Health*[21]	*GLMA*[22]	*Male Training Center for Family Planning and Reproductive Health*[23]	*Planned Parenthood of the Southern Finger Lakes*[24]	*Queensland Health*[25]	*SAHM*[26]	*SOGC*[27]	*WPATH*[28]	*Count*
Clinic environment															
Clinic policies															
Adopt, display, and/or disseminate a nondiscrimination policy			✓					✓		✓	✓	✓			5
Nondiscrimination policies specifically discuss gender identity								✓		✓	✓				3
Clinics support visibility of LBGT employees								✓							1
Sexual minority adolescents have full legal protection from victimization (local and federal)												✓			1
Clinic facility															
Physical spaces inclusive of all LGBT clients				✓	✓			✓		✓	✓				5
At least one gender-neutral restroom available				✓	✓			✓		✓					4
Documentation and paperwork															
Intake forms and/or records inclusive of the needs of LGBT individuals and use gender-neutral and inclusive language		✓	✓	✓	✓			✓		✓					6
A procedure in place that addresses discordance in gender identity or legal name on insurance documents					✓					✓					2
Educational and promotional materials															
LGBT-friendly symbols and signs demonstrate an inclusive clinic environment					✓			✓			✓		✓		4
LGBT-friendly materials (e.g., educational brochures, newsletters) available and/or displayed			✓	✓	✓			✓		✓	✓				6
Staff training															
All clinicians and clinic staff trained to increase knowledge and awareness of LGBT client issues, and improve competent care for all clients		✓	✓	✓	✓			✓		✓	✓	✓			8
Training specifically recommends gender-inclusive language, personal assessment of one's internal biases, and familiarity with LGBT health issues				✓				✓		✓				✓	4
Provider cultural sensitivity and awareness															
Clinician approach															
Clinicians treat all clients with empathy, respect, and dignity								✓		✓					2

(*continued*)

Table 3. (Continued)

Recommendations	*AACAP*[12]	*AAP*[13]	*ACOG*[14–16]	*APA*[17,18]	*Center of Excellence for Transgender Health*[19]	*The Endocrine Society*[20]	*Fenway Health*[21]	*GLMA*[22]	*Male Training Center for Family Planning and Reproductive Health*[23]	*Planned Parenthood of the Southern Finger Lakes*[24]	*Queensland Health*[25]	*SAHM*[26]	*SOGC*[27]	*WPATH*[28]	*Count*
Clinicians acknowledge personal biases and attitudes				✓	✓			✓			✓		✓		5
Clinicians provide nonjudgmental care, and build rapport and trust	✓				✓			✓				✓		✓	5
Clinicians examine facets of identity (e.g., race, ethnicity, culture, socioeconomic class, disability, religion, spirituality) that intersect in creating the client's experience, and recognize effective coping strategies that clients have established through their multiple marginalization experiences	✓			✓				✓		✓	✓				5
All clients, including children and adolescents, offered care in which the provider affirms the client's gender preference	✓		✓	✓	✓							✓		✓	6
Clinicians avoid imposing a binary view of gender				✓	✓			✓		✓			✓	✓	6
Efforts to change sexual orientation or gender identity (i.e., conversion or reparative approaches) are unethical and/or inconsistent with current standards of medical care	✓	✓		✓								✓		✓	5
Community engagement															
Clinicians familiar with (and engage with) community resources, and be able to provide resources to clients	✓	✓	✓	✓			✓	✓	✓	✓				✓	9
Clinicians advocate for the unique needs of LGBT clients	✓	✓	✓	✓								✓		✓	6
Clinicians optimize the client's sources of social support, including that of the family and/or community network; however, clinicians should not assume that all LGBT individuals (including adolescents) are ready to disclose their gender identity or sexual orientation to family members or others	✓	✓	✓	✓		✓		✓				✓		✓	8
Insurance companies and/or third-party payers cover the medical treatment to alleviate gender dysphoria			✓							✓				✓	3
Clinicians accurately represent results of research and be aware of possible misuse or misrepresentation of findings				✓											1

(*continued*)

Table 3. (Continued)

Recommendations	*AACAP*[12]	*AAP*[13]	*ACOG*[14–16]	*APA*[17,18]	*Center of Excellence for Transgender Health*[19]	*The Endocrine Society*[20]	*Fenway Health*[21]	*GLMA*[22]	*Male Training Center for Family Planning and Reproductive Health*[23]	*Planned Parenthood of the Southern Finger Lakes*[24]	*Queensland Health*[25]	*SAHM*[26]	*SOGC*[27]	*WPATH*[28]	*Count*
Research is needed on LGBT topics to inform interventions, education, and community policy	✓		✓	✓					✓	✓		✓			6
Antidiscrimination/antiharassment policies regarding adolescents should be implemented in school, foster care, and juvenile justice systems	✓											✓			2
Communication															
Establish an openness with client to discuss sexual health concerns	✓	✓	✓				✓	✓		✓	✓		✓		8
Use culturally appropriate and inclusive (and/or gender-neutral) language during clinic visits	✓	✓	✓		✓			✓		✓	✓	✓		✓	9
Use client preferred name and pronouns			✓	✓	✓			✓		✓		✓			6
Inquire about unfamiliar terminology to prevent miscommunication					✓			✓		✓					3
Confidentiality															
Confidentiality is an important component of open discussion between providers and clients	✓	✓	✓					✓			✓				5
Adolescents have a confidential psychosocial history that examines risk and resilience Screening and referral for depression, suicidality, cessation of tobacco/substance use, eating disorders, etc., as indicated	✓	✓													2
Clinics have a written confidentiality policy, which may include descriptions of what information is protected, who has access, and situations in which confidentiality may be inadvertently compromised								✓		✓					2
Clinicians aware of state-specific minor consent and confidentiality laws			✓	✓											2
Violations of confidentiality may have profound consequences for LGBT individuals; clinicians consider discussing the contents of medical documentation with the client								✓							1
Coordination of care															
To ensure comprehensive care, coordination of care optimized between primary care providers, mental health providers, and other subspecialists (e.g., surgeons)				✓	✓	✓								✓	4

(*continued*)

Table 3. (Continued)

Recommendations	*AACAP*[12]	*AAP*[13]	*ACOG*[14–16]	*APA*[17,18]	*Center of Excellence for Transgender Health*[19]	*The Endocrine Society*[20]	*Fenway Health*[21]	*GLMA*[22]	*Male Training Center for Family Planning and Reproductive Health*[23]	*Planned Parenthood of the Southern Finger Lakes*[24]	*Queensland Health*[25]	*SAHM*[26]	*SOGC*[27]	*WPATH*[28]	*Count*
Clinics compile a resource list of referral sites for clients (internal and/or external to clinic)				✓	✓		✓	✓	✓	✓				✓	7
Clinicians who are uncomfortable with or unable to provide care to LGBT clients refer clients to other clinicians		✓	✓	✓						✓	✓			✓	6
General clinical principles															
LGBT clients receive routine and comprehensive screening for general health conditions (e.g., cardiovascular disease, diabetes, obesity, cancer, sexually transmitted infections); these recommendations may depend on the client's current anatomy			✓		✓	✓	✓	✓	✓					✓	7
LGBT youth receive an age-appropriate assessment of psychosexual development	✓	✓				✓					✓	✓			5
LGBT clients receive routine and behavior-specific immunizations		✓	✓				✓	✓	✓		✓				6
Primary care clinicians or subspecialists who choose to manage gender transition have knowledge of and experience with evidence-based recommendations			✓				✓							✓	3
LGBT individuals may benefit from a medical home/comprehensive care model of care				✓			✓							✓	3
Clinicians are aware of the importance of the client's partner or nonbiologic partner, and attempt to include the partner when the client desires				✓					✓						2
Adolescent clients who question their gender may receive medication to suppress puberty after the onset of puberty; timely referral is necessary	✓			✓	✓	✓	✓							✓	6
Informed consent received before starting treatments that may result in irreversible physical changes (e.g., hormones or surgery); when treating adolescents, clinicians should know relevant parental consent laws				✓		✓	✓							✓	4
Ideally, care may be managed by a multidisciplinary team; however, this is not always possible or necessary for appropriate care			✓	✓	✓	✓								✓	5

(*continued*)

Table 3. (Continued)

Recommendations	*AACAP*[12]	*AAP*[13]	*ACOG*[14–16]	*APA*[17,18]	*Center of Excellence for Transgender Health*[19]	*The Endocrine Society*[20]	*Fenway Health*[21]	*GLMA*[22]	*Male Training Center for Family Planning and Reproductive Health*[23]	*Planned Parenthood of the Southern Finger Lakes*[24]	*Queensland Health*[25]	*SAHM*[26]	*SOGC*[27]	*WPATH*[28]	*Count*
Individuals with differences of sexual development (DSD)/intersex conditions should be evaluated by professionals with experience in management of DSD; clients with gender dysphoria may be managed differently (e.g., in timing of treatment)	✓				✓									✓	3
Clinicians who assume care of a client on hormone therapy but do not feel comfortable with ongoing management may consider "bridging" (e.g., prescribing a limited supply of medication) until a definitive treatment team can be established							✓					✓		✓	3
Mental health considerations															
LGBT clients receive routine screening and treatment for mental health disorders (e.g., anxiety, depression, substance use, intimate partner violence, suicidality, eating disorders)	✓		✓		✓	✓	✓	✓	✓		✓	✓	✓	✓	11
Clinicians avoid making assumptions that stressors are necessarily related to one's gender identity or sexual orientation				✓	✓							✓			3
Providers consider the impact of their client's life experience during provision of mental health services (e.g., stress, stigma, harassment, discrimination, intimate partner violence)	✓			✓	✓		✓					✓			5
LGBT youth offered age-appropriate screenings and appropriate support (e.g., timely referrals) related to their gender identity or sexual orientation	✓				✓							✓			3
Providers screen for (and assess the possible impact of) bullying, isolation, and/or victimization of LGBT youth	✓			✓			✓		✓		✓	✓			6
Primary care providers equipped to handle basic mental health needs of transgender clients; the clients should be referred to a mental health provider if needed					✓							✓		✓	3
Mental health professionals play an important role in the care of transgender individuals, which may include assessment for gender dysphoria, discussing options for care, addressing coexisting mental health concerns, and assessing and preparing the client for nonreversible interventions	✓					✓	✓							✓	4

(*continued*)

Table 3. (Continued)

Recommendations	*AACAP*[12]	*AAP*[13]	*ACOG*[14–16]	*APA*[17,18]	*Center of Excellence for Transgender Health*[19]	*The Endocrine Society*[20]	*Fenway Health*[21]	*GLMA*[22]	*Male Training Center for Family Planning and Reproductive Health*[23]	*Planned Parenthood of the Southern Finger Lakes*[24]	*Queensland Health*[25]	*SAHM*[26]	*SOGC*[27]	*WPATH*[28]	*Count*
Reproductive health															
General															
Reproductive health services tailored to the needs of the client (e.g., related to the anatomy that is present)			✓		✓	✓	✓					✓			5
Clinicians knowledgeable about specific sexual and reproductive healthcare needs of LGBT individuals					✓			✓		✓		✓			4
Pregnancy prevention															
Contraception, including emergency contraception, available for all clients regardless of sexual orientation		✓							✓		✓				3
All transgender individuals who engage in sexual activity that could result in a pregnancy counseled on the need for contraception, even when undergoing hormone therapy			✓	✓	✓									✓	4
Clinicians not assume that lesbian women are not (or will not be) sexually active with men; lesbian women should have access to the full range of family planning services			✓					✓					✓		3
Pregnancy planning															
Clinicians counsel LGBT clients on their reproductive options								✓							1
Fertility services available to LGBT individuals and couples			✓											✓	2
Transgender patients counseled on reproductive options (including fertility preservation) and possible effects of hormone therapy on fertility before undergoing treatment			✓	✓	✓	✓	✓							✓	6
Clinicians recognize the unique strengths and resilience of LGBT families				✓											1
STIs/HIV															
LGBT individuals offered regular screening for (and treatment of) sexually transmitted infections; testing options and frequencies may be influenced by sexual history and anatomy		✓	✓		✓		✓	✓	✓		✓				7

(*continued*)

TABLE 3. (CONTINUED)

Recommendations	*AACAP*[12]	*AAP*[13]	*ACOG*[14–16]	*APA*[17,18]	*Center of Excellence for Transgender Health*[19]	*The Endocrine Society*[20]	*Fenway Health*[21]	*GLMA*[22]	*Male Training Center for Family Planning and Reproductive Health*[23]	*Planned Parenthood of the Southern Finger Lakes*[24]	*Queensland Health*[25]	*SAHM*[26]	*SOGC*[27]	*WPATH*[28]	*Count*
Clinicians aware of current STI guidelines (e.g., CDC), which include recommendations for testing LGBT individuals/MSM and specifically discuss HIV, gonorrhea, chlamydia, syphilis, and hepatitis (among other) infections		✓	✓					✓	✓		✓	✓			6
HIV pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) considered for use in appropriate individuals, in accordance with CDC recommendations					✓				✓		✓				3
HIV and its treatment are not contraindications to hormone therapy					✓									✓	2
In accordance with CDC and USPSTF guidelines, all transgender persons screened at least once for HIV, and repeat screening is based on HIV risk assessment					✓										1
Clinicians provide STI/HIV prevention and treatment services in alignment with the current biological, psychological, and social needs of the client					✓		✓	✓			✓				4
Discuss safer sex techniques and be prepared to answer questions about STIs and HIV transmission risk			✓	✓				✓	✓		✓		✓	✓	7

AACAP, American Academy of Child and Adolescent Psychiatry; AAP, American Academy of Pediatrics; ACOG, American College of Obstetricians and Gynecologists; APA, American Psychological Association; GLMA, Gay and Lesbian Medical Association; SAHM, Society for Adolescent Health and Medicine; MSM, men who have sex with men; SOGC, The Society of Obstetricians and Gynaecologists of Canada; WPATH, World Professional Association for Transgender Health.

that healthcare providers who are uncomfortable or otherwise unable to provide care to LGBT clients refer clients to another provider to ensure that the client receives competent and quality care.

General clinical principles

Fifteen guidelines by 12 professional organizations described recommendations related to general clinical principles for LGBT clients, including general clinical care, hormone therapy, or general health maintenance.[12–23,25,26,28] The guidelines recommended routine and comprehensive screenings for a range of health issues, including cardiovascular disease, diabetes, breast and prostate cancer, immunizations, and sexually transmitted infections (STIs), which may be ideally offered in the context of a medical home with knowledgeable clinicians. Specific guidance for the care of LGBT adolescents included age-appropriate assessments of psychosexual development; medications to suppress puberty, if desired (thus requiring timely referrals); and clinician knowledge of state-specific parental consent laws when treating adolescents using treatments that may result in irreversible physical changes (e.g., hormones or surgery).

Mental health considerations

Fourteen guidelines by 12 professional organizations contained components related to the provision of mental health services for LGBT clients.[12,14,15,17–23,25–28] The guidelines generally recommended routine screening and appropriate intervention and referrals for anxiety, depression, substance misuse, intimate partner violence, suicidality, and other psychiatric risks among LGBT clients. Organizations consistently recommended that providers consider experiences of stress, stigma, harassment, and discrimination and the impact of these experiences on the psychosocial health of their clients. In addition, clinicians were urged to refrain from making assumptions that stressors experienced by LGBT clients are necessarily related to their gender identity or sexual orientation. Organizations focused on the mental health needs of LGBT adolescents recommended that clinicians offer age-appropriate mental health screenings; refer for additional services related to gender identity and sexual orientation; and consider the challenges that LGBT adolescents may face related to bullying, isolation, and victimization and the impact of these experiences on anxiety, depression, suicidal ideation, and other mental health outcomes.

Reproductive health

Seven guidelines by seven professional organizations provided recommendations regarding general sexual and reproductive healthcare for LGBT individuals, including general reproductive health, pregnancy prevention, pregnancy planning, and STI services.[16,19–22,24,26] Guidelines highlighted the importance of tailoring reproductive health services to the needs of clients of all sexual orientations, ensuring that providers are knowledgeable about the specific sexual and reproductive healthcare needs of LGBT clients, and modifying services to fit the unique needs of the client (e.g., related to the client's current anatomy).

Ten guidelines by nine professional organizations included clinical recommendations related to pregnancy prevention tailored to LGBT populations.[13–15,18,19,22,23,25,27,28] There was an emphasis on the importance of availability and provision of contraceptive methods, including emergency contraception, for all clients who want them regardless of sexual orientation, as well as the avoidance of assumptions that LGBT clients are not or will not be sexually active with partners that may result in pregnancy. Recommendations suggested that all transgender individuals who engage in sexual activity that could result in a pregnancy be counseled on the need for contraception, even when undergoing hormone therapy.

Nine guidelines by seven professional organizations discussed pregnancy planning and fertility services.[14,15,17–22,28] Guidelines encouraged providers to counsel LGBT clients, including lesbian or bisexual women and transgender clients, on their reproductive options. Recommendations stated that fertility counseling and services be made available to lesbians, including details of fertility preservation methods and their various options for having a child and integrating a child into their family. Guidelines also recommended that clinicians discuss reproductive options with clients before beginning any hormone therapy or surgery, including implications of gender transition on future fertility.

Thirteen guidelines by 11 professional organizations described the importance of STI and human immunodeficiency virus (HIV) prevention, screening, and treatment among LGBT individuals and emphasized regular screening for HIV and STIs, such as chlamydia, gonorrhea, and syphilis.[13–15,17–19,21–23,25–28] Guidelines also recommended that LGBT clients undergo a general assessment of STI risk based on sexual history and anatomy in accordance with current STI guidelines from organizations such as the CDC. Clinicians are encouraged to offer HIV pre-exposure prophylaxis and/or postexposure prophylaxis to high-risk clients.[29] In addition, guidelines noted the opportunity for the integration of HIV services and hormone therapy services for transgender clients, which may promote regular engagement in care.

Discussion

We conducted a thematic and content analysis of clinical recommendations by systematically identifying, analyzing, and synthesizing guidelines developed to inform reproductive health and primary care strategies for LGBT clients. Since the publication of the most recent guideline synthesis,[9] we found that many professional organizations have released clinical guidelines that address the care of LGBT individuals, obviating the need to include textbook chapters in this review. Guidelines are generally inclusive of transgender individuals, informed by LGBT stakeholders, patient centered, externally reviewed, population health focused, and evidence based. Many guidelines are oriented to primary care providers and address specific needs of subpopulations within the LGBT population.

There is significant overlap among the guidelines regarding clinical recommendations. However, only two of the guidelines used methodologies consistent with all aspects of the IOM recommendations for guideline development,[20,27] and many documents focused on specific aspects of LGBT care. Overall, the degree to which rigorous methodology was used in guideline development varied among the documents reviewed, despite the evolving evidence on this topic. More than half of the published guidelines have

plans to update their recommendations in accordance with future developments in research and standards of care[13,17,18,20,21,24–28]; however, some of the information about methodology and updating was obtained from the sponsoring organization or author and was not listed in the publication. Only six guidelines were created with systematic reviews as the evidence base,[12,13,20,23,27,28] and five reported the evidence foundation, including potential benefits and harms of recommendations, evidence quality, and the contribution of clinical experience in formulating recommendations.[17–20,27]

Several recommendations were mentioned in five or more clinical guidelines, which may indicate stronger consensus. General recommendations include the dissemination of a nondiscrimination policy, implementation of physical spaces and intake forms inclusive of LGBT clients, creation of resource lists of LGBT-friendly providers and community resources, and appropriate referrals in the event that the clinician is unable or unwilling to provide care. Furthermore, clinicians are encouraged to use inclusive language, acknowledge personal biases, provide nonjudgmental and confidential care, advocate for their clients, establish openness for discussion of sexual health concerns, optimize sources of social support for patients, and conduct staff training on relevant issues. Comprehensive care, including screening and treatment, is emphasized for general health conditions (e.g., cancer and chronic disease screening), mental health conditions, and sexual and reproductive health conditions (e.g., STIs). Specific to transgender patients, common recommendations include using the client's preferred name and pronouns, providing gender-affirming care, referring adolescent clients in a timely manner (e.g., for puberty suppression), and use of multidisciplinary care, if available. Multiple guidelines explicitly discourage the use of conversion or reparative approaches to care that attempt to change a client's gender identity or sexual orientation.

A common theme among guidelines is that clinicians should assess the complete context of the client's presentation to care, including sociodemographic and religious background, life experiences (e.g., stress and discrimination), possibility of multiple minority backgrounds and marginalization experiences, and resultant coping strategies, strengths, and protective factors. This complex interplay of factors is highly individualized and may affect optimal treatment recommendations. Another common theme is that clinicians understand the differences between—and intersections of—the nonbinary constructs of biologic sex, gender identity, gender expression, and sexual orientation when evaluating and treating clients. As noted in the most recent systematic guideline review on this topic,[9] many of the identified recommendations can be implemented with minimal to no cost to medical systems. These may include subtle changes in the clinic environment, clinician communication style, or educational efforts.

Gaps in the literature

Several gaps were identified in the current guidelines. Recommendations regarding transgender clients appeared to differ with respect to the composition of an appropriate treatment team (e.g., primary care versus specialty care settings); however, this may be a result of the speed with which this field is evolving and the timing of guideline release. Furthermore, in comparison to other themes, there appears to be fewer recommendations regarding pregnancy planning and prevention services for LGBT clients, the inherent value of LGBT families, application of minor consent laws, and issues related to payment and reimbursement for care. As noted in McNair and Hegarty's review of guidelines,[9] few guidelines focused on how to facilitate a client's disclosure of gender identity or sexual orientation. The identified guidelines, including those that used systematic reviews to inform recommendations, often used expert opinion as the highest level of available evidence. Therefore, this review, in accordance with a recent policy statement by the American College of Physicians[4] and a recent review of the primary literature,[10] identifies the need for further research on optimal LGBT care. Specifically, more longitudinal, intervention-based research is needed to further support and shape the clinical recommendations for the care of LGBT clients.

Strengths and limitations

A strength of this review is the use of a systematic approach to guideline identification and analysis and synthesis of the recommendations. A technical expert panel was convened to inform the creation of the themes, and multiple reviewers assisted with content analysis. Limitations of this review include the possibility of missing clinical guidelines that are not indexed in electronic databases. We attempted to resolve this limitation by searching the reference lists of identified guidelines and by asking members of the technical panel and professional organizations for titles of related guidelines. Although the process of including information from the technical expert panel and contacting guideline authors individually added to the completeness of the results, it may be difficult to reproduce systematically. We did not comprehensively review specific aspects of hormone or surgical treatment for transgender clients or treatment of STIs or HIV; however, there are recent resources available to guide clinicians when providing these services.[19,20,28,29]

We initially aimed to broadly include additional guidelines focused on individuals who identify as queer, intersex, or asexual (QIA). However, unlike information on the LGBT populations, guidelines pertaining to the QIA populations were not comprehensively and systematically captured. Because of the important and potentially different (yet somewhat overlapping) needs of members of these groups, we believe that a dedicated review of the guidelines pertaining to QIA populations is warranted. Several guidelines included in the current review address individuals who have differences of sex development. These points were incorporated under the theme of general clinical principles in this review.

Conclusions

The evidence on primary care and family planning services for LGBT individuals is evolving rapidly. Guidelines should be updated regularly to ensure that the most current recommendations are reflected. The results of this review may be used to inform the implementation of LGBT-friendly clinical environments among individual clinicians, group practices,

and healthcare systems. The summary of recommendations, in Table 2, may be used as an administrative checklist during this process. Furthermore, this work may guide professional organizations that are seeking to update their organizations' guidelines, by including aspects of the IOM guideline development guidance, which have previously been omitted, and may assist researchers seeking to study LGBT-related topics in intervention studies.

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Disclaimer

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