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PRENATAL CARE FOR TRANS MEN: CHALLENGES AND INCLUSION STRATEGIES IN THE SUS

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ABSTRACT

Introduction: Gender identity significantly influences the reproductive experience of trans men, especially in access to prenatal care. In Brazil, the Unified Health System (SUS) guarantees this right, but there are still challenges in adapting public policies to serve this population adequately. The cisnormativity present in health services makes it difficult to include pregnant women who have the female biological sex, but who do not identify with the gender assigned at birth, resulting in institutional and social barriers. In addition, the

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lack of training of professionals and the scarcity of specific guidelines increase the vulnerability of trans men during pregnancy, affecting both their physical and mental health. **Objective:** to analyze the barriers faced by trans men in accessing prenatal care and to discuss strategies to make the SUS more inclusive and accessible. **Methodology:** This is a narrative literature review, carried out through the search of scientific articles, theses, dissertations and technical documents in databases such as PubMed, SciELO, LILACS and Google Scholar. Descriptors related to the reproductive health of trans men and inclusive prenatal care were used. The inclusion criteria involved publications from the last 8 years (2017-2025), available in full and written in Portuguese, English or Spanish. The data were analyzed qualitatively, seeking to identify patterns and recommendations to improve care in the SUS. **Results and Discussion:** The findings demonstrated that prenatal care for trans men in Brazil is still precarious, due to the absence of specific protocols and the lack of preparation of health professionals. The fear of discrimination and the intensification of gender dysphoria during pregnancy keep many trans men away from adequate follow-up, increasing obstetric and psychological risks. Strategies such as professional training, adoption of neutral language, creation of welcoming environments and psychological support were identified as fundamental for the inclusion of this population in prenatal care. In addition, international experience shows that public policies aimed at gender diversity significantly improve adherence and quality of care. **Conclusion:** The inclusion of trans men in SUS prenatal services is a challenge that requires structural and cultural changes. The creation of specific guidelines, investment in the training of professionals, and the strengthening of scientific research on trans reproductive health are essential to ensure a more humanized and equitable service. Only with concrete actions will it be possible to ensure that this population has access to dignified prenatal care, promoting equity in the Brazilian health system.

Keywords: Access to Health Services. Reproductive Rights. Pregnancy. Gender Identity. Transgender Health.

INTRODUCTION

Gender identity plays a crucial role in the experience of reproductive health, especially for trans men who are pregnant. In Brazil, the Unified Health System (SUS) ensures the right to prenatal care, however, challenges remain in adapting public policies to meet the specific needs of this population. The scarcity of information and the lack of preparation of health professionals often create obstacles that hinder access to quality care. Therefore, it is critical to examine how antenatal care can be organized to provide respectful and efficient care for pregnant trans men (Santos, 2023).

The absence of trans men in prenatal care services, as a reflection of the cisnormativity that dominates the health system, and hinders the insertion of this group, reinforcing its lack of medical care. Studies show that many services are structured according to a binary model, excluding pregnant women who identify as trans men. This exclusion may have adverse consequences on the frequency of follow-up and adherence to the proposed interventions, increasing the risks of obstetric complications. Therefore, it is essential to expand the discussion on strategies that ensure a more humanized, comprehensive, and non-discriminatory service. (Santos, 2023).

In addition to institutional obstacles, trans men face both personal and social challenges when trying to access prenatal care. The fear of suffering prejudice, the intensification of gender dysphoria during pregnancy and the absence of family support are some of the factors that can discourage the search for medical care. Many health professionals still do not have the necessary training to meet this reality, which can lead to inadequate approaches and, in extreme cases, to refusal of care. Therefore, it is essential that the health team be offered mandatory refresher courses, which aim to educate professionals and reinforce the rights of the trans male population, as well as to understand the difficulties in these units, and from this develop public policies that are more inclusive. (Cardoso, 2024).

The lack of epidemiological data on the pregnancy of trans men in Brazil highlights the lack of monitoring policies aimed at this group. International research suggests that trans men can have positive gestational experiences when they receive respectful and appropriate care. However, the Brazilian context still needs clear guidelines that help health services adapt their approaches. This absence undermines the effectiveness of the SUS in ensuring the premises of accessible prenatal care for all people, promoting equity, and meeting the inherent needs of each individual. (Pereira; Neto 2021)element.

The gestation process for trans men can involve unique physical and psychological challenges, mainly due to the impact of hormone therapies. Although some choose to

discontinue testosterone during pregnancy, there are uncertainties about the effects of this change on maternal-fetal health. In addition, the need for gynecological follow-up can generate discomfort and reinforce feelings of gender dysphoria. These aspects reinforce the need for specific protocols that ensure sensitive care based on scientific evidence (Pereira; Neto 2021)element.

The creation of prenatal care that is inclusive for trans men requires both structural and cultural transformations within the Unified Health System (SUS). The training of health professionals should incorporate topics related to gender diversity, ensuring that care is provided with due respect and technical skill. In addition, the updating of information materials and the use of neutral language in services can improve the experience of these individuals in the health system. Small changes in institutional processes can result in a considerable impact on the accessibility and quality of care (Silva; Barbosa; Paula 2024).

The preservation of confidentiality and privacy during care is an essential aspect for trans men to feel comfortable when seeking prenatal care. Often, the fear of exposing themselves and facing embarrassing situations in health institutions can discourage them from seeking the necessary follow-up. Therefore, initiatives such as the use of the social name, the observance of the correct pronouns and the creation of exclusive service spaces are essential strategies to reduce these impediments. The SUS needs to adjust to provide a dignified and humanized reception to this population (Bolissian *et al*., 2023).

The difficulties for trans men to have access to prenatal care are also manifested in the lack of appropriate psychosocial support. Pregnancy can be a time of considerable emotional vulnerability, and psychological support is essential to ensure the well-being of these individuals. However, there are few options for specialized services that provide this type of care in primary care. Thus, it is vital to invest in strategies that expand access to psychotherapeutic care and support groups aimed at this population (Nichiata *et al*., 2023).

Intersectionality plays a crucial role in assessing the challenges trans men encounter during prenatal care. In addition to gender trajectory, factors such as ethnicity, economic class, and sexual orientation can intensify difficulties in accessing health services. Trans men who are black and belong to lower social strata, for example, can face various forms of discrimination, which amplify their marginalization in health systems. Understanding these intersections is essential to create public policies that are truly inclusive and fair (Bolissian *et al*., 2023).

Developing specific guidelines aimed at prenatal care for trans men can help reduce maternal and child morbidity and mortality among this population. The lack of appropriate follow-up may lead to an increased risk of obstetric complications, such as premature birth

and gestational hypertension. In addition, the lack of support in the postpartum period can complicate adaptation to the new reality of parenthood and access to breastfeeding. Thus, the inclusion of this group in maternal and child health policies is essential to promote equity and social justice (Oliveira, 2024).

Experiences in other countries show that the adoption of inclusive policies can considerably improve the quality of prenatal care for trans men. Nations such as Canada and the United Kingdom already have some health units that provide specialized services for this group, equipped with trained teams and welcoming environments. Brazil has the opportunity to learn from these practices, adjusting its policies to adapt to the reality of the SUS, and thus provide a more humanized and effective service (Dantas *et al*., 2024).

The contribution of trans men in the creation of public policies and guidelines for prenatal care is crucial to ensure that their demands are recognized and met. LGBTQIAP+ social groups and institutions play a significant role in the search for rights and in promoting visibility in the Unified Health System (SUS). Thus, the promotion of dialogues between health managers, professionals in the area and users can be a way to develop more effective strategies that really reflect the needs of all (Angonese; Lago 2017)element.

The expansion of academic research related to pregnancy in trans men in Brazil is essential to support the creation of public policies. Investigations that explore the experiences, obstacles, and needs of this group can offer valuable data for the adoption of more inclusive practices in the Unified Health System (SUS). In addition, scientific production can be an ally in confronting misinformation and discrimination, both in the medical context and in society in general (Avelino, 2025).

In view of these challenges, this narrative review aims to analyze the barriers faced by trans men in accessing prenatal care and discuss strategies to make the SUS more inclusive and accessible. To this end, national and international studies on the subject will be reviewed, seeking to understand the main difficulties and propose recommendations for a more equitable service. The promotion of maternal and child health should be a right guaranteed to all, regardless of gender identity, and building a truly inclusive health system is a fundamental step in this direction.

METHODOLOGY

This study is a narrative literature review, whose objective is to analyze the barriers faced by trans men in accessing prenatal care and to discuss strategies to make the SUS more inclusive and accessible. The narrative review allows a broad and critical analysis of

the available scientific findings, contributing to the deepening of the understanding of the theme and subsidizing proposals for the improvement of health care for this population.

The search was carried out in the PubMed, SciELO, LILACS and Google Scholar databases, using combined descriptors in Portuguese, English and Spanish, such as "Access to Health Services", "Reproductive Rights", "Pregnancy", "Gender Identity" and "Transgender Health". Studies published in the last 8 years (2017-2025) were included in the review, ensuring that scientific evidence is up to date. To ensure the quality of the information, scientific articles, theses, dissertations, clinical guides, and technical reports from recognized health institutions were selected.

The inclusion criteria involved publications available in full and with free or institutional access, written in Portuguese, English or Spanish, which addressed the theme of prenatal care for trans men, considering clinical, social and institutional aspects. Studies that dealt only with the general health of the trans population without a specific focus on prenatal care, case reports without in-depth analysis of health care, duplicate articles in the databases, and those that did not present methodological rigor or were not relevant to the objective of the review were excluded.

Data analysis followed a qualitative approach, seeking to identify patterns, challenges, and recommendations for a more inclusive service. The selected texts were read in full and categorized according to the main themes addressed, such as institutional and social barriers to prenatal care for trans men, psychological and clinical impacts of pregnancy in this population, professional training strategies, and public policies for inclusion in the SUS. Based on this, a critical discussion was held about the evidence found, relating the findings of the literature with the reality of the Brazilian health system.

As this is a narrative review, this study did not involve primary data collection or direct participation of individuals, thus dispensing with the need for approval by a research ethics committee. However, all the sources used were properly referenced, ensuring the credibility and academic integrity of the work. The results obtained contribute to the debate on the inclusion of trans men in prenatal care, offering subsidies for the formulation of more equitable public policies and for the training of health professionals in the humanized care of this population.

RESULTS AND DISCUSSION

The analysis of the literature pointed out that prenatal care for trans men in Brazil still faces several barriers, both institutional and social. The predominant health model, which is based on a binary perspective, ends up excluding pregnant women who do not identify with

the female gender, who were assigned to them at birth, making it difficult to adapt services to this population. This situation is reflected in the lack of specific guidelines in the Unified Health System (SUS), which compromises the quality of care and adherence to prenatal care. In addition, the lack of adequate training for health professionals contributes to the maintenance of prejudice and misinformation, which ends up keeping trans men away from essential care during pregnancy (Silva, 2024).

Research indicates that fear of discrimination and the revelation of gender identity in health services is one of the main reasons that make trans men avoid seeking prenatal care. Many share unfavorable experiences, such as the misuse of their social name, the insistence on referring to them in the female gender and the lack of training to understand their particularities. These barriers impact not only the psychological well-being of patients, but also increase the risks of obstetric complications due to the absence of appropriate follow-up (Silva, 2024).

In addition to institutional challenges, psychological factors also influence the experience of pregnancy in trans men. Gender dysphoria can be intensified during this time, especially when there is a need for frequent interactions with gynecologic and obstetric services. The body's adaptation to pregnancy can generate emotional conflicts, impacting mental health and increasing vulnerability to disorders such as anxiety and depression. Thus, the inclusion of specialized psychological support in prenatal care is a fundamental strategy to promote the well-being of this population (Oliveira *et al*., 2024).

Another relevant aspect pointed out in the review concerns the lack of information regarding the effect of hormone therapy on fertility and pregnancy in trans men. Many individuals who use testosterone are unaware of the chances of becoming parents, which highlights the need for better access to health education in this area. Properly trained health professionals can offer appropriate guidance on reproductive planning, helping trans men to make more informed choices about their sexual and reproductive health (Júnior *et al*., 2022).

The studies also highlight the importance of offering more welcoming environments in prenatal services aimed at trans men. International examples show that the implementation of a neutral language, the restructuring of care forms, and the training of multidisciplinary teams can considerably improve the experience of these patients. In addition, the creation of specific spaces or guidance to specialized LGBTQIAP+ health units have been shown to be effective in countries such as Canada and the United Kingdom (Yoshioka; Oliveira 2021)element.

Within the context of the Unified Health System (SUS), the scarcity of resources invested in public policies aimed at the health of the trans population represents one of the greatest obstacles to their inclusion in the prenatal program. Despite legislative progress, such as regulating the use of the social name and ensuring humanized care, there is still much to be done to implement truly effective practices. The lack of well-defined protocols leads each health unit to follow different approaches, resulting in inequalities and complicating equitable access to care (Oliveira; Romanini 2020)element.

A crucial point highlighted in the review was the relevance of the continuous training of health professionals. The lack of knowledge about gender and sexual diversity issues impairs the quality of care, generating failures in communication and clinical conduction. Training initiatives that address the health of the trans population, from initial training to continuing education, are essential to promote transformative care and ensure a more humanized and evidence-based care (Macarenhas *et al*., 2024).

The inclusion of trans men in the development of health policies and protocols represents a promising approach to improve access to and effectiveness of prenatal care. Organizations and social movements linked to the LGBTQIAP+ community have been essential in defending the rights and promoting the visibility of this population in the Unified Health System (SUS). The direct involvement of trans individuals in the creation of guidelines can result in strategies that really meet their needs, ensuring greater effectiveness in inclusion initiatives (Gouvêa; Souza 2021).

An important aspect to be considered is the requirement to ensure privacy and confidentiality during prenatal care for trans men. Several patients express discomfort when being treated in areas usually associated with the female public, such as maternity hospitals and gynecology offices. Adoptions such as the use of the social name in medical records, adequate training of professionals for respectful reception, and the offer of individualized care can reduce unwanted exposure and create a safer environment for these patients (Oliveira *et al*., 2024).

Intersectionality is key to understanding the difficulties trans men face when trying to access prenatal care. Factors such as race, social class, and sexual orientation can intensify the vulnerability of this group within the health system. Trans men who are black, who live in peripheral areas and who are in situations of socioeconomic vulnerability face even more significant challenges, often being marginalized by both health services and public assistance policies (Galvão, 2023).

The analysis also highlighted the relevance of postpartum support for trans men, an aspect that is often ignored in health services. The postpartum period can bring challenges,

both emotional and physical, making it necessary to have effective monitoring to ensure the well-being of both the person who gave birth and the baby. In addition, the issue of breastfeeding for trans men is still a subject that has been little investigated, requiring more in-depth research to support appropriate clinical guidelines (Hoffkling; Obedin-Maliver; Sevelius 2017).

The evaluation of the reviewed studies showed that the scarcity of epidemiological information about pregnancy in trans men in Brazil prevents the creation of effective policies. There are few studies that address this subject in the national scenario, which emphasizes the urgency of investing in scientific research that can support concrete actions within the scope of the SUS. The creation of specific databases and registries focused on the reproductive health of transgender people can become an essential tool to direct the development of more inclusive policies (Vicente; Brandi 2021)element.

International experience reveals that the creation of guidelines aimed at prenatal care for trans men can lead to considerable improvements in the quality of care. Nations that have implemented inclusive actions, including the training of professionals and the adequacy of services, have noted an increase in adherence to gestational follow-up and a decrease in obstetric complications. Brazil can mirror these initiatives to carry out structural transformations in the SUS and ensure fairer and more equitable care (Moreira, 2023).

In view of the challenges identified, the need to reformulate prenatal care practices for trans men in the SUS becomes evident. The construction of public policies aimed at this population must be a priority to guarantee the right to health in a full and dignified way. Investing in vocational training, adapting health services and strengthening social participation are essential measures to promote a more inclusive system. Only through structured, evidence-based actions will it be possible to ensure that all individuals have access to quality prenatal care, regardless of their gender identity (Solka; From Antoni 2020)element.

CONCLUSION

Prenatal care for trans men in Brazil still faces numerous challenges, especially due to the predominance of a cisnormative model in health services. The lack of specific guidelines in the Unified Health System (SUS), the lack of training of professionals, and institutional and social barriers make it difficult for this population to access adequate care. In addition, the fear of discrimination and the intensification of gender dysphoria during pregnancy contribute to low adherence to prenatal care, increasing obstetric and psychological risks.

Given this scenario, it is essential to implement strategies that promote inclusion and humanization of care. The adoption of neutral language, the continuous training of health professionals, and the creation of welcoming environments are fundamental measures to ensure the respect and dignity of trans men during pregnancy. The reformulation of services and the creation of specific protocols in the SUS can minimize institutional barriers and ensure more equitable and efficient care.

Another relevant point is the need to expand psychosocial support for pregnant trans men, considering the emotional impacts of pregnancy in this population. Specialized psychological counseling, combined with support groups and multiprofessional care, can contribute to improving the quality of life of these individuals. In addition, it is essential to ensure that the postpartum period is assisted in a sensitive manner, respecting the needs and particularities of this population.

The literature review also revealed the lack of Brazilian studies on the pregnancy of trans men, which makes it difficult to formulate effective public policies. Scientific production on the subject should be encouraged to provide a theoretical and practical basis for the creation of appropriate guidelines. The development of epidemiological research can contribute to the understanding of the demands of this population and support the implementation of more targeted and evidence-based actions.

Thus, it is concluded that the inclusion of trans men in prenatal services is a challenge that requires joint efforts from the government, the scientific community, and health professionals. The fight for a more inclusive and humanized health system must be continuous, ensuring that all individuals, regardless of their gender identity, have access to the fundamental right to reproductive health. With structural and cultural changes in the SUS, it will be possible to offer dignified and qualified care to this population, ensuring equity in care and promoting respect for gender diversity.

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