Royal United Hospitals Bath
NHS Foundation Trust

Women and Children's

Current Awareness Bulletin

September 2026

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- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**
  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.
  Next sessions: 29th September @ 2pm and 7th October @ 3pm

- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
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- **Quickfire health literacy: communicating with patients more effectively**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.
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New / Updated Guidance from NICE

Heavy menstrual bleeding: assessment and management

NICE guideline | Reference number: NG88 |

Published: 14 March 2018 | Last updated: 07 July 2026

https://www.nice.org.uk/guidance/ng88

Epilepsies in children, young people and adults [NICE]

National Institute for Health and Care Excellence (NICE); 2026

NICE guideline NG217. Published: 27 April 2022. Last updated: 05 August 2026. See Update Information section for amendments

https://www.nice.org.uk/guidance/ng217/chapter/Update-information

Maternity and Neonatal 10 Point Plan assurance process

NHS England

Developed in response to recent independent reviews of maternity and neonatal services, these documents set out the assurance process for the Maternity and Neonatal 10 Point Plan and the expectations for Trusts.

https://www.england.nhs.uk/publication/maternity-and-neonatal-10-point-plan-assurance-process/

National Maternity and Perinatal Audit: state of the nation, based on births in NHS maternity services in England, Scotland and Wales during 2024

Healthcare Quality Improvement Partnership

This report presents findings from almost 600,000 singleton births in NHS maternity services across England, Scotland and Wales during 2024 – highlighting inequalities in timely access to maternity care and changing patterns of birth. It examines key measures of maternity care and outcomes, identifies national trends and variation, and makes recommendations to support quality improvement across maternity services.

https://www.hqip.org.uk/report/nmpa-734/

Healthy childhoods: shared responsibility for growing up well

The King's Fund

The King's Fund's new programme of work on children's health. This work brings together research, events, engagement and analysis to examine how responsibility for children's health is shared across society, and what needs to change so all children can experience as healthy and fulfilling a childhood as possible.

https://www.kingsfund.org.uk/insight-and-analysis/projects/healthy-childhoods

HRA guidance on research involving children.

NHS Health Research Authority; 2026.

https://www.hra.nhs.uk/about-us/news-updates/hra-guidance-on-research-involving-children/

A recent ruling over the scope of the legal concept of Gillick competence to give consent to medical treatment has shone a spotlight over how informed consent is approached when children are taking part in health and social care research. We explain what has happened and why you should continue to follow the HRA's guidance on research involving children.

Preparation and Management of Children and Young People with Individual Needs requiring Surgery or Procedures.

Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI); 2026.

https://www.apagbi.org.uk/news/latest-news/post/34-preparation-and-management-of-children-and-young-people-with-individual-needs-requiring-surgery-or-procedures

This best practice guidance is designed to support the provision of services in any hospital or elective surgical hub which provides services for children and young people (0-18 years) with individual needs. It is intended to describe the necessary staffing, facilities and services which centres should have in place to deliver optimal care and experience for the children and their carers throughout the perioperative journey.

Rising numbers of younger midwives quitting NHS in England, data shows.

The Guardian; 2026.

https://www.theguardian.com/society/2026/jul/20/younger-midwives-nhs-england-burnout-maternity-staffing

More and more midwives are leaving the NHS before they reach 35 because of burnout, worsening the staffing problems that are affecting maternity units.

Enhanced recovery after surgery (ERAS®) society guidelines for gynecologic oncology: 2026 update.

Nelson, Gregg et al. Gynecologic oncology;

The third updated review of the ERAS® Society gynecologic oncology guidelines is presented.

This guideline will help integrate knowledge into practice and align perioperative care globally.

ERAS teams are encouraged to adopt these recommendations and standardize perioperative pathways where possible.

https://www.sciencedirect.com/science/article/pii/S0090825826019992

From afterthought to priority – what will it take to make real progress on children's health?

The King's Fund

As we launch a new programme of work on improving children's health, Lillie Wenzel outlines three priorities that will really make a difference.

https://www.kingsfund.org.uk/insight-and-analysis/blogs/from-afterthought-to-priority-childrens-health

Antenatal outcomes for women with multiple long-term conditions in pregnancy: a UK-wide retrospective cohort study.

The Lancet Public Health; 2026.

Maternal MLTCs were associated with increased risk of antenatal complications. These findings highlight the urgent need for integrated care pathways and targeted risk assessment for pregnant women with MLTCs.

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00148-9/fulltext

'You really are on your own': a study of the early deaths of young people who were in care

Department for Education

This report of the independent review of deaths among care-experienced young adults in England aims to understand the circumstances surrounding care leaver deaths and identify lessons for policy and practice to help prevent future deaths. It examines all care leaver death notifications in 2025, identifying key themes and selecting representative young people for more detailed exploration. It identifies five broad areas for change: workforce; improved support and awareness for those in custody; supported accommodation for young people leaving care; health services for those with medical conditions; and lessons learned following the death of a young person.

https://www.gov.uk/government/publications/review-of-early-deaths-of-care-leavers

The importance of health visiting for babies and their families: evidence from the A Better Start programme

National Children's Bureau

A Better Start (ABS) was a 10-year programme and £215 million investment across five local areas running between 2015-2025. Across the five ABS sites - Blackpool, Bradford, Lambeth, Nottingham and Southend on-Sea - partnerships have worked alongside or directly with health visiting services to test, enhance and evaluate models of early years support. Evidence from ABS sites demonstrates that strengthening health visiting - through additional universal contacts, sustained home-visiting programmes for families at greatest risk, and paid peer workforces that complement professional teams - improves outcomes for babies, parents and communities, particularly in areas of high deprivation. It also builds capacity, generates employment, and reduces longer-term pressure on health, education and social care systems.

https://www.ncb.org.uk/resources/all-resources/filter/early-years/policy-briefing-importance-health-visiting-babies-and

The impacts of screen and AI use on children and young people

UK Parliament POST, 20 August 2026

AI literacy is becoming increasingly important as children's use of generative AI grows across education and social interaction. The evidence suggests AI can support learning, creativity, problem-solving and financial literacy, but may also affect attention, independent thinking and wellbeing. Impacts depend heavily on how, why and by whom AI is used.

https://post.parliament.uk/research-briefings/post-pn-0778/

National maternity triage specification.

NHS England; 2026.

This specification aims to: set a high-level framework for what good maternity triage services should look like; improve safety and experience for women by reducing variation; reduce inequalities through consistent access and care; support accountability through a clear measurement strategy; provide a practical approach to implementation.

https://www.england.nhs.uk/publication/national-maternity-triage-specification/

Supporting young people to transition into adolescent and adult services.

NHS England; 2026.

This guidance supports services to provide developmentally appropriate care for 0 to 25-year-olds. It sets out proposed actions for integrated care boards, providers and clinical teams to enable safe and effective transition between services. If adopted by systems, this approach will improve continuity of care, health outcomes and young people's experience.

https://www.england.nhs.uk/publication/supporting-young-people-to-transition-into-adolescent-and-adult-services/

Effects of socioeconomic status on adverse pregnancy outcomes: a Mendelian randomisation and mediation analysis.

Zhang X. Journal of Epidemiology & Community Health 2026;80(9):703-709.

Socioeconomic status (SES) is linked to adverse pregnancy outcomes (APOs), but it is unclear whether these associations are causal and involve any mediators. A two-sample Mendelian randomisation (MR) analysis was used to evaluate links. Results showed that socioeconomic disadvantage has a causal impact, particularly through lower educational level. These associations are partly mediated by modifiable behavioural and metabolic factors, underscoring the need for targeted prenatal interventions.

https://jech.bmj.com/content/80/9/703

Why Gender Matters: Child Poverty and Health Inequalities.

Public Health Wales and Liverpool John Moores University; 2026.

Addressing gender inequity is critical to improving health and well-being. This Public Health Wales and Liverpool John Moores University Report examines how gendered experiences across the life course contribute to inequalities and child poverty and the role of intersectionality (such as care giving, single parent households, larger families, young families, disability, ethnicity and income) in shaping experiences.

https://phwwhocc.co.uk/resources/why-gender-matters-child-poverty-and-health-inequalities/

The perspectives of parents/carers on a new parental education occupational therapy intervention.

Joyce T. British Journal of Occupational Therapy 2026;89(7):468–475.

Parental education has been highlighted as an effective intervention for children, young people and families. However, no parental education interventions are underpinned by occupational therapy (OT) theory. Parents/carers acknowledged the benefits of the intervention, highlighting the importance of focusing on supporting parents as well as their children.

https://journals.sagepub.com/doi/full/10.1177/03080226251404423

Identifying Vulnerable Children and Young People and Supporting Them to Thrive.

Centre For Young Lives; 2026.

The report highlights some of the entrenched challenges facing millions of children. The report calls on the new administration to work holistically from the outset to ensure children, young people and families are supported to thrive, addressing disadvantage before it translates into vulnerability, harm or adverse outcomes.

https://www.centreforyounglives.org.uk/news-centre/new-report-exposes-the-scale-of-childhood-crisis-facing-andy-burnham-and-warns-incremental-change-will-no-longer-cut-it

The Impact of Interventions That Address Well-Being for Children with Adverse Childhood Experience (ACE) Exposure: A Systematic Review.

Goen H M. Occupational Therapy in Mental Health 2026;42(3):326–352.

Adverse childhood experiences (ACEs) are preventable, potentially traumatic events before age 18 that can lead to lasting adverse effects. This systematic review examined interventions within occupational therapy's (OT) scope of practice on the well-being of ACE-exposed children. Moderate to strong evidence suggests these interventions, such as cognitive-behavioral interventions, education, and problem-solving, may improve the well-being of ACE-exposed children and adolescents.

https://www.tandfonline.com/doi/full/10.1080/0164212X.2025.2559892

Home first, except when it matters most

Together for Short Lives

This report finds too many families of children with serious illness may be missing out on the care that helps them spend time together at home. It reveals significant variation in how local NHS bodies in England commission children's palliative care. The analysis of Freedom of Information responses from integrated care boards finds that just 31% could definitively say they commission 24/7 end of life care at home for children.

https://www.togetherforshortlives.org.uk/home-first-except-when-matters-most/

The loneliest generation: what it is like to grow up in England today

IPPR

This research reveals a generation becoming more vulnerable, with worsening mental health increasingly hitting young people's ability to be productive. The number of young people with no close friends has increased five-fold since 2014 and they are more isolated, more distressed and less productive than previous generations. The report argues for changes beyond youth policy and calls for a solution that reaches across young people's lives, spanning education, work, housing and health.

https://www.ippr.org/articles/the-loneliest-generation

The impacts of screen and AI use on children and young people.

Parliamentary Office of Science and Technology (POST); 2026.

Screen use encompasses a broad range of digital technologies and tools that are integrated into many aspects of children's daily lives. Artificial intelligence (AI) is an increasingly prominent component of this digital ecosystem. Policymakers may experience challenges in balancing potential benefits of digital technologies with risks to children's development and wellbeing.

https://post.parliament.uk/research-briefings/post-pn-0778/

Diabetes: Children and Young Adults: GIRFT Programme National Speciality Report.

Getting It Right First Time (GIRFT); 2026.

The new GIRFT national report for diabetes: children and young adults (CYA) offers the most comprehensive national picture to date of how diabetes services for CYA aged 0-25 are organised, how care and outcomes vary, and what systems can do to adopt best practice and deliver equitable, modern care. GIRFT's 138-page national report presents the findings of our review, highlighting areas of significant variation nationally, and featuring examples of best practice from teams across the country.

https://gettingitrightfirsttime.co.uk/girft-national-report-offers-practical-steps-for-improving-care-and-support-for-children-and-young-adults-living-with-diabetes/

FemTech: Consumer technology to support women's health.

Parliamentary Office of Science and Technology (POST); 2026.

FemTech refers to consumer digital technologies that support women's health. It is a broad category and includes apps, software, and connected devices to help women manage menstruation, fertility, pregnancy, menopause and some reproductive health conditions. Interest in FemTech has grown among UK consumers, the NHS, the Department of Health and Social Care, regulators and industry, but evidence, regulation and data governance remain areas of active debate.

https://post.parliament.uk/research-briefings/post-pn-0775/

Maternal mortality 20 per cent higher than in 2009–11

And the latest MBRRACE-UK report highlights why further progress is urgently needed.

Between 2022 and 2024, 252 women died during pregnancy or within six weeks of its end – a maternal mortality rate of 12.8 per 100,000, 20 per cent higher than it was in 2009-11.

Profound inequalities persist, and only 16 per cent of the women whose care was examined in depth were judged to have received good care. In 61 per cent of cases, reviewers concluded that improvements might have altered the outcome.

The report identifies recurring failures, including confirmation bias, dismissal of red-flag symptoms, incomplete observations, missed deterioration, delayed escalation and failures to listen to women. Workforce pressures, insufficient theatre capacity and fragmented multidisciplinary care also affected outcomes.

Learning from investigations where intrapartum care has been given at home

This report sets out a number of areas in which care could be improved for women receiving intrapartum care at home. The report provides a series of safety observations and prompts for NHS trusts on topics such as staffing availability, training and guidance, and communications between different care professionals. The publication is based on learning and insights gained from the analysis of 59 maternity investigation reports (produced between 2018 and 2025) by both the Healthcare Safety Investigation Branch and MNSI. These investigations are carried out when they meet MNSI criteria and relate to early neonatal deaths, stillbirths and severe brain injury in babies born at term following labour and maternal deaths in England.

MIDIRS Midwifery Digest

September 2026, Volume 36, Issue 3

- **From classroom to care: how education can improve LGBTQIA+ maternity and perinatal experiences**
  Francesca Cooper; Professor Helen Bedford

- **The State of UK midwifery education : findings from the Royal College of Midwives' 2024/25 review**
  Fiona Gibb; Heather Bower

- **Midwifery continuity of carer and social disadvantage: implications for equity, experience and birth outcomes**
  Dayna Wright

- **Quality decision making in miscarriage care: a mixed-methods exploration in the UK**
  Rebekah Da Silva Teixeira; Jacky Boivin; Sofia Gameiro

- **Success of induction of labour among Black women in the UK: a scoping review**
  Rita Kotey

- **How do we reduce persistent and stark maternal and neonatal outcomes in a sustainable, practical way?**
  Kyia Omoshebi; Mary Fadairo; Melissa Matz; Anna Garner

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1. **Limb Compression Therapy and Chemotherapy-Induced Peripheral Neuropathy in Women With Gynecologic Cancers: A Prospective Self-Controlled Study(NEURO-GLOVE Trial)**

Authors: Başkurt, Kadriye;Uyar, Galip Can;Yeşilbaş, Enes;Altunç, Fatma Zehra;Çevik, Damla Erimhan;Melek, İsmet Murat;Eren, Yasemin;Öksüzoğlu, Ömür Berna Çakmak;Yücel, Kadriye Bir;Di Meglio, Antonio;Ray-Coquard, Isabelle and Sütcüoğlu, Osman

Publication Date: 2026

Journal: International Journal of Cancer 159(9), pp. 2300–2313

Abstract: Chemotherapy-induced peripheral neuropathy (CIPN) is a dose-limiting toxicity of taxane-based chemotherapy with limited preventive options. We evaluated whether dual-site mechanical compression during paclitaxel infusion reduces CIPN in women with gynecologic cancers. In this prospective, intraindividual, self-controlled study, patients receiving carboplatin-paclitaxel underwent compression of the nondominant hand (two surgical gloves) and ipsilateral lower limb (Class II stocking), while contralateral limbs served as controls. CIPN was assessed using CTCAE v5.0 and EORTC QLQ-CIPN20 at baseline, Cycle 3, end of treatment (EOT), and 3- and 6-month follow-up. Among 76 patients (median age, 61 years), moderate-to-severe CIPN was observed less frequently in compression limbs than in control limbs at Cycle 3 (35.5% vs. 53.9%; p = 0.001), EOT (59.2% vs. 69.7%; p = 0.021), 3 months (28.9% vs. 52.6%; p = 0.015), and 6 months (20.3% vs. 33.8%; p = 0.002). Repeated-measures analyzes showed significant time-by-limb interactions for sensory (p = 0.003), lower-extremity sensory (p = 0.018), and motor domains (p = 0.041). Sensory CIPN20 scores were lower in compression limbs in the upper extremities from EOT onward (7.5 vs. 10.2; p 0.92 at all time points. Dual-site mechanical compression was associated with reduced incidence and persistence of CIPN. As a low-cost and scalable intervention, this strategy may improve treatment tolerability and survivorship outcomes. Trial Registration: ClinicalTrials.gov identifier: NCT07105553.

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2. **European society of gynecology (ESG) position paper on the proposed terminology change from PCOS to PMOS**

Authors: Castelo-Branco, Camil;Vujovic, Svetlana;Genazzani, Alessandro D.;Brincat, Mark;Meczekalski, Blazej;Stute, Petra;Genazzani, Andrea R.;Brichant, Geraldine;Orvieto, Raoul;Vasaraudze, Ineta;Yoldemir, Tevfik;Daniilidis, Angelos and on the behalf of the, ESG Board

Publication Date: 2026

Journal: Gynecological Endocrinology : The Official Journal of the International Society of Gynecological Endocrinology 42(1), pp. 2695512

Abstract: Background Polycystic ovary syndrome (PCOS) is a prevalent endocrine disorder whose terminology inadequately reflects its systemic nature. The proposed renaming to polyendocrine metabolic ovary syndrome (PMOS) aims to better represent its pathophysiology. Objective To present the European Society of Gynaecology (ESG) position regarding the proposed terminology change and its implementation. Methods Expert consensus and narrative synthesis of current scientific evidence and international recommendations. Results ESG supports a structured, patient-centered transition strategy. Recommendations include prioritizing patient communication, implementing a gradual transition with prolonged dual terminology use, and integrating the new terminology systematically into scientific and educational frameworks. The importance of interdisciplinary clarity and the central role of gynecological endocrinology are emphasized. Conclusion A phased and clearly communicated transition will enhance conceptual accuracy while preserving patient understanding, continuity of care, and clinical coordination.

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3. **Research progress of ferroptosis in gynecological diseases**

Authors: Chen, Wen;Zhou, Wencheng and Liu, Songjun

Publication Date: 2026

Journal: Annals of Medicine 58(1), pp. 2688328

Abstract: Background The concept of ferroptosis debuted as a newly defined programmed cell death in 2012. Among programmed cell death mechanisms, ferroptosis stands out as being fundamentally dependent on iron. At the heart of this mechanism lies the progressive accumulation of lipid peroxides - a chain reaction propelled by available iron, terminating when intracellular levels become fatally toxic. Inhibition of cystine transporters within cells (notably induced by compounds like Erastin) initiates a chain reaction: when intracellular levels of glutathione (GSH) become depleted, downstream suppression of *glutathione peroxidase 4 (GPX4)* activity impedes lipid peroxide clearance, whose accumulation drives the cell toward death upon exceeding a critical concentration. Discussion Early-stage experimental models highlight ferroptosis's contribution to propelling high-impact gynecological disease progression, namely precancerous endometrial hyperplasia, endometrial cancer (EC), endometriosis (EMS), and ovarian cancer (OC). Hence, elucidating the intricate regulatory machinery behind ferroptosis in gynecological pathologies bears both theoretical importance and translational promise. Conclusion This review aimed to systematically synthesize current knowledge on ferroptosis in gynecological diseases and their associated regulatory mechanisms, offering insights relevant to both basic research and clinical application.

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4. **Support for children living with parental mental health difficulties: a narrative review**

Authors: Keeler, Jessica and Chapman, Hazel

Publication Date: 2026

Journal: Children & Youth Services Review 189, pp. N.PAG

Abstract: Many adults living with mental health difficulties are parents, their children live with their own difficulties and are recognised as a vulnerable group. This review examines targeted support strategies from peer groups, mental health education, interagency programmes, professional interventions and online support. Papers describing psychological, social and educational impacts upon children living with parental mental health difficulties and experiences of professionals working with them were examined. Identified outcomes of the support strategies were reduced mental health stigma, improved emotional well-being and increased resilience. A narrative literature review was conducted in March 2023. Using the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA), searches of five databases were carried out (Child development and adolescent studies, CINAHL Plus with Full Text, MEDLINE, PsychINFO and SocIndex). Papers included were published between January 2017-January 2023, in English, peer reviewed and relating to support and interventions for children aged between 4 and 18 years living with parental mental health difficulties, some selected papers were adult children reflecting on their childhoods. The data extraction process of 15 papers describing differing interventions and support produced findings in three themes. The silencing effects of mental health stigma had influence on professionals, parents and children's communication; peer group intervention was seen to reduce self-stigma in children. The use of education to reduce transmission saw beneficial outcomes from family focused work, mental health education for children and parents, family education for adult mental health staff and peer groups. The challenges and benefits of peer support saw often difficult circumstances of children navigating friendships when they have a parent with mental health difficulties. Formal peer group interventions provided socialisation which felt safe, improved participant's self-confidence and social skills. Limitations to be considered are, the concern with presenting an overview of the support available meant the quality of the papers was not assessed, and the variety of methods, participants and settings did not allow direct comparisons. Further research is needed, including longitudinal studies to evaluate the impact of peer support groups on resilience, and mental health education interventions on reducing stigma. The design and benefits of online mental health literacy resources and interagency working for the benefits of vulnerable children and parents effected by mental health difficulties need further exploration. Where support is available, research into whether the beneficial impact for children has a beneficial impact upon their parents' mental health would be of value to improving the lives children and parents living with mental health difficulties.

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5. **The forgotten organ in midlife women - why gynaecologists should screen for metabolic-associated fatty liver disease**

Authors: Palacios, Santiago and Lilue, Mariella

Publication Date: 2026

Journal: Gynecological Endocrinology : The Official Journal of the International Society of Gynecological Endocrinology 42(1), pp. 2624205

6. **Topical Amitriptyline, Ketamine, and Lidocaine Cream for Neuropathic Pain Control in Pediatric Oncology Patients**

Author: Rav, Emily, Sheikh, Irtiza N., Cha, Yujin, Andersen, Clark R., Baig, Muhammad U., Harden, Avis, Itzep, Nelda, Wang, Jian and Moody, Karen

Publication Date: 2026

Publication Details: Journal of Pain & Symptom Management, 72, (4) pp.e333–e339. , New York, New York: Elsevier B.V.

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7. **Link between housing and community factors and mental health and psychological well-being of refugee parents and children in high-income countries: A systematic review**

Authors: Tamming, Teisi;Hume, Isabelle;Said, Glorianne and Albert, Idit

Publication Date: 2026

Journal: Global Public Health 21(1), pp. 2649068

Abstract: Whilst forced migration is known to significantly increase the risk of mental health problems, the influence of post-migration factors for refugee children and parents in high-income countries remains understudied. However, systemic post-migration factors have the potential to be modified by policy and practice to improve outcomes. This systematic review identifies the housing and community factors examined in research and their link to the mental health and psychological well-being of refugee parents and children in high-income countries. Adhering to the PRISMA guidelines, we searched the databases of PubMed, PsycINFO and Embase for studies published in peer-reviewed journals until the 17th of October 2025. Of the 11,588 studies identified, 30 were eligible for inclusion in this review. Our findings particularly suggest favourable mental health outcomes among those living with their families/relatives or foster care as opposed to reception centres, as well as those with social support. Perceived discrimination consistently showed an association with negative mental health outcomes. The findings suggest a gap in the evidence base focusing on parents, education and school-related factors. We recommend that policy makers provide family-based living arrangements and improve access to spaces for social support. Future research in this field will benefit from further sub-group analyses.

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8. **"I don't know how to treat you": Testosterone and gynecological care for transmasculine and gender diverse adults**

Authors: Tordoff, Diana M.;Shook, Alic;Anderson, G. O.;Quint, Meg;Flentje, Annesa;Lunn, Mitchell R. and Obedin-Maliver, Juno

Publication Date: 2026

Journal: Social Science & Medicine (1982) 406, pp. 119672

Abstract: Many transmasculine and gender diverse people assigned female at birth people use testosterone as gender-affirming hormone therapy, which is associated with significant changes to sexual and reproductive health. Additionally, transmasculine people experience significant barriers to accessing gynecological care. This study examined the perceived role of testosterone in individuals' gynecological health and how testosterone use shaped access to gynecological care for transmasculine people. We conducted in-depth qualitative interviews with 28 transmasculine and gender diverse adults currently using testosterone in the United States. Participants were recruited through PRIDEnet, a national community engagement network of LGBTQIA+ individuals and organizations. Data were analyzed using thematic analysis. Participants described a range of gynecological concerns, most commonly pelvic pain, genital atrophy, and recurrent urogenital infections. Six interrelated themes emerged: erasure, authority of knowledge, navigating uncertainty regarding testosterone's gynecological effects, prolonged and fragmented care pathways, cumulative exposure, and resistance and agency. Informational, institutional, and identity erasure frequently limited provider knowledge and constrained clinical decision-making, while conflicts over the authority of knowledge privileged diagnostic certainty over embodied experience. These dynamics contributed to prolonged healthcare journeys characterized by repeated referrals, excessive testing, unresolved symptoms, and diagnostic uncertainty. Repeated exposure to dismissive and delayed care, and care that was not trauma-informed accumulated, becoming embodied as medical trauma, overwhelm, disengagement from care, and diminished well-being. Despite these challenges, participants engaged in resistance and agency through self-advocacy and community knowledge. Improving gynecological care for transmasculine people requires expanded research on the gynecological effects of testosterone, improved provider education, and trauma-informed, trans-competent care models that value embodied patient knowledge.

Disclaimer:

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.