

Trans identification not tied to worse pregnancy outcomes

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Transgender, nonbinary, and gender-diverse (trans) identification at the

time of delivery is not significantly associated with severe parental morbidity or preterm birth, according to a research letter published online May 11 in the *Journal of the American Medical Association*.

Daphna Stroumsa, M.D., M.P.H., from University of Michigan in Ann Arbor, and colleagues analyzed all deliveries from 2014 to 2018 from the Truven MarketScan Medicaid and commercial databases to identify [pregnancy outcomes](#) for [patients](#) with male gender at the time of delivery. The analysis included 256 trans people in the Medicaid database and 1,651 trans people in the commercial database who had a delivery. In the Medicaid database, trans people were younger, less likely to be White, and more likely to have a chronic condition. In the commercial database, [trans people](#) had higher rates of some chronic conditions, such as anxiety or depression.

The researchers observed no significant association between trans identification and severe parental morbidity (Medicaid: adjusted odds ratio [OR], 1.28; 95 percent confidence interval [CI], 0.29 to 5.57; P = 0.75; commercial: adjusted OR, 1.62; 95 percent CI, 0.98 to 2.69; P = 0.06) or [preterm birth](#) (Medicaid: adjusted OR, 1.37; 95 percent CI, 0.94 to 2.01; P = 0.99; commercial: adjusted OR, 0.90; 95 percent CI, 0.75 to 1.09; P = 0.28). Trans [identification](#) was associated with a lower odds of cesarean delivery (Medicaid: adjusted OR, 0.47; 95 percent CI, 0.25 to 0.88; P = 0.02; commercial: adjusted OR, 0.55; 95 percent CI, 0.45 to 0.66; P

"Prospective data and larger sample sizes, as well as studies evaluating patient-reported outcomes, are needed to better characterize birth outcomes and for future quality improvement," the authors write.

More information: Daphna Stroumsa et al, Pregnancy Outcomes in a US Cohort of Transgender People, *JAMA* (2023). [DOI: 10.1001/jama.2023.7688](#)

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