

# Examining consultative support for pediatric primary care providers in providing gender-affirming care

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A [study](#) in the journal *Telemedicine and e-Health* found that access to consultative support can increase pediatric primary care provider comfort providing gender-affirming care.

The literature suggests that access to gender-affirming [medical care](#) is associated with improved medical outcomes among adolescents who identify as gender diverse or endorse a [gender identity](#) that differs from their sex assigned at birth. An increasing number of gender diverse youth seek guidance and support from their pediatric primary care providers (PPCPs), who often lack adequate training in this area.

The PPCPs in this study agreed, on average, that having access to consultative support would help them feel more comfortable providing gender-affirming care.

"PPCPs with fewer than 10 years of experience and those trained in pediatrics were more likely to agree that access to consultative support would make them more comfortable providing each aspect of gender-affirming care compared to those with more than 10 years of experience and those trained in [family medicine](#), respectively," reports Kacie Kidd, MD, MS, from West Virginia University School of Medicine, and co-authors.

"Access to health care and health care resources is of vital importance to all of us regardless of our [health condition](#) or situation. This [research](#) builds on the foundation of a paradigm shift in care and education," says Charles R. Doarn, MBA, Editor-in-Chief of the Journal and Emeritus Professor in the Department of Environmental and Public Health Sciences, and Director of the Space Research Institute for Discovery and Exploration at the University of Cincinnati, Cincinnati, Ohio.

**More information:** Gina M. Sequeira et al, Comfort Providing Gender-Affirming Care and Preferences for Consultative Support Among Rural Pediatric Primary Care Providers, *Telemedicine and e-Health* (2024). [DOI: 10.1089/tmj.2023.0537](https://doi.org/10.1089/tmj.2023.0537)

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