Algorithm: Gender-Affirming Medical Care for Youth

Is the patient interested in any gender-affirming medical interventions (such as puberty blockers, hormones or surgery)?

Puberty started? Breast buds or testicle volumes 4 cc or greater

NO

No medical intervention is needed at this time.
- Monitor for puberty every 6 months with physical exam.
- If exam causes significant dysphoria, labs can be used instead. Ultrasensitive pediatric LH and estradiol or total testosterone based on sex assigned at birth (ideally drawn before 9 a.m.). Ultrasensitive LH >0.3 mIU/mL is consistent with puberty starting.

YES

TANNER 2 or 3 Early to mid-puberty
- Puberty blockers may be an option to pause further pubertal progression
- Obtain baseline labs
- IF the patient is at least Tanner 2 on physical exam OR early morning ultrasensitive LH >0.3 mIU/mL: Refer to Gender Clinic for further management OR learn more about management here (page 2).

TANNER 4 or 5 Late or post-puberty
- Puberty blockers may still be beneficial in late puberty for patients AFAB if <2 years post-menarche, or at any pubertal stage for patients AMAB.
- For AFAB patients, after menarche, menstrual suppression can help alleviate dysphoria for many patients. This is often started by PCPs and can be started before gender-affirming hormones. Learn more about menstrual suppression here (page 11).
- IF patient is age 13.5 to 16 and interested in receiving gender-affirming hormones (such as testosterone or estradiol), obtain baseline labs and Refer to Gender Clinic for further management OR learn more about management here.
- If patient is age 17 or older, refer to an adult gender care provider (click here for some options).

Gender Clinic referral is not needed if patient is not interested in medical care.
- If the patient is interested but parents are unsure about medical care (or if patient and parents are unsure), please follow the “yes” pathway.
- Consider discussing menstrual suppression if appropriate

Provide social and emotional support.
- Additional resources for patient and family support, mental health support and non-medical options for gender affirmation, including binding and tucking, can be found on our website: https://www.seattlechildrens.org/clinics/gender-clinic/patient-family-resources/
- Screen for depression, anxiety, and suicidality, and refer to a mental health therapist if there are any concerns, or for continued gender exploration. Please note: Gender Clinic does not provide long-term mental health therapy.

AFAB = assigned female at birth. AMAB = assigned male at birth.