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HALDIMAND-NORFOLK HEALTH UNIT

PHYSICIANS' NEWSLETTER

Is Your Practice 'Gay Friendly'?

When you are part of a group such as the LGBT (lesbian, gay, bisexual, and transgendered) community, you may have some apprehension about seeking professional help because of the fear of possible discrimination. You may have encountered discrimination by a healthcare provider in the past and are wary of other healthcare providers.

Working within the sexual health program, I have been asked by clients, "Do we have physicians that are 'gay friendly'?" I was glad that they had asked. Gay friendly, what does that mean? Does it mean that the doctor should not overtly discriminate and pass judgment on you and your lifestyle? Or does it mean that the physician should have special training in dealing with LGBT issues.

This question also told me that their current physician, if they had one, might not be as gay friendly as they would like. Doctors are subject to the same prejudices as other healthcare providers and other individuals. I started to wonder if I was LGBT friendly. Living and working in a very conservative area, I realized that gay friendly might be a huge issue in this community.

Doctors and other healthcare providers (HCP) are not to consider race, gender, sexual orientation, etc, when providing care to patients. Therefore, HCPs are theoretically "gay/lesbian friendly". Sadly this does not necessarily translate into practice all of the time. If a patient does not feel comfortable asking questions or sharing information for fear of being judged, it is very difficult to get answers to questions or share concerns with your doctor. Physicians and other health care providers need to ask themselves; 'Are gay, young people taking more sexual risks and not sharing that information because they are fearful of judgement?'

A physician who puts on a gown, gloves and mask before talking to a homosexual patient is a bit short-sighted. This physician has imposed an immediate barrier to open, honest discussion. The doctor has assumed that the patient has an infectious disease that is spread by droplet/aerosol and has alienated the patient. A gay person isn't more likely to contract disease solely on the basis of sexual orientation. The doctor needs to find out about the patient's behaviours. After all, an individual's sexual behaviour is the only thing that can put them at risk, not their sexual orientation alone.

Questions to Ask About Your Practice

- Do you discuss sexuality with your patients? Doctors should ask questions about sexuality using inclusive language- very difficult for the individual to initiate such conversations with their physician?
- Do you have LGBT magazines in your waiting area?
- Do you ask about their sexual orientation?
- Do you know their partner's and their gender preference?
- Do you ask questions of your patient or are you focused on the illness?
- Do you assume heterosexuality? Assuming heterosexuality breaks down the patient/doctor relationship.

Tips to Make Your Practice More Gay Friendly

- Do not ask a young man about 'girlfriends'-ask about partners? Asking a homosexual man about girlfriends might close himself off to discussing his sex life. Youth would probably not be able to break the ice and correct the physicians' assumptions.
- Ask what type of sex they are engaging in- oral, vaginal, anal
- Use inclusive language.
- Do you treat a homosexual's patient's partner like his/her family?

If you are a gay friendly physician and want your patients to open up to you about their sexuality- Please post the enclosed rainbow symbol sign in your office.

If you require more safe space signs, please contact the Haldimand-Norfolk Health Unit- Sexual Health program.

Red Measles in Norfolk County Summary

Recently, Norfolk County experienced a red measles outbreak. There were a total of five (5) confirmed cases involving two families of unimmunized children. The source case travelled to France where there is an ongoing outbreak of red measles. No further cases developed and the outbreak was declared over June 16th, 2011.

Due to this outbreak, please find the following recommendations and required testing information in the event of a suspected case coming into your office:

To eliminate exposure to others in your facility, it is recommended to schedule symptomatic clients for the last appointment of the day.

Anyone in the infectious stage (4 days before the rash to 4 days after the rash) of measles must stay away from day care, school and work.

Because indigenous measles has been eliminated in Canada, laboratory testing of suspect measles cases must include both serology and virus isolation/detection:

a) Virus isolation/detection: A nasopharyngeal swab or aspirate, or a throat swab obtained within 4 to 7 days after the onset of rash, and /or approximately 50 ml of urine within 7 days after the onset of rash.

b) Acute Serology: A blood specimen, to test for measles antibodies (IgM and IgG) at the first visit and ideally obtained on day 4 or within 7 days after rash onset.

Follow-up lab testing:

a) Convalescent serology: A second blood specimen drawn > 10 to 20 days after the first to check for seroconversion or a significant rise in measles specific IgG antibodies between acute and convalescent sera. Seroconversion or a significant rise in IgG titre is indicative of recent infection.

Note: If the acute (initial) serology results in a person with clinical symptoms of measles and known or suspected exposure to measles demonstrate low, indeterminate or negative IgM and IgG, both tests should be repeated in one to two weeks.

When requesting measles specific IgM and IgG testing, please provide relevant clinical information on the lab requisition form and the purpose of the testing i.e. suspect measles, recent vaccination history and recent travel history.

BREASTFEEDING: WAYS TO INCREASE MILK SUPPLY

Following the recommendations of the World Health Organization, Health Canada recommends that babies be ***exclusively breastfed for their first six months of life*** *(for healthy full term infants). Breast milk is the most appropriate food for the infant's rapid growth for the first few months. Babies should be introduced to an iron rich solid food at about six months, with breastfeeding continuing to at least one year.*

Most mothers have lots of milk or could have lots of milk, but the problem may be that the baby is not getting all the milk that is available. Before considering taking any remedy, mother should first consult a health care professional to insure that baby's latch and positioning is correct, and that mom knows how to do breast compressions.

Mother may require an herbal or pharmaceutical aid to increase her milk production:

- **Fenugreek** (not in combination with thyme) 3 capsules 3 times/day and
- **Blessed Thistle** (3 capsules 3 times a day, or 20 drops of the tincture 3 times a day)
- These herbs seem to work better if both are taken together. Fenugreek and Blessed Thistle seem to work better in the first few weeks and tend to work best in the first week.
- **Fenugreek** and **Blessed Thistle** work quickly. If mother does not notice a difference in 12-24 hours, it may not work without the additional use of **Domperidone**.

Domperidone (Motilium):

- Should never be used as the first approach to correcting breastfeeding difficulties.
- Should not be used unless all other factors that may result in insufficient milk supply have been dealt with first.
- Generally **Domperidone** is prescribed 30mgs. 3 times a day, but sometimes as high as 40 mgs 4 times a day.
- It is not necessary to take 30 minutes before eating, as it is not being used for digestive intolerance disturbances?
- After starting **Domperidone**, it may take three to four days before any effect is noticed, although sometimes mothers notice an increase in milk supply within 24 hours. It appears to take 2-4 weeks to get maximum effects. It is reasonable to allow 6 weeks before deciding that it is not effective.
- Side effects of **Domperidone** can include mild headache which subsides within a few days. Less common side effects can include abdominal cramps, dry mouth and alteration of menstrual periods upon weaning from medication. It has also been commonly prescribed to infants with gastric reflux concerns.

Submitted on behalf of the H-N Breast Feeding Network.

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