field guide to being a trans woman in aotearoa

Introduction

When I came out as trans and began medically transitioning in 2020, I thought I was well informed. I knew the pathway to HRT in New Zealand, I knew what medications I wanted to be on, and I knew the other steps I wanted to take in transition. But in the year since then I've learnt so many hard lessons in getting the care I needed. I would have killed for someone to have taken my hand and guided me through all the pitfalls waiting for me.

This guide attempts to fill that role. It is not a comprehensive resource, but rather a collection of tips, gotchas, and otherwise missing information that I've learnt in transition. It's obviously not medical advice, but I hope you find it helpful, or know somebody in your life that might. Transition is hard, getting the care we need shouldn't be.

~ Madi

Part I

Health Professionals

If the medical landscape for trans care in New Zealand could be summed up in one sentence it would be “misinformed, but not malicious”. Most of the health practitioners here really do mean well, but are also chronically uninformed in contemporary trans care. You need to be your own advocate, and know exactly what care you need.

The exact pathway for getting on HRT in New Zealand differs slightly for every DHB. The basic steps will be talking to your doctor, getting referred to the endocrinology department, possibly getting an HRT letter from a psychologist, waiting several months, then getting prescribed HRT.

Doctors

Chances are your local GP hasn’t dealt with many trans patients, and isn’t up to speed with the latest in trans care. All they need to do is follow the standard pathway for HRT in your DHB. However, it’s worth trying to find a GP that is well informed in trans care, because they will be handling your future medical transition after you see the endocrinologist.

GPs are also extremely cautious, and if you can’t change GP, or your GP isn’t giving you the care you believe you need, the best thing you can do is find a health professional known to be informed, and get a referral/note from them for your GP. They are far more likely to change their approach based on precedent than any amount of research or evidence you bring to the table.

While many GPs may be reluctant to do so, they are able and allowed to change your HRT dosages or medications once

you have begun transition, without having to be referred back to an endocrinologist.

Endocrinologists

When I began transition I believed that, no matter how uninformed my GP at the time may have been, once I got to the endocrinologist everything would fall into place. Hormones are literally their job. Unfortunately many endocrinologists in NZ are also misinformed in todays standards of medical transition.

Do your own research before you go to the endocrinologist. Find the medications you would like to be on (read part II of this guide to help!), and what a rough dosage schedule might look like for you. You don't need to be a hormone specialist, but you do need to know if what the endocrinologist is telling you is harmful or doesn't make sense.

If your endocrinologist is prescribing you a harmful dosage schedule, refusing to test your levels, misgendering you, or otherwise not meeting your own standards of care, then request a new one. Contact your DHB, outline your concerns, and they should be able to reassign you. Ask your GP to help if this process isn't straightforward in your DHB.

My own experience — I was referred to an intern endocrinologist who put me on 1mg/day E pills for the first 6 months, to be raised by 1mg increments every 6 months to a maximum of 3mg. This is an absurdly low dose, and in combination with the 50mg of cyproterone she prescribed (a dangerously high dose, see Part II), I would have been

effectively hormoneless for over a year. She also constantly misgendered me in written reports. I outlined my complaints to the DHB, and they reassigned me to a senior who was wonderful, and let me gradually up my dosage to a much more reasonable 6mg/day. If I hadn't done my own research and been my own advocate, I would have been stuck in transition limbo and my health would have been at risk.

Psychologists

If you're in a DHB that requires a letter of recommendation for HRT, you have two options. Option 1 is to wait until your DHB provides a psychologist to assess you. This could take 3-6+ months, and you will likely need at least 2 sessions. Part of this will be filling out a very extensive, mildly insulting questionnaire about your gender history, life experiences, and how you relate to being trans. Be honest in your responses, but also realise that many of the questions are based on a rigid and outdated understanding of what it means to be transgender.

Option 2 is for the impatient, getting a letter privately by seeing a psychologist yourself. Costs for this vary wildly, and some psychologists highly overcharge. If you're seeing a psychologist solely for an HRT letter (as opposed to ongoing support), ask them plainly what their process is and how much it will cost. You will again likely need 2 sessions or more, and most psychologists charge a fee for writing the letter itself as well. Don't be afraid to shop around.

If you do decide to go private, use the NZCCP database at nzccp.co.nz/for-the-public/find-a-clinical-psychologist to find

a psychologist in your area that lists “transgender” as a speciality. The NZCCP is often a better resource than various community lists, which can be outdated.

I went the private route, and was quoted everywhere between $750 for a psychologist I found on a community list, to the $350 I ended up paying for 2 sessions and a small letter writing fee.

Insurance

All standard pathways to HRT in New Zealand are fully funded. However, some private health insurance companies like Southern Cross have recently begun covering HRT related costs, so if you are insured there is a chance you could get referred to an endocrinologist privately by your GP, have the costs covered, and reduce waiting times. Make sure you check the waiting times of private endocrinologists too though, as these can often be almost as long as the public route.

If you do wish to attempt going private with insurance, call your provider and try to get the claim pre-approved, as this is a murky area for many insurance companies and there could be teething issues.

Part II

Drugs

Ahh drugs. If you choose to medically transition, you will be on some kind of hormone treatment for the rest of your life. And while you can always change your course later, it helps to be aware of your options and what you might like to take from the start. This is another area where being your own informed advocate is important.

Patches and Pills

The most exciting part of early medical transition, estrogen! There are 2 forms of publicly funded oestrogen in New Zealand, patches and pills. Both are effective. Pills tend to be slightly easier to get correct levels on, and patches are slightly gentler on the body.

The pills offered in New Zealand are Estradiol Valerate, which is about 2-3 times less potent (but equally effective) as the Estradiol Cypionate sometimes used overseas. Keep this in mind when comparing dosages in your own research.

Your prescription (and doctors) will say to take the pills orally. This is an option, but it has several drawbacks. Since you swallow the pills, they have to be processed by your liver, which puts it under a lot of strain. And since they are processed by your liver, you only absorb a fraction of the dose you've taken.

An alternative is to take the pills sublingually (absorbed under the tongue) or buccally (absorbed in the cheek). This allows them to be absorbed directly into your bloodstream, bypassing your liver and resulting in much higher levels for a given dose. The downside is that it also results in a much

shorter half life of the pills, so you should split your doses to be taken at least twice daily. If your doctor says that doing so is pointless or harmful, do your own research and feel free to ignore them. Both sublingual and buccal administration are safer than oral, and can result in much better outcomes for a given dose.

To take a pill sublingually or buccally, first split the pill either with a pill splitter or by biting it (I find it more convenient to just bite them in half once they're in my mouth). Either place it under the tongue, or down next to your gum in your cheek. Personally I much prefer the buccal method, because I can still talk, drink, etc while my pill is sitting there absorbing. When taking sublingually you should keep your tongue down and try not to swallow too much saliva, which renders your mouth quite useless.

Cypro and Spiro

Along with estrogen, you need a medication to suppress your testosterone, called an anti-androgen (AA). The two AAs offered in New Zealand are Spironolactone (spiro) and Cyproterone Acetate (cypro). Spiro is an older drug, and generally less effective. You will need higher dosages of it to effectively suppress your T, and it will make you pee like crazy. Unlike cypro it doesn't actually stop T from being produced, but instead stops it being absorbed, so it's also quite hard to test levels effectively.

The alternative is cypro. It is an incredibly potent drug, and very effective at completely nuking testosterone. The problem is the dosages it's often prescribed at by

endocrinologists in New Zealand. Myself and several other trans women I've spoken to have been prescribed doses of 50mg/day. This is a similar dose as used to treat prostate cancer, and has several very serious side effects. The first is mood. In the week I was on my 50mg/day dose of cypro I became almost suicidal. The second is prolactin levels. Cypro drastically raises prolactin in your body, and at such high doses can eventually become a significant risk factor for prolactinoma, a type of benign brain tumour.

I know, super scary stuff. The good news is that several studies have shown cypro doesn't get any more effective at blocking T beyond ~10mg/day. So as an absolute maximum you only need 12.5mg/day (a quarter of the 50mg tablets provided in NZ), and you could even take that every second day and still have strong T blocking effects. At those doses cypro is quite safe. If your endocrinologist refuses to lower your dose, they are pointlessly endangering your health. Split your pills yourself if you need to.

Once I lowered my own dose to 12.5mg/day my mood instantly improved, and my T was in perfect lower female ranges within a month. You should also take B12 when on cypro, since it is known to deplete the vitamin and B12 deficiency is also linked to low mood.

Progesterone

Despite what some GPs will tell you, progesterone is absolutely available in New Zealand and can absolutely be prescribed without intervention by the endocrine department. It's not funded, and depending on your dosage schedule

could cost between $30-60/month. The efficacy of progesterone is still debated, so do your own research to decide if it's something you would like to try.

Conventional wisdom says that you should wait until you are at 1 year HRT and tanner stage 4 of breast development before introducing progesterone to your HRT regimen, and your GP (if they are well informed) will likely enforce this.

If your GP refuses to believe you, your best course of action is again finding a better informed GP/endocrinologist and either switching to them or getting a note from them that you can provide your GP. Even anecdotes of other trans women that have been prescribed progesterone in NZ may help. I don't know why so many GPs aren't aware that progesterone is available and can be prescribed, but here we are.

Estrogen Injections

— By Ava Lawson

First of all, this isn't medical advice and you should always consult your healthcare professional.

The Basics

Estrogen injections are one of the most effective forms of feminizing HRT. They bypass the skin barrier that patches face, and the risk factors and low absorption of oral pills. Estradiol Valerate (EV) is the most commonly used injectable estrogen and the only one available in New Zealand.

Injections aren't funded in NZ, but they can be prescribed by your doctor and bought directly from Optimus Health, a compounding pharmacy in Auckland. At the time of writing a 10ml vial of EV costs $145 + GST, which depending on your dosage could last up to 6 months.

You should discuss dosages with your doctor, and try to find a rough equivalent to what you are currently on with pills or patches. A common starting dose is 4mg, or 0.2ml of the vials you buy from Optimus Health. Stick to your starting dose and cycle (see below) for 4-6 weeks, and get your levels tested right before your next injection. Getting your levels tested earlier than this can give inaccurate results.

Injection Cycles

EV is fully absorbed by your body after around 7 days, but you may be prescribed a 14 day injection cycle, as many doctors base their prescriptions on other hormones.

Injecting EV every 14 days will leave you with extremely low estrogen levels for around a week, which can harm your transition and give you unpleasant menopause-like symptoms. Make sure you discuss this with your GP, and advocate for at least a 7-day cycle.

While a 7 day cycle is perfectly okay, I'm personally an advocate for 5-day cycles, which provide even more stable levels. A good approach is to try a 7-day cycle and track how you feel in the few days before your next injection. If you find yourself feeling dreadful, advocate for a shorter cycle.

You should test your levels as close as possible to your next dose (as with any form of HRT), to get your "trough level". This reading is very important in understanding how stable your levels are, and if your dose or schedule needs to be adjusted. If your trough level is lower than you'd like, try taking another test at 5-6 days into your cycle to see if you should shorten it, or raise your dose on your current cycle.

I'd personally advocate for shortening your cycle over raising your dose, because while you may get a higher peak level at the start of your cycle, your body will still absorb the estrogen at the same rate, and you may only be able to stretch out your trough level by a day at most even on a higher dose.

Injecting

When you get prescribed injections by your GP, you'll

need to make an appointment with a nurse to show you how to inject. They might be scary at first, but it really does get easier after you've done it a few times. I was nervous about my first injections, but they quickly became quick and mundane. They probably won't be as painful as you imagine either, there's a light pinch when the needle first breaks the skin, and then you're good.

Equipment

When switching to injections you'll need some equipment. The essentials are a syringe, a needle for drawing estrogen oil from the vial, a thinner needle for actually injecting, a sharps container for disposing of used needles, and alcohol pads for cleaning things. Your nurse might provide some or all of this when they teach you to inject. However, you should plan ahead to ensure you have the right bits for your preferred injection method.

Start with a 1ml syringe, which makes measuring your dose easier and reduces wastage. It's also nice to get a luer lok syringe (screw-on as opposed to slide-on) so there is zero chance of the needle slipping off the syringe while injecting.

For a drawing needle (to extract oil from the vial) I recommend a 21-22 gauge needle (usually 1 to 1.5 inches long), which will let you easily get the oil out easily without wearing down the rubber stopper on the vial too quickly. Side note on needle gauges: the lower the gauge number, the thicker the needle.

The needle you use for injecting comes down to personal preference, but I'd recommend starting with a 25 gauge needle. A thicker gauge will make pushing oil through easier, but will hurt more to inject. Needle length depends on whether you're injecting intramuscularly or subcutaneously (see below).

Needles and syringes (sometimes called barrels) are always single-use, never reuse them. It's important to have a sharps container to dispose of them correctly. You can get sharps containers at most medical equipment stores, and the New Zealand Needle Exchange has a list of drop-off points for used needles on their website. The NZ Needle Exchange has stores where you can purchase all the equipment you need. They also provide a sharps container for free which is fantastic. I recommend the BD brand of needles and syringes.

Subcutaneous vs Intramuscular Injections

There are two ways you can inject your estrogen: Subcutaneously (SubQ) or Intramuscularly (IM). Which method you use is mostly down to personal preference, but make sure you make an informed decision and advocate for your best interests. Some GPs that mainly have experience with testosterone injections may say that you have to do IM injections for estrogen, which is false.

Many people, myself included, much prefer the SubQ method since the needles are much thinner and shorter (about 5/8 inch vs 1-1.5 inches) and you can inject anywhere there is enough fat to grab with two fingers.

The only thing to watch out for with SubQ injections is to inject perpendicular to your skin, since injecting too shallowly can cause irritation — a little trial and error is key here. Grabbing/lightly pinching the injection site with two fingers while you inject, then letting go of the skin after it's removed can help avoid oil leaking out, and also helps with injecting deep enough.

Monotherapy

The efficiency of injections make it possible to pursue monotherapy (suppressing testosterone with estrogen alone, without an AA medication). Monotherapy is safer than taking either of the two readily available anti-androgens in NZ (Cyproterone & Spironolactone), so if you'd like to pursue it can be worth the effort.

A trough level of at least 100-150 pg/ml should be enough to suppress testosterone without, though everyone responds to hormones differently, so make sure you tailor any HRT regimen to your own results. Testosterone spikes are most likely to happen at the end of your injection cycle, which is another reason to make sure you test trough levels.

Since it's difficult to know what your testosterone levels would be on monotherapy while still taking an AA, you should lower your dosage very gradually, and see how your body reacts. Halving your AA dosage after every blood test that shows T in female ranges is a reasonable approach to getting on monotherapy.

Dead-space

Every syringe has an area at the top where oil gets trapped and can't be pushed through, even after the plunger is pushed all the way. In the case of my own BD 1ml luer lok syringe, after you've drawn the oil with the first needle, switched to the injection needle, and pushed all the air out, you'll see that the measured dose left in the syringe is about 0.05ml less than what you initially drew from the vial. To combat this, you can either purchase low dead-space syringes (expensive and not readily available in NZ as far as I know), or you can draw an extra 0.05ml from the vial (0.25ml total) so that once the air is pushed out of the injecting needle, you still have 0.2ml in the syringe when it's time to inject. This wasted oil will reduce the longevity of your vial slightly, but ensuring you are getting the correct dose each cycle is far more important.

The number of things to consider when looking into injections may seem daunting, but once you've begun it becomes second nature, and the benefits of having switched (for myself and many others) far outweigh any hassle of doing so. I genuinely feel that my transition didn't properly begin until I started injections. Things are changing for the better (both physically and mentally) faster than I thought possible, and I hope others can experience that too. The more we educate our providers on the safety and benefits of injections, and share our knowledge and experiences with each other, the better chance we have of bringing this powerful form of HRT into mainstream transgender healthcare in New Zealand.

Part III

The Rest

There is a lot more to transition than just medication and doctors. Everyone's transition looks different, and there's no single pathway or set of steps I could possibly outline. These are just a few steps you might be interested in taking outside of medical transition.

Name and gender changes

Legally changing your name and/or gender marker in New Zealand is thankfully quite easy. You can change your legal name and update documents like your license and passport with just a few forms, some money, and a statuary declaration.

The best resource for information on updating your legal identity is naming.nz, which has walkthroughs and documents for every step of the process. Other than for updating your birth certificate, you do not need a certain standard of medical transition in order to update your name or gender marker. You do not need to be on HRT for a certain period of time, or be full time presenting as your gender. You only need to assert that you have "taken steps in transition and identify as {name}/{gender}".

The basic process for updating your name and gender looks like this:

1. Apply for a legal name change with the department of Births, Deaths, and Marriages. Naming NZ has links to the forms you need to fill out. You will also need certified copies of several identity documents, and a statuary declaration stating your gender and new name. It costs

$170 to file, and an additional $33 for a copy of your name change certificate, which you will need in order to update other documents. It takes around 2 weeks to process.

2. Once you have a legal name change, you can update your license, passport, and any other documents you need to. Naming NZ is again the best place for walkthroughs of these processes, most will need a simple form and evidence of your name change.

3. Getting a new birth certificate is a much more involved process, and will need some standard of medical transition. This doesn't necessarily mean gender affirming surgery, but it will almost certainly require being on HRT for a period of time. It is done through family court, and has several costs involved.

Voice training

Unfortunately transfeminine HRT has no effect on our voices. But a passing female voice (if that is your goal) is completely achievable through training. It is a long and often disheartening process, but with practice your new voice will become natural, and you might even find you lose the ability to drop down into your old voice as your muscles adapt.

While it is possible to train your voice on your own, if you can I would highly recommend finding a voice coach who has experience specifically with feminising the voice for trans people. Your voice is an incredibly complex instrument, and having professional guidance and feedback along the way is invaluable.

There are some funded options for voice training in NZ, though you will find more expertise and diverse options overseas with remote lessons. If you do wish to try the funded route, your best option is talking to your GP about what the process is in your DHB. It will often involve a referral to WINZ, who are known to not always be the best when dealing with trans care. Be prepared to advocate for what you need.

There are several private options overseas for voice training. I personally went with The Voice Lab in Chicago, and did my lessons over Zoom. They are specialists in both trans and traditional voice training (singing etc), and were absolutely delightful to deal with. My teacher was incredible, and I have a voice I am mostly happy with after ~6 months of weekly lessons. Lesson costs vary depending on the teacher you parter with, mine were about $65/lesson.

Surgeries

Unfortunately the landscape for gender affirming surgery in New Zealand is pretty dire, and most trans women end up paying out of pocket for any surgeries they may want overseas.

There are no surgeons in NZ that offer FFS (Facial Feminisation Surgery), and it can cost upwards of $40-60k+ to do this overseas. As you are dealing with your face, I'd highly recommend not bargain hunting for an FFS surgeon. One of the most highly regarded FFS surgeries in the world is Facial Team in Spain, they're known for producing natural results (in their own words, "feminisation not beautification").

This is where I will probably go if I ever win the lottery.

There is a waiting list for publicly funded GRS (Gender/Genital Reassignment Surgery, or bottom surgery) in New Zealand. Unfortunately it's very, very long. If you got on the list today current wait times are around 12-15 years, which is at least better than the 60-100 years it was a while ago. It's always subject to change, and we can only hope it improves with more funding in future. To get on the waitlist you need to have been on HRT for 1 year, and then it's just a simple health questionnaire from your GP to apply.

Most of the best options for private GRS surgeons are in Thailand, which at least is relatively close by for us. Deciding on a GRS surgeon is a very personal choice, and you're best to do your own research and contact several surgeons to compare their results and processes. Again this is a huge change that will be with you for life, take your time in making decisions. Costs will range from $15k-$20k+, not including transport and accommodation.

Part IV

Additional Resources

This list is by no means exhaustive, but these are some of the better known support groups and resources you might find helpful during your transition in New Zealand.

National support services

Outline

outline.org.nz
Free counselling and peer support service for the LGBTQ+ community.

Inside Out

insideout.org.nz
National support service for LGTBQ+ youth.

Regional support services

Tranzform

tranzform.org.nz
Wellington based support group for trans identified individuals between the ages of 15-30.

Rainbow Youth

ry.org.nz
Auckland based support organisation for LGBTQ+ youth.

QTopia

qtopia.org.nz
Cantebury based support organisation for LGBTQ+ individuals.

Resources

Naming NZ

naming.nz

Resources and guides to help update your name and other legal documents.

NZCCP

nzccp.co.nz/for-the-public/find-a-clinical-psychologist

National database of psychologists, searchable by speciality. Great for finding a trans specialist near you.

Gender Minorities

genderminorities.com

National transgender organisation with extensive information and resources. They are also able to offer guidance and help for navigating the health system in NZ.

PATHA

patha.nz

The Professional Association for Transgender Health Aotearoa is the body that governs trans care in NZ.

WPATH Standards of Care

wpath.org/publications/soc

WPATH (World Professional Association for Transgender Health) is the international professional body for transgender health, and their standards are what most health practitioners should be aware of and follow. They can be an excellent resource if your GP/Endocrinologist is misinformed about something

By Madeleine Ostoja