

You are not alone!

Intersex people exist, and so do our families.

Intersex people account for somewhere between 1 in 2,000 and 1.7% of births. As adults, we lead happy and fulfilling lives. We are active in all walks of life in Australia: mayors, engineers, software developers, police officers, teachers, company owners, photographers, artists, filmmakers and taxi drivers. We are brothers, siblings, aunts and mothers.

Announcing the birth: Boy, Girl... Healthy Baby

The first thing people ask about a newborn is whether they're a boy or a girl, and you may feel anxious if you are unable to immediately answer this question.

Consider statements such as:

"We are/I am thrilled to announce the arrival of (our beautiful baby/name), born at 6:20pm, at 3.37 kilos!"

There are lots of great and popular gender-neutral names, ones used for both boys and girls.

Choosing one of these can help you to take your time with other decisions.

Here are some tips to help you answer questions that may arise from friends and family:

We/I gave birth to a healthy child named (____), who has (diagnosis).

This is consistent with how people talk about specific differences, and it avoids using stigmatising umbrella terms such as 'Disorders of Sex Development' or 'DSD'.

Question: Are they a boy or a girl?

Answer: My/our baby is perfectly healthy and has a mix of traits that are typically considered male and female. Right now we're deciding on which sex to raise them, based on all the facts.

Question: Does that mean your baby is a hermaphrodite?

Answer: No. Hermaphrodites have full sets of both male and female organs, and that's impossible in humans. They just have differences in their anatomy.

Question: But how will they turn out as adults?

Answer: Most intersex kids grow up identifying as men or women.

Take your time to assign a sex

Don't feel pressured to make decisions. It's more important to make decisions that you can live with as your child gets older – including adolescence and after. Birth registrars can generally delay registration or correct details as more accurate information becomes available.

We urge you to choose either male or female, the sex that appears most predominant in your child, based on all the information available to you but knowing that the assignment or gender identity of your child may or may not change.

Getting balanced medical facts

Because intersex variations are somewhat uncommon, many doctors and primary care providers are unfamiliar with issues related to surgery. It's important for you to be fully informed about these procedures, as the results are irreversible.

In a small number of instances, such as babies with salt-wasting Congenital Adrenal Hyperplasia (CAH) or urogenital tract issues, immediate medical attention is required for the baby's health. These are necessary for the health and survival of your baby.

Confusion around the birth of an intersex baby most often may stem from androgynous or 'ambiguous' genitals. A baby may have ovotestis, a combination of ovarian and testicular tissue. They may have CAH: ovaries and XX chromosomes, and a larger clitoris. Babies with XXY sex chromosomes (Klinefelter's) will generally have testes and a smaller penis. Sometimes lengthy testing is needed, and sometimes tests are not conclusive.

Your doctor or medical team may recommend cosmetic genital surgery or hormone intervention based on a desire to ease concerns about these differences. Cosmetic surgeries are intrinsically focused on appearance, not sexual function or sensation. These irreversible interventions are contentious because they may later limit your child's range of choices, capacity for intimacy and expression. It's ok to seek a second opinion.

We do not recommend surgical or hormonal options aimed at relieving your own anxiety or distress. They must improve your child's long term quality of life.

Possible harm

There are many possible complications and harmful consequences from early surgeries. Informed consent means considering the risks and alternatives as well as the benefits, including doing nothing at all, or taking a 'wait and see' approach.

Gonadectomies always result in a lifelong need for hormone treatment. Early vaginoplasty will require repeat surgeries as your child grows, and so will many other surgeries. All surgeries destroy some nerve tissue.

Genital surgeries and follow-up examinations often create the feelings of "abnormality" that doctors think they will help avoid. In October 2013, a Senate report on intersex health said that "Normalising appearance goes hand in hand with the stigmatisation of difference".

No proven benefit

There is no firm evidence that cosmetic medical practices help the children subjected to them. Studies have shown that there is no evidence of an association between genital surgery and improved psychosocial outcomes. There is no evidence that surgery promotes stable gender identity development, and no evidence that gender will develop as assigned. Your child's gender identity will develop independently of any surgical or other medical interventions.

Body diversity is normal

Assigning a sex does not require surgical or early hormonal reinforcement. Research has shown that large numbers of men and women don't meet cosmetic standards for 'normal' genitals. All sorts of people live happily with different bodies.

Biological sex traits do not always predict gender; children sometimes grow up to identify as a gender other than the one they were raised. Increasingly we accept this as normal human variation.

Parents who rush into cosmetic surgeries have often later reported that they regret doing so because the surgeries did not benefit their child, harmed them, or created difficulties in their relationship with their child as they grew into adulthood.