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Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
(Medical Services Section)

Nirman Bhawan, New Delhi
Dated the 25th June, 2024

To

Chief Secretary / ACS (Health) / Principal Secretary (Health) / Secretary (Health) of all States and UTs

Subject: Guidelines in respect of medical intervention required in infants / children with disorders of sexual differentiation (intersex) to have medically normal life without complications - Regarding.

Sir / Ma'am,

I am directed to forward herewith the guidelines framed in the Ministry of Health and Family Welfare in respect of medical intervention required in infants / children with disorders of sexual differentiation (intersex) to have medically normal life without complications.

2. All are requested to circulate the guidelines to all the hospitals / medical institutions under the administration of your State / UT for information and compliance.

Encl: As above.

Yours sincerely,

(Zuver Ahmed Khan)
Deputy Secretary to the Govt. of India
Ph: 011-2306 3246

Copy (with enclosure) for wide circulation to:
(1) Director (INI-I & II Division), Room No. 410-D, Nirman Bhawan, New Delhi.
(2) Deputy Secretary (Hospital Division), Room No. 204-D, Nirman Bhawan, New Delhi.

Copy (for information) to:
(1) PSO to Secretary (HFW), MoHFW, Nirman Bhawan, New Delhi.
(2) PSO to DGHS, MoHFW, Nirman Bhawan, New Delhi.

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GUIDELINES FOR MEDICAL INTERVENTION REQUIRED IN INFANTS/CHILDREN WITH DISORDERS OF SEXUAL DIFFERENTIATION (INTERSEX) TO HAVE MEDICALLY NORMAL LIFE WITHOUT COMPLICATIONS

1. Infants/Children of Disorders of sexual differentiation (DSD) or intersex should be treated at centres that have a Local Multi-Disciplinary Committee (LMDC) consisting of a Paediatric Surgeon, Paediatrician/ Paediatric Endocrinologist, and Psychiatrist/ Clinical Psychologist. Patients who do not typically fit into DSD need not go through LMDC.
2. Newborns/ infants requiring sex of rearing assignment, children requiring surgical treatment at any age and adolescents with a lack of pubertal development requiring hormonal support should be evaluated by the LMDC.
3. GUIDELINES FOR MEDICAL INTERVENTION
   a. Infants/Children with life-threatening electrolyte imbalance, dehydration etc. need to be given appropriate emergency treatment without waiting for LMDC.
   b. Adolescents with a lack of pubertal development will require appropriate hormonal support.
4. GUIDELINES FOR SURGICAL INTERVENTION
   a. Optimisation of urine flow to enable them to pass urine normally without outflow tract obstruction can be done. This will prevent repeated urinary tract infections and renal damage.
   b. A biopsy of gonads to prove diagnosis and rule out cancer can be done.
   c. Removal of dysgenetic gonads and/or repositioning in a location where they can be easily palpated for prevention and detection of cancer should be done.
   d. Correction of hernia should be carried out before complications occur.
   e. Correction of outflow tract obstruction for egress of urine/ menstrual fluid should be done. This will prevent the development of retained menstrual fluid which may lead to urinary tract infections and their further complications later in the child.
   f. On rare occasions, surgery may be required in cases with clitoromegaly and painful erections that are not controlled by medical management.
   g. Whatever surgical intervention is required should be carried out if a potentially life-threatening (physical or psychological) circumstance arises.
5. GUIDELINES FOR MENTAL HEALTH INTERVENTION
   a. Age-appropriate gender-relevant information in the context of the infant's/child's socio-cultural background should be provided.
   b. Care and support to infants/children and their families with encouragement to develop and maintain social support systems including family, friends and peers should be offered.
   c. Children with DSD and their caregivers should be screened for mental health issues and appropriate mental health interventions should be provided when needed. The exploration of gender identity in these children should also be facilitated.

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