



Treatment with Dexamethasone (Fetal-Dex), in utero.

During the 3rd cycle, Denmark received recommendations from the Kingdom of The Netherlands, to in consultation with rights holders, develop national guidelines, for responding to people with variations in sex characteristics, including the possibility to postpone non-emergency, invasive and irreversible surgery and hormone treatment on infants and children until they in a meaningful manner, can participate in the decision-making and give their informed consent.

Denmark has repeatedly received recommendations to ensure, that no one during infancy or childhood are subjected to unnecessary medical or surgical procedures, however the attempt to change the sexual anatomy of intersex infants, in some cases, take place, even before the child is born.

Treatment to change an intersex child's sexual anatomy, while it is still in the womb.

Denmark allow treatment with high doses of Glucocorticoids (Dexamethasone), in utero on indication of the intersex variation, Congenital Adrenal Hyperplasia (CAH).

The treatment is given in order to prevent what is considered genetically female children with CAH, from virilizing - a condition in which the child's clitoris will grow to appear more masculine, like a micro penis.

While some aspects of CAH are life threatening, Treatment with Fetal- Dex is only designed to ensure that an intersex child, is born with a sexual anatomy which is deemed socially and medically acceptable for a female.

The treatment is administered at a time when the child's brain is beginning to form. Long-term follow-up, has indicated that children subjected to the hormone, suffer neuropsychological consequences, including impaired cognitive development.

Treatment with Fetal- Dex – Is in fact an advanced, less known, but just as harmful, form of “normalizing” treatment on intersex children.

Key rights, challenges and their impact.

These discriminatory, unnecessary, invasive, and irreversible medical interventions are aimed at altering the sex anatomy of the intersex child, based on binary sex and gender stereotypes, stigma and social prejudice, and carry a significant risk, of causing irreversible harm to the child's neuropsychological and cognitive development.

Recommendations:

1. Develop and implement a human rights-based legislation that prohibits all forms of treatment and surgery, that affect and/or alter the sexual anatomy of intersex children, until they are mature enough to understand the consequences, participate in decision-making and give full, free and informed consent; except in cases where treatments or surgeries are exclusively aimed at alleviating immediate danger to life, or immediate risk of serious and irreversible physical harm.
2. Develop and implement a Human rights-based health-care protocol for prenatal care, including prenatal testing, and treatments in utero, setting out the procedures and steps to be followed by health care teams.