



MIDIRS Search Pack


Search Pack MS41

LGBTQ+ parents


Special needs of and services for lesbian, gay, bisexual, transgender and queer (LGBTQ+) parents. Includes same-sex couples (same-sex parenting), single LGBTQ+ parents, and opposite-sex couples where at least one partner is LGBTQ+. Includes information relating to coparenting, adoption, donor insemination, and surrogacy in LGBTQ+ parents.

Date created: 11/25/2024

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MS41 - LGBTQ+ parents

(394)

991206-027

Meeting the needs of lesbian clients. Saffron L (1999), Practising Midwife vol 2, no 11, December 1999, pp 18-19

Lisa Saffron, a lesbian mother, guides midwives on how to make their care appropriate. (Author)

990908-002

Towards an understanding of the cultural roots of homophobia in order to provide a better midwifery service for lesbian clients. Wilton T (1999), Midwifery vol 15, no 3, September 1999, pp 154-164

Research has indicated that homophobia amongst health professionals, including midwives, has negative consequences for the care received by lesbian clients. Social scientists recognise that homophobia is neither inevitable nor universal, rather it is culturally specific and culturally constructed. This recognition is potentially very positive, since it suggests that homophobia in midwifery practice may successfully be theorised and critiqued in order to support the development of better services for lesbian clients. In this paper discourse analysis methodology from the cultural and social sciences is used to interrogate textual evidence of the nature of homophobia in British and North American culture. The analysis results in the identification of five 'themes' underlying cultural expressions of homophobia: anxiety about sexual difference, fear of female sexuality, the sexualisation of lesbianism, the characterisation of lesbianism as 'sick' or 'unnatural', and the inability to identify lesbians with any certainty. In the context of midwifery, these themes emerge as particularly powerful, suggesting that, while the deep-rooted nature of homophobia is resistant to rapid change, midwives may be uniquely well placed to develop appropriate professional services for the growing minority of their clients who are lesbian. (102 references) (Author)

990702-048

Sexual intercourse, abuse and pregnancy among adolescent women: does sexual orientation make a difference?.

Saewyc EM, Bearinger LH, Blum RW, et al (1999), Family Planning Perspectives vol 31, no 3, May/June 1999, pp 127-131

Context: Although a limited amount of research has retrospectively explored the childhood and adolescent heterosexual experiences of lesbians, little is known about the prevalence of heterosexual behavior and related risk factors or about pregnancy histories among lesbian and bisexual teenagers. Methods: A secondary analysis was conducted using responses from a subsample of 3,816 students who completed the 1987 Minnesota Adolescent Health Survey. Behaviors, risk factors and pregnancy histories were compared among adolescents who identified themselves as lesbian or bisexual, as unsure of their sexual orientation and as heterosexual. Results: Overall, bisexual or lesbian respondents were about as likely as heterosexual women ever to have had intercourse (33% and 29%, respectively), but they had a significantly higher prevalence of pregnancy (12%) and physical or sexual abuse (19-22%) than heterosexual or unsure adolescents. Among sexually experienced respondents, bisexual or lesbian and heterosexual women reported greater use of ineffective contraceptives (12-15% of those who used a method) than unsure adolescents (9%); bisexual or lesbian respondents were the most likely to have frequent intercourse (22%, compared with 15-17% of the other groups). In the sample overall, among those who were sexually experienced and among those who had ever been pregnant, bisexual or lesbian women were the most likely to have engaged in prostitution during the previous year. Conclusions: Providers of reproductive health care and family planning services should not assume that pregnant teenagers are heterosexual or that adolescents who say they are bisexual, lesbian or unsure of their sexual orientation are not in need of family planning counseling. Further research should explore the interactions between adolescent sexual identity development and sexual risk behaviors. (20 references) (Author)

990606-049

Optimal gynecologic and obstetric care for lesbians. Carroll NM (1999), Obstetrics & Gynecology vol 93, no 4, April 1999, pp

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Lesbians, like other marginalized groups of women, underutilize health care services. Lesbians also present later for health care than heterosexual women. Lack of awareness of the health issues of lesbians by some health care professionals has produced lesbians' abstention from health services. After defining lesbianism, I discuss how homophobia is a public health problem. Health issues of lesbians and practical recommendations for providing optimal gynecologic and obstetric care are presented on the subjects of adolescence, sexual identity, behavior and practice, sexually transmitted diseases, human immunodeficiency virus, Papanicolaou smears, cancer risk, fertility, and parenting issues. The discussion addresses how women's health research can be shaped to enhance knowledge about lesbian health. By changing physicians' attitudes and knowledge about lesbians, better communication and more sensitive interactions should result, improving the health care of lesbian patients. (13 references) (Author)

990207-014

Lesbian parents talk about their birth experiences. Stewart M (1999), British Journal of Midwifery vol 7, no 2, February 1999, pp 96-101

This study aimed to explore the responsiveness of maternity services to the needs of lesbian parents. Adopting a qualitative, phenomenological study design and using snowball sampling, the author interviewed seven women, who had had babies within a lesbian relationship, about their birth experiences. Six themes arising from the interviews were examined: communication; choice, continuity and control; support; being accepted; assumptions and stereotyping and, finally, homophobia. The data suggests that while the needs of lesbian users of the maternity services are often similar to those of heterosexual women, heterosexism in the language, culture and philosophy of care continues to create barriers for lesbian parents. This means that in relation to lesbian parents, midwifery practice may be failing to fulfil the central tenet affirmed in Changing Childbirth,¹ that of providing appropriate individualised care. The author concludes that there is a need to challenge heterosexism and homophobia within the maternity services. Abstract writer's comments: While there is a growing body of research exploring women's experiences and perceptions of the maternity services, few studies have focused on the needs of lesbian parents. This is therefore an important and timely study and should be of interest to all maternity services practitioners as well as midwife teachers and researchers. Readers should note the mixed picture of the women's experiences that is presented in this article. While some participants described high quality services and praised the skills of professionals involved in their care, particularly in relation to communication and continuity of midwifery services, others received insensitive treatment that proved to be highly damaging. In one case a woman suffering from postnatal depression felt discouraged from seeking help because of hostile and disapproving attitudes expressed by a health professional. More insidiously, assumptions about heterosexuality as the norm seemed pervasive, making it difficult for lesbians to articulate their needs and undermining openness and trust between professionals and clients. An important issue arising from the study is that of choice: some lesbians may prefer a lesbian midwife but in order for lesbian midwives to identify themselves the maternity service may need to develop a more accepting culture towards its own employees. The small sample size and the selection of participants from a relatively narrow group does mean that it may be difficult to generalise the findings of this study to all maternity services and all lesbian parents. On the other hand, there is nothing to suggest that these women's experiences are radically different from that of other lesbians. Given the stigmatised nature of lesbian identities, the early stage of development of research in this field, and the exploratory nature of such work, study design is appropriate. The study indicates the need for further research in this area. At the same time, the data clearly identifies areas where current midwifery practice needs to be closely examined. Ref: 1. Dept of Health. Changing childbirth: report of the Expert Maternity Group. London: HMSO, 1993. (Abstract written for MIDIRS by Norma Daykin, principal lecturer in health sciences, University of the West of England)

990113-023

Science will give women ability to 'father' a baby. Farrar S (1999), Sunday Times 10 January 1999, p 8

Scientists in the United States of America are developing a genetic technique involving nuclear transfer methods which could allow two women to have a baby without involving a man. Practical and ethical issues are discussed. (KL)

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981002-022

Lesbian couple plan baby with Net sperm. Hall S (1998), Guardian 10 July 1998, p 3

A British lesbian couple are planning to conceive a baby after buying frozen sperm over the Internet for £280.00. (KL)

980307-005

Fertility guru warned on aid to older women. Brennan Z (1998), Sunday Times 1 March 1998, p 6

A fertility specialist, Professor Ian Craft, has been warned by the Human Fertility and Embryology Authority that he must tighten controls at his private practice particularly with regard to fertility treatment for older women, lesbians and single women. (KL)

970610-031

Lesbian parents. Pattberg R (1997), International Journal of Childbirth Education vol 12, no 2, May/June 1997, p 20

Thoughts on the provision of antenatal education for lesbian parents, and how mainstream classes can be adapted to suit them. (KL)

970311-015

Lesbian mothers' experiences of maternity care. Percy D (1997), Changing Childbirth Update no 8, March 1997, p 17

Brief summary of the author's dissertation which investigated the views and experiences of lesbian women. (KL)

961207-037

Providing childbirth education to lesbian couples. Walsh LV, Olesker E (1986), International Journal of Childbirth Education vol 1, no 1, May 1986, pp 32, 30

Guidelines on the provision of childbirth education to lesbian couples. (KL)

961118-024

Unconventional conceptions and HIV. Macaulay L, Kitzinger J, Green G, and others (1995), AIDS Care vol 7, no 3, 1995, pp 261-276

The condom is widely recommended as the principal method for preventing HIV transmission, but such advice obviously does not apply to women who are seeking to become pregnant. In this sense, 'safer sex' is incompatible with reproduction. Existing research into HIV transmission has examined the choices made by those wishing to conceive within a sexual relationship; such research shows that HIV is not a highly significant factor in their decision-making processes. This study aims to extend the debate by exploring the decision-making processes of women seeking to become pregnant with donated sperm. In particular, we focus on women outside the fertility clinic system who do not have access to sperm screened for HIV to see whether HIV is a significant factor in these women's decision. The study involved in-depth interviews with 20 women (14 lesbians, one bisexual and five heterosexuals) recruited through informal networking and snowball sampling. HIV was a salient concern for our sample, largely because of their contacts with gay men, but nonetheless most of these women took some risks. On the one hand, the conscious deliberations necessary to conceive through self-insemination facilitated risk reduction, as did factors such as 'stranger-danger'. On the other hand, factors such as the scarcity of suitable sperm donors and the women's own feelings of gratitude and loyalty to their donors mitigated against their requesting that their donor take an HIV test. This study highlights the need to provide information for women seeking self-insemination, and to remove restrictions on access to fertility clinics, in order to reduce their risk of HIV infection and subsequent vertical transmission. (Author)

960320-033

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Not so very different. Wilson T (1996), New Generation vol 15, no 1, March 1996, pp 6-7

Teresa Wilson talked to one couple who considered all aspects of alternative parenting before going ahead. (Author)

960316-076

Caring for the lesbian client: homophobia and midwifery. Wilton T (1996), British Journal of Midwifery vol 4, no 3, March 1996, pp 126-131

The HIV/AIDS pandemic has revealed the extent to which a deeply ingrained homophobia permeates the health and caring professions. Midwifery is no exception, and prejudice may compromise the service which lesbian clients receive. Yet AIDS has also stimulated efforts to combat homophobia, and lesbian and gay community networks may offer additional support in developing truly egalitarian midwifery practice. (Author)

951101-011

Lesbian parents and natural birth. Saul A (1995), Homebirth Australia Newsletter no 40, August 1995, pp 20-21

Discussion of reasons why women having a baby together often prefer to have a natural birth, and the choice of place, between home, birth centre or hospital. (KL)

950424-067

Non-traditional mothers: single heterosexual/lesbian women and lesbian couples electing motherhood via donor insemination. Leiblum SR, Palmer MG, Spector IP (1995), Journal of Psychosomatic Obstetrics & Gynecology vol 16, no 1, March 1995, pp 11-20

The purpose of the project was to explore the motivation, reproductive and postdelivery experiences, and future concerns of single heterosexual and lesbian women and lesbian couples who attempted conception via donor insemination (DI). All women who had completed at least one cycle of DI between 1987 and 1992 at a large medical school infertility program were mailed a comprehensive 'Motherhood' questionnaire. Forty-five women completed the survey (response rate = 88%) of whom 14 were lesbians, 28 were heterosexuals, two were bisexual and one was celibate. The only major differences between the heterosexual women and the lesbian women were that the heterosexual women were older and had started DI attempts at an older age than the lesbian women. The majority of women reported that four major considerations prompted their decision to initiate DI when they did: feeling secure in their employment, the sense that time was running out, feeling that they had 'worked through' concerns about parenting, and that they had sufficient social support. Three characteristics were deemed moderately or very important in their selection of sperm donors: ethnicity, education and height. After achieving a pregnancy, most women wished to know more detailed information about their donor. Unlike heterosexual couples, all single and lesbian women planned to disclose the fact of DI to their offspring but were uncertain of when or how to accomplish this. The greatest worry reported by respondents was how their child would deal with the absence of a known designated father. Overall, the women were gratified with their experience of DI, and the majority would 'absolutely' recommend it to a friend. (Author)

950103-006*

Who's fit to be a parent?. Campion MJ (1995), London: Routledge 1995. 311p


Received for review.

940722-056


When the patient is also a lesbian. Lynch MA (1993), AWHONN's Clinical Issues in Perinatal and Women's Health Nursing vol 4, no 2, 1993, pp 196-202

Social stigma impedes the delivery of quality health care to women who identify as lesbians. Nurses who are aware of and sensitive to women who are lesbians in their practice are able to increase the caliber of the health care they provide. This article provides examples in which a lesbian sociosexual orientation has an impact on the medical

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930524-072

The lesbian childbearing couple: a case report. Tash DT, Kenney JW (1993), Birth vol 20, no 1, March 1993, pp 36-40

Increasing numbers of lesbians are choosing to bear children. Inadequate information about these women's childbearing concerns, together with discrimination and insensitivity to their needs, places these couples at risk for receiving less than optimal health care. Lesbians who desire children are faced with numerous psychosocial problems that should be addressed by open and sensitive caregivers. Providing care to a lesbian couple demonstrated the ways in which their needs were similar to and different from those of heterosexual couples. (Author)

920330-018

Lesbian mothers: health care needs and experiences. Carr C, Harvey SM, Bernheine S (1987), In: International Confederation of Midwives 21st International Congress, 25 August 1987. The Hague, Netherlands: International Confederation of Midwives 25 August 1987, pp 75-78

Editing in progress.

900604-001*

The new Our bodies, ourselves. Phillips A, Rakusen J (eds) (1989), London: Penguin Books 1989, 716p

The idea for the first edition of 'Our bodies, ourselves' came from a Women's Conference in Boston, USA in 1969. Four years later the book was published by the Boston Women's Collective to great acclaim. The 'simple editing job' Angela Phillips and Jill Rakusen were asked to do to produce a British appendix turned into a mammoth task but finally resulted in a completely revised and updated edition suitable for British women. In size this tome compares with a large medical dictionary but don't be put off - it is very clearly laid out and comprehensively indexed for easy reference. It's about women and everything to do with their bodies, relationships, health, illness, children, work, birth, death. The text is richly interspersed with quotes from women expressing their thoughts and feelings. Facts are given accurately, diagrams are clear and sensitive, and the photographs are amazing - joyous, down to earth, or so realistic as to be heartbreaking. Two images in particular I carried with me for days - one of a woman crouched dead in a hotel room after bleeding from an illegal abortion; the other of a heavily pregnant woman dancing in abandonment, her dress up around her ears, her full belly beautifully exposed. 'Taking care of ourselves' is a general health and wellbeing section covering anatomy and physiology, drugs, exercise, work, mental health, violence against women and alternative and complementary approaches to health and healing. 'Relationships and sexuality' deals with all aspects of heterosexual and lesbian relationships both sexual and platonic, changes when children arrive, and how the personal relationships are affected by the wider political balance between men and women in our patriarchal society. 'Controlling our fertility' is wonderfully comprehensive and very 'consumer-friendly'. Contraceptive methods are explained fully with good clear diagrams as necessary and all pros and cons listed alongside guidelines for those who should not use each method. There is a well balanced section on what to do if the contraceptive method fails and includes seeking antenatal care, raising a child adoption and abortion. As a midwife, 'Childbearing' was the section I scanned most closely. I found the subject well covered with a strong emphasis on the importance of women having informed choice. This was put into the context of the political sphere. The strong emphasis on natural and homebirth is explained by the authors' belief that women often have little choice and that they are usually presented with a strong argument for hospital birth. I was disappointed to see all three 'normal' birth photos showing women lying down. The postpartum section has some wonderful quotes: 'When I think back on it, adding a baby was like sending our relationship through a wringer and planting a garden smack in its middle - both at once!' This chapter contains a sensitively written section on infertility and pregnancy loss. This is where my experience and expertise ends. The next two sections on 'Women growing older' and 'Some common and uncommon medical and health problems', I read avidly. If these subjects were published as separate books, I would not have read them at all, thus missing much useful information. Even if we are not going through menopause ourselves we often have women around us experiencing it - maybe our mothers. I now feel much better informed and hope to be a lot more sensitive. So much

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gynaecology is written by men and deals lightly with debilitating chronic conditions such as PID, UTIs, dysmenorrhoea. This book doesn't and makes very good reading on women's illnesses. The last section 'Women and the medical system' gives a historical and present day perspective on the subject and then discusses 'Developing an international awareness', giving much food for thought. A brilliant book - well done to the countless women who made it possible and thanks to Angela and Jill. I will be leaving it around the house for my son and daughter as they get older. Recommended for all women. (Reviewed for MIDIRS by Alice Coyle)

900423-003

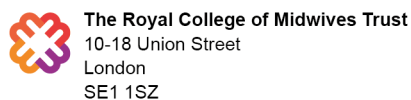
Gynaecological and childbearing needs of lesbians. Zeidenstein L (1990), Journal of Nurse-Midwifery vol 35, no 1, January/February 1990, pp 10-18

This study explored how 'coming out', identifying oneself as a lesbian, or not coming out, affected obstetrical and gynaecological needs and experiences. The design was descriptive and factor-searching, using a researcher designed interview schedule to collect the data. There were two criteria for inclusion in the study sample: that the woman has identified herself as a lesbian for at least one year; and that she be 18 years old or over. Initial participants, who were known to the researcher, were asked to contact others who might volunteer for the study. Of the 20 women who were interviewed 90% were white and 10% black. They were between 31 and 49 years old. They had all completed some kind of higher education and were all in professional occupations. 85% of the sample said they were feminist. In addition to the central question above, the study was guided by the following questions: how often, when, to whom and under what circumstances do lesbians choose to disclose sexual preferences?; and how does coming out or not coming out affect length of time before seeking gynaecological treatment, quality of obstetric/gynaecological care and issues surrounding lesbian parenting and lesbians' families? Lesbians disclosed their sexuality to care givers in a number of ways, eg. by stating directly 'I am a lesbian', or by attending the consultation with their lover. For the majority of lesbians disclosure was made as a way of negating heterosexual assumptions and pre-empting inappropriate care. Those women seeing lesbian caregivers were most likely to disclose their own sexual preference, and those seeing male heterosexuals were least likely. 50% of the sample rarely or never sought gynaecological care because of previous experiences and present fears about care givers, and many felt that their lesbianism meant they had less of a need for gynaecological care. While the prevalence of vaginal infection is low among lesbians, the risk of breast cancer (particularly for lesbians who have never breast fed) and the risk of cervical cancer for the 80% of lesbians who have had heterosexual sex before the age of 20 certainly warrant regular screening. While the majority of the sample did not have children, 70% said they wanted them and one third had already sought alternative insemination (by known or anonymous donor). The heterosexual assumptions reflected in obstetric notes, hospital policies and in the caregivers themselves made birth experiences stressful. A number of the women chose home birth or early discharge as a consequence. There were wide variations in the numbers of lesbians who felt comfortable enough to discuss such issues as: options for becoming pregnant; risks of HIV and alternative insemination; legal issues for lesbian families; and fear of custody battles. Lesbians in this study felt grateful when they had a positive obstetric/gynaecological experience. As the author put it, adequate care was perceived as a privilege rather than a right. Throughout the paper the author suggests strategies for improving the obstetric and gynaecological care offered to lesbians. Homophobic attitudes of caregivers need to be explored. The heterosexual assumptions of hospital records and of the traditional questions asked in gynaecological/obstetric history taking need to be challenged. Safer sex practices among lesbians should be more widely discussed and promoted. More sensitive interviewing and counselling skills are required, indeed a network of lesbian sensitive and knowledgeable services are needed, if lesbians are to feel comfortable enough to present for and get the care they need. MIDIRS comments: Any serious effort to investigate and give expression to the health needs of lesbians is to be welcomed. That the study sample was not representative of the general lesbian population, and that we cannot generalise from the results, is good news for an already heavily stereotyped group. For midwives wishing to investigate the issues further there is a useful list of references. (MIDIRS)

890928-016

Lesbian mothers: health care experiences. Harvey SM, Carr C, Bernheine S (1989), Journal of Nurse-Midwifery vol 34, no 3,

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A self-administered questionnaire was completed by 35 women who had delivered within the last five years and were self-identified lesbians when they conceived. The majority of women conceived through donor insemination and used the medical care system to achieve pregnancy. All sought prenatal care within the first 16 weeks, 89% participated in childbirth classes, and 80% breastfed for six months or more. Over half of the women (51%) sought obstetrical care from physicians, while 49% selected midwives. The majority (91%) disclosed their sexual orientation to their provider. Overall the women described their experience with obstetrical care providers as positive. However, a greater percentage of women who selected midwives reported higher levels of support from and satisfaction with their provider compared to those who selected physicians. (Author)

2024-13227

LGBTQIA+ healthcare content in pre-registration nursing and midwifery curricula: A cross-sectional study. Huang M, Allen J, Fooladi E (2024), Nurse Education Today vol 143, December 2024, 106363

Background

Nurses and midwives are expected to provide inclusive care for LGBTQIA+ populations. However, there is a paucity of knowledge on how well-prepared nursing and midwifery graduates are for this aspect of their role.

Aim

To explore LGBTQIA+ content in pre-registration nursing and midwifery curricula in Australia.

Design

Cross-sectional study.

Settings

Australian higher education institutions offering 86 pre-registration nursing and midwifery programs.

Sample

Publicly available pre-registration nursing and midwifery course programs in Australia as presented in the online course handbooks of 25 randomly selected educational institutions.

Methods

A LGBTQIA+ terminology matrix was developed to guide data extraction from subject titles, synopses, and learning outcomes. Explicit terms were those strongly associated with LGBTQIA+. Implicit terms were those indirectly associated with LGBTQIA+. Explicit and implicit LGBTQIA+ terms were analyzed for frequencies. Poisson regression was used to compare counts of LGBTQIA+ terms by course, subject, and university.

Results

Among the 1093 subjects, no subject titles included explicit terms and 6 (0.55 %) titles included implicit LGBTQIA+ terminology. Explicit LGBTQIA+ terminology was identified in 54 (4.9 %) subject synopses and implicit terminology was found in 323 (29.6 %) subject synopses. Explicit LGBTQIA+ terms were identified in 14 (1.3 %) learning outcomes while implicit terms were found in 323 (29.6 %) learning outcomes. Group of Eight universities were more likely to use explicit and implicit LGBTQIA+ terminology than non-Group of Eight universities ($p < 0.001$; $p = 0.035$). Undergraduate programs included more LGBTQIA+ terminology than postgraduate programs ($p = 0.019$; $p < 0.001$). Core subjects were more likely to include LGBTQIA+ content than elective subjects ($p < 0.001$).

Conclusion

Explicit LGBTQIA+ terminology was minimal indicating limited overall content. The study results alert nursing and midwifery educators to take a targeted approach to teaching and learning with a LGBTQIA+ focus to support future nurses and midwives with quality knowledge and skills and ensure equitable and safe care for LGBTQIA+ people.

(Author)

Full URL: <https://doi.org/10.1016/j.nedt.2024.106363>

2024-12854

Sexual Orientation–Related Disparities in Neonatal Outcomes. Chakraborty P, Reynolds CA, McKetta S, et al (2024), Obstetrics & Gynecology 3 October 2024, online

OBJECTIVE:

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To evaluate whether disparities exist in adverse neonatal outcomes among the offspring of lesbian, gay, bisexual, and other sexually minoritized (LGB+) birthing people.

METHODS:

We used longitudinal data from 1995 to 2017 from the Nurses' Health Study II, a cohort of nurses across the United States. We restricted analyses to those who reported live births (N=70,642) in the 2001 or 2009 lifetime pregnancy questionnaires. Participants were asked about sexual orientation identity (current and past) and same-sex attractions and partners. We examined preterm birth, low birth weight, and macrosomia among 1) completely heterosexual; 2) heterosexual with past same-sex attractions, partners, or identity; 3) mostly heterosexual; 4) bisexual; and 5) lesbian or gay participants. We used log-binomial models to estimate risk ratios for each outcome and weighted generalized estimating equations to account for multiple pregnancies per person over time and informative cluster sizes.

RESULTS:

Compared with completely heterosexual participants, offspring born to parents in all LGB+ groups combined (groups 2–5) had higher estimated risks of preterm birth (risk ratio 1.22, 95% CI, 1.15–1.30) and low birth weight (1.27, 95% CI, 1.15–1.40) but not macrosomia (0.98, 95% CI, 0.94–1.02). In the subgroup analysis, risk ratios were statistically significant for heterosexual participants with past same-sex attractions, partners, or identity (preterm birth 1.25, 95% CI, 1.13–1.37; low birth weight 1.32, 95% CI, 1.18–1.47). Risk ratios were elevated but not statistically significant for lesbian or gay participants (preterm birth 1.37, 95% CI, 0.98–1.93; low birth weight 1.46, 95% CI, 0.96–2.21) and bisexual participants (preterm birth 1.29, 95% CI, 0.85–1.93; low birth weight 1.24, 95% CI, 0.74–2.08).

CONCLUSION:

The offspring of LGB+ birthing people experience adverse neonatal outcomes, specifically preterm birth and low birth weight. These findings highlight the need to better understand health risks, social inequities, and health care experiences that drive these adverse outcomes. (Author)

2024-12751

A relational investigation of Israeli gay fathers' experiences of surrogacy, early parenthood, and mental health in the context of the COVID-19 pandemic. Kelly HK, Geller S, Swami V, et al (2023), PLoS ONE vol 18, no 2, February 2023, e0282330

Perinatal distress affects approximately 10% of fathers, but little is known about how gay fathers experience the challenges surrounding childbirth and early parenting of a child. This study explored gay fathers' experiences of having a baby via transnational surrogacy, raising that baby as a gay parent, and the context of the COVID-19 pandemic. In-depth qualitative interviews were conducted with 15 Israeli men to understand their experiences of surrogacy and early parenthood, focusing on the impact on their mental health and the relational factors involved. Secondary narrative analysis revealed that fathers constructed surrogacy as a perilous quest that required strong intentionality to undertake. The first year of parenthood was conceptualised alternately as a joyful experience and/or one that challenged fathers' identities and mental health. A relational framework was applied to better conceptualise the fathers' narratives, revealing that actual connections—and the potentials for links—considerably shaped experiences of surrogacy, perinatal distress and recovery. Implications for research and policy are discussed. (Author)

Full URL: <https://doi.org/10.1371/journal.pone.0282330>

2024-12550

Mapping the scientific literature on obstetric and perinatal health among sexual and gender minoritized (SGM) childbearing people and their infants: a scoping review. Huang AK, Schulte AR, Hall M-FE, et al (2024), BMC Pregnancy and Childbirth vol 24, no 666, October 2024

Background

Evidence suggests sexual and gender minoritized (SGM) childbearing individuals and their infants experience more adverse obstetric and perinatal outcomes compared to their cisgender, heterosexual counterparts. This study aimed to comprehensively map obstetric and perinatal physical health literature among SGM populations and their infants

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and identify knowledge gaps.

Methods

PubMed, Embase, CINAHL, and Web of Science Core Collection were systematically searched to identify published studies reporting obstetric and perinatal outcomes in SGM individuals or their infants. Study characteristics, sample characteristics, and outcome findings were systematically extracted and analyzed.

Results

Our search yielded 8,740 records; 55 studies (1981–2023) were included. Sexual orientation was measured by self-identification (72%), behavior (55%), and attraction (9%). Only one study captured all three dimensions. Inconsistent measures of sexual orientation and gender identity (SOGI) were common, and 68% conflated sex and gender. Most (85%) focused on sexual minorities, while 31% addressed gender minorities. Demographic measures employed varied widely and were inconsistent; 35% lacked race/ethnicity data, and 44% lacked socioeconomic data. Most studies (78%) examined outcomes among SGM individuals, primarily focusing on morbidity and pregnancy outcomes. Pregnancy termination was most frequently studied, while pregnancy and childbirth complications (e.g., gestational hypertension, postpartum hemorrhage) were rarely examined. Evidence of disparities were mixed. Infant outcomes were investigated in 60% of the studies, focusing on preterm birth and low birthweight. Disparities were noted among different sexual orientation and racial/ethnic groups. Qualitative insights highlighted how stigma and discriminatory care settings can lead to adverse pregnancy and birth outcomes.

Conclusions

Frequent conflation of sex and gender and a lack of standardized SOGI measures hinder the comparison and synthesis of existing evidence. Nuanced sociodemographic data should be collected to understand the implications of intersecting identities. Findings on perinatal health disparities were mixed, highlighting the need for standardized SOGI measures and comprehensive sociodemographic data. The impact of stigma and discriminatory care on adverse outcomes underscores the need for inclusive healthcare environments. Future research should address these gaps; research on SGM perinatal outcomes remains urgently lacking. (Author)

Full URL: <https://doi.org/10.1186/s12884-024-06813-4>

2024-12261

Evaluation of Gender-Identity Inclusive Language Used in U.S. Hospital Breastfeeding Education Materials. Grabowski A, Branham S, Anderson OS (2024), *Breastfeeding Medicine* 9 October 2024, online

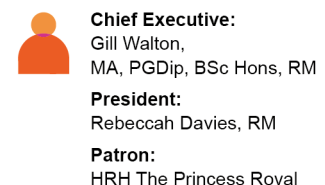
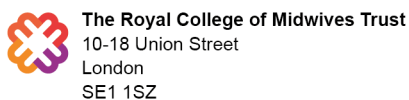
Purpose: To assess the use of gender-identity inclusive language in breastfeeding education materials publicly available on U.S. Hospital websites.

Methods: Hospitals were identified through the American College of Obstetricians and Gynecologists website. Breastfeeding education materials were searched online at each hospital. The first breastfeeding material on each website was used for our evaluation. Gender-identity inclusive versus traditional sexed language terms were curated a priori by referencing the National Institutes of Health and American Psychological Associations' guidelines. Education materials were categorized into: (1) "gender-identity inclusive language," (2) "mix of inclusive and traditional sexed language," or (3) "traditional sexed language." Frequencies of the type of language and specific gender-related terms were calculated.

Results: In total, n = 112 hospitals with publicly available breastfeeding education materials were included. Most hospitals used both traditional sexed and inclusive language (69%, n = 77), followed by only traditional language (31%, n = 35). None of the hospitals used solely gender-identity inclusive language. One hospital provided material "intended for LGBTQI+" populations.

Conclusion: Education materials provided by hospitals for breastfeeding do not utilize gender-identity inclusive language. As such, there remains uncertainty and hesitancy on how to provide appropriate breastfeeding education for all persons who identify as transgender and/or non-binary, yet choose or are able to breastfeed. Further research in this area could ascertain the impacts of using gender-identity inclusive language in breastfeeding education materials for the general, transgender, or non-binary populations. (Author)

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2024-12213

Conception, pregnancy, and childbirth from the perspective of transgender men: A meta-ethnography.

Fernández-Basanta S, López-Queijo JD, Rodríguez-Maseda E, et al (2024), *Women and Birth: Journal of the Australian College of Midwives* vol 37, no 5, September 2024, 101659

Background

Transgender men who decide to gestate biologically often face a health system that is highly feminized and discriminatory. In addition, the lack of preparation and knowledge among healthcare professionals leads to the provision of care that fails to meet their specific needs.

Aim

To synthesise the experiences of transgender men with regard to conception, pregnancy, and childbirth.

Method

Ten studies were included in a synthesis of qualitative studies, following the interpretive meta-ethnography method developed by Noblit and Hare and summarized in accordance with the eMERGe meta-ethnography reporting guidelines.

Results

The metaphor of a divergent matryoshka dealing with a constricted reality helps us to understand the experiences of conception, pregnancy, and childbirth of transgender men, who often face stigma, discrimination, and marginalization in society and healthcare. The metaphor also highlights the gender dysphoria that arises from the physical changes associated with these processes. Four key themes emerge from this metaphor: (1) The decision to conceive being a trans man; (2) The challenge of adjusting to a new body reality; (3) The significance of navigating in an environment of non-representation; and (4) The marked absence of transsexuality in mainstream healthcare.

Conclusions

Actions should prioritize strengthening ethical sensitivities and improve the training of health professionals to address issues such as gender perspectives, equality, and communication skills. Additionally, social visibility policies need to be implemented. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2024.101659>

2024-12073

Pathways to parenthood among transgender men and gender diverse people assigned female or intersex at birth in the United States: analysis of a Cross-Sectional 2019 Survey. Bane SS, Obedin-Maliver J, Ragosta S, et al (2024), *AJOG Global Reports* vol 4, no 3, August 2024, 100381

Objective

To assess pathways to parenthood, pregnancy outcomes, future pregnancy desire, and fertility counseling experiences among a cross-sectional sample of transgender men and gender diverse individuals assigned female or intersex at birth in the United States

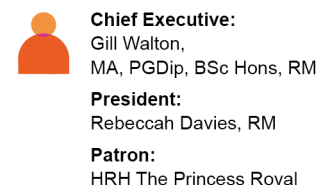
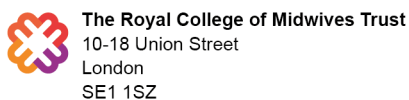
Methods

Participants were recruited from The Population Research in Identity and Disparities for Equality (PRIDE) Study and the general public. Eligible participants for this analysis were able to read and understand English, assigned female or intersex at birth, US residents, 18+ years old, and identified as transgender, nonbinary, or gender diverse. We analyzed responses to close-ended survey questions, overall and stratified by gender identity, race/ethnicity, and testosterone use. We also qualitatively assessed open-text responses on fertility counseling.

Results

Among the 1694 participants, median age was 27 years (range: 18–72), 12% had ever been pregnant, and 12% were parents. Carrying a pregnancy where the individual was the egg source (36%) was the most common pathway to parenthood. Individuals with an exclusively binary gender identity (ie, transgender man or man) more often reported becoming parents through adoption than individuals with gender diverse identities (19% vs 12%). A third of individuals did not receive fertility counseling prior to initiating testosterone; individuals who exclusively reported nonbinary identities were recommended to investigate fertility preservation options less often (36%) compared to

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transgender men (50%).

Conclusion

Transgender men and gender diverse individuals who were assigned female or intersex at birth build their families through a variety of pathways, including pregnancy, stepparenting, and adoption. Clinicians should avoid making assumptions about reproductive desires in these populations based on gender identities or testosterone use and should provide consistent fertility counseling prior to and after hormone initiation. (Author)

Full URL: <https://doi.org/10.1016/j.xagr.2024.100381>

2024-11461

Induced lactation in a transgender woman: case report. Ikebukuro S, Tanaka M, Kaneko M, et al (2024), International Breastfeeding Journal vol 19, no 66, September 2024

Background

Breastfeeding offers significant health benefits, but its practice and success can vary. While research on induced lactation in cisgender women has been documented, there is limited research on lactation induction in transgender women.

Case presentation

A 50-year-old transgender woman undergoing hormone therapy and living with a pregnant partner sought to co-feed using induced lactation. After approval by the hospital ethics committee, a regimen of estradiol, progesterone, and domperidone was initiated, accompanied by nipple stimulation. Lactation was successfully induced and maintained, with milk composition analysis indicating high levels of protein and other key nutrients. This case, the seventh reported, highlights the complexity of lactation induction in transgender women, considering factors such as age, obesity, and insulin resistance. The nutrient profile of the milk suggests its suitability for infant feeding, despite some differences from typical human milk.

Conclusions

Induced lactation is feasible in transgender women, expanding the understanding of non-puerperal lactation and its potential in diverse family structures. Further research is warranted to optimize lactation induction protocols in transgender women. (Author)

Full URL: <https://doi.org/10.1186/s13006-024-00675-4>

2024-11252

Global “Maternal” Mental Health From a Non-Binary Life Course Perspective. Watson A (2024), The Journal of Perinatal and Neonatal Nursing vol 38, no 3, July/September 2024, pp 243-245

This article is a review providing expert opinion on maternal mental health from a non-binary perspective, as opposed to the traditional presentation of statistics in a binary form. (JM)

2024-09326

Duty of care. Anon (2024), Midwives vol 27, April 2024, pp 64-65

Negligence, racism and homophobia all contributed to a harrowing birth experience for Lisa and Wendy. (Author)

2024-09229

Minority stress theory applied to conception, pregnancy, and pregnancy loss: A qualitative study examining LGBTQ+ people’s experiences. Lacombe-Duncan A, Andalibi N, Roosevelt L, et al (2022), PLoS ONE vol 17, no 7, July 2022, e0271945

Many lesbian, gay, bisexual, transgender (trans), queer, and other sexual and gender minority (LGBTQ+) people desire to conceive children. Yet, LGBTQ+ peoples’ experiences are scant in reproductive health literature, particularly around pregnancy loss—a stigmatized and distressing pregnancy outcome. Informed by minority stress theory, this qualitative study aimed to explore the experiences of multi-level stigma and resilience among LGBTQ+ people in the context of

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conception, pregnancy, and loss. Seventeen semi-structured individual interviews (25–70 minutes) were conducted (2019) with a purposive sample of LGBTQ+ people in the United States (U.S.) who had experienced pregnancy loss (n = 14) or in an intimate partnership in which a pregnancy was lost (n = 3) in the last two years. Transcribed interviews were analyzed thematically. Participants described the profound sadness of pregnancy loss due to unique challenges of LGBTQ+ conception. Multiple types of stigma manifested at intrapersonal (e.g., anticipated sexual stigma upon disclosure), interpersonal (e.g., unsolicited advice about conception decisions), and structural levels (e.g., differential requirements to access conception compared to heterosexual/cisgender couples). Resilience was also seen individually (e.g., purposeful disclosure of conception, pregnancy, and loss), relationally (e.g., connecting with other LGBTQ+ community members), and collectively (e.g., creating/engaging in LGBTQ+-specific conception, pregnancy, and loss online spaces). LGBTQ+ people experience minority stressors of multi-level stigmatization throughout the pregnancy process, which limits their access to social support after experiencing pregnancy loss. However, individual, relational, and collective resilience strategies abound in response. Thus, minority stress theory can also be applied to recognize strengths-based and affirming approaches to reproductive healthcare for LGBTQ+ people. (Author)

Full URL: <https://doi.org/10.1371/journal.pone.0271945>

2024-08224

Novel Lactation Induction Protocol for a Transgender Woman Wishing to Breastfeed: A Case Report. Trahair ED, Kokosa S, Weinhold A, et al (2024), *Breastfeeding Medicine* vol 19, no 4, April 2024, pp 301–305

Background: Lactation induction in transgender women is a clinical and research priority in the field of breastfeeding medicine. To date, there are four case reports detailing successful induced lactation in transgender patients who wished to breastfeed. The Academy of Breast Feeding Medicine does not formally recommend a specific medication regimen for transgender patients due to lack of high-quality research.

Case Presentation: A 50-year-old transgender woman with a hypercoagulable disorder who was able to lactate and breastfeed with novel hormone regimen management at a gender care clinic. Her baseline hormone treatment was an estradiol 0.3 mg transdermal patch every 72 hours and micronized progesterone 200 mg daily.

Results: Within four weeks of initiating a modified hormone regimen (estradiol 0.4 mg patch every 72 hours, progesterone 300 mg daily, metoclopramide 10 mg three times daily), the patient was lactating spontaneously. On multiple occasions, she breastfed and expressed up to 30 mL of milk through pumping.

Conclusion: This report offers a new effective hormone regimen for transgender patients who wish to lactate and cannot access domperidone—the galactagogue used in previous case reports. It also provides a review of previously published case reports on this subject. Future research in this field should prioritize cohort studies of transgender patients who desire lactation to further assess patient attitudes, experiences, and outcomes. (Author)

2024-08206

Midwifery academics produce guide on gender inclusivity. Baines E (2024), *Nursing Times* 21 June 2024

Researchers have proposed new guidance for midwifery and perinatal leaders who wish to make their services more inclusive of transgender and non-binary patients. (Author)

Full URL: <https://www.nursingtimes.net/news/research-and-innovation/midwifery-academics-produce-guide-on-gender-inclusivity-21-06-2024/>

2024-07200

Pregnancy experiences of transgender and gender-expansive individuals: A systematic scoping review from a critical midwifery perspective. Thomas EG, Goodarzi B, Frese H, et al (2024), *Birth* 20 May 2024, online

Background

Evidence suggests that transgender and gender-expansive people are more likely to have suboptimal pregnancy outcomes compared with cisgender people. The aim of this study was to gain a deeper understanding of the role of midwifery in these inequities by analyzing the pregnancy experiences of transgender and gender-expansive people from a critical midwifery perspective.

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Methods

We conducted a systematic scoping review. We included 15 papers published since 2010 that reported on pregnancy experiences of people who had experienced gestational pregnancy at least once, and were transgender, nonbinary, or had other gender-expansive identities.

Results

Three themes emerged from our analysis: "Navigating identity during pregnancy," "Experiences with mental health and wellbeing," and "Encounters in the maternal and newborn care system." Although across studies respondents reported positive experiences, both within healthcare and social settings, access to gender-affirmative (midwifery) care and daily social realities were often shaped by trans-negativity and transphobia.

Discussion

To improve care outcomes of transgender and gender-expansive people, it is necessary to counter anti-trans ideologies by "fixing the knowledge" of midwifery curricula. This requires challenging dominant cultural norms and images around pregnancy, reconsidering the way in which the relationship among "sex," "gender," and "pregnancy" is understood and given meaning to in midwifery, and applying an intersectional lens to investigate the relationship between gender inequality and reproductive inequity of people with multiple, intersecting marginalized identities who may experience the accumulated impacts of racism, ageism, and classism. Future research should identify pedagogical frameworks that are suitable for guiding implementation efforts. (Author)

Full URL: <https://doi.org/10.1111/birt.12834>

2024-06883

A systematic literature review to establish the current evidence on the impact of continuity of care for the LGBTQ+ community. Ferguson N (2024), MIDIRS Midwifery Digest vol 34, no 2, June 2024, pp 124-132

Background: Maternity services are currently delivered in a heteronormative system, which imposes structural barriers to care on the LGBTQ+ community. Lack of access to appropriate services and lack of cultural competency training for health care staff can result in suboptimal experiences. Continuity of care (CoC) is an evidence-based approach that is known to reduce intervention and improve satisfaction, although little is known about how CoC can improve experiences for LGBTQ+ people and other minority groups.

Aim: To establish the current evidence on the impact of CoC for the LGBTQ+ community.

Methodology: PubMed, CINAHL, MIC database, Cochrane Library and Sage Journals databases were searched using appropriate search terms and Boolean operators. From the

articles that were suitable for inclusion, themes and future research gaps were then identified.

Findings: Thirteen studies were included and three key themes identified: the presence of structural heteronormativity in maternity care; lack of cultural competency education among health care professionals; and lack of policy in UK health boards reflecting the nuanced needs of, and structural discrimination faced by, LGBTQ+ individuals.

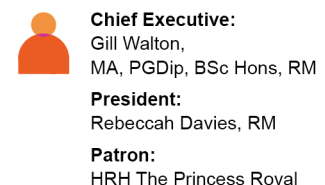
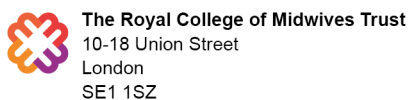
Implications for practice: This literature review highlights the need for further research into the unexamined subject of the additional benefits that CoC may offer LGBTQ+ individuals. As this group experiences disparities in health care that are not experienced

by others, including higher rates of poor mental health and avoidance of care for fear of discrimination (Bachmann & Gooch 2018, LGBT Foundation 2022), it is crucial that steps are taken to close this gap. More research is needed to explore how CoC can support the dismantling of this bias, build the case for increased cultural competency training for health care staff and to help us understand why services must be shaped around all those who require maternity care. (Author)

2024-05910

Protecting Privacy of Pregnant and LGBTQ+ Research Participants. Clayton EW, Bland HT, Mittendorf KF (2024), JAMA Network vol 331, no 18, May 2024, pp 1527-1528

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Research using data from large numbers of people aggregated from numerous institutions is essential to understand and address the causes of health disparities affecting pregnant and LGBTQ+ individuals. Yet some people in politically vulnerable groups like these worry that data about them used for research can subject them to prosecution. Pregnant women have long been both excluded from research and prosecuted for their behavior during pregnancy, the latter risk now magnified for those living in abortion-restrictive states. Laws limiting and even criminalizing the actions of LGBTQ+ individuals and their access to health care may increase personal risk from use of data about them in research. (Author)

2024-05598

People with HIV can now donate eggs or sperm to start a family. Department of Health and Social Care, Caulfield M (2024), 15 May 2024

Changes in the law will allow people with non-transmissible HIV to donate gametes to partners, meaning that same-sex couples with the disease will be able to start a family. Includes comments from Health Minister Maria Caulfield. (Author, edited)

Full URL: <https://www.gov.uk/government/news/people-with-hiv-can-now-donate-eggs-or-sperm-to-start-a-family>

2024-05595

People with HIV can be sperm and egg donors. Roberts M (2024), BBC News 15 May 2024

Reports that a change in UK law will mean that same-sex couples with non-transmittable HIV will be able to donate sperm or eggs, enabling them to become parents. Explains that this has become possible because of advancements in medicine which have produced highly effective drugs preventing the transfer of the disease. (JSM)

Full URL: <https://www.bbc.co.uk/news/articles/c51nn66e4150>

2024-05504

Gender-inclusive writing for epidemiological research on pregnancy. Rioux C, Weedon S, London-Nadeau K, et al (2022), Journal of Epidemiology and Community Health vol 76, no 9, September 2022, pp 823-827


People who have a uterus but are not cisgender women may carry pregnancies. Unfortunately, to date, academic language surrounding pregnancy remains largely (cis) woman-centric. The exclusion of gender-diverse people in the language of pregnancy research in English is pervasive. In reviewing a random sample of 500 recent articles on pregnancy or pregnant populations across health research fields, we found that only 1.2% of articles used gender-inclusive language (none of them in epidemiology), while the remaining 98.8% used (cis) woman-centric language. First and foremost, recent recommendations highlight the need to include trans, non-binary and gender-diverse people in study design. Meanwhile, there remains a lack of awareness that all research on pregnancy can contribute to inclusiveness, including in dissemination and retroactive description. We explain how the ubiquitous use of (cis) woman-centric language in pregnancy-related research contributes to (1) the erasure of gender diversity; (2) inaccurate scientific communication and (3) negative societal impacts, such as perpetuating the use of exclusionary language by students, practitioners, clinicians, policy-makers and the media. We follow with recommendations for gender-inclusive language in every section (ie, introductions, methods, results, discussions) of epidemiological articles on pregnant populations. The erasure of gender-diverse people in the rhetoric of research about pregnant people can be addressed immediately, including in the dissemination of results from ongoing studies that did not take gender diversity into consideration. This makes gender-inclusive language a crucial first step towards the inclusion of gender-diverse people in epidemiological research on pregnant people and other health research more globally.

Keywords: EPIDEMIOLOGY; GENDER IDENTITY; METHODS; PREGNANCY; REPRODUCTIVE HEALTH.


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2024-05070

The surrogacy pathway: surrogacy and the legal process for intended parents and surrogates in England and Wales

[Last updated 25 April 2024]. Department of Health and Social Care (2018), 28 February 2018

Updated information on the legal issues and emotional considerations involved in the surrogacy process for intended parents, surrogates and health professionals in England and Wales. (JSM)

Full URL: <https://www.gov.uk/government/publications/having-a-child-through-surrogacy/the-surrogacy-pathway-surrogacy-and-the-legal-process-for-intended-parents-and-surrogates-in-england-and-wales>

2024-04525

'Woman: What's in a name?'. Kowaliw T (2020), Australian Midwifery News vol 22, no 1, Spring 2020, pp 23-25

Explores the use of the language of gender identity by health care professionals, and looks at how attitudes and terminology have changed over the last decade. (JSM)

2024-03335

Creating change with families: Reflections and recommendations for the care of gender diverse and LGBTQIA+ individuals and their families throughout pregnancy and birth.. Copeland M (2023), Australian Midwifery News vol 34, Spring 2023, pp 28-29

The author, a lesbian midwife, shares her experiences of working with other LGBTQIA+ families in Midwifery Group Practice in Adelaide, Australia, and her passion for promoting care and respect for gender and sexually diverse families throughout pregnancy and birth. In this article she discusses the analyses of transcripts from interviews with two clients in the postnatal period. Four themes were identified: anticipation of pregnancy care/communication from staff; education for staff; gender-inclusive literature; and continuity of care. (JSM)

2024-03201

Lactation induction in a transgender woman: case report and recommendations for clinical practice. van Amesfoort JE, van Mello NM, van Genugten R (2024), International Breastfeeding Journal vol 19, no 18, February 2024

Background

We present a case of non-puerperal induced lactation in transgender woman. Medical literature on lactation induction for transgender women is scarce, and the majority of literature and protocols on lactation induction is based on research in cisgender women. Healthcare professionals may lack the precise knowledge about lactation induction and may therefore feel insecure when advice is requested. Subsequently, there is a rising demand for guidelines and support.

Methods

Patient medical record was consulted and a semi-structured interview was conducted to explore the motive for lactation induction, the experience of lactation induction, and to gather additional information about the timeline and course of events.

Case presentation

In this case a 37-year-old transgender woman, who was under the care of the centre of expertise on gender dysphoria in Amsterdam, and in 2020 started lactation induction because she had the wish to breastfeed her future infant. She was in a relationship with a cisgender woman and had been using gender affirming hormone therapy for 13 years. Prior to initiating gender affirming hormone therapy she had cryopreserved her semen. Her partner conceived through Intracytoplasmic Sperm Injection, using our patient's cryopreserved sperm.

To induce lactation, we implemented a hormone-regimen to mimic pregnancy, using estradiol and progesterone, and a galactagogue; domperidone. Our patient started pumping during treatment. Dosage of progesterone and estradiol were significantly decreased approximately one month before childbirth to mimic delivery and pumping was

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increased. Our patient started lactating and although the production of milk was low, it was sufficient for supplementary feeding and a positive experience for our patient.

Two weeks after birth, lactation induction was discontinued due to suckling problems of the infant and low milk production.

Conclusions

This case report underlined that lactation induction protocols commonly used for cisgender women are also effective in transgender women. However, the amount of milk produced may not be sufficient for exclusive nursing.

Nevertheless, success of induced lactation may be attributed to its importance for parent-infant bonding, rather than the possibility of exclusive chestfeeding. (Author)

Full URL: <https://doi.org/10.1186/s13006-024-00624-1>

2024-03112

Conceptualising a wellbeing-centred approach to neonatal nursing education: A discussion paper. Staples J, Starkey M, Davis K (2024), Journal of Neonatal Nursing vol 30, no 5, October 2024, pp 424-429

The wellbeing of nursing staff has a significant impact on their ability to deliver safe and effective healthcare to neonates and families. Neonatal nurses experience a range of risk factors for psychological distress as a result of the high-intensity nature of their practice context, as well as the uniquely vulnerable population demographic. In addition to these factors, ongoing pandemic effects, including workforce shortages, have resulted in increased mental and physical fatigue, stress and burnout. For nursing educators, consideration of employee wellbeing must be incorporated into the development and delivery of nursing education. In the absence of a wellbeing-centred approach to education, staff motivation, capacity to learn, and ability to retain knowledge may be adversely impacted. In the tertiary neonatal intensive care unit where the authors practice as clinical neonatal nurse educators, there are a range of means by which staff personal and professional wellbeing has been integrated as a key consideration in the development and delivery of neonatal nursing education. (Author)

2024-02871

Induced lactation in a transgender female partner. Sperling D, Robinson L (2018), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 47, no 3, suppl, June 2018, p s61

Despite recent advances in societal acceptance of transgender individuals, continued discrimination and bias exist in health care settings. As more transgender families seek care in obstetric units, challenging situations will likely arise that will create confusion and anxiety in the staff. The authors' child birth center recently cared for a transgender family who had a unique request that the staff had never encountered and for which there was no published information. (Author)

2024-02870

Transgender Male Breastfeeding After "Top" Surgery. Jaslar C (2018), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 47, no 3, suppl, June 2018, p s60

As many as 1.4 million Americans identify as transgender. No statistics currently exist on the number of births to transgender men. Limited, content-specific strategies for successful breastfeeding after "top" surgery in transgender male patients exist. (Author)

2024-02860

Exploring the healthcare experiences and support needs of chestfeeding or breastfeeding for trans and non-binary parents based in the United Kingdom. Jackson JE, Wild R, Hallam J, et al (2023), International Journal of Transgender Health 9 October 2023, online

Background: Trans and/or non-binary parents experience structural exclusion in family healthcare and there is a need

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for specialist training for healthcare professionals so that they are able to create a gender inclusive environment.

Aim: As part of a continued effort to address health inequity this study explores the body experiences of infant feeding within trans and non binary communities.

Method: Semi structured interviews were conducted with seven trans or non-binary parents, based in the United Kingdom, who have experienced chestfeeding or breastfeeding.

Results: A reflexive thematic analysis was utilised to identify three main themes which centered around baby, body and support in health care settings. Parents were informed of the benefits of their milk and were strongly motivated by their child's needs. However, body feeding was emotionally and physically challenging.

Conclusion: Person-centered care with consistent attention to language is required when supporting lactation.

(Author)

Full URL: <https://doi.org/10.1080/26895269.2023.2265371>

2024-02858

Preconception, pregnancy, birthing, and lactation needs of transgender men. MacLean LRD (2021), *Nursing for Women's Health* vol 25, no 2, April 2021, pp 129-138

Planned and unplanned pregnancies are occurring among transgender men. Although the literature highlights the fact that many transgender men retain their reproductive pelvic organs and desire pregnancy, there is a dearth of information on best practices and standards of care guiding perinatal care for this population. A literature review was conducted to explore the reproductive health needs of transgender men related to reproductive desires, contraception, family planning, fertility preservation, pregnancy, birth, and lactation. Findings show that pregnant and birthing transgender men are reporting feelings of invisibility, isolation, and loneliness in highly gendered perinatal care environments. A lack of gender-affirming perinatal environments and experienced providers is contributing to the avoidance of care by transgender men and further discrimination in an already marginalized population. More research attention is needed to understand the reproductive health needs of pregnant and birthing transgender men and to optimize the care they receive. (Author)

Full URL: <https://doi.org/10.1016/j.nwh.2021.01.006>

2024-02855

20 - Chestfeeding and Lactation Care for LGBTQ+ Families (Lesbian, Gay, Bisexual, Transgender, Queer, Plus).

Rosen-Carole C, Blumoff Greenberg K (2022), *Breastfeeding* (Ninth edition). A guide for the medical profession 2022, pp 646-650

Infant children of lesbian, gay, bisexual, transgender, queer, plus (LGBTQI+) families may be at risk for health disparities from birth in the form of reduced access to human milk. Children raised in LGBTQI+ families thrive on par with children raised in heterosexual, cisgender families; however, given the range of anatomy and fertility that may exist within LGBTQ+ families, they may be unable to offer a parent's human milk to their children. Therefore it is critical for providers to both understand how to support and counsel families about their options with respect to lactation and to compassionately approach any constraints they may face. As with all families, lactation providers should be careful to provide appropriate information, while not making assumptions or judging parental decisions.

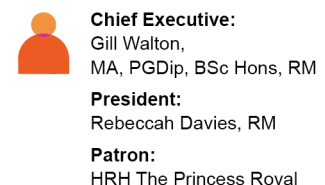
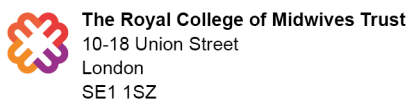
(Author)

2024-02838

Breastfeeding and sexual difference: Queering Irigaray. Lee R (2018), *Feminist Theory* vol 19, no 1, 2018, pp 77-94

It is commonly assumed that only women, and in particular women who have recently given birth, are able to breastfeed. However, through induced lactation, adoptive mothers, fathers and trans people have begun breastfeeding with greater frequency. Although breastfeeding is often regarded as a paradigmatic example of sexual difference, it actually exposes the instability of binary categories of sex. Luce Irigaray insists that sexual difference

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demands a new poetics, a language that is dynamic and fluid, capable of expressing difference while always keeping open the possibility of transformation and change. This article extends Irigaray's work in order to theorise breastfeeding from a perspective that is both feminist and queer. (Author)

2024-02829

Trans* pregnancy and lactation: A literature review from a nursing perspective. García Acosta JM, San Juan-Valdivia RM, Fernández-Martínez AD, et al (2020), International Journal of Environmental Research and Public Health vol 17, no 1, 2020, p 44
Pregnancy and lactation involve two aspects that are socially and culturally associated with women. However, there are a few biological differences between male and female breast tissue. Lactation and pregnancy are viable processes that do not depend on sex. Even for the latter, it is only necessary to have an organ capable of gestation. Ways to favor mammogenesis and lactogenesis in trans* women have been established. There are protocols to promote lactation in trans* women, usually used for adoptive mothers or those whose children have been born through gestational surrogacy. Chestfeeding a baby could be the cause of feelings as diverse as gender dysphoria in the case of trans* men, and euphoria and affirmation of femininity in trans* women. This study involves a review of the available scientific literature addressing medical aspects related to pregnancy and lactation in trans* individuals, giving special attention to nursing care during perinatal care. There are scarce studies addressing care and specifically nursing care in trans* pregnancy and lactation. Our study indicates the factors that can be modified and the recommendations for optimizing the care provided to these individuals in order to promote and maintain the lactation period in search of improvement and satisfaction with the whole process. (Author)

Full URL: <https://doi.org/10.3390/ijerph17010044>

2024-02663

Midwifery Care for Trans and Gender Diverse People. Ellis P, Phillips K (2024), The Practising Midwife vol 27, no 1, January 2024, pp 17-20

Research shows that many healthcare professionals lack knowledge of the unique reproductive needs of trans and gender diverse people, leading to possible bias. This opens potential for reduced information sharing, lack of trust and disempowerment. Midwives are bound by the Nursing and Midwifery Council (NMC) Code to provide care to the best available evidence, keep up-to-date and maintain knowledge and skills to provide safe, holistic care. However, 'transgender' is not yet a health research analytic category. Thus, there is a poor evidence base, making it more challenging to understand trans-specific health concerns due to lack of data. (Author)

2024-02543

Milk from chestfeeding as good as breastmilk, says NHS trust. Searles M (2024), Telegraph 18 February 2024

News item reporting that the University of Sussex Hospitals NHS Trust (USHT) has said that breast milk produced by trans-women who have taken a combination of drugs 'is comparable to that produced following the birth of a baby. (JSM)

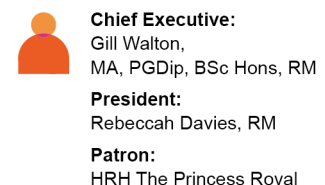
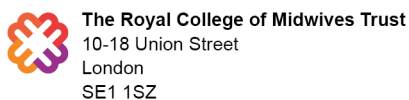
2024-02530

Making diversity visible: collecting gender identity and sexual orientation data in perinatal research. Freeman M, Fischer O, Lebel C, et al (2024), American Journal of Obstetrics & Gynecology (AJOG) vol 230, no 2, February 2024, pp 267-269.E3
Despite the presence of lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual (LGBTQIA+) pregnant individuals, perinatal research predominantly overlooks their experiences. This study aims to highlight the diversity of sexual orientation and gender identity within the pregnant population using data from the Pregnancy During the COVID-19 Pandemic (PdP) Survey. (AS)

Full URL: <https://doi.org/10.1016/j.ajog.2023.09.098>

2024-02303

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Importance: A substantial number of births in the US are to sexual minority women (17% based on a nationally representative survey), yet there is little research on perinatal depression screening rates or symptom endorsement among sexual minority women (including women who identify as lesbian, bisexual, queer, pansexual, asexual, demisexual, and kinky as well as other-identified women who have sex with women). High rates of risk factors for perinatal depression (eg, intimate partner violence and history of mental illness) among sexual minority individuals magnify this gap in the literature.

Objective: To describe the prevalence of female-identified sexual minority people giving birth in an academic medical center and compare perinatal depression screening rates and scores among sexual minority women and heterosexual cisgender women.

Design, setting, and participants: This retrospective cohort study used deidentified medical record review of 18 243 female-identified individuals who gave birth at an academic medical center in Chicago, Illinois, between January 1 and December 31, 2019. Data were analyzed from April 5, 2021, to August 1, 2022.

Main outcomes and measures: Proportion of women identified as having sexual minority status in the medical record, rates of standard care administration of the 9-item Patient Health Questionnaire between sexual minority women and heterosexual women, and depression screening scores and rates of positive depression screening results for sexual minority and heterosexual women.

Results: Among 18 243 women (mean [SD] age, 33.8 [5.1] years; 10 453 [57.3%] of non-Hispanic White race and ethnicity), only 280 (1.5%; 95% CI, 1.3%-1.7%) were identified as having sexual minority status in the medical record. Significantly more sexual minority women vs heterosexual women attended at least 1 prenatal care visit (56 [20.0%] vs 2459 [13.7%]; $P = .002$) and at least 1 postpartum care visit (52 [18.6%] vs 2304 [12.8%]; $P = .004$). Sexual minority women were more likely to be screened for depression during postpartum care (odds ratio, 1.77; 95% CI, 1.22-2.52; $P = .002$) and more likely to screen positive for depression during the postpartum period (odds ratio, 2.38; 95% CI, 0.99-5.02; $P = .03$) than heterosexual women.

Conclusions and relevance: In this cohort study, sexual minority women identified in the medical record were highly engaged in obstetric care yet at high risk of postpartum depression. In addition, their sexual orientation was largely undocumented in medical records. These results highlight the need for investigations that include strategies for measuring sexual orientation because medical record review is unlikely to reliably capture these sexual identities during the perinatal period. (Author)

2024-01743

Perinatal Bereavement in Racially, Culturally, and Gender Diverse Families. Nurse-Clarke N, Freedle A, Bindeman J, et al (2024), MCN - American Journal of Maternal/Child Nursing vol 49, no 2, March/April 2024, pp 81-87

Perinatal loss, the tragic event of losing a baby before, during, or shortly after birth, is a profoundly distressing experience for any family. We focus on the unique challenges faced by diverse families, encompassing those from underrepresented racial, ethnic, religious, and LGBTQ+ backgrounds. Diverse families often encounter inadequate support, misunderstandings, and even mistreatment during their perinatal loss journeys due to cultural insensitivity and biases. This review underscores the necessity of a trauma-informed, person-centered approach to perinatal bereavement care that respects the diversity of those affected. We emphasize the importance of understanding various cultural perspectives on grief and mortality to provide appropriate and empathetic care.

Our core purpose is to elucidate the challenges confronting diverse families dealing with perinatal loss and to offer actionable strategies for health care providers. By addressing these unique challenges, nurses and other health care professionals can offer culturally sensitive, person-centered support during this distressing time. This review can

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serve as a resource for nurses and other health care providers, enabling them to provide personalized, culturally sensitive care to diverse families experiencing perinatal loss through a trauma-informed lens. Recognizing and addressing these distinctive needs fosters healing and ensures that nurses and other health care providers are better equipped to guide families through the challenging journey of perinatal bereavement. (Author)

2024-01480

Transgender debate and midwifery. Winter GF (2023), *British Journal of Midwifery* vol 31, no 12, December 2023, p 710

George F Winter discusses medical advances related to transgenderism, exploring the possibilities and challenges that these advances present for midwifery. (Author)

2024-01233

Perceptions on Becoming a Parent and Forming a Family: A Qualitative Exploration of the Social Experiences of

Japanese Women with Same-Sex Partners. Endo M, Ishimaru K (2023), *LGBTQ+ Family: An Interdisciplinary Journal* vol 19, no 3, 2023, pp 228-243

Currently, there are no legal provisions for same-sex partnerships in Japan. Despite a gradual rising awareness of nontraditional partnerships and family forms, the parenting and family formation intentions of same-sex couples and their experiences of living as nontraditional families in Japanese society are still rarely studied. This study qualitatively explored the social experiences of Japanese women with same-sex partners regarding parenting intentions and family formation. The researchers conducted semi-structured interviews with 10 women aged 30–40 years with same-sex partners. Data were analyzed using a grounded theory approach. A central theoretical category that emerged was “Sexual minority self is recalled through the child’s contact with society.” The subcategories revealed that participants both with and without children perceived becoming a parent and forming their own family positively. However, being a parent or forming a nontraditional family implied an increased exposure of their identities as sexual minority individuals through contact with the society to which they aspired to belong. Parenting and family formation are perceived by these women both as a bridge that connects them with the society and as a psychological strain that makes them rediscover the difference. Education on family form diversity should support these women’s well-being. (Author)

2024-01208

“It’s Just Constantly Having to Make a Ton of Decisions That Other People Take for Granted”: **Pregnancy and Parenting**

Desires for Queer Cisgender Women and Non-binary Individuals Assigned Female at Birth. Carpenter E, Niesen R (2021), *Journal of GLBT Family Studies* vol 17, no 2, 2021, pp 87-101

As more queer cisgender women and gender-expansive individuals become parents, research must consider current barriers to family formation. This study used a modified grounded theory approach to conduct 22 semi-structured interviews aimed at understanding the role of queer identity in pregnancy desires and decisions among individuals assigned female at birth (AFAB) who identify as queer. Numerous individual, relationship, and structural factors informed pregnancy desires, the choice to seek pregnancy, and experiences with pregnancy. Supporting queer individuals in a range of pregnancy and parenting options is vital to fully recognizing queer individuals as participants in a fundamental human experience—family building. (Author)

2024-00529

The lactation and chestfeeding/breastfeeding information, care and support needs of trans and non-binary parents:

An integrative literature review. Gargiulo-Welch S, Parker G, Miller S (2023), *New Zealand College of Midwives Journal* no 59, 2023, pp 47-55

Background

The National Breastfeeding Strategy launched by the Ministry of Health in 2020, commits to the protection, promotion and support for breastfeeding with the aim of increasing exclusive breastfeeding rates in Aotearoa New Zealand. This strategy includes a recommendation that the breastfeeding/chestfeeding information and support needs of trans and

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non-binary parents and their whānau are identified so that those involved in their care are knowledgeable about these specific needs. Midwives are the primary providers of lactation and breastfeeding/chestfeeding information, care and support for most pregnant people in Aotearoa New Zealand.

Aims

An integrative literature review was undertaken: to ascertain the specific lactation and chestfeeding/breastfeeding information and care needs for trans, non-binary, takatāpui and other gender diverse whānau; to consider the implications of this knowledge for contemporary midwifery in Aotearoa New Zealand; and to identify continuing research needs.

Method

Literature for this integrative review was primarily sourced through the Ovid Online Database using search terms pertinent to the topic and limited to articles published in peer reviewed journals in English, excluding editorials, commentaries and opinion pieces.

Findings

Literature about trans and non-binary parents and chestfeeding/breastfeeding, although increasing since 2010, is limited internationally and absent nationally. From extant literature, connections between healthcare barriers and the negative experiences of trans and non-binary parents are identified and explored in three overarching themes: the foundations of Western perinatal healthcare systems; the invisibility of trans and non-binary people within perinatal healthcare systems; and the lack of perinatal healthcare provider knowledge.

Conclusion

Cis-normative, gender binary foundations are omnipresent in perinatal healthcare, rendering trans and non-binary people invisible, and excluded from this space. These factors contribute to the limiting of perinatal healthcare provider knowledge, an overwhelming finding in the literature. The absence of locally produced literature presents scope for research production here in Aotearoa New Zealand, exploring this topic from our unique cultural contexts. Such contributions may help inform whether adaptations and additions to current midwifery education are necessary to support midwives in the provision of equitable, safe, culturally appropriate, gender-inclusive care. (Author)

Full URL: <https://doi.org/10.12784/nzcomjnl59.2023.6.47-55>

2024-00361

Parenting, dyadic coping, and child emotion regulation in lesbian, gay, and heterosexual parent families through assisted reproduction. Fortunato A, Quintigliano M, Carone N, et al (2023), *Journal of Reproductive and Infant Psychology* 28 November 2023, online

Aims

The present study examined the associations between family structure, parenting, and dyadic coping and children's emotion regulation in lesbian, gay, and heterosexual parent families through assisted reproduction. It also explored differences in parenting dimensions and dyadic coping, based on parents' sexual orientation.

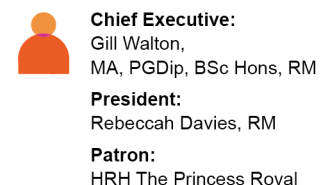
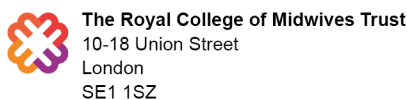
Methods

Participants were 60 lesbian mothers through donor insemination, 50 gay fathers through surrogacy, and 42 heterosexual parents through gamete donation, all with a child aged 6–12 years ($M = 8.67$; $SD = 2.16$; 48.68% females) and residing in Italy. In each family, both parents reported parenting stress, parent – child relational self-efficacy, parental control, dyadic coping, and their perception of the child's emotion regulation.

Results

Mixed models indicated no significant differences between family types in parenting stress and use of a controlling parenting style. However, lesbian mothers reported higher parent – child relational self-efficacy than heterosexual parents, and higher dyadic coping strategies than gay fathers. Also, children of gay fathers showed greater emotion regulation than children of heterosexual parents. Across family types, higher levels of parenting stress and dyadic coping, and lower levels of parent – child relational self-efficacy were associated with lower child emotion regulation.

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Conclusion

Given that in middle childhood, across family types, better emotional regulation was associated with lower parenting stress and dyadic coping, and greater effectiveness in the parent – child relationship clinical work should focus on the parent’s and couple’s ability to cooperatively manage stressors while maintaining a balanced focus on their children’s resources and autonomy. (Author)

2023-12892

Experience of Induced Lactation in a Transgender Woman: Analysis of Human Milk and a Suggested Protocol. Delgado D, Stellwagen L, McCune S, et al (2023), *Breastfeeding Medicine* vol 18, no 11, November 2023, pp 888-893

Background: A growing number of diverse familial structures wish to colactate their infant. For transgender and gender diverse (TGD) individuals, chestfeeding or breastfeeding may be within their goals of parenthood. There is limited evidence on how to induce lactation for a nongestational parent on gender affirming estrogen treatment.

Case Presentation: We report the case of a transgender woman who successfully underwent lactation induction following a protocol using the galactogue domperidone plus use of a breast pump. The patient had modifications to her hormone therapy with estrogen and progesterone while remaining on antiandrogen therapy with spironolactone. A description of the protocol, medications, laboratory monitoring, human milk analysis including macronutrients, oligosaccharides, and hormones is presented.

Discussion: This is the fourth case to date known in the literature of a transgender woman with successful lactation induction, and the third case to remain on antiandrogen therapy during this process. Our report is the second to demonstrate comparable macronutrients, and the first to report on human milk oligosaccharides and hormones in induced milk compared with term human milk of a gestational parent.

Conclusions: The opportunity to chestfeed or breastfeed an infant can be profound for many parents. Further research is needed to meet the needs of TGD individuals who wish to induce lactation as part of their parental goals. (Author)

2023-12400

Healthcare providers’ perspectives on pregnancy experiences among sexual and gender minority youth. Tabaac AR, Godwin EG, Jonestrask C, et al (2022), *Sexual & Reproductive Healthcare* vol 32, June 2022, 100702

Objective

To interview healthcare providers who serve adolescent populations to learn their perspectives on the factors that influence the continuum of sexual and gender minority (SGM) youth’s pregnancy experiences, including decision-making about sex, relationships, and pregnancy.

Methods

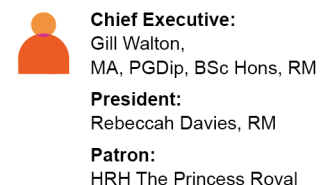
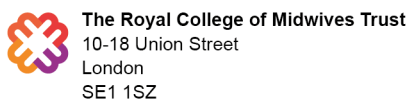
As part of the Sexual Orientation, Gender Identity, and Pregnancy Experiences (SLOPE) Study, semi-structured interviews were conducted with 10 U.S.-based healthcare providers who had experience providing care for both SGM youth and pregnant youth. Interview questions examined providers’ experiences caring for this population, including their perceptions of the risk and protective factors influencing SGM youth’s pregnancy prevention, avoidance, and decision-making processes. Audio-recorded interview data were analyzed using immersion/crystallization and thematic analysis methods.

Results

Three themes were identified from the healthcare providers’ transcripts: 1) Cultural norms about adolescent pregnancy and sexuality, 2) Interpersonal relationships and family support, 3) Sex education, sexual and reproductive healthcare access, and sexual health equity.

Conclusion

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In conjunction with sexual health education and healthcare access, healthcare providers described many social contexts—like peers, family, and communities—that interact with each other and with adolescent development to shape pre-conception practices and pregnancy decision-making processes. Future research, practice, and sexual health messaging about adolescent pregnancy would benefit from acknowledging the complex interplay among social identities and positions, structural prejudice, and the nuanced diversity in community and interpersonal factors—including those in sexual healthcare settings, like provider-patient communication and sex education delivery—that shape SGM youth’s dating and sexuality experiences. (Author)

2023-12396

The Cisnormative Blindspot Explained: Healthcare Experiences of Trans Men and Non-Binary Persons and the accessibility to inclusive sexual & reproductive Healthcare, an integrative review. Norris M, Borneskog C (2022), *Sexual & Reproductive Healthcare* vol 32, June 2022, 100733

Trans men and non-binary persons assigned female at birth (AFAB) often encounter resistance and reluctance pertaining to their healthcare needs. As a result of patriarchal-based decision-making and cis-heteronormative ideologies, the trans and gender diverse (TGD) population is routinely left out of representation in research, education, and healthcare. The aim of this integrative literature review is to describe the experiences of trans men and non-binary persons AFAB in healthcare interactions and their sexual and reproductive healthcare needs. A total of 32 articles were analyzed, synthesized, and reconceptualized through joint inductive and deductive analysis with a transfeminist and intersectional lens. From these papers, two broader concepts emerged with five sub-concepts that portrayed underlying barriers to care (primed with fear, onus of self-advocacy, and call for competence) and internalized ideologies (pregnancy incompatibility and presumptive care). A multidisciplinary approach is essential to employ in implementation efforts involving improved standards of care and in achieving desired family planning. As this is not as linear as addressing a knowledge gap, but one of deeper set intrinsic ideologies, instruction on the necessary impact of continued education and peer learning within the context of in-group dynamics can help the efficiency of designated change agents within the healthcare systems themselves. (Author)

Full URL: <https://doi.org/10.1016/j.srhc.2022.100733>

2023-11663

Sexual Orientation Disparities in Experiences of Male-Perpetrated Intimate Partner Violence: A Focus on the Preconception and Perinatal Period. Everett BG, Jenkins V, Hughes TL (2022), *Women's Health Issues* vol 32, no 3, May-June 2022, pp 268-273


Introduction: Compared with their heterosexual counterparts, sexual minority women (SMW), especially those with male partners, are at increased risk for intimate partner violence (IPV). IPV has been linked to a variety of adverse maternal, infant, and child health outcomes. However, to date, no research has examined SMW's experiences of IPV in the context of pregnancy. This study explored whether SMW were more likely than exclusively heterosexual women with only male sexual partners (WSM) to report a variety of forms of IPV perpetrated by their male partner before or during pregnancy.

Methods: Data are from the National Longitudinal Study of Adolescent to Adult Health (Add Health). Our sample size ranged from 10,081 to 10,328 pregnancies, matched with their male pregnancy partner, reported by 3,828 to 3,873 women.


Results: Logistic regression results indicated that compared with heterosexual-WSM, mostly heterosexual women and heterosexual-women who have sex with women (WSW) were more likely to report any IPV, mostly heterosexual women were more likely to report an IPV-related injury, and heterosexual-WSW were more likely to report sexual assault.

Conclusions: Results suggest that mostly heterosexual and heterosexual-WSW are at increased risk of experiencing multiple forms of IPV with their male pregnancy partners, highlighting the need for additional screening and

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2023-11637

Providing Inclusive Midwifery Care for 2SLGBTQQIA+ People: Supporting Inclusion in Ontario's Midwifery Education

Program. Murdock M (2024), Journal of Midwifery & Women's Health vol 69, no 1, January/February 2024, pp 91-100

Introduction

Research on how midwives in North America are trained to provide inclusive care to Two Spirited, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, or Asexual (2SLGBTQQIA+) clients is limited. The objective of this study was to define 2SLGBTQQIA+ inclusive midwifery care in the Canadian context and to explore the experiences of graduates of Ontario's Midwifery Education Program (MEP) to determine how midwives are trained to provide inclusive care.

Methods

Ethics approval was obtained for this qualitative study to perform semistructured interviews with graduates from the MEP hosted by McMaster, Toronto Metropolitan, and Laurentian University. Eleven midwives were recruited and were required to be (1) graduates of Ontario's MEP, (2) registered midwives under the College of Midwives of Ontario or elsewhere, (3) currently practicing or on leave, and (4) self-identified advocates for 2SLGBTQQIA+ individuals.

Results

When defining 2SLGBTQQIA+ inclusive care, midwives described the following principles: using inclusive language, changing the clinical environment, amending documents and websites, and tailoring care for each client. Participants recognized recent efforts by Ontario's MEP to provide 2SLGBTQQIA+ inclusive education while highlighting the need to expand 2SLGBTQQIA+ content across all courses, practicing inclusive care during placement, and ensuring an inclusive environment in the program.

Discussion

Midwives in this study helped conceptualize inclusive midwifery care for 2SLGBTQQIA+ clients and underlined remaining gaps in Ontario's MEP toward providing student midwives with this competency by graduation. This study helped to fill a gap in the literature on how Canadian midwives are trained to provide 2SLGBTQQIA+ inclusive care and generated recommendations for Ontario's MEP to support prelicensure education that trains inclusive midwives. Having demonstrated gaps in how birth workers are trained to provide 2SLGBTQQIA+ inclusive care, this study points to the need for other prelicensure health professional programs to evaluate their training and to support 2SLGBTQQIA+ inclusive practice. (Author)

Full URL: <https://doi.org/10.1111/jmwh.13557>

2023-11463

IVF Provision. House of Commons (2023), Hansard vol 738, 24 October 2023

Kate Osbourne leads a parliamentary debate on the provision of in vitro fertilisation (IVF) to LGBTQ+ couples. Includes discussion of the issues of discrimination against same sex couples, financial burden, and employers allowing employees time off work to attend consultations and appointments. (JSM)

Full URL: <https://hansard.parliament.uk/Commons/2023-10-24/debates/2457EE2B-F251-4594-A7AA-91195AAC8CF3/IVFProvision>

2023-11343

LGBTQ+ new and expectant parents' experiences of perinatal services during the UK's first COVID-19 lockdown.

Greenfield M, Darwin Z (2024), Birth vol 51, no 1, March 2024, pp 134-143

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Background

COVID-19 created specific challenges for new and expectant parents and perinatal services. Services changed rapidly in the United Kingdom (UK), including the withdrawal of home birth services, birth center closures, and restrictions on the number of birth partners allowed in the birth room. The purpose of this study was to examine how these changes affected the experiences of LGBTQ+ parents in the UK.

Methods

An online survey was conducted in April 2020 to provide real-time data capture of new and expectant families' experiences. It was open to those in the third trimester, or to those who had given birth since the beginning of the first UK lockdown period, and their partners. The survey asked open-ended questions about perinatal experiences. Demographic data were also collected, including sexual orientation and gender. Responses were collected from 1754 participants, including 76 who self-identified as LGBTQ+.

Results

Thematic analysis identified that LGBTQ+ new and expectant parents faced similar issues to cisgendered, heterosexual expectant parents, though additional concerns were also noted relating to support and recognition. Heterocentric policies negatively affect lesbian families. Non-birthing co-mothers feared invalidation as parents. Sexual minority pregnant women were more likely than heterosexual pregnant women to consider additional birth supporters and to consider freebirthing.

Discussion

Service changes introduced in the pandemic were cisheteronormative, creating additional challenges for LGBTQ+ new and expectant parents and compounding existing inequalities. When planning, changing, or evaluating perinatal services, specific consideration is needed to include birthing parents who are not mothers and mothers who did not give birth. If appropriate care is not available, consequences may include impaired perinatal wellbeing and restricted birth choices. Including sexual orientation and gender in data collection enables different perspectives to be considered. (Author)

Full URL: <https://doi.org/10.1111/birt.12780>

2023-11149

Who Gives Birth (First) in Female Same-Sex Couples in Sweden? Boye K, Evertsson M (2021), *Journal of Marriage and Family* vol 83, no 4, August 2021, pp 925-941

Objective

The aim of the study was to analyze factors predicting (a) the transition to parenthood for female same-sex couples in Sweden and (b) which partner is the birth mother for the first and (any) second child.

Background

Longitudinal studies in which couples become parents are rare for same-sex couples in any context, even though these families are increasing. Childbearing in lesbian couples is an interesting case for testing theories linked to family utility maximization and household bargaining, as these couples can often choose who will carry a child.

Method

Discrete-time event history and linear probability models are estimated on Swedish population register data (1995–2016) to analyze couples' transitions to first and second birth and the choice of birth mother.

Results

The higher the household income and partners' educational levels, the more likely couples are to become parents. However, within-couple income gaps are small, and income and education are unrelated to the choice of first-birth mother. Couples are more likely to have a second child and to switch birth mothers if both are highly educated or the first social mother is highly educated.

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Conclusion

Factors predicting which couples become parents are similar in same-sex and different-sex couples. In same-sex couples, short-term within-couple specialization is of little relevance for who becomes the birth mother. Analyses of the transition to a second birth suggest that long-term planning matters for who becomes the first- and second-birth mother. (Author)

Full URL: <https://doi.org/10.1111/jomf.12727>

2023-10900

Division of Baby Care in Heterosexual and Lesbian Parents: Expectations Versus Reality. Ascigil E, Wardecker BM, Chopik WJ, et al (2021), Journal of Marriage and Family vol 83, no 2, April 2021, pp 584-594

Objective

We examined the extent to which prenatal expectations matched postpartum reality, and the implications of expectancy violation for relationship quality at postpartum, among heterosexual and lesbian couples transitioning to parenthood.

Background

During the transition to parenthood, soon-to-be parents form expectations about how their lives will change after their baby is born; however, these expectations may not match reality.

Method

We longitudinally examined (a) expectancy violation in division of baby care among 47 heterosexual and lesbian couples transitioning to first-time parenthood (total N = 94 participants) and (b) the associations between expectancy violation and relationship quality at 3 and 10-months postpartum.

Results

We found that expectations matched reality for lesbian couples, but not for heterosexual couples: Heterosexual mothers did more baby care than they expected, and fathers did less. Heterosexual birth mothers were less satisfied when they did more baby care than they expected, whereas fathers were both less satisfied and less invested in their relationship when they did more baby care than they expected. In contrast, for lesbian birth mothers and nonbirth mothers, doing more baby care than anticipated was not associated with postpartum relationship quality. These results remained even after controlling for prenatal relationship quality and timing of postpartum assessments.

Conclusion

The extent to which prenatal expectations match postpartum reality, and the outcomes of expectancy violation, may be different for heterosexual and lesbian couples. (Author)

2023-10894

Racial/Ethnic Differences in Unwanted Births: Moderation by Sexual Orientation. Everett BG, Mollborn S, Jenkins V, et al (2020), Journal of Marriage and Family vol 82, no 4, August 2020, pp 1234-1249

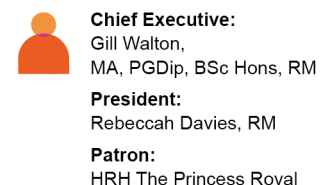
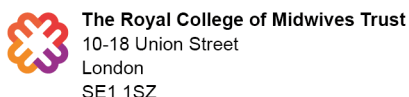
Objective

The objective of this study was to explore sexual orientation disparities in unwanted births by race/ethnicity.

Background

Previous research has documented that sexual minority women (SMW) are more likely to report unintended pregnancy than heterosexual women and that Black and Latina women are more likely to report unintended pregnancy than White women. No research has examined how pregnancy intention varies at the intersection of these two identities.

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Method

Data come from the pregnancy roster data in Waves 4 and Wave 5 subsample in the National Longitudinal Study of Adolescent to Adult Health. We used live births as the unit of analysis (n = 8,527) and multilevel logistic regression models to account for clustering of births within women. Women were asked if they “wanted” to be pregnant at the time of pregnancy. The authors conducted models stratified by race/ethnicity as well as models stratified by sexual identity.

Results

Among White women, SMW were more likely to describe their births as unwanted than were their heterosexual counterparts. Conversely, among Black and Latina women, SMW were less likely to describe their births as unwanted than were their heterosexual counterparts. Results stratified by sexual identity underscore these contrasting patterns: Among heterosexual women, White women were less likely to describe their births as unwanted when compared with Black and Latina women; among SMW, White women were more likely to describe their births as unwanted than were Black and Latina women.

Conclusion

Traditional race/ethnicity trends in pregnancy intention (i.e., greater unwanted pregnancy among Black/Latina than White women) are reversed among SMW. (Author)

2023-10360

Trans and non-binary experiences of maternity services: cautioning against acting without evidence. Webb K, Rickford R, Edun C, et al (2023), *British Journal of Midwifery* vol 31, no 9, September 2023, pp 512–518

Research into the experiences of trans and non-binary users of maternity services in England was recently commissioned by the Health and Wellbeing Alliance. It was conducted by the LGBT Foundation, culminating in the ‘improving trans and non-binary experiences of maternity services’ report, which made a range of recommendations for the NHS. This article argues that there are substantial problems with the framing, data collection and interpretation of data in the report, and that its findings and recommendations should therefore be viewed with substantial caution, and not be used as the basis of NHS policy. The authors further argue that caution should be taken before using the experiences of a very small minority of service users, such as those who identify as trans and non-binary, to inform policy for all service users, and instead suggest that personalised care may be the most suitable approach to meeting the specific needs of trans and non-binary maternity service users. (Author)

Full URL: <https://doi.org/10.12968/bjom.2023.31.9.512>

2023-09884

A qualitative exploration of gynaecological healthcare experiences of lesbian, gay, bisexual, transgender, queer people assigned female at birth. Thomas C, Dwyer A, Batchelor J, et al (2024), *Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG)* vol 64, no 1, February 2024, pp 55-62

Background

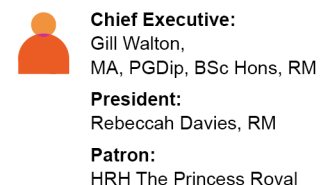
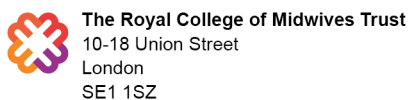
Lesbian, gay, bisexual, transgender, queer, asexual/aromantic (LGBTQA+) people, assigned female at birth (AFAB), experience disproportionately poorer gynaecological healthcare outcomes compared to their cisgender, heterosexual peers. The barriers to gynaecological care remain poorly understood. In a step toward bridging this gap, the current study explored the lived gynaecological healthcare experiences of Australian LGBTQA+ AFAB people and the barriers they experience in accessing care.

Materials and Methods

Semi-structured interviews were conducted with 22 LGBTQA+ AFAB people. An inductive thematic qualitative design was used to explore the lived experiences and identify themes associated with the reported experiences.

Results

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Thematic analysis identified seven themes related to experiences in accessing gynaecological healthcare, including discrimination, fear, perceived provider or cultural incompetency, accessibility, and gender identity. Several sub-themes were also identified such as refusal of care, microaggression, misgendering, and patient as educator.

Conclusions

Participants suggested that barriers to care could be alleviated by the integration of LGBTQA+ specific healthcare training into the university-level medical curriculum and professional development programs that address cultural competency and inclusive healthcare. These preliminary findings inform the necessity for the development of evidence-based practice guidelines that specifically address the unique and diverse needs of the LGBTQA+ AFAB population. (Author)

Full URL: <https://doi.org/10.1111/ajo.13741>

2023-09696

The Alarm Fatigue Challenge in the Neonatal Intensive Care Unit: A “before” and “after” Study. Stiglich YF, Dik PHB, Segura MS, et al (2023), *American Journal of Perinatology* 24 July 2023, online

Objective Alarm fatigue (AF) happens when professionals are exposed to many alarms and they become desensitized to them. It is related to proliferation of devices, not standardized alarm limits, and high prevalence of “nonactionable alarms,” i.e., false alarms (triggered by equipment issues) or nuisance alarms (physiological change not requiring clinical action). When AF happens, response time seems to be longer and important alarms could be dismissed. After evaluating the situation in our neonatal intensive care unit (NICU), an alarm management program (AMP) was developed to reduce AF. The objective of this study were to compare the proportion of true alarms, nonactionable alarms, and to measure response time to alarms in the NICU before and after implementing an AMP and also to determine variables associated with nonactionable alarms and response time.

Study Design This was a cross-sectional study. A total of 100 observations were collected between December 2019 and January 2020. After an AMP was implemented, 100 new observations were collected between June 2021 and August 2021. We estimated the true and nonactionable alarms proportion. Univariate analyses were performed to determine variables associated with nonactionable alarms and response time. Logistic regression was performed to assess independent variables.

Results The proportion of true alarms before and after AMP was 31 versus 57% ($p = 0.001$), whereas the proportion of nonactionable alarms was 69 versus 43% ($p = 0.001$). Median response time was significantly reduced (35 versus 12 seconds; $p = 0.001$). Before AMP, neonates with less intensive care needs had a higher proportion of nonactionable alarms and a longer response time. After AMP, response time was similar for true and nonactionable alarms. For both periods, the need of respiratory support was significantly associated with true alarms ($p = 0.001$). In the adjusted analysis, response time ($p = 0.001$) and respiratory support ($p = 0.003$) remained associated with nonactionable alarms.

Conclusion AF was highly prevalent in our NICU. This study shows that after the implementation of an AMP, response time to alarms and the proportion of nonactionable alarms can be significantly reduced. (Author)

2023-08172

Lactation Induction in a Transgender Woman: Macronutrient Analysis and Patient Perspectives. Weimer AK (2023), *Journal of Human Lactation* vol 39, no 3, August 2023, pp 488-494

Introduction

Induction of lactation in a non-gestational parent has numerous potential benefits including parent–child bonding, optimal nutrition, and health benefits to the child and breast- or chest-feeding parent. For transgender women and nonbinary people on estrogen-based, gender-affirming hormone therapy, the ability to nourish their infants through production of their own milk may also be a profoundly gender-affirming experience. Two prior case studies have been published describing induced lactation in transgender women, but analysis of the nutritional quality of the milk

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produced has not been previously described.

Main issue

Here we describe the experience of a transgender woman who underwent successful induction of lactation in order to breastfeed her infant, who was gestated by her partner.

Management

Through modification of exogenous hormone therapy, use of domperidone as a galactagogue, breast pumping, and ultimately direct breastfeeding, the participant was able to co-feed her infant for the first 4 months of life. We provide a detailed description and timeline of the medications used, laboratory and electrocardiographic measurements, results of the participant's milk analysis showing robust macronutrient content, and description of the participant's experience in her own words.

Conclusion

These findings provide reassurance about the adequacy of nutrition from human milk produced by non-gestational transgender female and nonbinary parents on estrogen-based, gender-affirming hormone therapy, and support the importance of this experience on a personal level. (Author)

2023-08161

Experiences in the delivery of preconception and pregnancy care for LGBTIQ+ people: A systematic review and thematic synthesis of patient and healthcare provider perspectives.

Permezel J, Arnold ASC, Thomas J, et al (2023), Midwifery vol 123, August 2023, 103712

Background

The widespread availability of reproductive technology and family planning services has led to an increase in the number of available pathways to parenthood for LGBTIQ+ people. However, emerging research indicates that significant healthcare inequities have been documented among LGBTIQ+ people and attributed to the pervasiveness of structural and systemic discrimination that extends to preconception and pregnancy care.

Aim

The aim of this systematic review was to synthesise qualitative research that has explored the experiences of LGBTIQ+ people in navigating preconception and pregnancy care services to inform healthcare quality improvement.

Method

Six databases were searched for relevant research published between 2012 and 2023. The findings of all included studies underwent a secondary thematic synthesis, and methodological quality was assessed using the Joanna Briggs Institute Checklist for Qualitative Research.

Findings

A total of 37 studies were eligible for inclusion. Four major themes were constructed through thematic synthesis: (1) unavailability of information, services, and support; (2) clinical competencies of healthcare staff; (3) hetero- and cis-sexist care experiences; and (4) discrimination and traumatisation.

Conclusions and implications for practice

The findings of this review indicate that LGBTIQ+ people experience significant challenges during the journey towards parenthood, marked predominantly by the pervasiveness of inequity, and defined by discriminatory healthcare processes. This review has led to several recommendations for future healthcare quality improvement through an investment in policies, procedures, and interactions that are sensitive to the needs of LGBTIQ+ people. Importantly, future research must be co-designed and led by LGBTIQ+ community input. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2023.103712>

2023-06704

Filling the Gaps in Trans Perinatal Care: A Literature Review.

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Midwives can facilitate compassionate, skilled and evidence-based care by recognising how bias and microaggressions can have significant health implications for trans people. However, evidence gaps surrounding trans pregnancy can result in midwives being unprepared and uncomfortable caring for the trans community. This article outlines the importance of providing gender-affirming care according to the best available evidence to safeguard trans parents and their babies. (Author)

2023-06662

Pregnancy in transgender men. Thornton KGS, Mattatall F (2021), Canadian Medical Association Journal (CMAJ) vol 193, no 33, August 2021, E1303

Five things to know about pregnancy care for transgender men. (AS)

Full URL: <https://doi.org/10.1503/cmaj.210013>

2023-06266

Rates of breastfeeding or chestfeeding and influencing factors among transgender and gender-diverse parents: a cross sectional study. Yang H, Na X, Zhang Y, et al (2023), EClinicalMedicine vol 57, March 2023, 101847

Background: Breastfeeding is essential for the growth and development of all infants. Despite the large transgender and gender-diverse population size, there is no comprehensive research of breastfeeding or chestfeeding practices in this group. This study was designed aimed to investigate the status of breastfeeding or chestfeeding practices in transgender and gender-diverse parents and to explore the possible influencing factors.

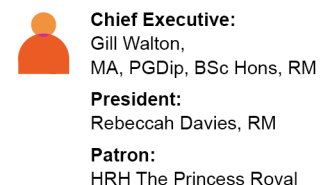
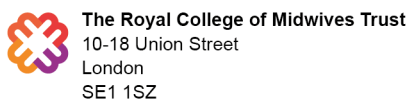
Methods: A cross-sectional study was conducted between January 27 2022 and February 15 2022 online in China. A representative sample of 647 transgender and gender-diverse parents was enrolled. Validated questionnaires were used to investigate breastfeeding or chestfeeding practices and its associated factors, including physical factors, psychological factors and socio-environmental factors.

Findings: The exclusive breastfeeding or chestfeeding rate was 33.5% (214) and only 41.3% (244) of infants could be continuously fed until 6 months. Accepting hormone therapy after having this child (adjusted odds ratio (AOR) = 1.664, 95% confidential interval (CI) = 1.014-2.738) and receiving feeding education (AOR = 2.161, 95% CI = 1.363-3.508) were associated with a higher exclusive breastfeeding or chestfeeding rate, while higher gender dysphoria scores (37-47: AOR = 0.549, 95% CI = 0.364-0.827; >47: AOR = 0.474, 95% CI = 0.286-0.778), experiencing family violence (15-35: AOR = 0.388, 95% CI = 0.257-0.583; >35: AOR = 0.335; 95% CI = 0.203-0.545), experiencing partner violence (≥ 30 : AOR = 0.541, 95% CI = 0.334-0.867), using artificial insemination (AOR = 0.269, 95% CI = 0.12-0.541), or surrogacy (AOR = 0.406, 95% CI = 0.199-0.776) and being discriminated against during seeking of childbearing health care (AOR = 0.402, 95% CI = 0.28-0.576), are significantly associated with a lower exclusive breastfeeding or chestfeeding rate. Participants who had feeding education were more likely to feed their child with human milk as the first food intake (AOR = 1.644, 95% CI = 1.015-2.632), while those who had suffered from family violence (>35: AOR = 0.47; 95% CI = 0.259-0.84), discrimination (AOR = 0.457, 95% CI = 0.284-0.721) and chose artificial insemination (AOR = 0.304, 95% CI = 0.168-0.56) or surrogacy (AOR = 0.264, 95% CI = 0.144-0.489), were less likely to give their child human milk as first food intake. Besides, discrimination is also related to a shorter breastfeeding or chestfeeding duration (AOR = 0.535, 95% CI = 0.375-0.761).

Interpretation: Breastfeeding or chestfeeding are neglected health problems in the transgender and gender-diverse population and many socio-demographic factors, transgender and gender-diverse-related factors, and family environment are correlated with it. Better social and family support is necessary to improve breastfeeding or chestfeeding practices.

Funding: There are no funding sources to declare.

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Keywords: AOR, Adjusted odds ratio; BCF, Breastfeeding or chestfeeding; BCFP, Breastfeeding or chestfeeding practice; Breastfeeding practice; Chestfeeding; EBCF, Exclusive breastfeeding or chestfeeding; FFI, First food intake; GD, Gender dysphoria; LGBT, Lesbian, gay, bisexual, and transgender; LGBTQ, Lesbian, gay, bisexual, transgender, and queer; OR, Odds ratio; TGD, Transgender and gender diverse; TM, Transgender man; TW, Transgender woman; Transgender; UNICEF, United Nations Children's Fund; WHO, World Health Organization.

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Full URL: <https://doi.org/10.1016/j.eclinm.2023.101847>

2023-06262

Lesbian couples' childbearing experiences using assisted reproductive technology: A netnography study. Yao H, Yang J, Lo IPY (2023), *Midwifery* vol 121, June 2023, 103656

Objective

This study aimed to explore how Chinese lesbian couples perceived having children through assisted reproductive technology (ART) and its impact on their experiences of family formation.

Design

This study adopted netnography to investigate online forum data created by self-identified lesbian couples in relation to assisted reproduction. Summative content analysis was used to analyse data.

Findings

Based on data analysis, A luan B huai, in which a lesbian conceives a child using her partner's egg, was seen as the best way to establish a family because it created a sense of symbolic connectedness with the child for both of them. Moreover, lesbian couples also indicated the crucial role that having children plays in maintaining family harmony, despite their opposition to heterosexual family traditions. With the stratification of reproductive tourism, certain groups of lesbians – for instance, those with limited social and cultural capital – might be at a disadvantage in the global setting of reproductive tourism.

Conclusions and implications

Lesbian couples valued the benefits of ART in assisting them to achieve their childbearing goals and build a family. Healthcare providers should take the initiative to enhance fertility care by addressing the concerns and unique challenges faced by lesbian populations. (Author)

2023-06054

When complications arise during birth: LBTQ people's experiences of care. Klittmark S, Malmquist A, Karlsson G, et al (2023), *Midwifery* vol 121, June 2023, 103649

Objective

To explore the care experiences of lesbian, bisexual, transgender, and queer (LBTQ) people during births where complications have arisen.

Design

Data were collected through semi-structured interviews with self-identified LBTQ people who had experienced obstetrical and/or neonatal complications.

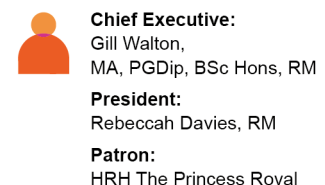
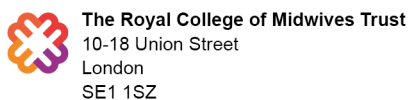
Setting

Interviews were conducted in Sweden.

Participants

A total of 22 self-identified LBTQ people participated. 12 had experienced birth complications as the birth parent and

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ten as the non-birth parent.

Findings

Most participants had felt invalidated as an LGBTQ family. Separation of the family due to complications elevated the number of hetero/cisnormative assumptions, as new encounters with healthcare professionals increased. Dealing with normative assumptions was particularly difficult in stressful and vulnerable situations. A majority of the birth parents experienced disrespectful treatment from healthcare professionals that violated their bodily integrity. Most participants experienced lack of vital information and emotional support, and expressed that the LGBTQ identity made it harder to ask for help.

Conclusions

Disrespectful treatment and deficiencies in care contributed to negative experiences when complications arose during birth. Trusting care relationships are important to protect the birth experience in case of complications. Validation of the LGBTQ identity and access to emotional support for both birth and non-birth parents are crucial for preventing negative birth experiences.

Implications for practice

To reduce minority stress and create conditions for a trusting relationship, healthcare professionals should specifically validate the LGBTQ identity, strive for continuity of carer and zero separation of the LGBTQ family. Healthcare professionals should make extensive efforts to transfer LGBTQ related information between wards. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2023.103649>

2023-04970

Human Rights in Childbearing 8. The Human Rights of Trans Birthing People. Ellis P, Phillips K (2023), *The Practising Midwife* vol 26, no 4, April 2023, pp 14-17

Midwives have a long history of advocating for women and could considerably influence the ability of trans birthing people to access the respectful, dignified care they need. The NHS, under the Equality Act,¹ has a legal duty to treat all people fairly. Gender reassignment is a protected characteristic under this act, and it is unlawful to discriminate against someone due to their identity – the service must consider how policies and guidelines affect trans people. Under The NMC Code,² midwives have a professional responsibility to respect and uphold human rights, avoid making assumptions and recognise diversity and individual choice. Yet, evidence suggests that many trans people experience discrimination in healthcare, leading to isolation and exclusion. (Author)

2023-04620

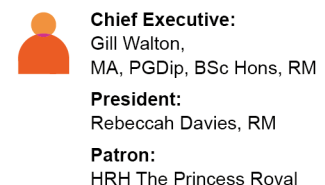
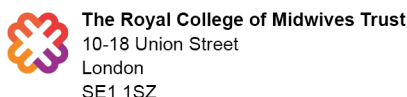
Birth Outcomes Following Assisted Reproductive Technology Conception Among Same-Sex Lesbian Couples vs Natural Conception and Assisted Reproductive Technology Conception Among Heterosexual Couples. Goisis A, Cederström A, Martikainen P (2023), *JAMA (Journal of the American Medical Association)* vol 329, no 13, April 2023, pp 1117-1119

Higher rates of adverse birth outcomes have been consistently reported among children conceived via assisted reproductive technology (ART) compared with children conceived through natural conception. Higher rates of multiple births in ART pregnancies partially explain the increased risk. It remains unclear to what extent the remaining difference can be attributed to the reproductive technology or to factors related to infertility, which is associated with an elevated risk of poorer birth outcomes. Same-sex lesbian couples undergo ART treatments generally without experiencing infertility. To distinguish the effects of reproductive treatment and infertility, we compared birth outcomes in ART pregnancies among same-sex lesbian couples vs natural conceptions and ART pregnancies among heterosexual couples. (Author)

2023-04338

Non-birthing mothers' experiences of perinatal anxiety and depression: Understanding the perspectives of the non-birthing mothers in female same-sex parented families. Howat A, Masterson C, Darwin Z (2023), *Midwifery* vol 120, May

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2023, 103650

Objective

Partners of birthing mothers can themselves experience perinatal mental health (PMH) difficulties. Despite birth rates increasing amongst LGBTQIA+ communities and the significant impact of PMH difficulties, this area is under-researched. This study aimed to examine the experiences of perinatal depression and anxiety of non-birthing mothers in female same-sex parented families.

Design

Interpretative Phenomenological Analysis (IPA) was used to explore the experiences of non-birthing mothers who self-identified as having experienced perinatal anxiety and/or depression.

Setting and participants

Seven participants were recruited from online and local voluntary and support networks for LGBTQIA+ communities and for PMH. Interviews were in-person, online or via telephone.

Measurements and findings

Six themes were generated. Distress was characterised by feelings of “Failure and Inadequacy in Role” (i.e., parent, partner and individual) and “Powerlessness and Intolerable Uncertainty” in their parenting journey. These feelings were reciprocally influenced by perceptions of the “Legitimacy of (Di)stress as a Non-birthing Parent”, which impacted help-seeking. Stressors that contributed to these experiences were: “Parenting Without” a parental role template, social recognition and safety, and parental connectedness; and “Changed Relationship Dynamics” with their partner. Finally, participants spoke about “Moving Forward” in their lives.

Key conclusions

Some findings are consistent with the literature on paternal mental health, including parents’ emphasis on protecting their family and experiencing services as focusing on the birthing parent. Others appeared distinct or amplified for LGBTQIA+ parents, including the lack of a defined and socially recognised role; stigma concerning both mental health and homophobia; exclusion from heteronormative healthcare systems; and the importance placed on biological connectedness.

Implications for practice

Culturally competent care is needed to tackle minority stress and recognise diverse family forms. (Author)

2023-04337

A secondary mixed methods analysis examining midwives’ responses regarding patient sexual orientation and gender identity (SOGI) disclosure. Goldberg JM, Gong J, Blennerhassett CJ, et al (2023), *Midwifery* vol 120, May 2023, 103648

Objective

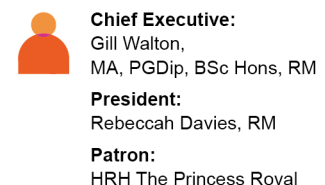
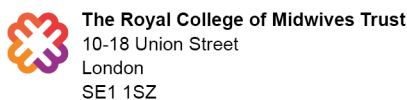
Recent research suggests that midwives generally have positive attitudes towards sexual and gender minority (SGM) clients; however, little research has examined whether and how these attitudes translate into specific clinical practices. In this study, we performed a secondary mixed methods analysis to examine midwives’ beliefs and practices regarding the importance of asking and knowing their patients’ sexual orientation and gender identity (SOGI).

Methods

A confidential, anonymous paper survey was mailed to all midwifery practice groups (n = 131) in Ontario, Canada. Participants were midwives who were members of the Association of Ontario Midwives who responded to the survey (n = 267). Sequential explanatory mixed methods analysis was employed: quantitative SOGI questions were analyzed first, followed by qualitative open response comments to explain and contextualize the quantitative findings.

Findings

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Midwives' responses indicated that it was not important to know or ask about clients' SOGI because (1) it is not necessary to be able to provide the best care to everyone, and (2) the onus is on the client to disclose SOGI. Midwives indicated that they would like more training and knowledge to be able to confidently care for SGM.

Key Conclusions and Implications for Practice

Midwives' hesitancy to ask or know SOGI demonstrates that positive attitudes do not necessarily translate into current best practices for obtaining SOGI data in the context of SGM care provision. Midwifery education and training programs should address this gap. (Author)

2023-04335

The barriers and needs of transgender men in pregnancy and childbirth: A qualitative interview study. van Amesfoort JE, van Rooij FB, Painter RC, et al (2023), *Midwifery* vol 120, May 2023, 103620

Objective

Transgender and gender diverse individuals are individuals whose gender identity differs from their sex assigned at birth. The discordance between gender identity and sex assignment may cause significant psychological distress: gender dysphoria. Transgender individuals may choose to undergo gender-affirming hormone treatment or surgery, but some decide to (temporarily) refrain from surgery and gender affirming hormone treatment and hence retain the possibility to become pregnant. Pregnancy may enhance feelings of gender dysphoria and isolation. To improve perinatal care for transgender individuals and their health care providers, we conducted interviews to explore the needs and barriers of transgender men in family planning, pregnancy, childbirth, puerperium and perinatal care.

Design

In this qualitative study five in-depth semi-structured interviews were conducted with Dutch transgender men who had given birth while identifying on the transmasculine spectrum. The interviews were conducted online through a video remote-conferencing software program (n=4) or live (n=1). Interviews were transcribed verbatim. An inductive approach was used to find patterns and collect data from the participants' narratives and constant comparative method was adapted in analysing the interviews.

Measurements and findings

The experiences of transgender men regarding the preconception period, pregnancy and puerperium and with perinatal care varied widely. Though all participants expressed overall positive experiences, their narratives emphasized they had to overcome substantial hurdles pursuing pregnancy. For instance the necessity to prioritise becoming pregnant over gender transitioning, lack of support by healthcare providers and increased gender dysphoria and isolation during pregnancy

Key conclusions

Since pregnancy in transgender men enhances feelings of gender dysphoria, transgender men comprise a vulnerable group in perinatal care. Health care providers are perceived as feeling unaccustomed for the care of transgender patients, as they are perceived to often lack the right tools and knowledge to provide adequate care. Our findings help strengthen the foundation of insight in the needs and hurdles of transgender men pursuing pregnancy and therefore may guide health care providers to provide equitable perinatal care, and emphasize the necessity of patient-centred gender-inclusive perinatal care. A guideline including the option for consultation of an expertise center is advised to facilitate patient-centered gender-inclusive perinatal care. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2023.103620>

2023-04269

When complications arise during birth: LBTQ people's experiences of care. Klittmark S, Malmquist A, Karlsson G, et al (2023), *Midwifery* vol 121, June 2023, 103649

Objective

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To explore the care experiences of lesbian, bisexual, transgender, and queer (LBTQ) people during births where complications have arisen.

Design

Data were collected through semi-structured interviews with self-identified LBTQ people who had experienced obstetrical and/or neonatal complications.

Setting

Interviews were conducted in Sweden.

Participants

A total of 22 self-identified LBTQ people participated. 12 had experienced birth complications as the birth parent and ten as the non-birth parent.

Findings

Most participants had felt invalidated as an LBTQ family. Separation of the family due to complications elevated the number of hetero/cisnormative assumptions, as new encounters with healthcare professionals increased. Dealing with normative assumptions was particularly difficult in stressful and vulnerable situations. A majority of the birth parents experienced disrespectful treatment from healthcare professionals that violated their bodily integrity. Most participants experienced lack of vital information and emotional support, and expressed that the LBTQ identity made it harder to ask for help.

Conclusions

Disrespectful treatment and deficiencies in care contributed to negative experiences when complications arose during birth. Trusting care relationships are important to protect the birth experience in case of complications. Validation of the LBTQ identity and access to emotional support for both birth and non-birth parents are crucial for preventing negative birth experiences.

Implications for practice

To reduce minority stress and create conditions for a trusting relationship, healthcare professionals should specifically validate the LBTQ identity, strive for continuity of carer and zero separation of the LBTQ family. Healthcare professionals should make extensive efforts to transfer LBTQ related information between wards. (Author)

Full URL: <https://www.sciencedirect.com/science/article/pii/S0266613823000529>

2023-03152

Creating change with families: Reflections and recommendations for the care of gender diverse and LGBTQIA+ individuals and their families throughout pregnancy and birth. Copeland M, Tucker J, Briley A (2023), Midwifery vol 119, April 2023, 103621

Objective

To derive a deeper understanding of transgender and non-binary people's experience of pregnancy and birth, and ways to modify practice to provide inclusive care.

Design

Case study reports describe the experiences of two transgender and non-binary people who received pregnancy and birth care through a Midwifery Group Practice program.

Setting

A tertiary hospital in metropolitan South Australia with approximately 3800 births per annum.

Methods

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Qualitative methodology, utilising open-ended, semi-structured, face-to-face interviews were undertaken postnatally. Interviews were audio recorded and transcribed verbatim to analyse and identify themes.

Findings

Both clients feared being misgendered within pregnancy care services. They appreciated the constancy of the Midwifery Group Practice midwife, which meant they did not have to repeat their history to multiple health care providers. They appreciated their pronouns being documented on case notes and welcomed staff attempts to use their preferred terms. Both felt the pregnancy care environment was focussed on cisgender females and found this alienating. They appreciated the midwife's suggestion that the cot card for their baby did not have to be pink or blue. They both suggested staff use more gender-neutral language, and resources, when providing pregnancy care.

Key conclusion

Staff attempted to support these parents, and this was appreciated by them, but the continuity provided by the Midwifery Group Practice model was highly valued by both, regardless of risk status. It was identified that further education for staff was required to facilitate provision of more inclusive care.

Implications for practice

The case studies identified a need for greater awareness and education for staff regarding care provision for transgender and non-binary people. Simple adjustments had a big impact. Further research is needed to identify how best to meet the needs of gender-diverse people and address the educational needs of staff. (Author)

2023-02747

Attitudes of Midwives Towards Lesbians: Results From a Systematic Review of Literature on Midwives' Attitudes Towards Sexual and Gender Minority People. Goldberg JM, Ross LE (2022), Canadian Journal of Midwifery Research and Practice vol 21, no 1, Spring 2022, pp 9-20

Midwives are positioned to play a crucial role in the health experiences of sexual and gender minority people, who often avoid accessing care due to previous or anticipated negative health encounters. Canadian provincial, territorial, and national regulatory entities hold midwives accountable to the provision of inclusive and safe midwifery care to all. A broad, systematic search of literature examining midwives' attitudes towards sexual and gender minority people and published from 2005 to 2020 included MEDLINE, Embase, PsycINFO, CINAHL, Sociological Abstracts, Sexual Diversity Studies, PubMed, Scopus, Web of Science, PsychLIT, and Cochrane Library. English-language studies that were relevant to midwives' attitudes towards sexual and gender minorities were eligible for inclusion. Of 623 articles retrieved, five primary studies met inclusion criteria but examined midwives' attitudes exclusively towards lesbians. Positive and caring midwives' attitudes contributed to creating a safe and supportive space for lesbians, even if the midwives didn't have specific training or education regarding how to care for them. Midwives' negative attitudes contributed to lesbians' experiences of homophobia and heterosexism. Further research on midwives' attitudes towards all sexual and gender minorities is needed, especially in the Canadian context, demonstrated by the importance midwives' attitudes have in shaping the experiences of lesbians in midwifery care. (Author)

Full URL: <https://www.cjmrp.com/index.php/cjmrp/article/view/1>


2023-01891

Adverse pregnancy and birth outcomes in sexual minority women from the National Survey of Family Growth. Barcelona V, Jenkins V, Britton LE, et al (2022), BMC Pregnancy and Childbirth vol 22, no 923, December 2022


Background

Few studies have examined how multiple marginalized identities are associated with adverse pregnancy and birth outcomes, especially for Black and Hispanic sexual minority women. Sexual minorities are people who identify as lesbian, gay, bisexual or transgender (LGBT). The purpose of this study was to examine differences in adverse pregnancy (i.e., miscarriage) and birth outcomes (i.e., preterm birth, low birthweight, and stillbirth) in a national sample of women by race and ethnicity, and sexual minority status (LGBT identification and same-sex sexual

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behavior).

Methods

We conducted a cross-sectional analysis of the National Survey of Family Growth (NSFG). The unit of analysis was pregnancy, not participants. In this study, we examined pregnancies to participants who identified as heterosexual, lesbian, and bisexual, by race and Hispanic ethnicity. We also studied sexual behaviors to categorize participants as women who have sex with women (WSW) and women who have sex with men (WSM). Outcomes included preterm birth, low birthweight, miscarriage, and stillbirth. We employed logistic and linear regression analyses for analyses using STATA.

Results

We studied 53,751 pregnancies, and 9% of these occurred in people who identified as heterosexual, but had engaged in sexual activity with a female partner (heterosexual-WSW), 7% in those identifying as bisexual, and 1% to women who identified as lesbian. Pregnancies ended in preterm birth (10.7%) and low birthweight (9.0%), stillbirths (2–4%), and miscarriages (17–21%) in sexual minority women. We observed that pregnancies reported by Hispanic lesbian women had a higher birthweight ($\beta = 10.71$, $SE = 4.1$, $p\text{-value} = 0.01$) compared to infants born to Hispanic heterosexual-WSM. Pregnancies to lesbian women were significantly more likely to end in stillbirth (aRR = 3.58, 95% CI 1.30,9.79) compared to heterosexual-WSM. No significant differences were noted in risk of adverse birth outcomes by sexual orientation for NH Black or Hispanic women.

Conclusion

In this sample, preterm births were less likely to occur among heterosexual-WSW than in heterosexual-WSM. Pregnancies to lesbians and bisexual women were more likely to end in miscarriage or stillbirth than heterosexual WSM. Lesbian Hispanic women reported higher birthweights compared to heterosexual-WSM Hispanic women. More research should be done to further understand these findings. (Author)

Full URL: <https://doi.org/10.1186/s12884-022-05271-0>

2023-01852

Experiences of gestational surrogacy for gay men in Canada. Fantus S (2021), Culture, Health & Sexuality vol 23, no 10, October 2021, pp 1361-1374

This paper reports on findings from a qualitative study that examined how Canada's socio-political context influenced gestational surrogacy for same-sex male couples. Semi-structured interviews were conducted with gay fathers and gestational surrogates to investigate supports and barriers of pursuing surrogacy. Questions explored publicly available information, policies and practices of fertility clinics and hospitals, post-birth resources and cultural attitudes regarding same-sex parenthood. Findings suggest that in Canada, a global leader in LGBT rights and inclusive same-sex parenting legislation, participants encountered inadequate same-sex inclusive resources and insufficient provider competencies. The aim of this study was to inform individual and institutional recommendations to counteract biases in fertility care and post-birth services. Following interview analysis, five key strategies were identified: (1) more accessible information on paths to same-sex parenthood; (2) more inclusive fertility clinic and hospital practices; (3) recognition of same-sex fatherhood in formal documentation; (4) post-birth resources such as formula feeding, play groups and first aid courses intended for same-sex parent families; and (5) shifts in cultural attitudes of same-sex parenthood and, specifically, gay fatherhood. Approaches that subvert heteronormative discourses embedded in fertility and reproduction are required to legitimise and support same-sex parent families. (Author)

2023-01822

Providing gender affirming and inclusive care to transgender men experiencing pregnancy. Chu H, Kirby L, Booth A, et al (2023), Midwifery vol 116, January 2023, 103550

Objectives and design

Information about providing professional and appropriate perinatal care to transgender men in the perinatal setting is

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scarce, and healthcare providers often have insufficient knowledge or skills to provide this care. In response, a quality improvement educational program for nursing staff was developed and implemented, with the goal of evaluating the impact of this intervention on nurses' knowledge, skills, and attitudes when caring for pregnant transgender men.

Setting and participants

The training was offered to nursing staff of a 24-bed inpatient perinatal unit at a large, private academic medical center in a major East Coast city during the unit's quarterly staff meeting in March 2020.

Intervention

The training covered the provision of affirming and inclusive perinatal care for transgender men. The content of the training was based on recommendations in the literature and reviewed by content experts.

Measurements

Pre-test (N = 55) and post-test (N = 23) online self-administered surveys assessed nursing staff's knowledge of, comfort, and interest in providing gender affirming care for transgender men. Mann-Whitney U and Fischer's exact tests were used to determine significant changes in knowledge and attitudes over time.

Findings

Findings suggest the training improved nursing staff's self-reported knowledge and skills in providing gender affirming care to pregnant transgender men over time, with participants demonstrating improved knowledge about communication around pronouns, gender identity, reproductive systems, and obstetric history. Awareness of resources for both professional development and to refer transgender patients also improved. However, persistent deficits in other knowledge, skills, and attitudes remained, suggesting that nurses would likely benefit from further support and training in transgender-specific health issues.

Key conclusions and implications for practice

Findings support the utility of unit-based training in improving affirming and inclusive care in the perinatal setting. This highlights opportunities for supporting nurses' professional practice of caring for transgender patients experiencing pregnancy and may be adapted for use in other specialty units. (Author)

2023-01520

Fertility: Medical Treatments [written answer]. House of Commons (2023), Hansard Written question 138035, 1 February 2023

Maria Caulfield responds to a written question from Feryal Clark to the Secretary of State for Health and Social Care, regarding what steps his Department will take to standardise access to fertility treatments in the next two years. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2023-02-01/138035>

2023-01308

IVF: LGBT+ People [written answer]. House of Commons (2023), Hansard Written question 125527, 17 January 2023

Maria Caulfield responds to a written question from Kim Leadbeater to the Secretary of State for Health and Social Care, regarding whether the commitments to deliver equitable IVF access set out in the Women's Health Strategy include (a) trans men and (b) non-binary people assigned female at birth. (JSM)

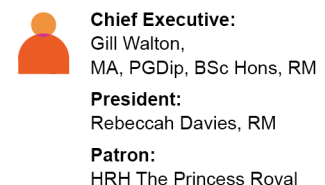
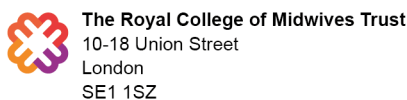
Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2023-01-17/125527>

2023-01305

IVF: LGBT+ People [written answer]. House of Commons (2023), Hansard Written question 122507, 13 January 2023

Maria Caulfield responds to a written question from Charlotte Nichols to the Secretary of State for Health and Social Care, with reference to the Women's Health Strategy for England, published on 30 August 2022, CP 736, how many and

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what proportion of integrated care boards have policies that provide equitable IVF access to female same-sex couples. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2023-01-13/122507>

2023-00905

Birth includes us: Development of a community-led survey to capture experiences of pregnancy care among LGBTQ2S+ families. Altman MR, Cragg K, Van Winkle T, et al (2023), *Birth* vol 50, no 1, March 2023, pp 109-119

Background

Limited research captures the intersectional and nuanced experiences of lesbian, gay, bisexual, transgender, queer, two-spirit, and other sexual and gender-minoritized (LGBTQ2S+) people when accessing perinatal care services, including care for pregnancy, birth, abortion, and/or pregnancy loss.

Methods

We describe the participatory research methods used to develop the Birth Includes Us survey, an online survey study to capture experiences of respectful perinatal care for LGBTQ2S+ individuals. From 2019 to 2021, our research team in collaboration with a multi-stakeholder Community Steering Council identified, adapted, and/or designed survey items which were reviewed and then content validated by community members with lived experience.

Results

The final survey instrument spans the perinatal care experience, from preconception to early parenthood, and includes items to capture experiences of care across different pregnancy roles (eg, pregnant person, partner/co-parent, intended parent using surrogacy) and pregnancy outcomes (eg, live birth, stillbirth, miscarriage, and abortion). Three validated measures of respectful perinatal care are included, as well as measures to assess experiences of racism, discrimination, and bias across intersections of identity.

Discussion and Conclusions

By centering diverse perspectives in the review process, the Birth Includes Us instrument is the first survey to assess the range of experiences within LGBTQ2S+ communities. This instrument is ready for implementation in studies that seek to examine geographic and identity-based perinatal health outcomes and care experiences among LGBTQ2S+ people. (Author) [Erratum: *Birth*, vol 50, no 3, September 2023, p 647. <https://doi.org/10.1111/birt.12729>]

2023-00800

Sexual and gender minorities educational content within obstetric anesthesia fellowship programs: a survey.

MacCormick H, George RB (2020), *Canadian Journal of Anesthesia* vol 67, no 5, May 2020, pp 532-540

Purpose

Improved patient-provider relationships can positively influence patient outcomes. Sexual and gender minorities (SGM) represent a wide variety of marginalized populations. There is an absence of studies examining the inclusion of SGM-related health education within postgraduate training in anesthesia. This study's objective was to perform an environmental scan of the educational content of North American obstetric anesthesia fellowship programs.

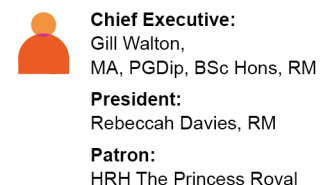
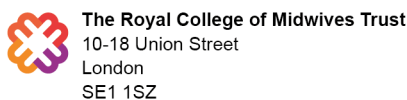
Methods

An online survey was developed based on a review of the existing literature assessing the presence of SGM content within other healthcare-provider curricula. The survey instrument was distributed electronically to 50 program directors of North American obstetric anesthesia fellowship programs. Survey responses were summarized using descriptive statistics.

Results

Survey responses were received from 30 of the 50 program directors (60%). Of these, 54% (14/26) felt their curriculum adequately prepares fellows to care for SGM patients, yet only 19% (5/26) of participants stated that SGM content was

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part of their curriculum and 31% (8/26) would like to see more incorporated in the future. Perceived lack of need was chosen as the biggest barrier to curricular inclusion of SGM education (46%; 12/26), followed by lack of available/interested faculty (19%; 5/26) and time (19%; 5/26).

Conclusions

Our results suggest that, although curriculum leaders appreciate that SGM patients are encountered within the practice of obstetric anesthesia, most fellowship programs do not explicitly include SGM curricular content. Nevertheless, there appears to be interest in developing SGM curricular content for obstetric anesthesia fellowship training. Future steps should include perspectives of trainees and patients to inform curricular content. (Author)

Full URL: <https://doi.org/10.1007/s12630-019-01562-x>

2023-00563

Recruitment and Selection: Establishing Representation of LGBTQIA+ and Inclusivity Standards at the Very Onset of Entering the Midwifery Profession. Griffiths E (2023), The Practising Midwife vol 26, no 1, January 2023, pp 8-13

This article is a follow up to Samantha Meegan's "Finding the Future Midwife: How the revised Standards of Proficiencies for Midwives Support Pre-registration Midwifery Programme Admissions Processes", published in the November 2022 issue of The Practising Midwife. (Author)

2023-00537

IVF: LGBT+ People [written answer]. House of Commons (2023), Hansard Written question 117551, 6 January 2023

Maria Caulfield responds to a written question from Tracey Crouch to the the Secretary of State for Health and Social Care, with reference to the policy paper entitled Women's Health Strategy for England, published 30 August 2022, CP 736, regarding what recent progress he has made on relieving (a) financial and (b) other practical burdens to gain access to IVF for female same-sex couples. (Author, edited)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2023-01-06/117551>

2023-00535

IVF: Gender Recognition [written answer]. House of Commons (2023), Hansard Written question 117552, 6 January 2023

Maria Caulfield responds to a written question from Tracey Crouch to the Secretary of State for Health and Social Care, regarding whether his Department is assessing the specific fertility needs of transgender men to help make IVF access more inclusive. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2023-01-06/117552>

2023-00302

Civil Partnerships: Children [written answer]. House of Commons (2023), Hansard Written question 117479, 6 January 2023

Robert Jenrick responds to a written question from Sir Mark Hendrick to the Secretary of State for the Home Department, regarding whether she will take steps to ensure that children are given British citizenship when they are born outside the UK to British parents in same-sex couples. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2023-01-06/117479>

2022-11088

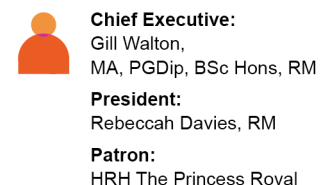
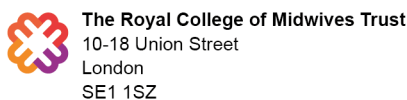
ARM working group for inclusivity and diversity Update #3. Rosser H, Cooper C, Morris M (2021), Midwifery Matters no 171, Winter 2021, p 6

Statement from the Association of Radical Midwives' on LGBTQIA inclusivity. (MB)

2022-10656

It's OK to ask...the LGBTQ+ community. Gavin-Jones T (2022), Running time: 11 minutes, 11 seconds

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In this short film, No 6 in the 'It's OK to ask...' series, support workers, midwives and parents share their experiences of providing and accessing maternity services as members of the LGBTQ+ community. Highlights the importance of recognising diversity and including depictions of a variety of families, in information for parents to be and new parents. Presents the experiences of a same sex couple who have used a surrogate mother to have a family, and another who experienced a pregnancy loss. (JSM)

Full URL: <https://vimeo.com/showcase/9905864>

2022-10615

Armed Forces: Pregnancy [written answer]. House of Lords (2022), Hansard Written question HL2962, 27 October 2022
Baroness Goldie responds to a written question from Baroness Garden of Frognal to His Majesty's Government, regarding what resources they provide to a service person who is serving overseas to visit their pregnant partner or new baby in the UK. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-10-27/hl2962>

2022-09433

What people told us about maternity services: April 2021-March 2022. Healthwatch (2022), Healthwatch 18 October 2022
Our new research explores experiences of maternity services. The arrival of a new baby is a significant life event for any family. It can be joyful and fulfilling but also challenging. Support from maternity services can have a significant impact on parents' experiences throughout pregnancy and post-birth. However, feedback shared with us between April 2021 and March 2022 indicates that people's experiences of maternity services may be worsening. In 2019/20, 31% of people who shared their feedback with us reported positive experiences of maternity services, compared to only 21% in 2021/22. This briefing outlines the key issues people told us about maternity services between April 2021 and March 2022. (Author)

Full URL: <https://www.healthwatch.co.uk/report/2022-10-18/policy-briefing-what-people-told-us-about-maternity-services>

2022-08128

An Interview: Advocating for Queer Birthing Family Safety by Employing Inclusive Terminology in Pregnancy, Birth, and Postpartum. Stahl-Kovell K, Brannan C (2021), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 35, no 2, Summer 2021, pp 99-107

In this interview, JOPPPAH Copy Editor, Kate Stahl-Kovell, spoke with Certified Nurse Midwife, Catey Brannan, regarding Catey's perspective and experience supporting queer birthing families in Colorado. (Author)

2022-07386

Inclusive Care for Birthing Transgender Men: A Review of the Literature. Gedzyk-Nieman SA, McMillian-Bohler J (2022), Journal of Midwifery & Women's Health vol 67, no 5, September/October 2022, pp 561-568

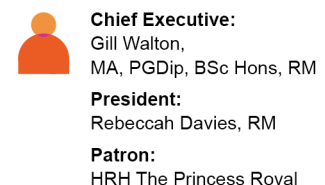
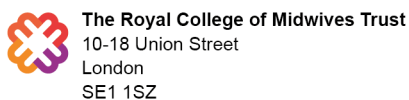
We conducted a review of literature to examine the experiences of transgender men (transmen) seeking pregnancy care. Our review revealed that transmen and cisgender persons desire pregnancy at similar rates; however, transmen experience discrimination from health care systems and providers. Additionally, pregnant transmen may experience unique psychological needs and require support for postpartum contraception and lactation. Based on a synthesis of the available literature, we offer strategies for providing inclusive care for birthing transmen and resources for further professional development related to transgender health issues. (Author)

2022-07259

Mapping the scientific literature on reproductive health among transgender and gender diverse people: a scoping review. Agénor M, Murchison GR, Najarro J, et al (2021-2022), Sexual and Reproductive Health Matters vol 29, no 1, 2021-2022, pp 67-74

We conducted a scoping review to map the extent, range and nature of the scientific research literature on the

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reproductive health (RH) of transgender and gender diverse assigned female at birth and assigned male at birth persons. A research librarian conducted literature searches in Ovid MEDLINE®, Ovid Embase, the Cochrane Library, PubMed, Google Scholar, Gender Studies Database, Gender Watch, and Web of Science Core Collection. The results were limited to peer-reviewed journal articles published between 2000 and 2018 involving human participants, written in English, pertaining to RH, and including disaggregated data for transgender and gender diverse people. A total of 2197 unique citations with abstracts were identified and entered into Covidence. Two independent screeners performed a title and abstract review and selected 75 records for full-text review. The two screeners independently extracted data from 37 eligible articles, which were reviewed, collated, summarised, and analysed using a numerical summary and thematic analysis approach. The existing scientific research literature was limited in terms of RH topics, geographic locations, study designs, sampling and analytical strategies, and populations studied. Research is needed that: focuses on the full range of RH issues; includes transgender and gender diverse people from the Global South and understudied and multiply marginalised subpopulations; is guided by intersectionality; and uses intervention, implementation science, and community-based participatory research approaches. Further, programmes, practices, and policies that address the multilevel barriers to RH among transgender and gender diverse people addressed in the existing scientific literature are warranted. (Author)

Full URL: <https://doi.org/10.1080/26410397.2021.1886395>

2022-07232

Reproductive injustice, trans rights, and eugenics. Radi B (2020), Sexual and Reproductive Health Matters Vol 28, 2020, no 1, 1824318

This article explores how the recognition of the gender identity of trans people can have negative consequences on their reproductive health and rights. First, it argues that, while both the right to gender identity and the right to sexual and reproductive health are part of the indivisible core of human rights, in practice trans people are forced to choose between them. Understanding this scenario requires focusing on the eugenic dimensions of trans policies, even in states where the recognition of a gender identity other than that assigned at birth is not tied to surgical or hormonal compromises. The concept of “passive eugenics”, coined over twenty years ago by James Bowman, offers a valuable key in this respect. Second, the paper highlights some factors that hinder a successful approach to the reproductive health and rights of trans people. These factors include: the normative imageries about the reproductive capacities and desires of trans people, representations about pregnancy and “womanhood”, and the form taken by identity politics in contemporary feminist movements. The attention given as a priority (if not exclusively) to initiatives for the legalisation of voluntary abortion, understood as a right pertaining to (cis) women, offers a significant example of these difficulties. Finally, the paper advocates the adoption of a reproductive justice approach to work on sexual and reproductive health and rights, arguing that it has, among other virtues, that of challenging the binary matrix that characterises Western thought. (Author)

Full URL: <https://doi.org/10.1080/26410397.2020.1824318>

2022-07128

Introducing the LGBT mummies tribe. Thorogood LR, Thorogood S (2020), Miscarriage Association Newsletter Autumn/Winter 2020, p 9

Describes how Laura-Rose and Stacey Thorogood, parents of two children, founded the LGBT Mummies Tribe, in order to provide support and information to LGBT+ women and people who are wanting to start a family. (JSM)

2022-06781

He's not the mother. Greenfield M (2017), AIMS Journal vol 29, no 2, 2017

The author looks at language, LGBT and inclusion. (Author, edited)

Full URL: <https://www.aims.org.uk/journal/item/hes-not-the-mother>

2022-06748

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Supportive midwifery care for queer and gender diverse people. Queer parents' experiences of negotiating pregnancy, birthing and early parenting services. Leap N (2022), Australian Midwifery News vol 29, Winter 2022, pp 23-35
Nicky Leap, Adjunct Professor of Midwifery at the University of Technology, Sydney, Australia, introduces three families: Zan and Indi, Amy and Stevie, and Emryk, Jordan and Miles, who share their experiences of accessing maternity services in Australia, as queer and gender diverse families. (JSM)

2022-06747

Making room for gender diversity. Mutch C (2022), Australian Midwifery News vol 29, Winter 2022, pp 22-23
The author suggests some of the ways in which practitioners can help trans and gender diverse people accessing maternity services in Australia to feel respected and accepted in their identities. (JSM)

2022-06739

Why and when. 'Sexed language' in maternal-child health care matters. Dahlen H, Gribble K, Hocking J (2022), Australian Midwifery News vol 29, Winter 2022, pp 20-21
Discusses some of the issues faced by midwives around sexed/desexed language in maternal and child health care. Argues that as a general principle of communication and to avoid sex stereotyping but still address important sex-based needs, where relevant the sex of individuals should be acknowledged, for example: in research data, policy and health treatment, but should not be invoked where it is irrelevant, for example, in jobs, promotions etc. Refers to a paper (1) by the same authors examining desexing the language of female reproduction. Emphasises the importance of respect for the individual and the need for discussion between the midwife and the person in her care to establish the preferred language to meet the needs of the individual and specific groups.
1. Gribble KD et al. Effective communication about pregnancy, birth, lactation, breastfeeding and newborn care: The importance of sexed language. *Frontiers in Global Women's Health*, 7 February 2022.
<https://doi.org/10.3389/fgwh.2022.818856> (JSM)

2022-06704

Successful Co-Lactation by a Queer Couple: A Case Study. Schnell A (2022), *Journal of Human Lactation* vol 38, no 4, November 2022, pp 644–650

Introduction:

With cultural and social evolution and improvements in reproductive technology, an increasing number of babies are born to lesbian, gay, bisexual, transgender, intersex, queer and/or questioning, and asexual and/or ally parents. As parental roles and gender expression become more expansive, the role of breastfeeding a baby must naturally also expand to include the option of sharing of breastfeeding among parents, called co-lactation (Bamberger & Farrow, 2021). In most cases, co-lactation involves a gestational parent and a non-gestational parent. If a non-gestational parent desires to produce milk for the purpose of breastfeeding, they do so by inducing lactation. While interest in and research about induced lactation are developing quickly, little information is currently available about co-lactation.

Main Issue:

A couple identifying as queer presented with concerns about inducing lactation in the non-gestational parent, as well as seeking assistance in managing a successful sharing of the breastfeeding relationship.

Management:

Breast massage, milk expression, acupuncture, hormone therapy, and galactagogues, including domperidone, goat's rue, and malunggay (*moringa oleifera*) were used to initiate and establish lactation by the non-gestational parent. Parents shared the breastfeeding relationship equally and carefully managed milk expression when the other parent was breastfeeding to maintain or increase lactation.

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Conclusion:

With professional lactation support, commitment to a lactation plan, responsive parenting, and strong communication and cooperation between parents, two parents were able to successfully co-lactate for more than a year. Breastfeeding was shared equally and supplementation of breastfeeds was rarely needed. (Author)

2022-06232

Fertility Preservation: Transgender People [Written answer]. Northern Ireland Assembly (2022), Hansard Written question AQW 1597/22-27, 15 June 2022

The Minister of Health responds to a written question from Emma Sheerin to the Northern Ireland Assembly, regarding what mechanisms are in place for transgender individuals to avail of fertility preservation before transitioning. (JSM)

Full URL: <http://aims.niassembly.gov.uk/questions/searchresults.aspx?&qf=0&asb=86&tbm=0&anb=0&abp=0&sp=1&qfv=1&asbv=6167&tbm=1&anbv=0&abpv=0&spv=25&ss=F5YEQ3NuzFQD+y3SpGB8cQ==&per=1&fd=&td=&pm=0&asbt=Sheerin,%20Emma&anbt=All%20Ministers&abpt=All%20Parties&spt=2022-2023>

2022-05770

LGBTQIA+ maternity care: 4. Improving inclusivity through perinatal language: why words matter. Lai-Boyd B, Otieno N (2022), The Practising Midwife vol 25, no 6, June 2022, pp 12-15

Nicole and Bunty are queer midwives who are passionate about LGBTQIA+ equity and inclusivity in perinatal services. Although part of the LGBTQIA+ community, they acknowledge that they cannot truly understand how it feels to be a trans/non-binary/gender-fluid person attempting to navigate the heavily gendered system. Here, in this final article in the series, they discuss the significance of language, both verbal and written, in relation to inclusivity for LGBTQIA+ people and provide multiple references to encourage readers to learn more from qualitative research and first-hand experiences. (Author)

2022-05539

Measuring the attitudes of midwives toward sexual and gender minority clients: Results from a Cross-Sectional survey in Ontario. Goldberg JM, Shokoohi M, Graf T, et al (2023), Birth vol 50, no 2, June 2023, pp 349-361

Background

In Canada, Ontario midwives provide care to sexual and gender minority (SGM) people. Published literature shows how midwives' attitudes shape the experiences of lesbians, but research examining midwives' attitudes toward SGM people is lacking. Our study measured the attitudes of Ontario midwives toward SGM clients, hypothesizing that attitudes would be positive overall and that there would be no difference in attitudes across practice settings.

Methods

Paper surveys (n = 926) with an option to respond online were sent to Ontario midwifery practices. We measured midwives' attitudes toward sexual minorities (11 questions, scores ranged from 11 to 55) and gender minorities (9 questions, scores ranged from 9 to 45), with higher scores indicating more positive attitudes. Overall and subgroup analyses were performed.

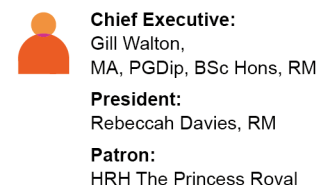
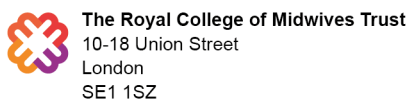
Results

The 268 completed surveys indicated that midwives' attitudes were positive toward both sexual (mean score 49.2, maximum possible score of 55, ie, 89.4%) and gender minorities (mean score 38.9, maximum possible score of 45, ie, 86.4%). Analyses showed that attitudes toward SGM were associated with midwives' sexual identity and route of entry into the profession (ie, university-based vs bridging programs), but not practice setting.

Conclusions

Although attitudes of this subset of midwives toward SGM clients were positive, volunteer bias could account for this finding since 32.6% of respondents identified as sexual minorities. Since the attitudes of midwives who entered the

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profession through the university-based education program were significantly more positive than those who entered through international bridging programs, future research should examine how SGM-related content is integrated into midwifery education and training curricula. (Author)

2022-05114

Sperm donor fathered 15 children despite DNA condition. Jefford W (2022), BBC News 31 May 2022

Reports the case of a man who fathered 15 children after offering his sperm via social media to lesbian couples who wished to become parents, despite knowing he had a heritable condition which can cause learning difficulties in his offspring. States that at a court case last week, James McDougall was refused access to three of his children. (JSM)

Full URL: https://www.bbc.co.uk/news/uk-england-derbyshire-61644195?at_medium=RSS&at_campaign=KARANGA

2022-04840

Effective Communication About Pregnancy, Birth, Lactation, Breastfeeding and Newborn Care: The Importance of Sexed Language. Gribble KD, Bewley S, Bartick MC, et al (2022), 7 February 2022, online

Opinion piece on the importance of desexed and gender-neutral language when discussing pregnancy, birth, lactation, breastfeeding and newborn care. (LDO)

Full URL: <https://doi.org/10.3389/fgwh.2022.818856>

2022-04128

Sexual and/or gender minority parental structures among California births from 2016 to 2020. Berrahou IK, Leonard SA, Zhang A, et al (2022), American Journal of Obstetrics & Gynecology MFM vol 4, no 4, July 2022, 100653

Background

Sexual and/or gender minority (SGM) people account for roughly 7.1% of the U.S. population, and an estimated one-third are parents. Little is known about SGM people who become pregnant, despite this population having documented health care disparities that may impact pregnancy.

Objectives

Our objective was to describe parental structures among birth parents and the pre-pregnancy characteristics of parents giving birth in likely sexual and/or gender minority (SGM) parental structures from California birth certificates.

Study Design

We conducted a population-based study using birth certificate data from all live births in California from 2016 through 2020 (n = 2,257,974). The state amended its birth certificate in 2016 to enable the recording of more diverse parental roles. Now, parents on birth certificates are classified as “parent giving birth” and “parent not giving birth” and people in either role can identify as “mother,” “father,” or “parent.” We examined all potential combinations of parenting roles and grouped parental structures of “mother-mother” and all structures designating a “father” as the “parent giving birth” into likely SGM groups. We assessed the distribution of pre-pregnancy characteristics across parental structure groups (“mother-father,” “SGM,” “mother only,” “unclassified,” and “missing both parental roles”).

Results

SGM parents accounted for 6,802 (0.3%) of live births in California over the 5-year study period. The most common SGM parental structures were “mother-mother” (n=4,310; 63% of the group) and “father-father” (n=1,486; 22% of the group). Compared with

“parents giving birth” in the “mother-father” structure (n=2,055,038; 91%), a higher proportion of “parents giving birth” in the “SGM” group were 35 years or older, white, college-educated, and had commercial health insurance. In addition, a higher proportion had a high pre-pregnancy body mass index. Although likely underreported overall, the proportion who used assisted reproductive technology was much higher among those in the “SGM” group (1.4%) than

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in the “mother-father” group (0.05%). Cigarette smoking in the three months prior to pregnancy was similar in both groups.

Conclusion

Changes to the California birth certificate have revealed a multiplicity of parental structures. Our findings suggest that SGM parents differ from other parental structures and from the general SGM population and warrant further research.

(Author)

2022-03045

Sexual and/or gender minority disparities in obstetrical and birth outcomes. Leonard SA, Berrahou I, Zhang A, et al (2022), American Journal of Obstetrics & Gynecology (AJOG) vol 226, no 6, June 2022, pp 846.e1-846.e14

Background

Many sexual and/or gender minority individuals build families through pregnancy and childbirth, but it is unknown whether they experience different clinical outcomes than those who are not sexual and/or gender minority individuals.

Objective

To evaluate obstetrical and birth outcomes comparing couples who are likely sexual and/or gender minority patients compared with those who are not likely to be sexual and/or gender minority patients.

Study Design

We performed a population-based cohort study of live birth hospitalizations during 2016 to 2019 linked to birth certificates in California. California changed its birth certificate in 2016 to include gender-neutral fields such as “parent giving birth” and “parent not giving birth,” with options for each role to specify “mother,” “father,” or “parent.” We classified birthing patients in mother-mother partnerships and those who identified as a father in any partnership as likely sexual and/or gender minority and classified birthing patients in mother-father partnerships as likely not sexual and/or gender minority. We used multivariable modified Poisson regression models to estimate the risk ratios for associations between likely sexual and/or gender minority parental structures and outcomes. The models were adjusted for sociodemographic factors, comorbidities, and multifetal gestation selected by causal diagrams. We replicated the analyses after excluding multifetal gestations.

Results

In the final birthing patient sample, 1,483,119 were mothers with father partners, 2572 were mothers with mother partners, and 498 were fathers with any partner. Compared with birthing patients in mother-father partnerships, birthing patients in mother-mother partnerships experienced significantly higher rates of multifetal gestation (adjusted risk ratio, 3.9; 95% confidence interval, 3.4–4.4), labor induction (adjusted risk ratio, 1.2; 95% confidence interval, 1.1–1.3), postpartum hemorrhage (adjusted risk ratio, 1.4; 95% confidence interval, 1.3–1.6), severe morbidity (adjusted risk ratio, 1.4; 95% confidence interval, 1.2–1.8), and nontransfusion severe morbidity (adjusted risk ratio, 1.4; 95% confidence interval, 1.1–1.9). Severe morbidity was identified following the Centers for Disease Control and Prevention “severe maternal morbidity” index. Gestational diabetes mellitus, hypertensive disorders of pregnancy, cesarean delivery, preterm birth (<37 weeks’ gestation), low birthweight (<2500 g), and low Apgar score (<7 at 5 minutes) did not significantly differ in the multivariable analyses. No outcomes significantly differed between father birthing patients in any partnership and birthing patients in mother-father partnerships in either crude or multivariable analyses, though the risk of multifetal gestation was nonsignificantly higher (adjusted risk ratio, 1.5; 95% confidence interval, 0.9–2.7). The adjusted risk ratios for the outcomes were similar after restriction to singleton gestations.

Conclusion

Birthing mothers with mother partners experienced disparities in several obstetrical and birth outcomes independent of sociodemographic factors, comorbidities, and multifetal gestation. Birthing fathers in any partnership were not at a significantly elevated risk of any adverse obstetrical or birth outcome considered in this study. (Author)

2022-02873

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Skills spotlight: sensitive midwifery care of genderqueer people. Vigot C (2022), The Student Midwife vol 5, no 2, April 2022, pp 28-31

Many transgender people may want to use their reproductive rights to carry their own children, but are midwives ready to care for them safely and sensitively? Claire Vigot explores how our services need to change. (Author, edited)

2022-02872

Hot topic: inclusive language. Stokoe J (2022), The Student Midwife vol 5, no 2, April 2022, pp 24-27

There are simple but powerful changes anyone working in perinatal care can make to be more inclusive to trans and nonbinary people, while still centering women in their work. As a trans birthing parent, I have experienced how language can be a barrier to care. I have also seen how it only takes one person to make fundamental changes that benefit people of all genders who are accessing that service. In this article, I explore how changemakers, great and small, can make a difference. (Author)

2022-02860

Investigating IBCLCs: providing inclusive lactation care. Henry L (2022), The Student Midwife vol 5, no 2, April 2022, p 19

An international board-certified lactation consultant (IBCLC) has a role in culturally appropriate care provision to meet infant feeding goals, supporting LGBTQIA+ families. Individual healthcare professionals (HCP) hold the responsibility to learn about holistic needs of families in the queer community. The third instalment of this series gives advice on increasing inclusivity and why it matters, as well as outlining some alternatives to breast/chestfeeding that still provide human milk. (Author, edited)

2022-02852

Pathways to parenthood for LGBTQI+ families. Flynn A (2022), The Student Midwife vol 5, no 2, April 2022, pp 11-14

Avril Flynn set up her practice to be totally inclusive of women and families of every shape and size, having noticed that there were no antenatal birth or baby educators who specially considered the varied needs of the LGBTQI+ community. Through the pandemic and having moved online, the need for her service has never been greater. She shares some of her knowledge about the varied ways in which the queer community can grow their families. Avril is a passionate advocate for inclusivity and inclusion and feels that change is possible through better understanding and education, particularly of student midwives. (Author)

2022-02848

We aren't over the rainbow yet: a research review examining LGBTQ+ families' experiences in perinatal care services.

Greenfield M (2022), The Student Midwife vol 5, no 2, April 2022, pp 6-9

In this article, Mari Greenfield explores the small amount of research conducted with LGBTQ+ parents which shows that cisheteronormative policies and practices negatively impact the experiences of LGBTQ+ people at every stage of their journey to parenthood, from conception, through pregnancy and birth, and into the postnatal period. (Author, edited)

2022-02327

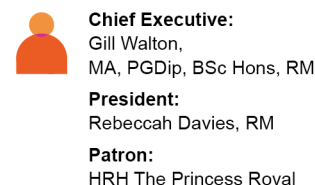
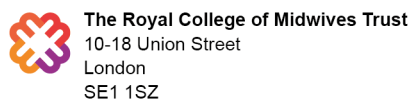
Gender inclusive language on public-facing maternity services websites in England. Jennings L, Goût B, Whittaker PJ (2022), British Journal of Midwifery vol 30, no 4, April 2022, pp 208-214

Background

Growing numbers of transgender and non-binary people are becoming gestational parents. It is important that patient-facing maternity websites reflect this. This study aimed to assess whether NHS maternity websites in England were inclusive to people of all genders.

Methods

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A total of 130 maternity websites were examined for gender-inclusive language. Websites were categorised as 'fully inclusive' if no gender-specific pronouns or terminology was used, 'inclusive' if no gendered terminology or pronouns were used but 'woman/women' or 'mothers/mums' was used to describe patients, or 'not inclusive' if gender-specific terms were used, such as 'she/her' or 'ladies'.

Results

Overall, 71.5% (n=93) of NHS services websites used language that was either inclusive or fully inclusive, but 28.5% (n=37) of providers analysed used language that was not inclusive.

Conclusions

Increasing language inclusivity in maternity services may help to reduce discrimination experienced by transgender and non-binary patients and contribute to a fulfilled and more diverse workforce. (Author)

2022-01821

LGBTQ+ individuals and pregnancy outcomes: A commentary. Croll J, Sanapo L, Bourjeily G (2022), BJOG: An International Journal of Obstetrics and Gynaecology vol 129, no 10, September 2022, pp 1625-1629

The aim of this commentary is to describe pregnancy outcomes of LGBTQ+ individuals, identify research gaps, describe clinical perspectives and propose future directions from a research, clinical care and educational perspective. (Author, edited)

Full URL: <https://doi.org/10.1111/1471-0528.17131>

2022-01166

Lactation Induction in a Transgender Woman Wanting to Breastfeed: Case Report. Wamboldt R, Shuster S, Sidhu BS (2021), The Journal of Clinical Endocrinology and Metabolism vol 106, no 5, May 2021, pp e2047-e2052

Context

Breastfeeding is known to have many health and wellness benefits to the mother and infant; however, breastfeeding in trans women has been greatly under-researched.

Objective

To review potential methods of lactation induction in trans women wishing to breastfeed and to review the embryological basis for breastfeeding in trans women.

Design

This article summarizes a case of successful lactation in a trans woman, in which milk production was achieved in just over 1 month.

Setting

This patient was followed in an outpatient endocrinology clinic.

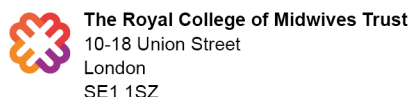
Participant

A single trans woman was followed in our endocrinology clinic for a period of 9 months while she took hormone therapy to help with lactation.

Interventions

Readily available lactation induction protocols for nonpuerperal mothers were reviewed and used to guide hormone therapy selection. Daily dose of progesterone was increased from 100 mg to 200 mg daily. The galactagogue domperidone was started at 10 mg 3 times daily and titrated up to effect. She was encouraged to use an electric pump and to increase her frequency of pumping.

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Main Outcome Measure

Lactation induction

Results

At one month, she had noticed a significant increase in her breast size and fullness. Her milk supply had increased rapidly, and she was producing up to 3 to 5 ounces of milk per day with manual expression alone.

Conclusions

We report the second case in the medical literature to demonstrate successful breastfeeding in a trans woman through use of hormonal augmentation. (Author)

2022-01148

Transmasculine chestfeeding: 2. Chestfeeding and mental health: what do we understand?. Norton J (2022), The Practising Midwife vol 25, no 3, March 2022, pp 37-39

This article is the final in a two-part series that aims to help the reader deliberate the research surrounding transgender men and chestfeeding, and reflect on their own feelings about gender and infant feeding. This short discussion considers the possible ramifications on chestfeeding if a healthcare professional misgenders a transgender man, contemplates the limited understanding of the psychological complexities of chestfeeding and suggests how care can be improved. (Author)

2022-01132

Intersectionality: the human side of equalities activism in midwifery. Einion A (2022), The Practising Midwife vol 25, no 3, March 2022, pp 15-17

Minority stress is a term relating to the experience of internalisation of gender, racial and other forms of discrimination, which can negatively affect health. However, our understanding of minority stress is too dependent on a focus on specific identity characteristics, which does not allow us to understand the impact of multiple intersecting identities and the impact of being minoritised by mainstream cultures for more than one characteristic. In this article, I would like to discuss the concept of intersectionality, and the very real need for midwives and birthworkers to understand the impact of oppression in medical and social systems on people with intersectional minoritised identities. As a cisgendered, white, lesbian midwife and academic, I feel it is imperative that I provide an example of how someone with my privileged background can start to develop an awareness of the lived experiences of others and begin to change the ways in which midwifery is practised through raising our professional consciousness. (Author)

2022-00606

LGBTQ2S+ childbearing individuals and perinatal mental health: A systematic review. Kirubarajan A, Barker LC, Leung S, et al (2022), BJOG: An International Journal of Obstetrics and Gynaecology vol 129, no 10, September 2022, pp 1630-1643

Background

The perinatal period may uniquely impact the mental health and wellbeing of lesbian, gay, bisexual, transgender, queer, and Two-Spirit (LGBTQ2S+) childbearing individuals.

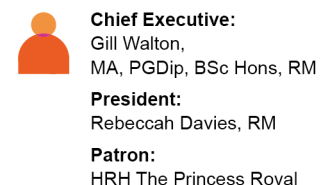
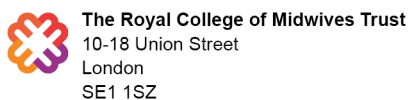
Objectives

To characterise and synthesise the experiences of LGBTQ2S+ childbearing individuals regarding perinatal mental health, including symptomatology, access to care and care-seeking.

Search strategy

We conducted and reported a systematic review following PRISMA guidelines of eight databases (EMBASE, MEDLINE-OVID, CINAHL, Scopus, Web of Science: Core Collection, Sociological Abstracts, Social Work Abstract, and PsycINFO) from inception to 1 March 2021.

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Selection criteria

Original, peer-reviewed research related to LGBTQ2S+ mental health was eligible for inclusion if the study was specific to the perinatal period (defined as pregnancy planning, conception, pregnancy, childbirth, and first year postpartum; includes miscarriages, fertility treatments and surrogacy).

Data collection and analysis

Findings were synthesised qualitatively via meta-aggregation using the Joanna Briggs Institute System for the Unified Management, Assessment and Review of Information (JBI SUMARI), and the ConQual approach.

Main results

Our systematic search included 26 eligible studies encompassing 1199 LGBTQ2S+ childbearing participants. Using the JBI SUMARI approach, we reported 65 results, which we synthesised as six key findings. The studies described unique considerations for LGBTQ2S+ individuals' perinatal mental health, including heteronormativity, cisnormativity, isolation, exclusion from traditional pregnancy care, stigma, and distressing situations from the gendered nature of pregnancy. Many participants described a lack of knowledge from healthcare providers related to care for LGBTQ2S+ individuals. In addition, LGBTQ2S+ individuals described barriers to accessing mental healthcare and gaps in health systems. Strategies to improve care include provider education, avoidance of gendered language, documentation of correct pronouns, trauma-informed practices, cultural humility training and tailored care for LGBTQ2S+ people.

Conclusions

Pregnancy, postpartum, and the perinatal period uniquely impacts the mental health and wellbeing of LGBTQ2S+ individuals, largely due to systems-level inequities and exclusion from perinatal care. Healthcare providers should implement the identified strategies to improve perinatal care and address inequities. (Author)

2022-00511

IVF: LGBT People [written answer]. House of Commons (2022), Hansard Written question 121687, 9 February 2022

Maria Caulfield responds to a written question from Steve McCabe, to the Secretary of State for Health and Social Care, regarding what estimate he has made of the cost of IVF treatment on the NHS for same-sex couples. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-02-09/121687>

2022-00508

IVF: LGBT People [written answer]. House of Commons (2022), Hansard Written question 121686, 9 February 2022

Maria Caulfield responds to a written question from Steve McCabe, to the Secretary of State for Health and Social Care, regarding what steps he plans to take to reduce regional disparities in access to IVF treatment for same-sex couples. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-02-09/121686>

2022-00507

IVF: LGBT People [written answer]. House of Commons (2022), Hansard Written question 122859, 10 February 2022

Maria Caulfield responds to a written question from Apsana Begum, to the Secretary of State for Health and Social Care, regarding whether he plans to commit to ensuring parity of access to IVF for same-sex couples. (MB)

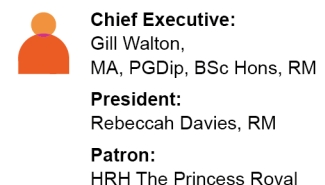
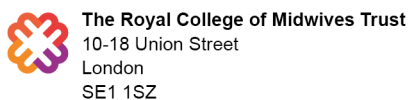
Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-02-10/122859>

2022-00273

LGBTQIA+ maternity care: 3. Inclusivity and equity in antenatal education for the LGBTQIA+ community. Ritchie A, Lai-Boyd B (2022), Practising Midwife vol 25, no 1, January 2022, pp 11-13

Antenatal education arguably sets the foundation for any pregnant person's journey throughout pregnancy, labour and

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the fourth trimester. The lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, and asexual and/or ally, plus non-cisgender and non-straight identities (LGBTQIA+) community has specific needs that are often not catered for within the heteronormative structure of traditional antenatal classes. In this third article in the LGBTQIA+ maternity case series, we explore how to make antenatal education more inclusive and what educators can do in order to ensure they play a part in providing tailored information that is designed with the unique needs of the LGBTQIA+ community in mind. (Author)

2022-00190

Birth registration policies in the United States and their relevance to sexual and/or gender minority families:

Identifying existing strengths and areas of improvement. Zhang A, Berrahou I, Leonard S, et al (2022), Social Science and Medicine vol 293, January 2022, 114633

Birth certificates are some of the most critical identity documents available to current residents of the United States, yet sexual and gender minority (SGM) parents frequently face barriers in obtaining accurate documents for their children. It is essential for SGM parents to have accurate birth certificates for their children at the time of birth registration so that they do not experience undue burden in raising their children and establishing their status as legal parents. In this analysis, we focused on the birth registration process in the US as they apply to SGM family-building and the assignation of parentage on birth certificates at the time of a child's birth. We utilized keyword-based search criteria to identify, collect, and tabulate official state policies related to birth registration. Birth registration policies rely on gendered, heteronormative assumptions about the sex and gender of a child's parents in all but three states when identifying the birthing person and in all but eight states when identifying the non-birthing person. We found additional barriers for SGM parents who give birth outside of a marriage or legal union. These barriers leave SGM parents particularly vulnerable to inaccuracies on their children's identity documents and incomplete recognition of their parental roles and rights. Existing birth registration policies also do little to ensure the inclusion of diverse family structures in administrative data collection. There are many ways to modify existing birth registration policies and enhance the inclusion of SGM parents within governmental administrative structures. We conclude with suggestions to improve upon existing birth registration systems by de-linking parental sex and gender from birthing role, parental role, and contribution to the pregnancy. (Author)

2022-00186

IVF: LGBT People [written answer]. House of Commons (2022), Hansard Written question 122860, 10 February 2022

Maria Caulfield responds to a written question from Apsana Begum, to the Secretary of State for Health and Social Care, regarding what assessment he has made of the effect of the cost of IVF treatment for LGBTQ+ people on the financial wellbeing of people from that community seeking that treatment. (Author)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-02-10/122860>

2021-14175

IVF: LGBT People [written answer]. House of Commons (2022), Hansard Written question 116070, 1 February 2022

Maria Caulfield responds to a written question asked by Fleur Anderson to the Secretary of State for Health and Social Care, regarding what steps he is taking to (a) ensure equal access to IVF treatment for LGBTQ+ people and (b) tackle regional disparities in the cost of that treatment for same-sex couples. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-02-01/116070>

2021-14106

Transmasculine chestfeeding: 1. Infant feeding and transgender men: considering our own perceptions. Norton J (2022), The Practising Midwife vol 25, no 2, February 2022, pp 37-40

Infant feeding is a highly emotive topic; and gender as another dimension to infant feeding discussions and thoughts may get more controversial. This article, the first in a two-part series, starts to explore the idea that associating infant feeding solely with women has prevented it from being valued and leads us to consider our own perceptions of

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gender. It aims to assist the reader in reflecting on whether as professionals living in our current society, we can asexualise breasts and provide the guidance and support that transgender men require, whilst not eroding our personal perceptions of what it means to be a woman. (Author)

2021-12418

Society for Maternal-Fetal Medicine Special Statement: Commitment to Excellence in Obstetrical Care, Research, and Education for People with Diverse Sexual and Gender Identities. Society for Maternal-Fetal Medicine (SMFM), Brandt JS, Eichelberger KY, et al (2022), American Journal of Obstetrics & Gynecology (AJOG) vol 226, no 4, April 2022, pp B10-B12

The Society for Maternal-Fetal Medicine seeks to ensure excellence in obstetrical outcomes for all people who desire or experience pregnancy, including people with diverse sexual and gender identities. The Society commits to the use of practices in clinical and research settings that affirm the sexual and gender identities of all people; encourages the development of undergraduate and graduate medical education curricula and training programs that address diverse pathways to pregnancy and support clinicians with diverse sexual and gender identities; and promotes the use of inclusive language that is accurate and, when possible, specific. (Author)

2021-12094

A Survey of Providers on Care of Gender Diverse Patients in Obstetrics: The Challenges and Lessons Learned.

Olsthoorn AV, Leslie SEC, O'Brien K, et al (2021), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 43, no 11, November 2021, pp 1243-1244

No abstract available.

2021-11982

Adult offspring of lesbian parents: How do they relate to their sperm donors?. Koh AS, van Beusekom G, Gartrell NK, et al (2020), Fertility and Sterility Vol 114, no 4, October 2020, pp 879-887

Objective

To study how adult offspring in planned lesbian-parent families relate to their unknown or known donors.

Design

Qualitative analyses of the sixth wave of online surveys from a longitudinal study of adult offspring in planned lesbian families, enrolled at conception.

Setting

Community-based United States national study.

Patient(s)

The 76 participants were 25-year-old donor insemination (DI) offspring whose lesbian parent(s) enrolled in a prospective longitudinal study when these offspring were conceived.

Intervention(s)

None.

Main Outcome Measure(s)

Offspring were asked about donor type, feelings about permanently unknown donor, satisfaction with and role of known donor, whether relationship with known donor was ongoing, and age of meeting open-identity donor.

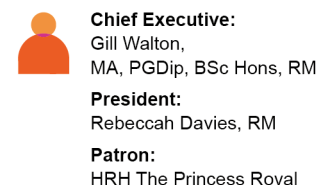
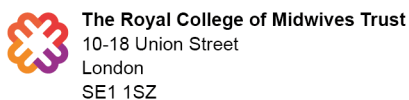
Result(s)

This cohort (n = 76) of DI offspring with lesbian parents was among the first generation to reach adulthood. Thirty participants had permanently unknown donors and most participants felt comfortable about not knowing them. Sixteen participants had open-identity donors they had not met. Thirty had currently known donors—met in childhood (n = 22) or after open-identity donor disclosure (n = 8)—of whom two thirds had ongoing relationships with donors, half considered their donors as acquaintances, and nearly half had good feelings about their relationship, although a minority expressed conflicted feelings.

Conclusion(s)

This study of adult DI offspring from planned lesbian families shows that those who knew their donors mainly felt positively about these relationships. Qualitative analyses offered insight into offspring-donor relationships, whose

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numbers are increasing due to historical and demographic trends. (Author)

Full URL: <https://doi.org/10.1016/j.fertnstert.2020.05.010>

2021-11492

What are LGBTQI+ parental experiences of healthcare support and decision-making regarding infant feeding options?

A grounded theory study. Jackson JR, Moreno L, Carmen M, et al (2022), Journal of Perinatology vol 42, no 8, August 2022, pp 1083-1090

Objective

To explore LGBTQI+ parental experiences regarding their interactions with healthcare professionals as a resource for feeding options during the prenatal-to-neonatal period.

Study design

This single-center, interview-based qualitative study of LGBTQI+ parents utilized grounded theory to identify and verify emergent themes and subthemes. We developed a conceptual framework to illustrate relationships among themes and subthemes, as well as opportunities for healthcare professionals and families to improve LGBTQI+ parental support.

Results

Thematic saturation was attained after interviewing 21 parents from 12 families. Analyses revealed four main themes representing opportunities for improvement: education, continuity of care, parental engagement and open communication. Personal and interpersonal factors influenced parental experiences and decisions, which shaped ultimate feeding outcomes.

Conclusions

LGBTQI+ parents revealed challenges of establishing feeding practices that best aligned with their values and goals. Recognizing these factors can help healthcare professionals improve their counseling, engagement and support of LGBTQI+ parents. (Author)

2021-11475

LGBT fertility policy: Influencers say guidelines place 'unfair financial burden' on them. Anon (2021), BBC News 9 November 2021

A lesbian couple challenging NHS fertility policy where they live say current rules place an "unfair financial burden" on LGBTQ+ people.

Megan and Whitney Bacon-Evans say they are required to undergo 12 rounds of private treatment before they can get NHS support. Heterosexual couples have to try to conceive for two years before becoming eligible.

They told the BBC News Channel they are "fighting for the same rights and opportunities as a heterosexual couple".

CCG Frimley, the subject of the review, says its policies comply with guidance. (Author)

Full URL: <https://www.bbc.co.uk/news/av/uk-59220837>

2021-11470

Finding the language of inclusion. Hogg S (2021), International Journal of Birth and Parent Education vol 9, no 1, October 2021, p 39

Column discussing inclusive language for transgender or non-binary birthing people. (LDO)

2021-11102

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Using Gender-Neutral Terms in Lactation. Spatz DL (2020), MCN - American Journal of Maternal/Child Nursing vol 45, no 1, January/February 2020, p 61

Recently, the International Lactation Consultants Association released a statement about using inclusive language for lactation. Recommendations include using the term “human milk” rather than “breast milk” or “mother’s own milk” and using the term “parent(s)” instead of gendered language. Our expert on breastfeeding, Dr. Spatz, explains how we can apply gender-neutral terminology to all aspects of lactation. (Author)

2021-10884

LGBTQIA+ maternity care. 2. Surrogacy: moving towards equitable care for LGBTQ parents. Lai-Boyd B, Johnson-Ellis M, King K (2021), The Practising Midwife vol 24, no 10, November 2021, pp 14-17

This is the second article on our Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, and Asexual and/or Ally, plus noncisgender and non-straight identities (LGBTQIA+) maternity care series. Surrogacy as a parenting journey for LGBTQ parents can be a vulnerable pathway within NHS maternity care. Midwifery education, hospital trust policy and individual bias must all change to ensure that we are delivering respectful, dignified and inclusive care for new parents and their children. (Author)

2021-10883

IVF and Maternity Services: LGBT People [written answer]. House of Commons (2021), Hansard Written question 59986, 20 October 2021

Maria Caulfield responds to a written question from Feryal Clark to the Secretary of State for Health and Social Care, regarding what recent discussions he has had with NHS England on ensuring equal access to IVF and maternity services for lesbian and bi women. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-10-20/59986>

2021-10567

Gay Fatherhood in the NICU - Supporting the “Gayby” Boom. Logan Jr R (2020), Advances in Neonatal Care vol 20, no 4, August 2020, pp 286-293

Background:

With advances in reproductive health, gay males are increasingly given the opportunity to reproduce. It is not a common occurrence for infants of gay male fathers to enter the neonatal intensive care unit (NICU); however, this may change and should be acknowledged.

Purpose:

To give insight into the barriers, perspectives, and stresses of gay male caregivers (families) in their time spent in the NICU and to offer recommendations as to how better to serve them and their families.

Methods/Search Strategy:

Searched using PubMed, CINAHL, SCOPUS, and Google Scholar. Key words used were “gay families,” “fatherhood,” “neonatal intensive care unit,” “lesbians,” and “surrogacy.”

Findings/Results:

There remains a very limited amount of data for healthcare providers as these relate to gay male fathers in the NICU, aside from narratives. Most of the research and literature that highlight potential barriers stem from heterosexual fatherhood in the NICU and lesbian parenting in the healthcare system.

Implications for Practice:

To have an understanding and knowledge to improve support for gay fathers in the NICU.

Implications for Research:

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Research on gay fathers in the NICU and further research on lower economic gay fatherhood and gay men of color and fatherhood are required. Because of the small sample size, multicentered studies may warranted to aid in clinical significance. (Author)

2021-10513

Clinically and Culturally Competent Care for Transgender and Nonbinary People - A Challenge to Providers of Perinatal Care. Roosevelt LK, Pietzmeier S, Reed R (2021), The Journal of Perinatal and Neonatal Nursing vol 35, no 2, April/June 2021, pp 142-149

Transgender and nonbinary people experience high rates of discrimination and stigma in healthcare settings, which have a deleterious effect on their health and well-being. While the preventative healthcare needs of transgender and gender nonbinary people are slowly starting to make their way into nursing curriculum, there is still a very little guidance on how to appropriately and respectfully care for this population during one of the most vulnerable interactions with the healthcare system, the perinatal period. Without exposure or education, nurses are challenged on how to provide compassionate and culturally competent care to transgender and nonbinary people. The focus of this review is to provide guidance to nurses caring for transgender and gender nonbinary people during the perinatal period. Terminology and respectful language, a discussion around the decision to parent, affirming approaches to physical examination, and care during pregnancy and the postpartum period are all discussed. By increasing the number of nurses who are trained to deliver high-quality and affirming care to transgender and nonbinary patients, challenging health inequities associated with provider discrimination can be mitigated. (Author)

2021-10325

In Vitro Fertilisation: LGBT People [written answer]. House of Commons (2021), Hansard Written question 54021, 23 September 2021

Maria Caulfield responds to a written question asked by Daisy Cooper to the Secretary of State for Health and Social Care, regarding if he will tackle inequalities for lesbian and bi women in accessing IVF under NICE guidelines. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-09-23/54021>

2021-10308

LGBT People: Reproduction [written answer]. House of Commons (2021), Hansard Written question 50165, 15 September 2021

Maria Caulfield responds to a written question asked by Charlotte Nichols to the Secretary of State for Health and Social Care, regarding what steps he is taking to ensure that LGBTQ+ people receive equitable support in being able to start a family; and what steps he is taking to tackle inequalities for lesbian and bi women accessing IVF treatment under NICE guidelines. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-09-15/50165>

2021-09976

Lesbian and bisexual women's experiences of health care: "Do not say, 'husband', say, 'spouse'". Soinio JII, Paavilainen E, Kylmä JPO (2020), Journal of Clinical Nursing vol 29, no 1-2, January 2020, pp 94-106

Aims and objectives

To describe the experiences and wishes of lesbian and bisexual women concerning health care in Finland.

Background

Sexual orientation is a personal aspect of identity and also an important aspect of holistic health care. Lesbian and bisexual women have unmet health needs. The way that healthcare personnel encounter lesbian and bisexual women affects whether they disclose their sexual orientation.

Design

Qualitative inductive survey.

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Methods

The research data for this study were collected in spring 2018 using an electronic survey (n = 22). The data were analysed using inductive content analysis. The research report has been checked using COREQ checklist, see Appendix S1.

Results

The research data were divided into two main domains: experiences and wishes. Women described health care as being heteronormative. They had both good and bad experiences, and their own poor experiences and those of others had a negative impact on their utilisation of healthcare services. Women had apprehensions about encountering stereotyping in health care and did not always disclose their orientation, even though recognising it would be integral to the provision of holistic health care. Lesbian and bisexual women wished that health care would refrain from heteronormativity, acknowledge issues that were important to them and engage with them without any prejudgement. They also wished healthcare environments would be improved to reflect an open acceptance of sexual minorities and also co-operate with sexual minority organisations.

Conclusions

Women had conflicting experiences. Heteronormativity was seen as an obstacle for holistic health care. Women hoped health care would collaborate with the third sector.

Relevance to clinical practice

Sexual diversity should be acknowledged and better communicated to patients. Women hoped personnel would have the understanding to treat them in the same professional way as any other patients, but with expertise specific to their needs, for example in sexual health guidance. (Author)

2021-09971

Mothers in same-sex relationships—Striving for equal parenthood: A grounded theory study. Engström HA, Häggström-Nordin E, Borneskog C, et al (2019), *Journal of Clinical Nursing* vol 28, no 19-20, October 2019, pp 3700-3709

Aims and objectives

To get a deeper understanding of how mothers in same-sex relationships think and reason about their parenthood in terms of gender equality, and how they experience early parental support from child healthcare professionals.

Background

There is an increasing amount of research on how women in same-sex relationships experience healthcare services when forming a family. Yet there is limited knowledge of what kind of early parental support these women may request.

Design

Grounded theory. Follows guidelines for qualitative research (COREQ).

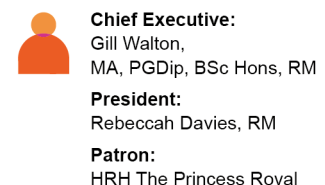
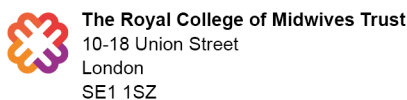
Method

Twenty women ranging from 25 to 42 years of age participated in semi-structured interviews. Data collection and analysis took place in parallel, as recommended in grounded theory methodology.

Results

The results are described by the core category Same-sex mothers request professional support to achieve equal parenthood, which includes five categories: (a) equality in everyday life, (b) diversity in mother and child attachment, (c) justification of the family structure, (d) ambivalent thoughts about their child's future and (e) a special need for networking and request for professional support. These findings provide a deeper understanding of how same-sex mothers experience their parenthood and the parental support that is offered.

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Conclusion

Child healthcare professionals need to be sensitive and recognise both mothers as equal parents and offer early parenting groups where two-mother families feel included and supported.

Relevance to clinical practice

Healthcare professionals need to be aware of diverse family formations and meet each parent as a unique individual without heteronormative assumptions. Same-sex mothers must be treated as equal parents and acknowledged as mothers. Healthcare professionals should offer inclusive and supportive parental groups to same-sex families. They should also inform and support nonbirth mothers about the possibility to breastfeed. (Author)

2021-09968

Nurses' perceptions of their relationships and communication with lesbian women seeking perinatal care. Tzur-Peled S, Sarid O, Kushnir T (2019), *Journal of Clinical Nursing* vol 28, no 17-18, September 2019, pp 3271-3278

Aims and objective

To examine whether nurses' assessment of their relationships and communication with lesbian women seeking perinatal care is associated with their personal and professional characteristics and knowledge of homosexuality.

Background

Recently, there has been a growing incidence of same-sex parenthood. Nurses administer health care to lesbian women from pregnancy planning through birth, providing consultation. Although there has been a shift in attitudes towards homosexuality, discrimination is still quite common.

Design

This research is part of a larger cross-sectional study carried out at women's healthcare centres, concerning nurses' perceived quality of perinatal care provided to lesbian women.

Methods

The study was conducted from December 2015–April 2016 at women's health centres in Israel encompassing 184 registered nurses who completed self-report questionnaires. They were assessed as to their knowledge of homosexuality and nurse–patient relationships and communication. The Squire checklist was used.

Results

Most (73.4%) had prior acquaintance with lesbian women; only 17.9% had been educated as to lesbian women's unique health needs; of these, 66.7% thought that they had been given professional tools for working with lesbian women; 60.4% were unaware of the importance of knowing the patient's sexual orientation. The average score on a homosexuality knowledge questionnaire was 10.4 on a scale of 0–17, indicating moderate levels of factual knowledge about homosexuality. A significant positive correlation was found between nurses' knowledge of homosexuality and assessment of their relationships and communication with lesbian women seeking perinatal care. In addition, nurses' personal and professional characteristics, such as place of birth, religiosity and familiarity with lesbian women, were related to their assessment of their relationships and communication.

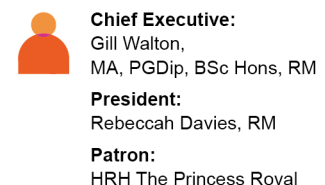
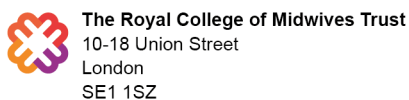
Conclusion

Nurses' knowledge of homosexuality and personal and professional characteristics were associated with their perceptions regarding relationships and communication with lesbian women seeking perinatal care.

Relevance to clinical practice

Further training might broaden, refine rigid perceptions and contribute to advancing equal perinatal nursing care of lesbian women. (Author)

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2021-09345

Learning to be inclusive. McCann E, Brown M, McCormick F (2021), World of Irish Nursing & Midwifery vol 29, no 5, June 2021, p 47

We must address the needs of LGBTQ+ people through nursing and midwifery education programmes, write Edward McCann, Michael Brown and Freda McCormick. (Author)

Full URL: <https://online.flippingbook.com/view/159724681/46/>

2021-09344

Do we see?. Plunkett M (2021), World of Irish Nursing & Midwifery vol 29, no 5, June 2021, p 46

We need to challenge heteronormative ideals in healthcare to ensure the visibility of the LGBTQ+ community, writes Melissa Plunkett. (Author)

Full URL: <https://online.flippingbook.com/view/159724681/46/>

2021-09343

Showing Pride in healthcare. O'Connor C (2021), World of Irish Nursing & Midwifery vol 29, no 5, June 2021, p 44

Catherine O'Connor discusses the impact that language and attitudes can have on the care of LGBT+ patients. (Author)

Full URL: <https://online.flippingbook.com/view/159724681/44/>

2021-09076

Birth Certificates: LGBT People [written answer]. House of Commons (2021), Hansard Written question 45184, 8 September 2021

Kevin Foster responds to a written question from Thangam Debbonaire to the Secretary of State for the Home Department, regarding whether her Department has plans to update birth certificates to enable parents of the same sex to register the birth of their child. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-09-08/45184>

2021-08993

Provision of Human Milk in the Context of Gender Diversity: AWHONN Practice Brief Number 15. Association of Women's Health, Obstetric and Neonatal Nurses (2021), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 50, no 6, November 2021, pp e16-e18

Practice brief from the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) on the language used around human milk in the context of gender diversity. AWHONN recommends that clinicians use gender neutral terminology when discussing human milk and lactation, and identified pronouns should be documented in medical records for all health care professionals to use. (LDO)

Full URL: <https://doi.org/10.1016/j.jogn.2021.07.006>

2021-08948

Health History Skills for Interprofessional Learners in Transgender and Nonbinary Populations. Ruud MN, Demma JM, Woll A, et al (2021), Journal of Midwifery & Women's Health vol 66, no 6, November/December 2021, pp 778-786

Introduction

Transgender and nonbinary people have been identified as vulnerable and clinically underserved and experience health disparities. Lack of health care provider knowledge about transgender and gender diverse populations is a barrier to care, impacting health outcomes. The aim of this project was to develop, implement, and evaluate a simulation learning activity for midwifery and women's health nurse practitioner students and obstetrics and gynecology residents to interact with transgender and nonbinary individuals, with the goal of enhancing health history taking comfort and skills.

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Methods

A partnership was formed among University faculty and simulation educators, a community clinic providing gender-affirming care, and members of transgender and gender diverse populations who served as patient-teachers. Two cases frequently encountered in clinics providing care to transgender individuals were developed for the simulation. Learners were divided into interprofessional groups of 3 and completed one of 2 case scenarios with a patient-teacher. Learners and patient-teachers debriefed after the simulation to discuss and reflect on the experience.

Results

Thirty-three learners participated in the simulation, 12 midwifery students, 16 women's health nurse practitioner students and 5 obstetrics and gynecology residents. Significant differences were observed for all comfort and skills questions, showing increased perceived comfort and skills from pre- to postsimulation. There were no significant differences in attitude responses.

Discussion

We successfully created and implemented a new sexual and reproductive history taking skills simulation in partnership with community clinic staff and transgender and nonbinary persons. The session was well received by learners and patient-teachers. Learners demonstrated significant improvements in comfort and skills in history taking in this setting and provided favorable feedback about the experience. This simulation can serve as a guide to others providing education to future midwives, women's health nurse practitioners, and obstetrician-gynecologists. (Author)

2021-08866

Initiation of Gender-Affirming Testosterone Therapy in a Lactating Transgender Man. Oberhelman-Eaton S, Chang A, Gonzalez C, et al (2022), *Journal of Human Lactation* vol 38, no 2, May 2022, pp 339-343

Introduction:

Transgender and gender diverse individuals may choose to provide their infants with human milk. Lactating transgender men may experience gender dysphoria and desire to initiate or reinstate gender-affirming testosterone therapy. However, there is limited safety data regarding use of testosterone during lactation.

Main Issue:

A 30-year-old G2P2 transgender man with gender dysphoria sought to initiate gender-affirming testosterone therapy while lactating.

Management:

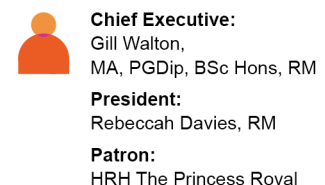
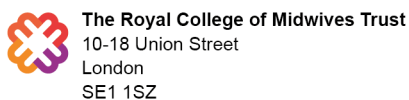
Subcutaneous testosterone was self-administered beginning at 13 months post-partum. We prospectively collected data on circulating testosterone concentrations in parent serum, milk, and infant serum over 5 months until the infant self-weaned. The infant was monitored for growth and development at routine pediatric outpatient appointments. Parent serum testosterone concentrations rose with the initiation of testosterone therapy, reaching therapeutic concentrations by Day 14. Milk testosterone concentrations also increased with a maximum concentration of 35.9 ng/dl when the lactating parent was on a dose of 80 mg subcutaneous testosterone cypionate weekly. The calculated milk/plasma ratio remained under 1.0 and the calculated relative infant dose remained under 1%. The infant had no observable side effects, and his serum testosterone concentrations remained undetectable throughout the study period.

Conclusion:

This is the first study with data regarding human milk and infant serum testosterone concentrations during the initiation of gender-affirming testosterone therapy in a lactating individual. This evidence can help families and clinicians with decisions regarding lactation and testosterone use. (Author)

2021-08649

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LGBTQIA+ maternity care. 1. Pride in maternity: proud of what?. Lai-Boyd B, Lai-Boyd S (2021), *The Practising Midwife* vol 24, no 8, September 2021, pp 13-15

Our knowledge and understanding of gender and sexuality is changing dramatically. With increasing numbers of LGBTQIA+ individuals accessing maternity care, we are now at a critical transition point. How do we turn what has been historically a heteronormative cisgendered system into one that caters for all genders and sexualities? As the first articles in a four-part series, here we explore the current challenges facing the LGBTQIA+ community when accessing healthcare and how the current maternity system fails to create a safe and inclusive space for new parents. We explore the improvements needed for progressive change to happen and how individual practitioners can care for the LGBTQIA+ community with compassion. (Author)

2021-08057

Parental empowerment—Lesbian, gay, bisexual, trans or queer parents' perceptions of maternity and child

healthcare. Kerppola J, Halme N, Perälä ML, et al (2019), *International Journal of Nursing Practice* vol 25, no 5, October 2019, e12755

Aim

Describe empowerment in maternity and child healthcare from the perspective of self-identified lesbian, gay, bisexual, trans, or queer (LGBTQ) parents in Finland.

Background

Parental empowerment is a core aspect of maternity and child healthcare. However, knowledge about LGBTQ parents' perceptions about empowerment is still lacking.

Method

Qualitative design, 22 parents participating. The interviews were conducted in between July and September 2016 and analysed using inductive content analysis.

Findings

Three core categories emerged as follows: (a) recognition and acknowledgment, particularly being treated as a parent, irrespective of any biological or legal ties to a child; (b) cooperation and interaction, such as working together, respecting parents' autonomy, and supporting parents' full involvement; (c) equitable care, such as parents' trust in services, but also a health-care professional's knowledge of a family's special needs.

Conclusion

Empowerment was perceived as the parents' sense of being visible and recognized as a parent. This recognition requires education and structures that are inclusive of all families. In addition, the language used by professionals was a key indicator for promoting positive feelings of comfort and safety for all families. (Author)

2021-07551

The right to feed. Wagg A, Gray L (2021), *Community Practitioner* vol 94, no 4, July/August 2021, pp 34-36

Amanda Wagg and Lara Gray discuss making lactation accessible to all across the gender spectrum. (Author)

2021-07520

Academy of Breastfeeding Medicine Position Statement and Guideline: Infant Feeding and Lactation-Related

Language and Gender. Bartick M, Stehel EK, Calhoun SL, et al (2021), *Breastfeeding Medicine* vol 16, no 8, August 2021, pp 587-590

Position statement from the Academy of Breastfeeding Medicine (ABM) on the use of inclusive language in infant feeding publications. Presents a table of suggested gender-inclusive terms such as they/them and lactating parent. (LDO)

Full URL: <https://doi.org/10.1089/bfm.2021.29188.abm>

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2021-07240

The views and experiences of LGBTQ+ people regarding midwifery care: A systematic review of the international evidence. McCann E, Brown M, Hollins-Martin C, et al (2021), Midwifery vol 103, December 2021, 103102

Background

There has been growing attention to addressing the health inequalities and concerns of LGBTQ+ people, with research evidence highlighting areas requiring further attention and development. The distinct concerns of LGBTQ+ people when accessing midwifery care and support is an issue requiring a specific focus to ensure needs are met effectively.

Aim

The aim of this systematic review was to critically appraise and synthesise the best available evidence regarding the views and experiences of LGBTQ+ people in relation to midwifery care and supports.

Method

A systematic review was undertaken to identify all relevant studies meeting the inclusion criteria. A total of eleven papers were included in the review, utilising the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) method. Methodological quality was evaluated using the Mixed Methods Assessment Tool (MMAT).

Findings

Following data analysis, the themes that emerged were: (i) Contemplating pregnancy and ante-natal experiences, (ii) pregnancy and labour issues and concerns, and (iii) post-natal ongoing care and supports.

Conclusion and implications for practice

It has become apparent from this systematic review that LGBTQ+ individuals have variable experiences when accessing midwifery care and support. Midwifery policies and practice guidelines should be reflective of the distinct needs of LGBTQ+ people and their families and friends. Future studies could focus more on the impact and outcomes of their care experiences within midwifery services. (Author)

2021-06572

Women's reproductive health programme: progress, products and next steps. Public Health England (2021), London: PHE 14 July 2021

Progress update on the PHE reproductive health programme, including a new return on investment tool and the next steps for 2021 to 2022.

The work of the Public Health England (PHE) reproductive health programme aims to address the needs of all women regardless of their sexual orientation or 'trans' status. (Trans is an inclusive term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.)

However, it is recognised that people with gender identities that do not align with the sex they were assigned at birth have unique and specific reproductive health needs that are not addressed in this update report.

To address this gap, PHE and leaders and representatives of the lesbian, gay, bisexual, and transgender (LGBT) sector have undertaken research to gain insight into the specific needs of trans and non-binary people. The report 'Trans people's reproductive health' will be published in 2021. (Author, edited)

2021-06516

In Vitro Fertilisation: Homosexuality [written answer]. House of Commons (2021), Hansard Written question 27049, 5 July 2021

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Helen Whately responds to a written question from Dawn Butler to the Secretary of State for Health and Social Care, regarding whether he will take urgent steps with representatives of Clinical Commission Groups across England to tackle the discrimination faced by same-sex women couples when accessing fertility treatment on the NHS. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-07-05/27049>

2021-06131

In Vitro Fertilisation: Homosexuality [written answer]. House of Commons (2021), Hansard Written question 25918, 1 July 2021

Helen Whately responds to a written question asked by Stephen Morgan to the Secretary of State for Health and Social Care, regarding what steps he is taking to tackle discrimination against same-sex women couples accessing fertility treatment. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-07-01/25918>

2021-05299

Fertility: LGBT People [written answer]. House of Commons (2021), Hansard Written question 18599, 18 June 2021

Helen Whately responds to a written question asked by Daisy Cooper to the Secretary of State for Health and Social Care, regarding what steps he is taking to ensure that LBTQ women have equitable access to fertility care. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-06-18/18599>

2021-04640

Knowledge and practice of induction of lactation in trans women among professionals working in trans health.

Trautner E, McCool-Myers M, Joyner AB (2020), International Breastfeeding Journal vol 15, no 63, 16 July 2020

Background

Breastfeeding is emerging as an important reproductive rights issue in the care of trans and gender nonconforming people. This study sought to understand the tools available to professionals working in the field of trans health to help trans women induce lactation and explore the concept of unmet need.

Methods

In November 2018, we conducted a cross-sectional study which surveyed attendees at the World Professional Association for Transgender Health (WPATH) symposium in Buenos Aires, Argentina. Eligible participants were 18 + years old, had professional experience with transgender populations, were able to complete a survey in English, and were conference attendees. Descriptive data were collected using a 14-item written survey encompassing demographic characteristics, experience in transgender health, and lactation induction in trans women.

Results

We surveyed 82 respondents (response rate 10.5%), the majority of whom were healthcare professionals (84%). Average age of respondents was 42.3 years old. They represented 11 countries and averaged 8.8 years of work at 21.3 h/week with trans populations. Healthcare professionals in this sample primarily specialized in general/internal medicine, psychology, endocrinology, and obstetrics/gynecology. One-third of respondents (34%) stated that they have met trans women who expressed interest in inducing lactation. Seventeen respondents (21%) knew of providers, clinics, or programs that facilitated the induction of lactation through medication or other means. Seven respondents (9%) have helped trans women induce lactation with an average of 1.9 trans women in the previous year. Two protocols for lactation induction were mentioned in free text responses and 91% believe there is a need for specialized protocols for trans women.

Conclusion

This exploratory study demonstrates healthcare professionals' interest in breastfeeding protocols for lactation induction in trans women. Additional studies are needed to capture insights from breastfeeding specialists, e.g. lactation consultants and peripartum nurses, and to understand patients' perspectives on this service. (Author)

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2021-04450

Birth Certificates: LGBT people [written answer]. House of Commons (2021), Hansard Written question 7182, 25 May 2021

Helen Whately responds to a written question from Dan Jarvis to the Secretary of State for Health and Social Care, regarding what plans he has to change the birth registration process so that both parents' names are included on the birth certificate where LGBT+ parents (a) are not married and (b) have not conceived via an officially registered clinic; and if he will make statement. (Author, edited)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-05-25/7182>

2021-03759

Three Continents, Two Fathers, One Donor: A Non-Puerperal Relactation Case Study. Lopez-Bassols I, Duke LO, Subramaniam G (2021), Journal of Human Lactation vol 37, no 4, November 2021, pp 697-702

Introduction

A woman was able to relactate 7 years after breastfeeding her children. She donated her expressed milk to her friends, a same-sex male couple, who had a child through surrogacy in the United States. She lived in London and shipped her milk to Hong Kong, where they lived. The infant thrived on the donated expressed milk received during the first 3 months of his life.

Main issue

This case is unusual because the woman was not breastfeeding at the time, which would have made expressing easier, and she was not adopting. She consulted a National Childbirth Trust Breastfeeding Counsellor and an International Board Certified Lactation Consultant® who helped her explore non-puerperal relactation protocols.

Management

Her plan started 6 months before the birth and included the use of domperidone, frequent expressing by hand and with a hospital-grade pump. A breastfeeding specialist physician made suggestions on the dosage of domperidone. She donated a total of 35.06 L. She had the full support of her partner and family.

Conclusion

Non-puerperal induced lactation and relactation offer ways to make human milk accessible to all infants, particularly those from LGBTQ+ families in which no parent is lactating, as was the case with the same-sex male couple participating in this study. It is essential to disseminate the knowledge and skills needed to support non-puerperal induced lactation and relactation among all healthcare professionals involved. (Author)

2021-03009

Care During Pregnancy, Childbirth, Postpartum, and Human Milk Feeding for Individuals Who Identify as LGBTQ+.

Griggs KM, Waddill CB, Bice A, et al (2021), MCN - American Journal of Maternal/Child Nursing vol 46, no 1, January/February 2021, pp 43-53

The growing number of families that include members of sexual and/or gender minority (SGM) groups requires perinatal nurses to know how to provide respectful and affirming care to all people, including this population. Approximately 19% of adults who are members of SGM groups are raising 3 million children, with many hoping to become pregnant, foster, use surrogacy, or adopt in the future. Based on current literature, many nurses are not prepared to meet the clinical needs of patients who are members of SGM groups in the maternity setting. Likewise, patients and families of SGM groups often perceive that nurses are uncomfortable with providing care and are not always satisfied with their care. To meet these needs, it is important that nurses use strategies focused on promoting respectful, affirming care, reducing negative experiences, and eliminating marginalizing language and practices. Nurses must incorporate a holistic care focus for patients who are members of SGM minority groups that includes standardized strategic education; development of Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, or Plus

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(LGBTQ+) affirming and inclusive policies, practices, and language; flexibility, personal reflection of self-bias; and creating an environment of individualized compassionate care. (Author)

Full URL: https://journals.lww.com/mcnjournal/Fulltext/2021/01000/Care_During_Pregnancy_Childbirth_Postpartum_and.7.aspx

2021-02948

Contemporary and future transmasculine pregnancy and postnatal care in the UK. Botelle R, Connolly D, Walker S, et al (2021), *The Practising Midwife* vol 24, no 5, May 2021, pp 8-13

Transmasculine people seeking pregnancy care face: poor healthcare provider knowledge and guidance around their specific needs; feelings of loneliness, exclusion and isolation related to navigating the external world, internal identity and gender dysphoria while pregnant; and inadequate access to culturally competent services. Considering short- and long-term clinical, research and policy perspectives in the UK, there is a need for: quantitative and qualitative research into the outcomes and experiences of pregnancy; clear guidance from midwifery and obstetric bodies; trans-inclusive standardised curricula; development of community-led peer support; and consideration of specialist training materials and roles. (Author)

2021-02212

In Vitro Fertilisation: Homosexuality [written answer]. House of Commons (2021), Hansard Written question 178755, 12 April 2021

Helen Whately responds to a written question from Tim Loughton to the Secretary of State for Health and Social Care, regarding what assessment he has made of the potential merits of giving same sex couples the same rights as heterosexual couples to access IVF treatment. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-04-12/178755>

20210122-38

Missing Ethical Discussions in Gender Care for Transgender and Non-binary People: Secondary Sex Characteristics.

Rabelais E (2020), *Journal of Midwifery & Women's Health* vol 65, no 6, November/December 2020, pp 741-744

Commentary on the inclusion of care for transgender and non-binary people in midwifery and women's health. (LDO)

2021-00067

National survey on the opinions of French specialists in assisted reproductive technologies about social issues impacting the future revision of the French Bioethics laws. Creux H, Diaz M, Grynberg M, et al (2020), *Journal of Gynecology, Obstetrics and Human Reproduction* vol 49, no 9, November 2020, 101902

Introduction: France is known for its conservative and unique position in assisted reproductive technologies (ARTs). At the eve of the future revision of French Bioethics laws, we decided to conduct a national survey to examine the opinions of French specialists in ARTs about social issues.


Material and methods: Descriptive study conducted in May 2017 in a university teaching hospital using an anonymous online questionnaire on current issues in ARTs. The questionnaire was sent by email to 650 French ARTs specialists, both clinicians and embryologists.

Results: After 3 reminders, 408 responses were collected resulting in a participation rate of 62.7% (408/650).


Concerning pre-implantation genetic testing, 80% of the physicians were in favor of expanding the indications, which in France are presently limited to incurable genetic diseases. Authorizing elective Fertility Preservation was supported by 93.4% of the specialists, but without social coverage for 86.3% of them. Concerning gamete donation, 77.4% of the French ARTs specialists were in favor of giving a financial compensation to donors, 92% promoted preserving their anonymity and 80.9% were against a directed donation. ARTs for single heterosexual women were supported by 63.4% of the French specialists and by 72.5% for lesbian couples. The legalization of surrogacy was requested by 55.2%.

Discussion: Pending the revision of the French Bioethics laws, this survey provides an overview of the opinion of the specialists in ARTs on expanding ARTs for various social indications. Because of the evolution of social values, a more liberal and inclusive ART program is desired by the majority of ART specialists in France. (Author) Copyright © 2020

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2021-00066

The psychological wellbeing of ART children: what have we learned from 40 years of research?. Golombok S (2020), Reproductive BioMedicine Online vol 1, no 4, October 2020, pp 743-746

Our understanding of what makes a family has changed dramatically in recent decades due to advances in reproductive technologies accompanied by changing social attitudes. But what has the impact been on children? This article presents a summary of research on parent-child relationships and the psychological adjustment of children in families created by assisted reproduction. The findings show that families with lesbian mothers, gay fathers, and single mothers by choice, and families created by donor conception and surrogacy, are just as likely to flourish as traditional families, and sometimes more so, although the children from these families will sometimes face prejudiced attitudes from others. It is concluded that the quality of family relationships and the wider social environment matter more for children's psychological wellbeing than the number, gender, sexual orientation, or biological relatedness of their parents. (Author)

2021-00058

Care During Pregnancy, Childbirth, Postpartum, and Human Milk Feeding for Individuals Who Identify as LGBTQ. Griggs KM (2021), MCN - American Journal of Maternal/Child Nursing vol 46, no 1, January-February 2021, pp 43-53

The growing number of families that include members of sexual and/or gender minority (SGM) groups requires perinatal nurses to know how to provide respectful and affirming care to all people, including this population. Approximately 19% of adults who are members of SGM groups are raising 3 million children, with many hoping to become pregnant, foster, use surrogacy, or adopt in the future. Based on current literature, many nurses are not prepared to meet the clinical needs of patients who are members of SGM groups in the maternity setting. Likewise, patients and families of SGM groups often perceive that nurses are uncomfortable with providing care and are not always satisfied with their care. To meet these needs, it is important that nurses use strategies focused on promoting respectful, affirming care, reducing negative experiences, and eliminating marginalizing language and practices. Nurses must incorporate a holistic care focus for patients who are members of SGM minority groups that includes standardized strategic education; development of Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, or Plus (LGBTQ+) affirming and inclusive policies, practices, and language; flexibility, personal reflection of self-bias; and creating an environment of individualized compassionate care. (Author)

20201218-3*

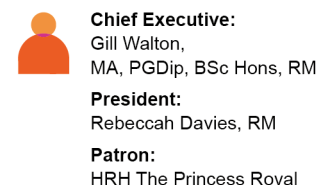
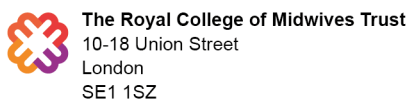
Maternal Health in the Transgender Population. Patel S, Sweeney LB (2021), Journal of Women's Health vol 30, no 2, February 2021, pp 253-259

Social acceptance and legal protections for transgender and gender nonconforming patients have increased over the past decade, but significant health care disparities still remain. Such an area of disparity is discussion with and interventions for fertility, contraception, pregnancy, and lactation in TGNC patients. Providing optimal care starts with creating a welcoming and safe environment. Appropriate preconception education includes the effects of gender-affirming therapies (both surgical and nonsurgical) on fertility as well the fertility preservation techniques that are available. However, as gamete retrieval requires natal hormone stimulation, gender dysphoria may be worsened. Thus, these patients should be carefully monitored not only medically, but also with regard to their mental health. In addition to assisted reproductive technologies, protocols exist to aid with induction of lactation as well as discontinuation if desired. As this is a growing field of medicine with limited data available on safety and long-term outcomes, recommendations are for a multidisciplinary team approach to ensure patients' safety and well-being. (Author)

Full URL: <https://doi.org/10.1089/jwh.2020.8880>

20201125-15*

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In Vitro Fertilisation: LGBT People [written answer]. House of Commons (2020), Hansard Written question 117978, 19 November 2020

Helen Whately responds to a written question from Ian Mearns to the Secretary of State for Health and Social Care, with reference to his speech at the PinkNews summer reception on 4 July 2019, when his Department intends to (a) complete and (b) publish the review into IVF treatment equality for all, including the LGBT community. (Author, edited)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-19/117978>

20200910-68*

Men, trans/masculine, and non-binary people's experiences of pregnancy loss: an international qualitative study.

Riggs DW, Pearce R, Pfeffer CA, et al (2020), BMC Pregnancy and Childbirth vol 20, no 482, 24 August 2020

Background

Growing numbers of men, trans/masculine, and non-binary people are becoming gestational parents, yet very little is known about experiences of pregnancy loss among this diverse population.

Methods

The study employed a cross sectional design. Interviews were undertaken with a convenience sample of 51 trans/masculine and non-binary people who had undertaken at least one pregnancy, living in either Australia, the United States, Canada, or the European Union (including the United Kingdom). Participants were recruited by posts on Facebook and Twitter, via researcher networks, and by community members. 16 (31.2%) of the participants had experienced a pregnancy loss and are the focus of this paper. Thematic analysis was used to analyse interview responses given by these 16 participants to a specific question asking about becoming pregnant and a follow up probe question about pregnancy loss.

Results

Thematic analysis of interview responses given by the 16 participants led to the development of 10 themes: (1) pregnancy losses count as children, (2) minimizing pregnancy loss, (3) accounting for causes of pregnancy loss, (4) pregnancy loss as devastating, (5) pregnancy loss as having positive meaning, (6) fears arising from a pregnancy loss, (7) experiences of hospitals enacting inclusion, (8) lack of formal support offered, (9) lack of understanding from family, and (10) importance of friends.

Conclusions

The paper concludes by outlining specific recommendations for clinical practice. These include the importance of focusing on the emotions attached to pregnancy loss, the need for targeted support services for men, trans/masculine, and non-binary people who undertake a pregnancy (including for their partners), and the need for ongoing training for hospital staff so as to ensure the provision of trans-affirming medical care. (Author)

Full URL: <https://doi.org/10.1186/s12884-020-03166-6>

20200902-82

Lesbian Women Undergoing Assisted Reproduction - Diverse, But Not Different. Kim AS, Sax MR, Pavlovic ZJ, et al (2020),

Obstetrics & Gynecology vol 136, no 3, September 2020, pp 543-547

The use of assisted reproduction among women in relationships with other women has increased in the United States over the past decade as a result of increased legal access and social acceptance. Despite this shift, limited studies currently exist to guide optimal fertility care for this growing patient population of women seeking assisted reproduction. In this Commentary, assisted reproduction will be meant to include ovulation induction, intrauterine insemination (IUI), and in vitro fertilization (IVF). Conflicting studies suggest that self-identified lesbian women may demonstrate an increased prevalence of polycystic ovarian syndrome. Most available studies find that a woman's sexual orientation does not affect the outcome of fertility treatment. Self-identified lesbian women undergoing donor sperm IUI and IVF have similar pregnancy and live-birth rates as heterosexual women. Better evidence regarding patient demographics and comorbidities, underlying etiologies of subfertility, and assisted reproductive outcomes among women building families with other women is needed to optimize care. (Author)

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20200824-118*

What does inclusive sexual and reproductive healthcare look like for bisexual, pansexual and queer women?

Findings from an exploratory study from Tasmania, Australia. Grant R, Nash M, Hansen E (2020), Culture, Health & Sexuality vol 22, no 3, March 2020, pp 247-260

Increased awareness of the health disparities faced by lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people has driven the need for LGBTIQ-inclusive medical practices internationally. However, despite bisexual, pansexual and queer women's increased sexual health risks and reduced engagement with health services, there is little qualitative research examining their healthcare experiences. In addition, healthcare practitioners continue to report lack of awareness and competence in inclusive practice, particularly regarding these groups. To address these gaps in the literature and practice, this study draws on 21 qualitative interviews with women and general practitioners, comparing and contrasting their understandings and experiences of inclusive sexual and reproductive healthcare. Findings reveal that women value practitioners who take a non-judgemental approach, use inclusive language and are knowledgeable or willing to self-educate about LGBTIQ issues. Practitioners describe prioritising visual indicators of inclusivity, using inclusive language and embracing professional development. However, women and doctors both identify knowledge gaps among healthcare providers and the need for additional training opportunities to support effective inclusive practice. (Author)

20200727-35

LGBTB inclusivity. Various (2020), Midwives vol 23, July 2020, pp 34-38

For same-sex parents, the experience of pregnancy and birth can be marred by practitioners' thoughtless use of language, having to explain their family at every appointment and judgements on their lifestyle. For UK Pride month, let's embrace a change. (Author)

20200618-19

Use of fertility services in Australian lesbian, bisexual and queer women's pathways to parenthood. Power J, Dempsey D, Kelly F, et al (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 60, no 4, August 2020, pp 610-615

Background

It is estimated that up to one in three lesbian, bisexual or queer (LBQ) women in Australia have children. In the past decade, it has become common for LBQ women to pursue pregnancy using clinic-acquired donor sperm.

Aims

The aims of this paper are to explore pathways to parenthood among Australian LBQ women in the context of increased access to fertility clinics and identify the type of clinical fertility services being used.

Materials and method

This paper reports on female LBQ parents and expectant/prospective parents who participated in a 2016/2017 online survey of Australian lesbian, gay, bisexual, transgender and queer (LGBTQ) adults exploring reproductive choices, pathways to parenthood, conception method and use of clinical fertility services.

Results

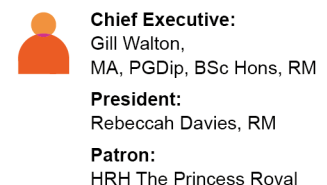
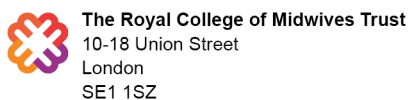
More than half the children reported on by current parents (52%) had been conceived using clinical fertility services. When asked what factors influenced a parent respondent's decision to use fertility services: 80% indicated access to donor sperm, 41% indicated fertility problems. Of respondents who had accessed donor sperm, over half (57%) had used in vitro fertilisation (IVF) services.

Conclusions

These findings indicate that use of fertility clinics to access donor sperm is common for LBQ women, including those with no known fertility problems, and that most women who access donor sperm conceive using IVF rather than intrauterine insemination. More needs to be known about the context and reasons for this, including factors that influence LBQ women's decision making on their pathway to parenthood. (Author)

20200615-48*

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Negotiating who gives birth and the influence of fear of childbirth: Lesbians, bisexual women and transgender people in parenting relationships. Malmquist A, Nieminen K (2021), *Women and Birth: Journal of the Australian College of Midwives* vol 34, no 3, May 2021, pp e271-e278

Background

Fear of childbirth (FOC) may affect family planning in lesbian, bisexual and transgender (LBT) couples with two potential carriers of a pregnancy. FOC has previously been researched in heterosexual women, while experiences of LBT people have remained unattended. The choice of birth-giving partner in same-sex couples has gained some attention in previous research, but the potential complexities of the decision have not been studied.

Aim

The aim is to explore how LBT people negotiate the question of who gives birth, in couples with two potential birth parents, and where one or both partners have a pronounced FOC.

Methods

Seventeen self-identified LBT people were interviewed about their expectancies and experiences of pregnancy and childbirth. Data were analysed following a six-step thematic analysis.

Results

FOC was negotiated as one of many aspects that contributed to the decision of who would be the birth-giving partner. Several participants decided to become pregnant despite their fears, due to a desire to be the genetic parent. Others negotiated with their partner about who was least vulnerable, which led some of them to become pregnant despite FOC. Still other participants decided to refrain from pregnancy, due to FOC, and were delighted that their partner would give birth. Several participants described their partner's birth-giving as a traumatic experience for them, sometimes also when the birth did not require any obstetric interventions. The partner's experience was in some cases not addressed in postnatal care.

Conclusions

It is important that healthcare staff address both partners' prenatal expectancies and postnatal experiences. (Author)

20200521-73*

Sexual Orientation Differences in Pregnancy and Abortion Across the Lifecourse. Charlton BM, Everett BG, Light A, et al (2020), *Women's Health Issues* vol 30, no 2, March 2020, pp 65-72

Objectives

We examined sexual orientation-related differences in various pregnancy outcomes (e.g., teen pregnancy, abortion) across the lifespan.

Methods

We collected data from 124,710 participants in three U.S. longitudinal cohort studies, the Nurses' Health Study 2 and 3 and Growing Up Today Study 1, followed from 1989 to 2017. Multivariate regression was used to calculate differences of each outcome-ever had pregnancy, teen pregnancy, ever had abortion, and age at first birth-by sexual orientation groups (e.g., heterosexual, mostly heterosexual, bisexual, lesbian), adjusting for potential confounders of age and race/ethnicity.

Results

All sexual minority groups-except lesbians-were generally more likely than heterosexual peers to have a pregnancy, a teen pregnancy, and an abortion. For example, Growing Up Today Study 1 bisexual participants were three times as likely as heterosexuals to have had an abortion (risk ratio, 3.21; 95% confident interval, 1.94-5.34). Lesbian women in all of the cohorts were approximately half as likely to have a pregnancy compared with heterosexual women. Few sexual orientation group differences were detected in age at first birth.

Conclusions

The increased risk of unintended pregnancy among sexual minority women likely reflects structural barriers to sexual and reproductive health services. It is critical that sex education programs become inclusive of sexual minority individuals and medical education train health care providers to care for this population. Health care providers should not make harmful heteronormative assumptions about pregnant patients and providers must learn to take sexual histories as well as offer contraceptive counseling to all patients who want to prevent a pregnancy regardless of sexual orientation. (Author)

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20200427-1*

ABM Clinical Protocol #33: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients.

Ferri RL, Rosen-Carole CB, Jackson J, et al (2020), Breastfeeding Medicine vol 15, no 5, May 2020, pp 284-293

A central goal of The Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient. (Author)

Full URL: <https://doi.org/10.1089/bfm.2020.29152.rif>

20200424-34*

Guidance for professionals from a transgender midwife. Welch N (2020), The Student Midwife vol 3, no 2, April 2020, pp 18-21

In this final article of our transgender series, Nathan Welch provides a trans midwife's perspective on how healthcare professionals can improve the experience of trans pregnant people using midwifery services. (Author)

20200423-51*

The Imperative for Transgender and Gender Nonbinary Inclusion Beyond Women's Health. Moseson H, Zazanis N, Goldberg E, et al (2020), Obstetrics & Gynecology vol 135, no 5, May 2020, pp 1059-1068

We aim to make evident that solely referencing cisgender women in the context of sexual and reproductive health-particularly pregnancy planning and care-excludes a diverse group of transgender and gender nonbinary people who have sexual and reproductive health needs and experiences that can be similar to but also unique from those of cisgender women. We call on clinicians and researchers to ensure that all points of sexual and reproductive health access, research, sources of information, and care delivery comprehensively include and are accessible to people of all genders. We describe barriers to sexual and reproductive health care and research participation unique to people of marginalized gender identities, provide examples of harm resulting from these barriers, and offer concrete suggestions for creating inclusive, accurate, and respectful care and research environments-which will lead to higher quality health care and science for people of all genders. (Author)

20200305-73*

One man's birth story: part 1. Hempel E (2019), The Student Midwife vol 2, no 4, October 2019, pp 8-11

In this three-part series the Student Midwife Journal seeks to raise awareness of transgender birth to educate and inform on paramount issues of validation, inclusivity, language and compassion for all women/birthing people. (Author)

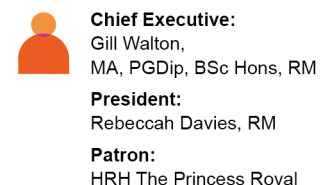
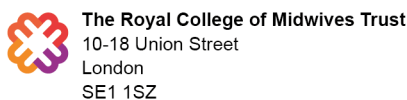
20200305-120*

Sexual Orientation Disparities in Preconception Health. Limburg A, Everett BG, Mollborn S, et al (2020), Journal of Women's Health vol 29, no 6, June 2020, pp 755-762

Objective: In the United States, there have been very few improvements in adverse birth outcomes, such as infant mortality, low birthweight, and preterm birth in recent years. Health promotion before pregnancy (e.g., preconception care) has been increasingly recognized as an important strategy by which to improve these reproductive outcomes. As of yet, no research has examined sexual orientation disparities in preconception health which has important implications for birth outcomes in the United States, since sexual minority women (SMW) are more likely to report stillbirths, low birthweight, and preterm infants than heterosexual women.

Methods: This study addresses this gap by utilizing data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) to examine sexual orientation disparities in women's preconception health 1 and 3 years before a

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live birth (n = 3,133).

Results: Our findings suggest that, even after controlling for maternal characteristics, SMW are more likely to report adverse health conditions and behaviors before pregnancy relative to heterosexual women 1 year before the survey, including higher odds of binge drinking, other substance use, having a sexually transmitted infection diagnosis, and depression.

Conclusions: Despite new public health policies aimed at improved preconception health, our findings suggest that SMW are even more vulnerable to poor preconception health than their heterosexual counterparts, which has important implications for maternal and child health. This study provides important evidence for the need to invest in the reproductive health of SMW, particularly in the context of pregnancy. (Author)

20200305-103*

One man's birth story: part 2. Hempel E (2020), The Student Midwife vol 3, no 1, January 2020, pp 18-21

In this three-part series the Student Midwife Journal seeks to raise awareness of transgender birth to educate and inform on paramount issues of validation, inclusivity, language and compassion for all women/birthing people. In our last issue, Evan Hempel detailed his birth story starting with conception and the antenatal period. Now in Part 2, Evan shares his experiences of the birth and postnatal period. (Author)

20200225-21*

Midwives and pregnant men: labouring toward ethical care in the United States. Reis E (2019), Canadian Medical Association Journal (CMAJ) vol 192, no 7, 18 February 2020, pp E169-E170

Discusses the issues surrounding midwifery care for transgender men. (12 references) (MB)

Full URL: <https://doi.org/10.1503/cmaj.190959>

20200210-47

'They/them' in the birth room. Pezaro S (2019), British Journal of Midwifery vol 27, no 11, November 2019, pp 678-679

It's not just women who are giving birth in the birth room. Here, Dr Sally Pezaro reflects on how we may be missing important opportunities to support the birthing transgender community more effectively. (7 references) (Author)

20200129-11

The Archers, surrogacy and women's rights in childbirth. Hales K (2019), Midwifery Matters no 163, December 2019, p 29

Describes the author's experience of providing advice on behalf of the Association of Radical Midwives (ARM) to script editors working on the popular radio programme 'The Archers', who were running a storyline involving a woman who had agreed to act as surrogate mother to gay couple, Adam and Ian, two of the show's characters. (JSM)

20191205-4*

Boy born to mothers who both carried embryo. Anon (2019), BBC News 4 December 2019

Reports that a baby boy has been born after his parents underwent the world's first 'shared motherhood' procedure, known as 'In Vivo Natural fertilization'. Explains that baby Otis was born two months ago to Jasmine Francis-Smith after the embryo had first been incubated by her wife Donna. (JSM)

Full URL: <https://www.bbc.co.uk/news/uk-england-essex-50659382>

20191121-20*

Breastfeeding experiences of same-sex mothers. Juntereal NA, Spatz DL (2020), Birth vol 47, no 1, March 2020, pp 21-28

Background

Family structures are diversifying in the United States, and more same-sex female couples are building families. For two-mother families, complexity exists for breastfeeding as more than one mother can provide human milk. The

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purpose of this study was to explore the lactation experience and level of lactation support of birth mothers in a same-sex (two female) relationship.

Methods

This study consists of a mixed methods design using an online survey to identify the demographic of same-sex mothers and qualitative interviews to provide an in-depth understanding of the mothers' experiences. Qualitative content analysis is applied to develop themes from the interviews.

Results

Sixty-eight participants completed the online survey. Thirty-seven mothers (59%) reported breastfeeding for more than one year. Fourteen (21%) respondents reported accessing induced lactation information for the nongestational parent from their health care practitioner. Forty-three (63%) respondents reported receiving breastfeeding and induced lactation information from other sources. Only nine (13%) nongestational parents underwent induced lactation. Eighteen gestational mothers participated in qualitative interviews. Five themes emerged from the qualitative data: (a) committed to a year, (b) deciding 'how to do it,' (c) sources of information, (d) involvement of partner, and (e) need for inclusive and educated health care practitioners.

Conclusions

Same-sex mothers have strong intentions to breastfeed and are resourceful in educating themselves for induced lactation and conursing. Nongestational parents are essential support partners and equivalent in motherhood. Providers need to better equip themselves and incorporate inclusive language in breastfeeding policy statements to support lactation outcomes. (Author)

20191119-36*

Providing Patient-Centered Perinatal Care for Transgender Men and Gender-Diverse Individuals: A Collaborative Multidisciplinary Team Approach. Hahn M, Sheran N, Weber S, et al (2019), *Obstetrics & Gynecology* vol 134, no 5, November 2019, pp 959-963

BACKGROUND: Little is documented about the experiences of pregnancy for transgender and gender-diverse individuals. There is scant clinical guidance for providing prepregnancy, prenatal, intrapartum, and postpartum care to transgender and gender-diverse people who desire pregnancy.

CASE: Our team provided perinatal care to a 20-year-old transgender man, which prompted collaborative advocacy for health care systems change to create gender-affirming patient experiences in the perinatal health care setting.

CONCLUSION: Systems-level and interpersonal-level interventions were adopted to create gender-affirming and inclusive care in and around pregnancy. Basic practices to mitigate stigma and promote gender-affirming care include staff trainings and query and use of appropriate name and pronouns in patient interactions and medical documentation. Various factors are important to consider regarding testosterone therapy for transgender individuals desiring pregnancy. (26 references) (Author)

Full URL: https://journals.lww.com/greenjournal/Fulltext/2019/11000/Providing_Patient_Centered_Perinatal_Care_for.9.aspx

20191101-13*

Birth beyond the binary. Silver AJ (2019), *Association for Improvements in Maternity Services (AIMS)* vol 31, no 2, July 2019

Discusses the challenges faced by non binary people during pregnancy, birth and beyond. (8 references) (Author, edited)

Full URL: <https://www.aims.org.uk/journal/item/non-binary-birth>

20191029-26*

Sperm donors should waive anonymity, fertility regulator says. Jones C, Elahi AS (2019), *BBC News* 29 October 2019

Reports that the UK fertility regulator, the Human Fertilisation and Embryology Authority (HFEA), has suggested egg and sperm donors should consider waiving their right to anonymity, because it can no longer be guaranteed. Explains that donors were able to remain anonymous before 2005, but a change in the law made it possible for children to access their details when they reached the age of 18, and with the increase in ancestry websites, donor-conceived

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children are now able to find their biological parents much more easily. Includes comments from a sperm donor who began donating when he was 19 years old after witnessing the heartbreaking experiences of a family friend who had difficulty conceiving. He is thought to have fathered up to 110 children, some of whom have traced him through ancestry websites. (JSM)

Full URL: <https://www.bbc.co.uk/news/uk-england-beds-bucks-herts-50209261>

20191029-18

Mothers and others: the invisibility of LGBTQ people in reproductive and infant psychology. Darwin Z, Greenfield M (2019), Journal of Reproductive and Infant Psychology vol 37, no 4, September 2019, pp 341-343

An editorial highlighting the dearth of research on queer people's experiences of conception, pregnancy, childbirth and parenting, and the lack of data on LGBTQ people having babies. Outlines the issues currently being addressed in research. (7 references) (KRB)

20191028-71

Minority stress adds an additional layer to fear of childbirth in lesbian and bisexual women, and transgender people.

Malmquist A, Jonsson L, Wikström J, et al (2019), Midwifery vol 79, December 2019, 102551

Objective

To explore and describe thoughts about and experiences of pregnancy, childbirth and reproductive healthcare in lesbian and bisexual women and transgender people (LBT) with an expressed fear of childbirth (FOC).

Design

Data were collected through semi-structured interviews with self-identified LBTs with an expressed FOC.

Participants

17 self-identified LBTs participated. 15 had an expressed FOC, and two were non-afraid partners.

Findings

Participants' fears were similar to those previously described in research on FOC, e.g., fear of pain, injury, blood, death of the child or of the parent. However, minority stress, including fear and experiences of prejudicial treatment, in maternity care and at delivery wards add an additional layer to the fear of childbirth.

Key conclusions

LBTs with FOC are a particularly vulnerable group of patients, whose needs must be addressed in healthcare.

Implication for practice

The findings call attention to the need for LBT-competent treatment prior to, and throughout pregnancy and childbirth. In the most vulnerable patients, caregivers must work extensively to build trust, in order to explore and reduce FOC. (54 references) (Author)

20191023-23

Double exclusion: how to engage with and support gay fathers. Davies J (2019), International Journal of Birth and Parent Education vol 7, no 1, October 2019, pp 5-11

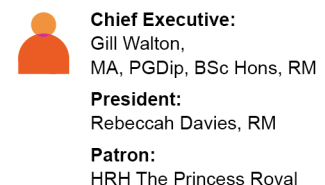
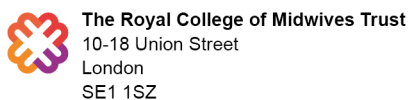
Most of the research conducted in the last 40 years suggests positive outcomes for children growing up with lesbian or gay parents. How many gay fathers are there in the UK and elsewhere and who are they? How do educators, midwives and early years' practitioners engage with them? What information do they want and how might services better meet their needs? (31 references) (Author)

20191021-7*

Fertility: medical treatments [written answer]. House of Commons (2019), Hansard Written question 264, 14 October 2019

Caroline Dinenage responds to a written question asked by Andrew Percy to the Secretary of State for Health and Social Care, regarding what steps he is taking to assess the implications of the judgment in R (TT) v Registrar General for England and Wales & Ors ((2019) EWHC 2384 (Fam)) on members of the trans community who wish to access fertility treatment at a licensed clinic. . (JSM)

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20190925-85*

What do we know about transgender parenting?: Findings from a systematic review. Hafford-Letchfield T, Cocker C, Rutter D, et al (2019), Health and Social Care in the Community vol 27, no 5, September 2019, pp 1111-1125

Transgender issues are under-explored and marginalised within mainstream social work and social care professional practice. The experience of gender transition has a profound impact on the individuals who have diverse gender identities and their family members. We present findings from a systematic review of studies concerning the experiences of transgender parenting conducted during January-September 2017. We took a life course approach, examining the research studies that investigated the experience of people identifying as transgender, who were already parents at the time of their transition or who wished to be parents following transition. The review evaluated existing findings from empirical research on transgender parenting and grandparenting to establish how trans people negotiate their relationships with children following transition, and sought to consider the implications for professional practice with trans people in relation to how best to support them with their family caring roles. We used the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) method. Empirical studies published from 1 January 1990 to 31 April 2017 in the English language, and which had transgender parenting as a significant focus, were included in the review. Twenty-six studies met the criteria. Key themes reported are: how trans people negotiate their relationships with children following disclosure and transition; the impact of parental transitioning on children; relationships with wider families; trans people's desires to be parents; and the role of professional practice to support trans families. We discuss how the material from the review can inform social work education and practice, including to help identify future research, education and practice priorities in this area. (Author)

20190917-13*

Sexual Orientation Disparities in Pregnancy and Infant Outcomes. Everett BG, Kominiarek MA, Mollborn S, et al (2019), Maternal and Child Health Journal vol 23, no 1, January 2019, pp 72-81

Objectives Little is known about maternal and infant health among sexual minority women (SMW), despite the large body of research documenting their multiple preconception risk factors. This study used data from the 2006-2015 National Survey of Family Growth (NSFG) to investigate sexual orientation inequities in pregnancy and birth outcomes, including miscarriage, stillbirth, preterm birth, and birth weight. Methods Women reported 19,955 study eligible pregnancies and 15,996 singleton live births. Sexual orientation was measured using self-reported identity and histories of same-sex sexual experiences (heterosexual-WSM [women who only report sex with men]; heterosexual-WSW [women who report sex with women]; bisexual, and lesbian). Logistic regression models were used that adjusted for several maternal characteristics. Results Compared to heterosexual-WSM, heterosexual-WSW (OR 1.25, 95% CI 1.00-1.58) and bisexual and lesbian women (OR 1.77, 95% CI 1.34-2.35) were more likely to report miscarriage, and bisexual and lesbian women were more likely to report a pregnancy ending in stillbirth (OR 2.85, 95% CI 1.40-5.83). Lesbian women were more likely to report low birth weight infants (OR 2.64, 95% CI 1.38-5.07) and bisexual and lesbian women were more likely to report very preterm births (OR 1.84, 95% CI 1.11-3.04) compared to heterosexual-WSM. Conclusions for Practice This study documents significant sexual orientation inequities in pregnancy and birth outcomes. More research is needed to understand the mechanisms that underlie disparate outcomes and to develop interventions to improve sexual minority women's maternal and infant health. (Author)

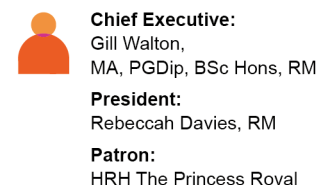
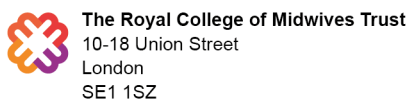
20190822-6*

Reproductive and Pregnancy Experiences of Diverse Sexual Minority Women: A Descriptive Exploratory Study.

Januwalla AA, Goldberg AE, Flanders CE, et al (2019), Maternal and Child Health Journal vol 23, no 8, August 2019, pp 1071-1078

Objectives This study sought to explore how sexual minority women (SMW) and heterosexual women compare in terms of reproductive history, with a particular focus on examining within-group differences among SMW. Methods Women were predominantly recruited through consecutive sampling during presentation for prenatal

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care in Toronto Canada, and Massachusetts, USA. In total, 96 partnered pregnant women (62 SMW, 34 heterosexual) completed an internet survey during 2013-2015. Results We found few significant differences in reproductive history outcomes when comparing SMW and heterosexual groups. However, when we compared male-partnered SMW to female-partnered SMW, we found potentially important differences in rates of miscarriage and pregnancy complications, indicating that partner gender may be an important contributor to differences in reproductive history among SMW. Conclusions for Practice These findings highlight the need to recognize the unique health risks with which male-partnered SMW may present. Considering that this group is often invisible in clinical practice, the findings from this exploratory study have important implications for providers who treat women during the transition to parenthood. Future research should further examine the differences in social and health access within larger samples of SMW groups, as well as seek to understand the complex relationships between sexual identity and perinatal health for this understudied group of women. (Author)

20190812-37

Induced lactation and mothers sharing breastfeeding: a case report. McGuire E (2019), *Breastfeeding Review* vol 27, no 2, July 2019, pp 37-41

The non-gestational mother in a same-sex relationship induced lactation so as to breastfeed her child. Using domperidone and frequent breast expression, she successfully established milk production adequate to exclusively breastfeed her child and took on the role of primary breastfeeder. The two women found challenges in negotiating shared breastfeeding and in the exhaustion attendant on feeding and expressing day and night while both maintained full breastmilk production.

This case illustrates the importance of expressing to establish and maintain a full induced milk supply, and the flexibility that lesbian couples may use in managing their reproductive lives. Both mothers in this relationship experienced breastfeeding as an important aspect of mothering, though it was not easy to co-parent in this way.

(Author)

20190715-17*

Increasing access to fertility care through private foundations. Peipert BJ, Hairston JC, McQueen DB, et al (2019), *Fertility and Sterility* vol 111, no 6, June 2019, pp 1211-1216

Objective

To characterize the available support for infertility treatment and populations served by private foundations across the United States.

Design

Web-based cross-sectional survey.

Setting

Not applicable.

Patient(s)

Not applicable.

Intervention(s)

None.


Main Outcome Measure(s)

Geographies and populations served, dollar-amount and scope of financial assistance provided by private foundations for individuals seeking financial assistance for infertility treatment.

Result(s)

Thirty-seven private foundations were identified, 25 responded (68% response rate). More than one-half of the foundations had awarded grants to lesbian, gay, and transgender individuals, as well as single men and women. Forty percent of the foundations serve only a single state or geographic region. Foundations have provided 9,996 grants for infertility treatment, 1,740 in 2016 alone, with an average value of \$8,191 per grant. The Livestrong foundation has provide more than 90% of these grants, and only to patients with a history of cancer. Twelve percent of foundations provide assistance for fertility preservation in patients with cancer, and 20% provide assistance for elective oocyte

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cryopreservation.

Conclusion(s)

Private foundations significantly increase access to infertility care for individuals and couples affected by cancer who could otherwise not afford treatment. Significant heterogeneity exists regarding the populations served and the services available for grant support by these foundations, and the landscape of options for patients unaffected by cancer is severely limited. (18 references) (Author)

20190708-3*

Understanding the Challenges of Induction of Lactation and Relactation for Non-Gestating Spanish Mothers.

Cazorla-Ortiz G, Galbany-Estragués P, Obregón-Gutiérrez N, et al (2020), Journal of Human Lactation vol 36, no 3, August 2020, pp 528-536

Background: Induced lactation and relactation are the processes that enable breastfeeding in non-gestating mothers. **Research aim:** The aim of this study was to describe and interpret the challenges faced by mothers who undergo induced breastfeeding and relactation for adopted infants, infants born via surrogacy, and infants born to same-sex female partners. **Methods:** A qualitative study was performed using in-depth interviews conducted with Spanish women (N = 9) who had decided to undergo induced lactation or relactation. The data were collected between October 2014 and May 2017. The length of the study was due to the difficulty in locating and recruiting the sample. Interviews were transcribed and coded with the ATLAS.ti v.7.5.7 software. We performed a deductive thematic analysis, creating categories based on the interview questions, which we developed on the basis of previous literature about induced lactation and relactation. **Results:** Participants described the following challenges: the physical hardships of the process; breastfeeding problems; difficulty with accessing information about induced lactation or relactation; and lack of support from health professionals. Breastfeeding periods lasted from 1.5 months to 4 years. Participants reported that breastfeeding increased the closeness between the mother and child and that this feeling of closeness tended to decrease after breastfeeding cessation. **Conclusion:** We offer data and analysis that can improve our understanding of the lived experiences of women undergoing the process of relactation or induced lactation and may help guide intervention strategies to support women in this situation. (43 references) (Author)

20190703-42

Mothers and fathers: what's in a name?. Newman L (2019), British Journal of Midwifery vol 27, no 3, March 2019, p 141

An editorial discussing the case of a transgender father who gave birth to his baby, but can only be recognised as the child's mother on their birth certificate. The father's appeal to be recognised on the document as the father, or in compromise 'parent' or 'gestational parent', has been rejected. The brief article outlines the current debate on the subject and discusses what the midwife can do to improve their care for transgender clients. (KRB)

20190626-86*

Midwifery care for transfemine individuals. Ellis SA, Dalke L (2019), Journal of Midwifery & Women's Health vol 64, no 3, May/June 2019, pp 298-311

This article focuses on the provision of gender-affirming care and preventive care for transfeminine individuals—those assigned male at birth who identify as female or on the feminine spectrum. To meet the learning needs of health care providers less familiar with gender-affirming care, this article begins with an overview of gender identity concepts. Initiation and management of feminizing gender-affirming hormone therapy is then covered in detail, including common gender-affirming medications and their adverse effects, diagnostic criteria, psychosocial evaluation, initial physical examination and laboratory work, and recommendations for follow-up visits and laboratory monitoring. Lastly, the article briefly reviews health care of transfeminine individuals before and after surgical gender-affirming interventions and details best practices for transfeminine preventive care. (65 references) (Author)

20190625-78*

Partner behaviours improving breastfeeding outcomes: An integrative review. Davidson EL, Ollerton RL (2020), Women

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Problem

The impact of specific supportive behaviours of a woman's partner on breastfeeding outcomes is unclear.

Background

Breastfeeding is beneficial for the infant, mother, and society. Partner support plays a significant role in promoting breastfeeding. Strategies to improve breastfeeding rates have had limited success with rates worldwide remaining well below World Health Organization recommendations, contributing to significant morbidity, mortality, and economic burden globally.

Aim

To determine what specific supportive behaviours of a breastfeeding woman's partner increase breastfeeding initiation, exclusivity, and duration rates in Western-culture settings.

Methods

A Population-Interest-Context framework-based search strategy was applied to the Cumulative Index to Nursing Allied Health Literature Plus with full-text, Web of Science, Scopus, and PubMed databases, limited to primary research published January 2008-December 2018 in English conducted in Western-culture settings.

Findings

From 652 articles, after critical appraisal seven articles (eight studies) satisfied the requirements of this integrative review. Supportive behaviours were categorised as knowledge, help, encouragement, and responsiveness. Help and encouragement behaviours were associated with increased initiation. Results were mixed regarding behaviours affecting exclusivity and duration; however, responsiveness was found to ameliorate otherwise generally negative effects of knowledge, help, and encouragement on these outcomes.

Discussion

Consistent with wider social support research, awareness of receiving support is associated with negative health consequences. However, where partner support is provided in a responsive manner as part of a 'breastfeeding team', thereby promoting the woman's sense of autonomy and self-efficacy, breastfeeding outcomes improve.

Conclusion

Responsive partner behaviours improved breastfeeding outcomes in Western-culture settings. Further primary research is needed. (38 references) (Author)

20190604-72

Same-Sex Mothers and Lactation. Juntereal NA, Sptaz DL (2019), MCN - American Journal of Maternal/Child Nursing vol 44, no 3, May/June 2019, pp 164-169

Investigation of the needs of same-sex mothers practicing lactation is limited in the nursing literature. The heteronormative structure of the healthcare system has stigmatized these postpartum women and minimized the level of nursing care provided. Case reports demonstrate that same-sex mothers value inclusivity and understanding of their healthcare needs that is missing in healthcare settings. Perinatal nurses must listen attentively and think critically about their words and actions to avoid inappropriate judgments when providing care to this population. Active engagement and ongoing competence education builds the foundation that will provide perinatal nurses the knowledge they need to best support the unique needs of same-sex mothers in their lactation experience. (Author)


20190513-69

Educating Obstetrics and Gynecology Residents on Transgender Patients: A Survey of Program Directors. Vinekar K, Rush SK, Chiang S, et al (2019), Obstetrics & Gynecology vol 133, no 4, April 2019, pp 691-699


OBJECTIVE: To describe education on transgender health provided by obstetrics and gynecology residency programs and to identify the facilitators and barriers to providing this training.

METHODS: We conducted a cross-sectional survey to evaluate transgender health education in residency among a representative sample of 100 of the 236 obstetrics and gynecology residency programs listed in the 2015 Electronic Residency Application Service catalogue. We compared programs that did and did not offer transgender education on demographics, presence and type of transgender education offered, and reasons for and barriers to offering

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transgender health education using χ^2 or Fisher's exact testing.

RESULTS: We found that 31 out of 61 (51%, 95% CI 38-64%) programs completing the survey offered transgender health education in residency. Compared with programs that offered no education, residency programs offering education were more likely to report that transgender health education was very important (19/31, 61% [95% CI 42-78%] vs 7/30, 23% [95% CI 9-42%]), resident interest (20/31, 64% [95% CI 45-81%] vs 11/30, 37% [95% CI 20-56%]), and the presence of a transgender population requesting services (28/31 or 90% [95% CI 74-98%] vs 16/30 or 53% [95% CI 34-72%]). Among the 31 programs that offered transgender health education, 30 (97%; 95% CI 83-99%) provided formal didactic sessions and 20 (64%; 95% CI 45-81%) offered health screening for both male-to-female and female-to-male transgender patients, but 17 (55%; 95% CI 36-73%) did not offer gender-affirming hormone therapy. Among the 30 programs that did not currently offer transgender health education, 24 (80%; 95% CI 61-92%) planned to establish a transgender education program in the next year.

CONCLUSION: Our survey of obstetrics and gynecology residency programs highlights the interest in transgender health education for a systemically underserved population of patients. (16 references) (Author)

20190502-8*

Lactation care for transgender and non-binary patients: empowering clients and avoiding aversives. MacDonald TK (2019), Journal of Human Lactation vol 35, no 2, May 2019, pp 223-226

Discusses the clinical and support needs of transgender and non-binary people in pregnancy, lactation, breastfeeding and chestfeeding. Describes how health care providers can demonstrate the care they provide will be gender-inclusive and knowledgeable, in order to reduce fear and uncertainty. (21 references) (JSM)

20190502-27*

Medication and Facilitation of Transgender Women's Lactation. Paynter MJ (2019), Journal of Human Lactation vol 35, no 2, May 2019, pp 239-243

Critically examines the use of medication for the induction of lactation in transgender persons, and looks at other approaches adopted by lactation professionals to support breastfeeding and chestfeeding. (44 references) (JSM)

20190502-26*

Queering lactation: Contributions of queer theory to lactation support for LGBTQIA2S+ individuals and families. Lee R (2019), Journal of Human Lactation vol 35, no 2, May 2019, pp 233-238

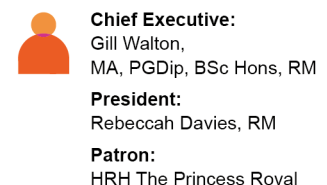
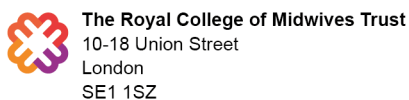
In this article the author explores some contributions of queer theory to the provision of lactation support services, and in doing so, also undertakes an intersectional analysis of queering lactation, recognizing that forms of oppression do not impact all individuals equally or in the same ways. While recognizing the history of tensions between queer and feminist politics and activism, the author argues that queering lactation holds significant benefits for supporting lactation among LGBT families, as well as opening up possibilities for rethinking gender and possibilities for gender equality more generally. (61 references) (Author, edited)

20190502-14*

Affirming language use when providing health care for and writing about childbearing families who identify as LGBTQI+. Duckett LJ, Ruud M (2019), Journal of Human Lactation vol 35, no 2, May 2019, pp 227-232

Explains how people in the United States of America identifying as lesbian, gay, bi-sexual, transgender, queer or questioning, intersex, and gender fluid or gender nonconforming (LGBTQI+), now have greater opportunities and more options to create families, as a result of social change and advances in health care. Discusses ways in which health care professionals can provide affirming, person- and family-centred care to this population by learning more about them and learning the terms used for the range of gender identities and sexual orientations, and adapting language for each unique person in order to support all childbearing family members to become the parents they wish to be. Highlights the challenges faced by health professionals when writing inclusively in professional journals and other official documents. (26 references) (JSM)

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20190424-1*

Between the social and the personal: Israeli male gay parents, surrogacy and socio-political concepts of parenthood and gender. Tsfat M, Ben-Ari A (2019), Journal of GLBT Family Studies vol 15, no 1, 2019, pp 42-57

This work focuses on the effects of dominant concepts of parenthood and gender on gay men who became parents through surrogacy. Based on the analysis of 39 in-depth, semistructured interviews with gay fathers, we show that gay fathers' parenting experiences are shaped by the heteronormative discourse on parenthood, yet they resist its gendered attributes. Gay parenthood is revealed as confronting the social concepts on parenthood, in particular on motherhood, and their socio-political meanings. The tension between the social concepts and the participants' perceptions leads them to confront their social environment and to construct alternative discourse to the social discourse of parenthood and gender, suggesting that gay parenthood subverts under existing concepts of parenthood, gender and their meanings within the state. (64 references) (Author)

20190416-15

New routes to parenthood. Winter GF (2019), British Journal of Midwifery vol 27, no 4, April 2019, p 270

Recognition of gender fluidity, gender dysphoria and transgender people is increasing, and with it, debates on reproductive rights. Is science and technology keeping up? George Winter investigates. (Author)

20190412-47

Co-feeding and feeding as a non-birth parent. Schoates R (2019), Essence [Magazine of the Australian Breastfeeding Association] vol 55, no 1, March 2019, pp 8-11

An article on the experiences of women in same-sex relationships who share the responsibility of breastfeeding their infant, whether or not they underwent the pregnancy and birth. Includes comments from women who induced lactation in order to breastfeed, and how the women maintained two milk supplies. (KRB)

20190228-50*

Experiences of lesbian parents in the UK: interactions with midwives. Dibley LB (2009), Evidence Based Midwifery vol 7, no 3, September 2009, pp 94-100


Aim. To discuss findings from a study of lesbian parents' experiences of health care in the UK, focusing on interactions with midwives. Objectives. To identify issues that have affected lesbians' experiences of midwifery care, and ways in which care could be enhanced in the future for child-bearing lesbians. Method. A qualitative approach was employed, using Heideggerian phenomenology. Ten lesbian women: four couples, one representing a couple, and one now single, were recruited via snowball (chain-referral sampling). They consented to participate in unstructured interviews recorded on digital mini-disc. Interviews focused on respondents' interactions with healthcare professionals. Following transcription, narratives were analysed using McCormack's Interpretive Lenses. Findings/results. Stories were told which indicated both positive and negative attitudes towards lesbians by midwives. Findings suggest that some midwives were supportive and inclusive, while others struggled to care for lesbians appropriately, and that homophobia and heterosexism exist within midwifery practice. Implications. Further education and information for midwives is necessary to enhance the quality of care given to lesbian childbearing women. (Author)

20190215-21*


Queer families: valuing stories of adversity, diversity and belonging. Newman CE (2019), Culture, Health & Sexuality vol 21, no 3, March 2019, pp 352-359

The 2017 Australian Marriage Law Postal Survey provided an unwelcome reminder that the concepts of queer sexuality and family life continue to be viewed as incompatible by many. However, campaigns in support of marriage equality also provide opportunities to document and disseminate stories of queer belonging within families. This

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commentary proposes three new ways of understanding and valuing accounts of what family means to LGBTQ communities, based on emerging findings from social research studies. It argues that in post-marriage equality contexts, it is time to learn to accept and to celebrate the differences that exist within every community, including within the diverse forms of families that are made. (23 references) (Author)

20190215-15*

Attitudes towards same-sex parenting in Italy: the influence of traditional gender ideology. Ioverno S, Baiocco R, Lingiardi V, et al (2019), *Culture, Health & Sexuality* vol 21, no 2, February 2019, pp 188-204

This study aimed to examine the role of gender ideology, religiosity and political conservatism on attitudes toward same-sex parenting in Italy at a time when same-sex parent families are undergoing attacks from ideological campaigns opposing non-traditional gender roles and families. We collected data from 4,187 heterosexual respondents about attitudes towards two-father and two-mother parenting, homonegativity, attitudes toward traditional masculinity and femininity, religious involvement and political conservatism. We conducted multiple group structural equation model analyses to test whether sex moderated any of the estimated associations among variables. Results showed that traditional beliefs about femininity were directly associated with negative attitudes towards two-mother and two-father parenting, while traditional beliefs about masculinity had a significant direct effect only on two-father parenting. Homonegativity partially mediated the association between religiosity, political conservatism and traditional beliefs about masculinity and femininity on negative attitudes toward both types of same-sex parenting. Gender differences were found for the indirect effects of political conservatism and religiosity on attitudes towards same-sex parenting. The theoretical contributions and implications of the findings are discussed. (45 references) (Author)

20190215-13*

Lesbians' experiences and attitudes towards parenthood in Greece. Voultos P, Zymvragou C-E, Raikos N, et al (2019), *Culture, Health & Sexuality* vol 21, no 1, January 2019, pp 108-120

Same-sex parenthood is controversial subject. In this paper, we provide insights into the attitudes and experiences of self-reported lesbians regarding parenthood or the prospect of becoming a parent in the current Greek social and cultural context. In Greece, lesbians are not allowed access to in vitro fertilisation (IVF), while a solitary ('single') woman is allowed access for medical reasons. Fifty-nine (59) semi-structured in-depth interviews were conducted with women. What emerged from our data was a clear trend for participants to wish to have their own biological children based mostly on the belief that pregnancy would lead to a sense of self-completeness and/or fulfilment. Women also reported the negative impact of prejudice and social oppression on their reproductive autonomy. Interviewees reported that their reproductive choices were negatively influenced by their family and the wider socio-cultural environment. Even within a semi-permissive legal framework, impaired social acceptance of lesbian parenthood prohibits lesbians from becoming mothers. A major reason responsible for the positive attitude of most participants to shared biological motherhood was an altruistic attitude towards their partners. (44 references) (Author)


20190115-17*

Barriers and Stigma Experienced by Gay Fathers and Their Children. Perrin EC, Hurley SM, Mattern K, et al (2019), *Pediatrics* vol 143, no 2, February 2019


BACKGROUND: Gay men have become fathers in the context of a heterosexual relationship, by adoption, by donating sperm to 1 or 2 lesbian women and subsequently sharing parenting responsibilities, and/or by engaging the services of a surrogate pregnancy carrier. Despite legal, medical, and social advances, gay fathers and their children continue to experience stigma and avoid situations because of fear of stigma. Increasing evidence reveals that stigma is associated with reduced well-being of children and adults, including psychiatric symptoms and suicidality.

METHODS: Men throughout the United States who identified as gay and fathers completed an online survey. Dissemination of the survey was enhanced via a 'snowball' method, yielding 732 complete responses from 47 states. The survey asked how the respondent had become a father, whether he had encountered barriers, and whether he and his child(ren) had experienced stigma in various social contexts.

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RESULTS: Gay men are increasingly becoming fathers via adoption and with assistance of an unrelated pregnancy carrier. Their pathways to fatherhood vary with socioeconomic class and the extent of legal protections in their state. Respondents reported barriers to becoming a father and stigma associated with fatherhood in multiple social contexts, most often in religious institutions. Fewer barriers and less stigma were experienced by fathers living in states with more legal protections.

CONCLUSIONS: Despite growing acceptance of parenting by same-gender adults, barriers and stigma persist. States' legal and social protections for lesbian and gay individuals and families appear to be effective in reducing experiences of stigma for gay fathers. (Author)

Full URL: <http://doi.org/10.1542/peds.2018-0683>

20190110-114*

Redefining perinatal experience: a philosophical exploration of a hypothetical case of gender diversity in labour and birth. Richardson B, Price S, Campbell-Yeo M (2019), Journal of Clinical Nursing vol 28, no 3-4, February 2019, pp 703-710

Objective and aims

Using a queer phenomenological approach, the objective of this philosophical analysis was to explore the transgender experience in highly gendered clinical areas, such as the birth unit, and make recommendations on how to provide perinatal care that is inclusive of gender diversity within these areas. This study aims to describe a hypothetical clinical experience to provide insight on the institutional barriers that currently exist and to provide nurses and midwives with pragmatic strategies to enhance gender-diverse care in general and gendered clinical areas.

Background

Currently, general healthcare providers are not sufficiently educated on how to care for and meet the needs of people who identify as lesbian, gay, bisexual, trans, queer or questioning and other communities (LGBTQ+). This vulnerable population continually faces stigma, discrimination and marginalisation, which act as barriers to accessing healthcare services. Although transgender people often have difficulty accessing health care in general settings, they experience an even greater challenge within traditionally gendered clinical care areas.

Design

Queer phenomenology was used to guide a critical philosophical analysis of hypothetical case reflecting a clinical scenario regarding a transgender man's experience in labour and birth.

Discussion

Healthcare professionals often provide insufficient care to transgender persons, inadvertently leading to further marginalisation of this vulnerable population. Special consideration to provide gender-diverse care throughout the perinatal period is needed. Structures and supports are essential to enhance the care from providers in attending to the unique needs of transgender individuals and reduce oppressive effects from heteronormative environments.

Relevance to clinical practice

Nurses and midwives are leading exemplars of providing person-centred care and are capable of advocating for equitable care amongst all populations to influence systemic change. Strategies for implementing changes that address LGBTQ+ health needs and specific recommendations for providing gender-diverse care in the perinatal settings are discussed. (Author)

20190108-21*


Lesbian, gay, bisexual, and transgender health: obstetrician-gynecologists' training, attitudes, knowledge, and practice. Mehta PK, Easter SR, Potter J, et al (2018), Journal of Women's Health vol 27, no 12, December 2018, pp 1459-1465

Background: Deficits in provider training may contribute to disparities impacting lesbian, gay, bisexual, transgender, and gender nonconforming (LGB-TGNC) individuals.


Methods: We sent an anonymous online survey to randomly selected members of the American Congress of Obstetricians and Gynecologists and stratified responses by the history of training. We used logistic regression to predict impact of previous training on provider comfort with LGB-TGNC patients, and secondary outcomes, including provider practices, knowledge, and attitudes.

Results: Two hundred twenty-eight of 428 (53.3%) surveys were completed. Of the 169 providers currently practicing

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gynecology, 72 respondents (42.6%) reported previous training in LGB-TGNC health. Those who self-identified or had a close contact identifying as LGB-TGNC were more likely to report previous training (68.1% vs. 49.5%, $p = 0.02$). When adjusting for demographic differences, providers reporting previous training were not more likely to be comfortable taking care of transgender/gender-nonconforming patients (aOR 1.8, 95% CI 0.95-3.40). They were more likely to report practice changes such as eliciting sexual orientation (aOR 2.15, 95% CI 1.08-4.28) and gender identity (aOR 3.02, 95% CI 1.07-8.52). Training was not independently associated with differences in provider knowledge (aOR 1.33, 95% CI 0.68-2.58) or likelihood of providing independent medical or surgical care for gender affirmation (aOR 1.64, 95% CI 0.78-3.45).

Conclusions: Less than half of board-certified obstetrician-gynecologists reported training in LGB-TGNC health, with evidence of a familiarity effect in who seeks training and provides care that accounts for differences in attitudes, knowledge, and practices. Training efforts to advance LGB-TGNC health must address bias and comfort in addition to clinical competencies. (Author)

20190104-12*

Prepregnancy counseling. American Society for Reproductive Medicine, American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice (2019), *Fertility and Sterility* vol 111, no 1, January 2019, pp 32-42

The goal of prepregnancy care is to reduce the risk of adverse health effects for the woman, fetus, and neonate by working with the woman to optimize health, address modifiable risk factors, and provide education about healthy pregnancy. All those planning to initiate a pregnancy should be counseled, including heterosexual, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and gender nonconforming individuals. Counseling can begin with the following question: 'Would you like to become pregnant in the next year?' Prepregnancy counseling is appropriate whether the reproductive-aged patient is currently using contraception or planning pregnancy. Because health status and risk factors can change over time, prepregnancy counseling should occur several times during a woman's reproductive lifespan, increasing her opportunity for education and potentially maximizing her reproductive and pregnancy outcomes. Many chronic medical conditions such as diabetes, hypertension, psychiatric illness, and thyroid disease have implications for pregnancy outcomes and should be optimally managed before pregnancy. Counseling patients about optimal intervals between pregnancies may be helpful to reduce future complications. Assessment of the need for sexually transmitted infection screening should be performed at the time of prepregnancy counseling. Women who present for prepregnancy counseling should be offered screening for the same genetic conditions as recommended for pregnant women. All patients should be routinely asked about their use of alcohol, nicotine products, and drugs, including prescription opioids and other medications used for nonmedical reasons. Screening for intimate partner violence should occur during prepregnancy counseling. Female prepregnancy folic acid supplementation should be encouraged to reduce the risk of neural tube defects. (75 references) (Author)

Full URL: [https://www.fertstert.org/article/S0015-0282\(18\)32252-0/fulltext](https://www.fertstert.org/article/S0015-0282(18)32252-0/fulltext)

20181212-1*

Health and Access to Care among Reproductive-Age Women by Sexual Orientation and Pregnancy Status. Gonzales G, Quinones N, Attansio L (2019), *Women's Health Issues* vol 29, no 1, January-February 2019, pp 8-16

Background

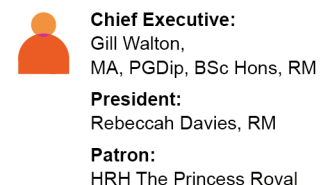
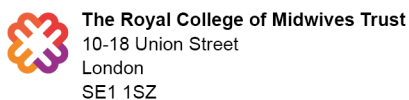
A large body of research has documented disparities in health and access to care among sexual minority populations, but very little population-based research has focused on the health care needs among pregnant sexual minority women.

Methods

Data for this study came from 3,901 reproductive-age (18-44 years) women who identified as lesbian or bisexual and 63,827 reproductive-age women who identified as heterosexual in the 2014-2016 Behavioral Risk Factor Surveillance System. Logistic regression models were used to compare health care access, health outcomes, and health behaviors by sexual orientation and pregnancy status while controlling for demographic characteristics and socioeconomic status.

Results

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Approximately 3% of reproductive-age sexual minority women were pregnant. Pregnant sexual minority women were more likely to have unmet medical care needs owing to cost, frequent mental distress, depression, poor/fair health, activity limitations, chronic conditions, and risky health behaviors compared with pregnant heterosexual women. Nonpregnant sexual minority women were more likely to report barriers to care, activity limitations, chronic conditions, smoking, and binge drinking compared with nonpregnant heterosexual women. Health outcomes were similar between pregnant and nonpregnant sexual minority women, but pregnant sexual minority women were more likely to smoke cigarettes every day compared with other women.

Conclusions

This study adds new population-based research to the limited body of evidence on health and access to care for pregnant sexual minority women who may face stressors, discrimination, and stigma before and during pregnancy. More research and programs should focus on perinatal care that is inclusive of diverse families and sexual orientations. (63 references) (Author)

Full URL: <https://doi.org/10.1016/j.whi.2018.10.006>

20181127-5*

'This is our family. We do not hide who we are': Stigma and disclosure decisions of lesbian parents in Australian early childhood settings. Cloughessy K, Waniganayake M, Blatterer H (2018), Journal of GLBT Family Studies vol 14, no 4, 2019, pp 381-399

This article discusses findings from a study that examined how lesbian parents make disclosure decisions in early childhood (EC) settings. Using an online survey, 62 lesbian parents in Australia shared their experiences of EC settings. Follow-up interviews with 13 parents enabled an in-depth exploration of their decisions. Disclosure in EC settings featured 3 themes: appraisal, resistance, and provocation. These parents used disclosure as a litmus test to enable them to assess the suitability and selection of EC settings. Decisions were also motivated by the parents' desire to resist secrecy and shame, often associated with sexuality, by role modelling to promote their children's resilience. Parents hoped their disclosure would provoke educators to be perceptive and proactive in their work with children and families. The fear of stigmatization related to sexuality and the presence of their children shifted the disclosure practises of lesbian parents, making it more likely. Overall, the parents in this study used disclosure in purposeful and intentional ways to reduce the likelihood of stigmatizing interactions in EC settings, by provoking educators to challenge heteronormative understandings of family. (Author)

20181030-24

The role of the midwife in sexual health: focus on same-sex couples. Ablett A-M (2018), MIDIRS Midwifery Digest vol 28, no 4, December 2018, pp 441-446

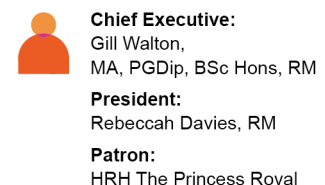
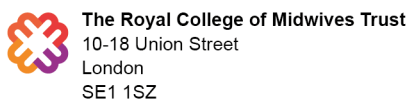
Pregnancy is a time when a mother may welcome health promotion information because her own health affects that of her baby. Through recognising pregnancy as an opportunity to discuss sexual health, midwives could potentially play a significant role in improving the sexual health of mothers in the lesbian, gay, bisexual and trans (LGBT) community. This paper will explore the role of the midwife in the sexual health of same-sex couples through defining sexual health, discussing key government documents, relevant literature and research, and suggesting recommendations for practice. Where examples from practice have been used, confidentiality has been maintained in accordance with the Nursing & Midwifery Council (NMC 2015). (46 references) (Author)

20180925-44*

Gender identity: a brief for perinatal nurses. Wisner K (2018), MCN - American Journal of Maternal/Child Nursing vol 43, no 5, September/October 2018, p 291

A brief discussion of gender in perinatal care, including descriptions of the terms and definitions related to gender identity, and how health professionals should approach caring for individuals during pregnancy and labour who are transgender male or gender nonbinary or nonconforming. Research about perinatal outcomes in this population is limited, but it is known that gender nonbinary and transgender individuals are more vulnerable to depression or psychological distress, which may place them at higher risk for postnatal depression. Specific, respectful support is

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needed and perinatal nurses (and other professionals supporting these individuals during this period) can be important advocates by employing inclusive language and behaviour and educating others. (3 references) (KRB)

Full URL: https://journals.lww.com/mcnjournal/Citation/2018/0900/Gender_Identity_A_Brief_for_Perinatal_Nurses.9.aspx

20180904-28*

Cross-border surrogacy - experiences of heterosexual and gay parents in Sweden. Sydsjö G, Skoog Svanberg A, Lampic C (2019), *Acta Obstetrica et Gynecologica Scandinavica* vol 98, no 1, January 2019, pp 68-76

Introduction

Surrogacy is a controversial method for assisted reproduction that is not permitted in many countries. While there is some evidence that families following surrogacy seem to fare well, there is limited knowledge about the experiences of parents who turned to cross-border surrogacy. The aim of the present study was therefore to investigate the experiences of heterosexual parents and gay fathers who chose cross-border surrogacy to have a child.

Material and methods

This cross-sectional survey describes the experiences of 30 families (18 heterosexual parent and 12 gay father families). Participants were recruited through a website for a Swedish surrogacy interest group. The participants were requested to individually complete a postal questionnaire including study-specific questions on experiences of disclosure and the Swedish Parenting Stress Questionnaire.

Results

All couples but one were still living together and had a child (3 months to 5 years). Parenting stress levels were generally low and not related to sexual orientation. While almost all parents were open about the child's mode of conception in contacts with health care, gay fathers were significantly more open about using surrogacy in contacts with preschool ($p=.004$) and child recreational activities ($p=.005$) compared to heterosexual parents. A majority expressed being treated positively or 'as any other parent' in these contexts.

Conclusion

Heterosexual and gay parents reported low levels of parenting stress and generally experienced positive or neutral reactions to their parenthood in contacts with health care, preschool and the child's recreational activities. (Author)

20180810-34*

The Health Care Experiences of Lesbian Women Becoming Mothers. Gregg I (2018), *Nursing for Women's Health* vol 22, no 1, February 2018, pp 40-50

As modern family composition shifts-for many, away from a heteronormative nuclear family-so, too, must the health care that families receive. Lesbian women and their families face particular difficulties with maternity care in the United States and internationally, because many care providers lack an understanding of this population's specific health care needs. In this article, I examine the challenges faced by lesbian women during the transition period to new motherhood and recommend improvements that can be made by individual providers and the health care system as a whole to better provide culturally competent health care for this population. (Author)

Full URL: [https://nwhjournal.org/article/S1751-4851\(17\)30333-1/fulltext](https://nwhjournal.org/article/S1751-4851(17)30333-1/fulltext)


20180731-24*

Constructing queer mother-knowledge and negotiating medical authority in online lesbian pregnancy journals.


Holland S (2019), *Sociology of Health & Illness* vol 41, no 1, January 2019, pp 52-66

Medical interactions around reproduction are increasingly extending beyond the physician's office and onto the Internet, where negotiation with medical authority occurs in complex and dynamic ways. Recently, scholars have noted the Internet's potential for creating spaces where women can dialogue with and reconstruct medical authority, yet this growing body of work is overwhelming heteronormative. This paper thus interrogates how lesbian women use the Internet to challenge, deploy, and rework medical authority around reproduction while navigating the transition to parenthood. I draw from 17 online journals authored by lesbian couples during the conception, pregnancy, and birth of their first child, each spanning between 18 months and 2 years, in order to understand how the transition process unfolds over time. I argue that lesbian couples engage with medical authority when seeking

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affirmation and normalisation yet discard and publicly reject the heteronormative assumptions that accompany reproductive medicine. Further, they chart a new process that I term 'constructing queer mother-knowledge', in which they critique and balance knowledges from institutionalised medicine, their own bodies, and their queer communities. With this new concept, I complicate understandings of lesbian mothers-to-be and their interactions with medical authority as they build subversive families. (Author)

20180730-6*

Attitudes Toward Fertility and Reproductive Health Among Transgender and Gender-Nonconforming Adolescents.

Chen D, Matson M, Macapagal K, et al (2018), Journal of Adolescent Health vol 63, no 1, July 2018, pp 62-68

Purpose

Little is known about the reproductive desires of transgender and gender-nonconforming (TGNC) adolescents who may seek gender-affirming medical care that leads to infertility. The current study addressed this gap by examining attitudes toward fertility and family formation in a diverse sample of TGNC youth.

Method

An online survey about sexual/reproductive health in sexual and gender minority (SGM) adolescents ages 14-17 years was conducted from September to October 2016.

Results

A total of 156 TGNC adolescents (Mage = 16.1 years; 83.3% assigned female at birth; 58.3% youth of color) responded. Overall, 70.5% of TGNC adolescents were interested in adoption and 35.9% in biological parenthood; more gender-nonconforming youth (43.8%) than transgender youth (25.8%) expressed interest in biological fertility. Discussions with health-care providers about fertility and reproductive health were uncommon-only 20.5% of youth had discussed fertility in general and only 13.5% had discussed effects of hormones on fertility. However, 60.9% of respondents were interested in learning more about their fertility and family building options. Key themes emerging from qualitative comments included concerns related to fertility/reproductive health (e.g., stigma of SGM parenthood, effect of gender-affirming treatments on fertility), and the need for additional reproductive health information both tailored to their individual experience and for SGM individuals more generally.

Discussion

TGNC adolescents expressed interest in multiple family building options, including adoption and biological parenthood, and identified a need for more information about these options. Thus, clinicians working with adolescents should be aware of the unique fertility and reproductive health needs of TGNC youth. (31 references)

(Author)

20180511-25*

He's not the mother. Greenfield M (2017), Association for Improvements in Maternity Services (AIMS) vol 29, no 2, September 2017

Discusses the use of language by providers of maternity care when caring for lesbian, gay, bisexual and transgender (LGBT) parents, and illustrates how it can be either inclusive or exclusive. Gives examples of good and poor practice. (6 references) (JSM)

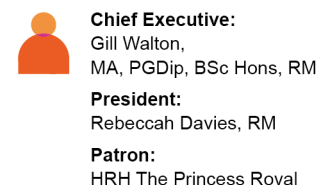
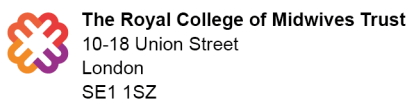
Full URL: <https://www.aims.org.uk/journal/item/hes-not-the-mother>

20180502-13

Challenging the heteronormativity of maternity services: a narrative literature review. Lewis-Tulett S, McIntosh T (2018), MIDIRS Midwifery Digest vol 28, no 2, June 2018, pp 163-168.

This literature review provides a critical perspective of sexuality and the way in which sexual identity manifests itself within maternity service delivery. It focuses on the impact of midwives' understanding of lesbian women's needs, leading to a demonstration of how lesbian women can be more effectively integrated within the current provision of maternity services. (29 references) (Author)

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20180312-24*

Efforts to maintain a 'just great' story: lesbian parents' talk about encounters with professionals in fertility clinics and maternal and child healthcare services. Malmquist A, Nelson KZ (2014), *Feminism & Psychology* vol 24, no 1, February 2014, pp 56-73

After lesbian couples have decided to become parents, their family-making journey entails a wide range of encounters with professionals in fertility clinics and/or in maternal and child healthcare services. The article presents the results of an analysis of 96 lesbian mothers' interview talk about such encounters. In their stories and accounts, the interviewees draw on two separate and contradictory interpretative repertoires, the 'just great' repertoire and the 'heteronormative issues' repertoire. Throughout the interviews, the 'just great' repertoire strongly predominates, while the 'heteronormative issues' repertoire is rhetorically minimized. The recurrent accounts of health services as 'just great', and the mitigation of problems, are meaningful in relation to a broader discursive context. In a society where different-sex parents are the norm, the credibility of other kinds of parenthood is at stake. The 'just great' repertoire has a normalizing function for lesbian mothers, while the 'heteronormative issues' repertoire resists normative demands for adaptation. (Author)

20180312-23*

Marginalised mothers: lesbian women negotiating heteronormative healthcare services. Hayman B, Wilkes L, Halcomb E, et al (2013), *Contemporary Nurse* vol 44, no 1, 2013, pp 120-127

Lesbian mothers share mainstream existence with other mothers by virtue of their motherhood, but remain marginalised by their non-heterosexual identity. This paper will draw on the qualitative findings of a recent Australian study that examined the experiences of lesbian mothers. Using a story-sharing method, data were collected using three methods; a demographic data sheet, in-depth semi-structured interviews and journaling. The findings demonstrated that participants experienced various forms of homophobia when interfacing with healthcare services and providers and included exclusion, heterosexual assumption, inappropriate questioning and refusal of services. Strategies used to avoid homophobia included screening and crusading. (Author)

20180312-22*

Queering the birthing space: phenomenological interpretations of the relationships between lesbian couples and perinatal nurses in the context of birthing care. Goldberg L, Harbin A, Campbell S (2011), *Sexualities* vol 14, no 2, 2011, pp 173-192

As health care institutions continue to promote diversity initiatives within the context of Family-Centered and Woman-Centered Care, the taken-for-grantedness of heteronormativity and homophobia remain pervasive in health care practices, including those of perinatal nurses, to the extent that nurses' relationships with lesbian birthing couples are often thwarted. Attending to the complexities of queer (lesbian) orientations embedded in the philosophical tenets of feminist and queer phenomenology, this article draws upon experiential findings derived from interview data to understand lesbian couples' relationships with perinatal nurses in the context of birthing care in eastern Canada. (Author)

20180227-75

Sexual orientation and future parenthood in a 2011-2013 nationally representative United States sample. Riskind RG, Tornello SL (2017), *Journal of Family Psychology* vol 31, no 6, September 2017, pp 792-798

Previous researchers have found evidence for differences in parenting goals between lesbian and gay people and their heterosexual peers. However, no previous research has quantified the parenting goals of bisexual people or evaluated parenting goals as a function of sexual partner gender. In addition, political and social climates for sexual minority people had improved rapidly since the last representative data on lesbian and gay peoples' plans for parenthood were collected. We analyzed data from 3,941 childless lesbian, gay, bisexual, and heterosexual participants from the 2011-2013 National Survey of Family Growth (NSFG; United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2014), a nationally representative sample of United States residents aged 15 to 44 years. We found that statistically significant,

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within-gender sexual orientation differences in parenting plans persist, despite social and legal changes. Consistent with hypotheses, bisexual men's parenting desires and intentions were similar to those of their heterosexual male peers and different from those of their gay male peers, while bisexual women's reports were more mixed. Also consistent with hypotheses, the gender of the most recent sexual partner was a strong predictor of parenting goals. We discuss implications for mental and reproductive health-care providers, attorneys, social workers, and others who interact with sexual minority adults. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Author)

20180223-23*

Accessing new understandings of trauma-informed care with queer birthing women in a rural context. Searle J, Goldberg L, Aston M, et al (2017), *Journal of Clinical Nursing* vol 26, no 21-22, November 2017, pp 3576-3587

Aims and objectives

Participant narratives from a feminist and queer phenomenological study aim to broaden current understandings of trauma. Examining structural marginalisation within perinatal care relationships provides insights into the impact of dominant models of care on queer birthing women. More specifically, validation of queer experience as a key finding from the study offers trauma-informed strategies that reconstruct formerly disempowering perinatal relationships.

Background

Heteronormativity governs birthing spaces and presents considerable challenges for queer birthing women who may also have an increased risk of trauma due to structurally marginalising processes that create and maintain socially constructed differences.

Design

Analysis of the qualitative data was guided by feminist and queer phenomenology. This was well suited to understanding queer women's storied narratives of trauma, including disempowering processes of structural marginalisation.

Methods

Semistructured and conversational interviews were conducted with a purposeful sample of thirteen queer-identified women who had experiences of birthing in rural Nova Scotia, Canada.

Results

Validation was identified as meaningful for queer women in the context of perinatal care in rural Nova Scotia. Offering new perspectives on traditional models of assessment provide strategies to create a context of care that reconstructs the birthing space insofar as women at risk do not have to come out as queer in opposition to the expectation of heterosexuality.

Conclusions

Normative practices were found to further the effects of structural marginalisation suggesting that perinatal care providers, including nurses, can challenge dominant models of care and reconstruct the relationality between queer women and formerly disempowering expectations of heteronormativity that govern birthing spaces.

Relevance to clinical practice

New trauma-informed assessment strategies reconstruct the relationality within historically disempowering perinatal relationships through potentiating difference which avoids retraumatising women with re-experiencing the process of coming out as queer in opposition to the expectation of heterosexuality. (Author)

20180130-81*


Case report: induced lactation in a transgender woman. Reisman T, Goldstein Z (2018), *Transgender Health* vol 3, no 1, January 2018, pp 24-26

Objective: Our report describes a case of nonpuerperal induced lactation in a transgender woman.


Methods: We present the relevant clinical and laboratory findings, along with a review of the relevant literature.

Results: A 30-year-old transgender woman who had been receiving feminizing hormone therapy for the past 6 years presented to our clinic with the goal of being able to breastfeed her adopted infant. After implementing a regimen of domperidone, estradiol, progesterone, and breast pumping, she was able to achieve sufficient breast milk volume to be the sole source of nourishment for her child for 6 weeks. This case illustrates that, in some circumstances, modest

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20171222-8*

Wellbeing of gay fathers with children born through surrogacy: a comparison with lesbian-mother families and heterosexual IVF parent families. Van Rijn-van Gelderen L, Bos HWM, Jorgensen TD, et al (2018), Human Reproduction vol 33, no 1, January 2018, pp 101-108

STUDY QUESTION

Are there differences in levels of parental wellbeing (parental stress, psychological adjustment and partner relationship satisfaction) between gay-father families with infants born through surrogacy, lesbian-mother families with infants born through donor insemination, and heterosexual-parent families with infants born through IVF?

SUMMARY ANSWER

There were no differences in parental wellbeing.

WHAT IS KNOWN ALREADY

The only other study of parental wellbeing in gay-father families formed through surrogacy (mean age children: 4 years old) found no difference in couple relationship satisfaction between these families and lesbian-mother families formed through donor insemination and heterosexual-parent families formed without assisted reproductive technologies.

STUDY DESIGN, SIZE, DURATION

This cross-sectional study is part of an international research project involving 38 gay-father families, 61 lesbian-mother families and 41 heterosexual-parent families with 4-month-olds. In each country (the UK, the Netherlands and France), participants were recruited through several sources, such as specialist lawyers with expertise in surrogacy (for the recruitment of gay fathers), lesbian and gay parenting support groups, fertility clinics (for the recruitment of lesbian and heterosexual parents), and/or online forums and magazines.

PARTICIPANTS/MATERIALS, SETTING, METHODS

During a home visit when their infants were between 3.5 and 4.5 months old, participants completed standardized measures of parental stress, parental psychological adjustment (anxiety and depression) and partner relationship satisfaction.

MAIN RESULTS AND THE ROLE OF CHANCE

All parents reported relatively low levels of parental stress, anxiety and depression, and were all relatively satisfied with their intimate relationships. After controlling for caregiver role (primary or secondary caregiver role), there were no significant family type differences in parental stress, $P = 0.949$, depression, $P = 0.089$, anxiety, $P = 0.117$, or relationship satisfaction, $P = 0.354$.

LIMITATIONS, REASONS FOR CAUTION

The findings cannot be generalized to all first-time ART parents with infants because only families from relatively privileged backgrounds participated.

WIDER IMPLICATIONS OF THE FINDINGS

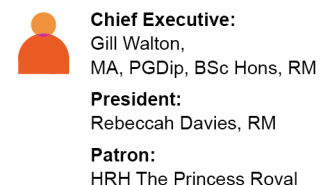
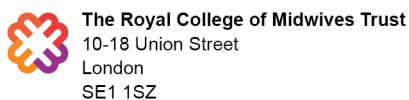
Our findings may have implications for the development of policy and legislation in relation to these new family forms, as well as the regulation of surrogacy in the Netherlands and France. In addition, our findings might encourage professional organizations of obstetricians and gynecologists in these countries to recommend that requests for assisted reproduction should be considered regardless of the applicants' sexual orientation.

STUDY FUNDING/COMPETING INTEREST(S)

This research was supported, under the auspices of the Open Research Area (Application BO 3973/1-1; Principal Investigator, Michael E Lamb), by grants from the UK Economic and Social Research Council (ESRC; Grant ES/K006150/1; Principal Investigator, Michael E. Lamb), The Netherlands Organisation for Scientific Research (NWO; Grant NWO 464-11-001, Principal Investigator, Henny W.M. Bos) and the French Agence Nationale de Recherche (ANR; Grant ANR-12-ORAR-00005-01, Principal Investigator, Olivier Vecho) whose support is gratefully acknowledged. There were no competing interests. (Author)

20171122-32*

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Human rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) people. International Confederation of Midwives (2017), The Hague, The Netherlands: International Confederation of Midwives 2017. 3 pages.

Position statement by the International Confederation of Midwives on the human rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) people, a group traditionally marginalised in maternal health care by care providers, associations and governments, who have often assumed that all pregnant people are in heterosexual relationships and that they identify as women. (KRB)

Full URL: <https://internationalmidwives.org/assets/files/statement-files/2018/04/eng-lgbti.pdf>

20171115-129*

From erasure to opportunity: a qualitative study of the experiences of transgender men around pregnancy and recommendations for providers. Hoffkling A, Obedin-Maliver J, Sevelius J (2017), BMC Pregnancy and Childbirth vol 17(Suppl 2), no 332, 8 November 2017

Background

Some transgender men retain their uterus, get pregnant, and give birth. However, societal attitudes about gender have erected barriers to openly being pregnant and giving birth as a transgender man. Little research exists regarding transgender men's reproductive needs. Anecdotal observations suggest that social change and increasing empowerment of transgender men may result in increasing frequency and openness about pregnancy and birth. Specific needs around conception, pregnancy, and newborn care may arise from transphobia, exogenous testosterone exposure, or from having had (or desiring) gender-affirming surgery. We undertook a qualitative study to understand the needs of transgender men who had given birth.

Methods

We interviewed 10 transgender men who had been recruited for a recently published online cross-sectional survey of individuals (n = 41). Subjects had given birth while identifying as male. Interviews were recorded, transcribed, and systematically coded. Analysis used a priori and emergent codes to identify central themes and develop a framework for understanding participant experiences.

Results

Participants reported diverse experiences and values on issues including prioritization and sequencing of transition versus reproduction, empowerment in healthcare, desire for external affirmation of their gender and/or pregnancy, access to social supports, and degree of outness as male, transgender, or pregnant. We identified structural barriers that disempowered participants and describe healthcare components that felt safe and empowering. We describe how patients' strategies, and providers' behaviors, affected empowerment. Anticipatory guidance from providers was central in promoting security and empowerment for these individuals as patients.

Conclusions

Recognizing diverse experiences has implications in supporting future patients through promoting patient-centered care and increasing the experiential legibility. Institutional erasure creates barriers to transgender men getting routine perinatal care. Identifying this erasure helps shape recommendations for how providers and clinics can provide appropriate care. Specific information regarding reproduction can be helpful to patients. We provide recommendations for providers' anticipatory guidance during the pre-transition, pre-conception, prenatal, and postpartum periods. Ways to support and bring visibility to the experience of transgender men are identified. Improving clinical visibility and affirming gender will likely enhance patient experience and may support patient-centered perinatal healthcare services.

(31 references) (Author) [Please note: BMC initially publishes articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-017-1491-5>

20171017-44*

Sexual orientation disparities in mistimed and unwanted pregnancy among adult women. Everett BG, McCabe KF, Hughes TL (2017), Perspectives on Sexual and Reproductive Health vol 49, no 3, September 2017, pp 157-165

CONTEXT

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Many sexual minority women, regardless of sexual identity, engage in heterosexual behavior across the life course, which provides them opportunities to experience an unintended pregnancy. In addition, sexual minority women are more likely than others to report characteristics that may make them vulnerable to unintended pregnancy. Little research, however, has examined whether the risk of unintended pregnancy is elevated among these women.

METHODS

Using data from the 2006-2010 National Survey of Family Growth, logistic regression models were fitted to examine sexual orientation disparities in mistimed and unwanted pregnancies among 9,807 women aged 20-45; mixed-effects hazard models assessed disparities in the intention status of 5,238 pregnancies among these women by maternal sexual orientation.

RESULTS

Compared with heterosexual women reporting only male partners, heterosexual women who have sex with women had higher odds of reporting a mistimed pregnancy (odds ratio, 1.4), and bisexual women had higher odds of reporting an unwanted pregnancy (1.8). When compared with pregnancies reported by heterosexual women with only male partners, those reported by heterosexual women who have sex with women were more likely to be mistimed (hazard ratio, 1.7), and those reported by bisexual and lesbian women were more likely to be unwanted (1.7-4.4).

CONCLUSIONS

Compared with heterosexuals who have sex with men only, adult sexual minority women are at equal or greater risk of reporting an unintended pregnancy. More research addressing the reproductive health care needs of sexual minority women is needed to develop strategies to improve family planning for this population.

(Author)

20170913-21*

What issues do lesbian co-mothers face in their transition to parenthood? Walker K (2017), Perspective no 34, March 2017, pp 51-57

Increasingly, lesbian couples are attending NCT classes, and practitioner e-groups are featuring questions about how practitioners can best meet the needs of lesbian couples. In April 2009, a change in the law permitted lesbian couples to have the same legal rights as heterosexual parents so long as they meet certain criteria, such as being in a civil partnership at the time their baby is conceived. These are signs, perhaps, that a lesbian baby boom is taking place. (18 references) (Author)

Full URL: https://www.nct.org.uk/sites/default/files/related_documents/NCT%20Perspective%20March%202017_0.pdf

20170524-104*

Exploring the attitudes, knowledge and beliefs of nurses and midwives of the healthcare needs of the LGBTQ population: An integrative review. Stewart K, O'Reilly P (2017), Nurse Education Today vol 53, June 2017, pp 67-77

To explore current literature surrounding the knowledge, beliefs and attitudes of nurses and midwives of the healthcare needs of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) patients and their influence on equal and non-discriminatory care for LGBTQ individuals.

Design

Systematic integrative review.


Data Sources

CINAHL, MEDLINE, PubMed, InterNurse.


Review Methods

This integrative review used Wakefield's (2014) framework to establish the knowledge, beliefs and attitudes of nurses and midwives of the healthcare needs of LGBTQ patients. Qualitative, quantitative and mixed methods primary studies carried out between 2006 and 2015 from 7 countries were included. Four databases were searched and 98 studies were screened for eligibility by two researchers. Level of evidence was assessed by the Scottish Intercollegiate Guidelines Network (SIGN, 2010) criteria and quality was assessed by a screening tool adapted from Noyes and Popay (2007) for qualitative papers and Quality Assessment Tool for Quantitative Studies adapted from the Effective Public Health Practice Project (EPHPP, 2010). Following PRISMA guidelines, this integrative review analysed

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and synthesised evidence using thematic analysis to generate themes.

Results

24 papers were included in the final synthesis which revealed four primary themes: Heteronormativity across Healthcare; Queerphobia; Rainbow of Attitudes; Learning Diversity.

Conclusions

Nurses and midwives possess a wide spectrum of attitudes, knowledge and beliefs which impact the care received by LGBTQ patients. Many issues of inadequate care appear to be due to a culture of heteronormativity and a lack of education on LGBTQ health. Further research is needed on interventions which could facilitate disclosure of sexual orientation and interrupt heteronormative assumptions by staff. It is recommended that LGBTQ issues be included within undergraduate nursing and midwifery education or as part of continued professional development. (44 references) (Author)

20170518-7

Providing midwifery model preconception care for LGBTQ2S families. Kali K (2017), Midwifery Matters vol 4, no 1, Spring 2017, pp 21-27

Update for midwives on providing culturally sensitive preconception care for LGBTQ2S families. Includes glossary explaining the change to the acronym. (MB)

20170511-65

Online maternity information seeking among lesbian, bisexual, and queer women. Ruppel EH, Karpman HE, Delk CE, et al (2017), Midwifery vol 48, May 2017, pp 18-23

Objective

recent research has concluded that barriers to maternity health care exist for lesbian, bisexual, and queer women. This mixed methods study aims to understand patterns in seeking and sharing online health information for LBG women attempting conception.

Design

researchers performed a qualitative content analysis of 400 discussions in lesbian-oriented Facebook groups, containing 1764 total instances of text. 400 discussions from heterosexual-oriented conception and parenting Facebook groups were examined for comparison purposes, though they will not be the focus of this analysis. This paper also presents descriptive statistics on posts observed.

Setting

posts were drawn from a representative sample of lesbian-oriented conception, pregnancy, and parenting Facebook groups. Posts examined for comparison purposes were drawn from groups that appeared to primarily serve heterosexual women.

Measurements and findings

many participants in lesbian-oriented Facebook groups sought and provided medical information. Their queries focused on the insemination process, and frequently related to posters' specific situations, while heterosexual women tended to seek general advice about the conception and pregnancy process. The accuracy of the content of responses varied, and group members seemed to view the prevalence of contradictory information as positive evidence of diverse perspectives. Even when information was technically correct, posters did not always apply it properly to the question at hand.

Key conclusions

barriers to maternity care, or a lack of education and initiative among primary care providers, may drive lesbian, bisexual, and queer women to seek health information from peers on the Internet when trying to become pregnant. These exchanges may contribute to misinformation, which may negatively affect lesbian, bisexual, and queer women's fertility outcomes and overall health.

Implications for practice

clinicians should be conscious of online health information seeking as both a symptom of and cause of sexuality-based disparities. (26 references) (Author)

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20170510-2*

Gay fathers' motivations for and feelings about surrogacy as a path to parenthood. Blake L, Carone N, Raffanello E, et al (2017), Human Reproduction vol 32, no 4, April 2017, pp 860-867

STUDY QUESTION:

Why do gay men choose to start their families through surrogacy?

SUMMARY ANSWER:

Most fathers chose surrogacy because they considered adoption to be a less desirable and/or accessible path to parenthood.

WHAT IS KNOWN ALREADY:

Little is known of gay fathers' motivations to use surrogacy as a path to parenthood over and above other forms of family building, such as adoption, and no studies have examined fathers' satisfaction with the surrogacy process.

STUDY DESIGN, SIZE, DURATION:

This study used a cross-sectional design as part of a larger investigation of parent-child relationships and child adjustment in 40 gay father surrogacy families. Multiple strategies (e.g. surrogacy agencies, social events and snowballing) were used to recruit as diverse a sample as possible. Data were obtained from 74 fathers (in 6 families only 1 father was available for interview).

PARTICIPANTS/MATERIALS, SETTING, METHOD:

Semi-structured interviews, lasting ~1 h, were conducted in the family home (65%) or over Skype (35%) with 74 gay fathers (35 genetic fathers, 32 non-genetic fathers and 7 fathers who did not know or did not disclose who the genetic father was), when the children were 3-9 years old.

MAIN RESULTS AND THE ROLE OF CHANCE:

Genetic and non-genetic fathers were just as likely to want to become parents and had similar motivations for choosing surrogacy as a path to parenthood. Most fathers (N = 55, 74%) were satisfied with surrogacy and were satisfied (N = 31, 42%) or had neutral feelings (N = 21, 28%) about their choice of who would be the genetic father. Most fathers received supportive reactions to their decision to use surrogacy from both families of origin (e.g. parents, siblings) (N = 47, 64%) and from friends (N = 63, 85%).

LIMITATIONS, REASONS FOR CAUTION:

Although diverse recruitment strategies were used, data were obtained from a volunteer sample. Therefore, the possibility that fathers who had a positive surrogacy experience may have been more likely to participate in the study, and therefore introduce bias, cannot be ruled out. Due to the high average annual income of the fathers in the study, findings may not generalize to gay fathers with lower incomes.

WIDER IMPLICATIONS OF THE FINDINGS:

It is often assumed that parents' primary motivation for using ART is to have a genetic connection to the child. This study revealed that whilst genetic fatherhood was important for some gay fathers in surrogacy families, it was not important for all. This information will be of use to surrogacy agencies and organizations supporting men who are considering the different routes to parenthood.

STUDY FUNDING/COMPETING INTEREST(S):

This work was funded by the Wellcome Trust [097857/Z/11/Z] and the Jacob's Foundation. None of the authors has any conflict of interest to declare.

TRIAL REGISTRATION NUMBER:

N/A. (Author)


Full URL: <https://academic.oup.com/humrep/article/3041131/Gay>

20170421-16*


Attitudes to lesbian, gay, bisexual and transgender parents seeking health care for their children in two early parenting services in Australia. Bennett E, Berry K, Emeto TI, et al (2017), Journal of Clinical Nursing vol 26, no 7-8, April 2017, pp 1021-1030

Aims and objectives

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To examine the attitudes to and knowledge and beliefs about homosexuality of nurses and allied professionals in two early parenting services in Australia.

Background

Early parenting services employ nurses and allied professionals. Access and inclusion policies are important in community health and early childhood service settings. However, little is known about the perceptions of professionals who work within early parenting services in relation to lesbian, gay, bisexual and transgender families.

Design

This is the final in a series of studies and was undertaken in two early parenting services in two states in Australia using a cross-sectional design with quantitative and qualitative approaches.

Methods

Validated questionnaires were completed by 51 nurses and allied professionals and tested with chi-squared test of independence (or Fisher's exact test), Mann-Whitney U-test, Kruskal-Wallis one-way analysis of variance or Spearman's rank correlation. Thematic analysis examined qualitative data collected in a box for free comments.

Results

Of the constructs measured by the questionnaires, no significant relationships were found in knowledge, attitude and gay affirmative practice scores by sociodemographic variables or professional group. However, attitude scores towards lesbians and gay men were significantly negatively affected by conservative political affiliation ($p = 0.038$), held religious beliefs ($p = 0.011$) and frequency of praying ($p = 0.018$). Six overall themes were found as follows: respect, parenting role, implications for the child, management, disclosure, resources and training.

Conclusions

The study provided an in-depth analysis of the attitudes, knowledge and beliefs of professionals in two early parenting services, showing that work is needed to promote acceptance of diversity and the inclusion of lesbian, gay, bisexual and transgender families in planning, developing, evaluating and accessing early parenting services.

Relevance to clinical practice

Access and inclusion plans for lesbian, gay, bisexual and transgender families are crucial in early parenting services in Australia and should be included in professional development programmes. (Author)

20170411-11*

Congruence across sexual orientation dimensions and risk for unintended pregnancy among adult U.S. women.

Hartnett CS, Lindley LL, Walsemann KM (2017), Women's Health Issues vol 27, no 2, March-April 2017, pp 145-151

Objectives

To date, no studies have investigated whether sexual minority women (SMW) are more likely to experience unintended pregnancies compared with their heterosexual peers. The aim of this study was to explore whether adult SMW were more likely to have unintended pregnancies compared with heterosexual women, to examine the role of identity-attraction congruence in unintended pregnancy risk, and to evaluate possible mediators.

Methods

Data on pregnancies to women ages 18 to 44 were drawn from the 2006 through 2013 National Survey of Family Growth ($n = 25,403$). Weighted logistic regression models estimated the likelihood of reporting an unintended (rather than intended) pregnancy by identity-attraction congruence and the extent to which this association was mediated by sexual experiences with men, including age at first sex and number of sexual partners. Supplementary analyses addressed the issue of abortion underreporting.

Results

Pregnancies to SMW were more likely to be unintended compared with pregnancies to heterosexual women (adjusted odds ratio, 1.26; 95% confidence interval, 1.08-1.46). This was driven by the elevated risk experienced by heterosexual-identified women with same-sex attractions, specifically (adjusted odds ratio, 1.28; 95% confidence interval, 1.08-1.51). Greater unintended pregnancy risk among these women was mediated by a greater number of male sex partners compared with heterosexual women.

Conclusions

Unintended pregnancy risk among SMW has historically received little attention from scholars and clinicians. Future research should explore the specific conditions that put heterosexual-identified women with same sex attractions at

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increased risk for unintended pregnancy. Clinicians should consider these dynamics when screening patients for contraceptive counseling. (Author)

20170331-124*

A Land of Milk and Honey? Breastfeeding and Identity in Lesbian Families. Rippey PLF, Falconi L (2017), Journal of GLBT Family Studies vol 13, no 1, 2017, pp 16-39

This article explores the relationship between breastfeeding and identity in lesbian-identified families based on a pilot study of qualitative interviews and a short survey of six lesbian families in Canada and the United States.

Although breastfeeding is assumed to be 'natural' and a biological function, we problematize the practice as both gendered and heteronormative. In our research we found that breastfeeding has a complex role to play within the construction of one's identity as a mother, of one's gender, and of one's sexual orientation. These women's experiences offer interesting insights into the nebulous boundaries of biology and the ways in which assumptions about what is 'natural' are actually social and cultural constructions. (Author)

20170330-75*

Perceived importance of childbearing and attitudes toward assisted reproductive technology among Chinese lesbians in Hong Kong: implications for psychological well-being. Lo IPY, Chan CHY, Chan THY (2016), Fertility and Sterility vol 106, no 5, October 2016, pp 1221-1229

Objective

To assess the perceived importance of childbearing and attitudes toward assisted reproductive technology (ART) among Chinese lesbians and the impact on their psychological well-being.

Design

Survey-based study using a 39-item questionnaire.

Setting

Not applicable.

Patient(s)

A total of 438 Chinese lesbians between the ages of 18 and 35 years.

Intervention(s)

None.

Main Outcome Measure(s)

Perceived importance of childbearing; attitudes toward ART; and levels of anxiety and depression.

Result(s)

Perceived importance of childbearing to Chinese lesbians was negatively associated with age ($r = -0.23$), relationship length ($r = -0.18$), and full-time employment ($F = 4.29$). Compared to heterosexual childless women, Chinese lesbians thought childbearing was significantly less important (3.30 vs. 6.00 on a 1-10 scale, $t = 14.6$). Most lesbian respondents (92%) supported legalizing same-sex couples' access to ART, although less than half (41%) wanted to use it themselves to have children. Among lesbians who thought childbearing was important to their parents or their partners, not wanting ART was associated with higher anxiety levels.

Conclusion(s)

This is the first quantitative study of childbearing attitudes of lesbians in Asia. The data suggest that Chinese lesbians in the study who perceived childbearing as important to their parents or to their partners but did not want to seek ART reported higher anxiety levels. This study helps raise health care professionals' awareness of Chinese lesbians' attitudes toward childbearing as well as calls for a better delivery system of fertility and mental health services to address the psychological burden of Chinese lesbians in relation to reproductive issues. (62 references) (Author)

20170330-10*

RADICLE Moms study: Minority stress and implications for lesbian mothers. Mosovsky S, Nolan BAD, Markovic N, et al (2016), Women and Health vol 56, no 8, 2016, pp 859-870

Little is known about depressive symptoms among mothers who identify as lesbian. The aim of the researchers in the

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Relationships And Depression In Childbearing Lesbian (RADICLE) Moms study was to investigate the minority stress model to determine if higher levels of social support altered the relationship between gay-specific minority stress and depressive symptoms in a sample of self-identified lesbian women who had one or more children less than 18 years of age living in the household. The authors hypothesized that social support would influence the relationship between depressive symptoms and minority stress. Participants (n = 131) completed an anonymous Internet survey between May and December, 2011. Controlling for demographic factors and utilizing independent hierarchical multiple regression analyses the authors examined the relationships between depressive symptoms and social support, minority stress, and general stress. While each of these factors had a significantly positive relationship to depressive symptoms, using stepwise regression analyses the authors identified general stress as the most significant factor. Mediation analysis revealed that social support fully mediated the relationship between minority stress and depressive symptoms. This pilot study provides support for development of intervention strategies to decrease general stress and or increase social support among lesbian mothers. (33 references) (Author)

20170309-87*

Same-sex reproduction: medical treatment options and psychosocial considerations. Greenfield DA, Seli E Current Opinion in Obstetrics and Gynecology vol 28, no 3, June 2016, pp

Purpose of review: This review provides an overview of the historical significance of assisted reproduction for gay men and women, discusses current reproductive options for same-sex couples, addresses psychosocial considerations unique to these couples, and reviews the current literature addressing medical and psychosocial aspects of same-sex reproduction.

Recent findings: Growing numbers of men and women openly self-identify as gay and lesbian. Accompanying this openness is an increased public acceptance of same-sex relationships and same-sex marriage. The combination of gay/lesbian self-determination and mounting public acceptance of same-sex unions has led these individuals and couples to increasingly seek parenthood through assisted reproduction. Recent studies describe relationship satisfaction in gay couples after assisted reproduction and more positive functioning and less stress associated with parenthood when compared with heterosexual parents.

Summary: Motivations for parenthood are the same for same-sex couples and heterosexual couples alike. However, achieving the goal of parenthood can be a much greater endeavor medically and psychologically for same-sex couples.

Fertility treatment centers increasingly recognize issues unique to gay men and women and are increasingly welcoming. (Author)

20170307-36*

Online maternity information seeking among lesbian, bisexual, and queer women. Ruppel EH, Karpman HE, Delk CE, et al (2017), Midwifery 28 February 2017. Online ahead of print

Objective

Recent research has concluded that barriers to maternity health care exist for lesbian, bisexual, and queer women. This mixed methods study aims to understand patterns in seeking and sharing online health information for LBQ women attempting conception.

Design

Researchers performed a qualitative content analysis of 400 discussions in lesbian-oriented Facebook groups, containing 1764 total instances of text. 400 discussions from heterosexual-oriented conception and parenting Facebook groups were examined for comparison purposes, though they will not be the focus of this analysis. This paper also presents descriptive statistics on posts observed.

Setting

Posts were drawn from a representative sample of lesbian-oriented conception, pregnancy, and parenting Facebook groups. Posts examined for comparison purposes were drawn from groups that appeared to primarily serve heterosexual women.

Measurements and Findings

Many participants in lesbian-oriented Facebook groups sought and provided medical information. Their queries

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focused on the insemination process, and frequently related to posters' specific situations, while heterosexual women tended to seek general advice about the conception and pregnancy process. The accuracy of the content of responses varied, and group members seemed to view the prevalence of contradictory information as positive evidence of diverse perspectives. Even when information was technically correct, posters did not always apply it properly to the question at hand.

Key Conclusions

Barriers to maternity care, or a lack of education and initiative among primary care providers, may drive lesbian, bisexual, and queer women to seek health information from peers on the Internet when trying to become pregnant. These exchanges may contribute to misinformation, which may negatively affect lesbian, bisexual, and queer women's fertility outcomes and overall health.

Implications for Practice

Clinicians should be conscious of online health information seeking as both a symptom of and cause of sexuality-based disparities. (Author) (29 references)

20170302-15*

Supporting same-sex mothers in the Nordic child health field: a systematic literature review and meta-synthesis of the most gender equal countries. Wells MB, Lang SN (2016), Journal of Clinical Nursing vol 25, no 23-24, December 2016, pp 3469-3483

AIMS AND OBJECTIVES:

To explore the needs of and support given to lesbian, gay, bisexual, transgendered and inter-sex parents within the Nordic child health field.

BACKGROUND:

The number of lesbian, gay, bisexual, transgendered and inter-sex parents is growing around the world. However, they face fear, discrimination and heteronormativity within the child health field. The Nordic countries (Sweden, Norway, Denmark, Finland and Iceland) rank as the most gender equal countries in the world; therefore, they may support lesbian, gay, bisexual, transgendered and inter-sex parents to a greater extent.

DESIGN:

Systematic literature review and meta-synthesis.

METHOD:

A systematic search was conducted for lesbian, gay, bisexual, transgendered and inter-sex parents' experiences in the child health field, which consists of prenatal, labour and birth, postnatal and child health clinics, using PubMed, PsychInfo, Sociological Abstracts and CINAHL, as well as searching the grey literature, from 2000-2015. Ten articles were included. A quality assessment and a meta-synthesis of the articles were performed.

RESULTS:

Nearly all studies were qualitative, and most articles had at least one area of insufficient reporting. Only two countries, Sweden and Norway, had lesbian, gay, bisexual, transgendered and inter-sex parents reporting on the child health field. However, gay, bisexual, transgender and inter-sex parents' perspectives were nonexistent in the literature; therefore, the results all relate to same-sex mothers. Five themes were found: Acceptance of Same-sex Mothers, Disclosing Sexual Orientation, Heteronormative Obstacles, Co-mothers are Not Fathers, and Being the Other Parent.

CONCLUSIONS:

Same-sex mothers are generally accepted within the Nordic child health field, but they still face overt and covert heteronormative obstacles, resulting in forms of discrimination and fear. Co-mothers feel invisible and secondary if they are not treated like an equal parent, but feel noticed and important when they are given equal support.

RELEVANCE TO CLINICAL PRACTICE:

Changes at the organisational and personnel levels can be made to better support same-sex mothers and co-mothers. Recognising both parents benefits the whole family. (Author)

20170209-42

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Provision of patient-centered transgender care. Selix NW, Rowniak S (2016), Journal of Midwifery & Women's Health vol 61, no 6, November/December 2016, pp 744-751

INTRODUCTION:

Transgender individuals have unique health care needs and experience health disparities. There is an increased need for transgender health care services and primary care for this underserved population. However, provision of appropriate health care services for transgender persons requires cultural competency and skill on the part of the health care provider, and providers need specific skills to address the needs of this population.

METHODS:

A review of the literature was performed by accessing CINAHL, PsycINFO, and PubMed databases. Pertinent research was extracted and reviewed for relevance. References in these publications were reviewed to identify additional publications that address primary prevention, secondary prevention, and tertiary care of transgender individuals. Articles that include prevention, screening, and treatment of health problems of transgender persons were identified.

RESULTS:

Research on the health needs of the transgender population is limited. Whenever available, research findings that address this unique population should be incorporated into clinical practice. When research evidence is not available to address the unique needs of transgender individuals, research and clinical care guidelines from the general population may be applied for health screening and maintenance.

DISCUSSION:

This article provides information about primary care services for transgender individuals and seeks to improve awareness of the health disparities this underserved population experiences. Simple solutions to modify clinical settings to enhance care are provided. (27 references) (Author)

20170209-40

Educational strategies to help students provide respectful sexual and reproductive health care for lesbian, gay, bisexual, and transgender persons. Walker K, Arbour M, Waryold J (2016), Journal of Midwifery & Women's Health vol 61, no 6, November/December 2016, pp 737- 743

Graduate medical, nursing, and midwifery curricula often have limited amounts of time to focus on issues related to cultural competency in clinical practice, and respectful sexual and reproductive health care for all individuals in particular. Respectful health care that addresses sexual and reproductive concerns is a right for everyone, including those who self-identify as lesbian, gay, bisexual, or transgender (LGBT). LGBT persons have unique reproductive health care needs as well as increased risks for poor health outcomes. Both the World Health Organization and Healthy People 2020 identified the poor health of LGBT persons as an area for improvement. A lack of educational resources as well as few student clinical experiences with an LGBT population may be barriers to providing respectful sexual and reproductive health care to LGBT persons. This article offers didactic educational strategies for midwifery and graduate nursing education programs that may result in reducing barriers to the provision of respectful sexual and reproductive health care for LGBT clients. Specific ideas for implementation are discussed in detail. In addition to what is presented here, other educational strategies and clinical experiences may help to support students for caring for LGBT persons prior to entrance into clinical practice. (21 references) (Author)

20170202-48*

Utilization of fertility treatment and reproductive choices by lesbian couples. Carpinello OJ, Jacob MC, Nulsen J, et al (2016), Fertility and Sterility vol 106, no 7, December 2016, pp 1709-1713

OBJECTIVE:

To describe intentions and outcomes of lesbian couples requesting reproductive assistance; and report number of cycles needed to achieve a live birth.

DESIGN:

Retrospective chart review.

SETTING:

University-based fertility center.

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PATIENT(S):

A total of 306 lesbian couples who sought reproductive assistance between 2004 and 2015.

INTERVENTION(S):

Intrauterine insemination or IVF using donor sperm.

MAIN OUTCOME MEASURE(S):

Mean age, relationship status, family size, preconception goals, conception attempts, number of cycles to achieve a live birth.

RESULT(S):

Preconception plans were available for 233 couples: 76.4% planned for one partner to conceive and carry (single partner conception); 23.6% planned for both partners to eventually conceive and carry (dual partner conception). Of 306 couples who presented, 85.1% attempted single partner conception, and 68% of these achieved a live birth. Dual partner conception was attempted by 14.9% of couples, and 88.9% achieved a live birth. Of those who conceived with IUI, a mean (\pm SD) of 3 ± 1.1 cycles were completed. Of those who conceived with IVF, a mean of 6 ± 1.4 IUI and 1.7 ± 0.3 IVF cycles were completed.

CONCLUSION(S):

Lesbian couples may improve their likelihood of a live birth if both partners attempt conception. Further studies are needed to understand why one-fifth of patients did not pursue treatment.

20170124-74*

Postpartum depression among visible and invisible sexual minority women: a pilot study. Flanders CE, Gibson MF, Goldberg AE, et al (2016), Archives of Women's Mental Health vol 19, no 2, April 2016, pp 299-305

Purpose

Significant numbers of sexual minority women are choosing to parent. Despite this, there is limited research on postpartum depression (PPD) with sexual minority mothers and less research considering differences within sexual minority women in the experience of PPD. This research examines two questions to address this gap in research: (1) Do experiences of PPD symptoms vary between different subgroups of sexual minority women, and (2) Which recruitment strategies effectively address the challenge of recruiting sexual minority women who are pregnant?

Methods

Two Canadian studies recruited participants via consecutive or convenience sampling from midwifery clinics and hospital sites. Participants completed prenatal and postnatal measures of PPD symptoms, social support, and perceived discrimination.

Results

Considering our first question, we found an interaction effect between past sexual behavior and current partner gender. Women currently partnered with men reported higher scores on the Edinburgh Postpartum Depression Scale when their sexual history included partners of more than one gender, whereas this effect was not found among women who were currently partnered with women or not partnered. Regarding our second question, most sexual minority participants recruited through convenience sampling were partnered with women and identified as lesbian or queer, while most participants recruited through consecutive sampling were partnered with men and identified as bisexual.

Conclusions

Women whose sexual histories include more than one gender and are currently partnered with men may be at a higher risk for PPD symptoms. Recruitment method may influence the type of sample recruited for perinatal mental health research among sexual minority women. (Author)

20170117-75*

Gay father surrogacy families: relationships with surrogates and egg donors and parental disclosure of children's origins. Blake L, Carone N, Slutsky J, et al (2016), Fertility and Sterility vol 106, no 6, November 2016, pp 1503-1509

OBJECTIVE:

To study the nature and quality of relationships between gay father families and

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their surrogates and egg donors and parental disclosure of children's origins.

DESIGN:

Cross-sectional study.

SETTING:

Family homes.

PATIENT(S):

Parents in 40 gay father families with 3-9-year-old children born through surrogacy.

INTERVENTION(S):

Administration of a semistructured interview.

MAIN OUTCOME MEASURE(S):

Relationships between parents, children, surrogates, and egg donors and parental disclosure of children's origins were examined using a semistructured interview.

RESULT(S):

The majority of fathers were content with the level of contact they had with the surrogate, with those who were discontent wanting more contact. Fathers were more likely to maintain relationships with surrogates than egg donors, and almost all families had started the process of talking to their children about their origins, with the level of detail and children's understanding increasing with the age of the child.

CONCLUSION(S):

In gay father surrogacy families with young children, relationships between parents, children, surrogates, and eggdonors are generally positive. (Author)

20161219-10*

Teen pregnancy among sexual minority women: results from the National Longitudinal Study of Adolescent to Adult Health. Goldberg SK, Reese BM, Halpern CT (2016), Journal of Adolescent Health vol 59, no 4, 2016, pp 429-437


Purpose:The purpose of this study was to explore the association between sexual orientation and teen pregnancy (before age 20 years) in a U.S. nationally representative cohort of young adult females aged 24-32 years. **Methods:** A total of 5,972 participants in Waves I and IV of the National Longitudinal Study of Adolescent to Adult Health were included. Self-reported sexual orientation identity was categorized as heterosexual, and three sexual minority (SM) groups: mostly heterosexual, bisexual, and lesbian (combining 'mostly homosexual' and '100% homosexual'). Stepwise multivariate regression models were fit to compare odds of teen pregnancy and relative risk ratios of timing of teen pregnancy, between heterosexual and SM groups, adjusting for sociodemographic characteristics, sexual victimization history, and sexual risk behaviors. **Results:** After adjusting for sociodemographics and sexual victimization, bisexual women had significantly higher odds than heterosexual peers of teen pregnancy (odds ratio [OR] = 1.70; 95% confidence interval [CI] = 1.05-2.75); this association was marginally significant after adjusting for sexual risk behaviors. Bisexuals were also more likely to have an early (before age 18 years) teen pregnancy (OR = 2.04; 95% CI = 1.17-3.56). In contrast, lesbian women were significantly less likely to have a teen pregnancy than heterosexual (OR = .47; 95% CI = .23-.97), mostly heterosexual (OR = .46; 95% CI = .21-.99), and bisexual (OR = .29; 95% CI = .12-.71) women in final models. **Conclusions:** Expanding on extant literature, we found opposing risk patterns for teen pregnancy between bisexual and lesbian women, likely due to distinct patterns of sexual risk taking. Findings suggest that SM-inclusive teen pregnancy prevention efforts tailored to meet the unique needs of SM young women, particularly bisexuals, are needed. (Author)

20160908-3*


Prevalence of pregnancy involvement among Canadian transgender youth and its relation to mental health, sexual health, and gender identity. Veale J, Watson RJ, Adjei J, et al (2016), International Journal of Transgenderism Online version ahead of print. 26 August 2016

While little research has been conducted into the reproductive experiences of transgender people, available evidence suggests that like cisgender people, most transgender people endorse a desire for these experiences. This study explores the pregnancy experiences and related health factors among transgender and gender diverse 14 to

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25 year olds using a national Canadian sample (N = 923). Results indicated that 26 (5%) transgender youth reported a pregnancy experience in the past and the prevalence among 14- to 18-year-olds was comparable to population-based estimates using the same question in the British Columbia Adolescent Health Survey. Transgender youth with a history of pregnancy involvement reported a diverse range of gender identities, and this group did not differ from the remainder of the sample on general mental health, social supports, and living in felt gender. This group did report over six times greater likelihood of having been diagnosed with a sexually transmitted infection by a doctor (19%), but they did not differ in reported contraception use during last sexual intercourse. These findings suggest that pregnancy involvement is an issue that should not be overlooked by health professionals working with transgender youth and that this group has particular sexual health needs. (Author)

20160719-25*

Supporting lesbian couples during pregnancy. Pharris A, Bucchio J, Dotson C, et al (2016), International Journal of Childbirth Education vol 31, no 3, July 2016, pp 23-24

This article discusses issues childbirth educators must consider when working with pregnant lesbian couples. Careful choice of language can help the childbirth educator develop respectful working relationships with pregnant lesbian couples. These terms were provided as a place to start building the foundation for a respectful and inclusive relationship. Supporting the pregnant lesbian couple via active listening and referring supportive networks were also discussed. (5 references) (Author) [The full article is available free of charge at: <http://icea.org/wp-content/uploads/2015/12/CBEed-JUL-web-FINAL.pdf>]

20160704-31*

Imagining parenthood: the possibilities and experiences of parenthood among transgender people. von Doussa H, Power J, Riggs D (2015), Culture, Health & Sexuality vol 17, no 9, June 2015, pp 1119-1131


This paper reports on a qualitative study exploring the ways in which transgender adults imagine a place for parenthood in their lives, and/or the ways they have negotiated parenthood with their transgender identity. A total of 13 transgender adults (including parents and non-parents) were interviewed with respect to their thoughts and experiences about family, relationships and parenting. The study sought to understand the possibilities for parenthood that transgender people create, despite barriers imposed by restrictive laws, medical practices and cultural attitudes. Interview data showed how normative assumptions about gender and parenthood shape the way people imagined and desired parenthood. It also showed how participants re-appropriated and resisted normative cultural scripts by either re-imagining parenthood in different terms (such as step-parenthood) or by creating different family forms, such as co-parented families. Participants reported a variety of experiences with healthcare providers when it came to conversations about fertility preservation and family building. (Author)

20160525-45*

Because moms say so: narratives of lesbian mothers in Italy. Zamperina A, Testoni I, Primo D, et al (2016), Journal of GLBT Family Studies vol 12, no 1, 2016, pp 91-110

The Italian situation of lesbian women-parented families seems to be trapped between a deprivation of public and legal acknowledgment and the reality of everyday lives of lesbian women having children in a same-sex relationship context experiencing this ambivalence in their personal, familiar, and social existence. The aim of this study is to analyze the narratives of 17 lesbian mothers (10 biological mothers and seven social mothers) in order to outline the construction of their identities as parents, their affective relationships with the partner (social mother), and the relationships established with public agencies (school, neighborhood, family networks). Results show that lesbian maternity has strong political and social implications. In particular, our analysis underlines the libertarian extent of lesbian maternity paths, often based on equal roles and promoting the enlargement of the concepts of family. Our findings suggest that the lack of legal recognition has a threatening effect on the sense-making processes that social mothers perform during the development of their parental role. (Author)

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20160525-44*

Narrating self-identity in bisexual motherhood. Delvoye M, Tasker F (2016), Journal of GLBT Family Studies vol 12, no 1, 2016, pp 5-23

Our qualitative study investigated the ways in which bisexual mothers came to identify as such and how their identity interconnected with their personal relationship and parenting histories within the social contexts they experienced. Eight women (ages 28 to 56 years old) who had experienced sexual relationships with both women and men over their life span were interviewed. At the time of their interview the participants were mothers to children of various ages from infancy to adulthood. A Labovian narrative analysis was conducted to highlight key points in their understanding of their sense of self in relation to particular social contexts and their story of how they came to identify as a bisexual mother or not. Our findings pointed to involvement in various self-identity projects that were variously integrated and resolved within their life course story, namely, the construction of a positive sexual identity and the development of a romantic relationship and the desire to parent. Our life course development study emphasized sexual self-identity as providing a source of agency and organization with respect to personal development in embracing or sidelining opportunities as these occurred or did not occur within changing social contexts over time. (46 references)

(Author) [The full version of this article can be viewed free of charge at:

<http://www.tandfonline.com/doi/full/10.1080/1550428X.2015.1038675>]

Full URL: <http://www.tandfonline.com/doi/full/10.1080/1550428X.2015.1038675>

20160524-9*

Transmasculine individuals' experiences with lactation, chestfeeding, and gender identity: a qualitative study.

MacDonald T, Noel-Weiss J, West D, et al (2016), BMC Pregnancy and Childbirth vol 16, no 106, 16 May 2016

Background

Transmasculine individuals are people who were assigned as female at birth, but identify on the male side of the gender spectrum. They might choose to use and engage their bodies to be pregnant, birth a baby, and chestfeed. This study asked an open research question, 'What are the experiences of transmasculine individuals with pregnancy, birthing, and feeding their newborns?'

Methods

Participants who self-identified as transmasculine and had experienced or were experiencing pregnancy, birth, and infant feeding were recruited through the internet and interviewed. Interviews were transcribed verbatim. We used interpretive description methodology to analyze the data. Our analysis was guided by our awareness of concepts and history important to the transgender community.

Results

Out of 22 participants, 16 chose to chestfeed for some period of time, four participants did not attempt chestfeeding, and two had not reached the point of infant feeding (i.e., were still pregnant or had a miscarriage). Nine of the 22 study participants had chest masculinization surgery before conceiving their babies. Six participants had the surgery after their children were born, five desired the surgery in the future, and two did not want it at all.

Chest care, lactation, and chestfeeding in the context of being a transgender person are reported in this paper. The participants' experiences of gender dysphoria, chest masculinization surgery before pregnancy or after weaning, accessing lactation care as a transmasculine person, and the question of restarting testosterone emerged as data. We present the participants' experiences in a chronological pattern with the categories of before pregnancy, pregnancy, postpartum (6 weeks post birth), and later stage (beyond 6 weeks).

Conclusions

The majority of participants chose to chestfeed while some did not due to physical or mental health reasons. Care providers should communicate an understanding of gender dysphoria and transgender identities in order to build patient trust and provide competent care. Further, health care providers need to be knowledgeable about lactation and chest care following chest masculinization surgery and during binding, regardless of the chosen feeding method and through all stages: before pregnancy, during pregnancy, postpartum, and afterward. (33 references) (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes] [The full version of this text is available free of charge at:<http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0907-y>]

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20160523-23

Transgender men and pregnancy. Obedin-Maliver J, Makadon H (2016), *Obstetric Medicine* vol 9, no 1, March 2016, pp 4-8

Transgender people have experienced significant advances in societal acceptance despite experiencing continued stigma and discrimination. While it can still be difficult to access quality health care, and there is a great deal to be done to create affirming health care organizations, there is growing interest around the United States in advancing transgender health. The focus of this commentary is to provide guidance to clinicians caring for transgender men or other gender nonconforming people who are contemplating, carrying, or have completed a pregnancy. Terms transgender and gender nonconforming specifically refer to those whose gender identity (e.g., being a man) differs from their female sex assigned at birth. Many, if not most transgender men retain their female reproductive organs and retain the capacity to have children. Review of their experience demonstrates the need for preconception counseling that includes discussion of stopping testosterone while trying to conceive and during pregnancy, and anticipating increasing experiences of gender dysphoria during and after pregnancy. The clinical aspects of delivery itself fall within the realm of routine obstetrical care, although further research is needed into how mode and environment of delivery may affect gender dysphoria. Postpartum considerations include discussion of options for chest (breast) feeding, and how and when to reinstate testosterone. A positive perinatal experience begins from the moment transgender men first present for care and depends on comprehensive affirmation of gender diversity. (46 references) (Author)

20160420-41

The transition to parenthood and early child development in families with same-sex parents. Farr RH, Tornello SL (2016), *International Journal of Birth and Parent Education* vol 3, no 3, Spring 2016, pp 17-22

As LGBTQ (lesbian, gay, bisexual, transgender, queer) adults are increasingly becoming parents through a diversity of pathways in many places around the world, greater attention is needed to support the transition to parenthood and early child development. Two key questions relevant to prospective parents in same-sex couples and to the professionals who work with them are: 'What is the impact of having a baby on same-sex couple relationships?' and 'What is the impact of having same-sex parents on infants' early development?' (47 references) (Author)

20160420-38

But wait where should I be, am I Mum or Dad? Lesbian couples reflect on hetero-normativity in regular antenatal education and the benefits of LGBTQ-certified options. Malmquist A (2016), *International Journal of Birth and Parent Education* vol 3, no 3, Spring 2016, pp 7-10

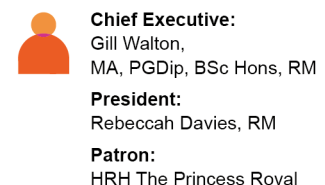
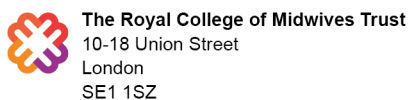
Prospective parents in Sweden are offered antenatal education led by midwives. The composition of some classes is based on the family situation, and in Stockholm an LGBTQ-certified maternity clinic offers separate classes for LGBTQ parents. Women who attend separate antenatal classes for LGBTQ parents are generally highly satisfied with the programme. They emphasize that they feel comfortable with it, and that the discussed topics are relevant to them. On the contrary, women who attend regular antenatal education, in classes with different-sex couples, reflect on hetero-normativity in the education - midwives focus on stereotypic gender roles, and non-birth mothers' situation is overlooked when the classes are divided into separate sub-groups for (pregnant) mothers and (non-pregnant) fathers. (18 references) (Author)

20160322-40*

Fertility treatment: lesbian couple says criteria for free care 'impossible to meet'. Anon (2016), *BBC News* 22 March 2016

Reports that a lesbian couple from Northern Ireland who have been refused fertility treatment on the NHS are claiming they are being indirectly discriminated against because of their sexuality. States that, while the Department of Health insist that same-sex couples are equally as eligible to receive publicly funded infertility treatment as heterosexual couples, in order to qualify for one free cycle of fertility treatment a couple must have been trying to

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conceive for at least three years without success, or have a medical condition, criteria which the couple in question says are impossible for a same-sex couple to meet. (JSM)

Full URL: <http://www.bbc.co.uk/news/uk-northern-ireland-35866541>

20160311-30

Reception of oocytes from a partner. Winter G (2016), British Journal of Midwifery vol 24, no 3, March 2016, p 160

Discusses the legal and ethical issues surrounding in vitro fertilisation involving reception of oocytes from a partner (ROPA). (6 references) (MB)

20160311-12*

Access to fertility services by transgender persons: an Ethics Committee opinion. Ethics Committee of the American Society for Reproductive Medicine (2015), Fertility and Sterility vol 104, no 5, November 2015, pp 1111-1115

This statement explores the ethical considerations surrounding the provision of fertility services to transgender individuals and concludes that denial of access to fertility services is not justified.

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20160204-14*

'It's so important to talk and talk': how gay adoptive fathers respond to their children's encounters with heteronormativity. Vinjamuri M (2015), Fathering: a journal of theory, research, and practice about men as fathers vol 13, no 3, 2015,

Little is known about how gay fathers support their children as they navigate the challenges of heteronormativity. This article, based on phenomenological interviews with gay adoptive fathers from 20 families (one interview per family), discusses how gay fathers help their children manage the complexities of being adopted, not having a mother, and having gay fathers. Using a social constructionist lens, the article shows how fathers, in empathically responding to these challenges, nurture emotional connections with their children and deepen their sense of being parents.

Focusing on how gay fathers provide security to their children in the face of societal stigma expands knowledge about the intimate family lives of gay fathers, resiliencies of families headed by same-sex parents, and the social fabric of heteronormativity. (Author)

20151027-10


Predictors of relationship dissolution in lesbian, gay, and heterosexual adoptive parents. Goldberg AE, Garcia R (2015), Journal of Family Psychology vol 29, no 3, June 2015, pp 394-404

Little work has examined relationship dissolution or divorce in adoptive parents or same-sex parent couples. The current study examined predictors of relationship dissolution across the first 5 years of parenthood among a sample of heterosexual, lesbian, and gay male adoptive couples. Of the 190 couples in the study, 15 (7.9%) dissolved their relationships during the first 5 years of adoptive parenthood. Specifically, 7 of 57 lesbian couples (12.3%), 1 of 49 gay male couples (2.0%), and 7 of 84 heterosexual couples (8.3%) dissolved their unions. Results of our logistic regression analysis revealed that the odds of relationship dissolution were significantly higher for (a) couples who adopted a noninfant (i.e., older child); (b) participants who reported feeling less prepared for the adoption, 3 months postadoptive placement; and (c) couples in which both partners reported very low or very high preadoption levels of relationship maintenance behaviors. Findings have implications for adoption professionals seeking to support same-sex and heterosexual prospective adopters, as well as societal debates and policy regarding same-sex relationships and parenting. (53 references) (Author)


20150710-28*

LGBTQ focused education: can inclusion be taught?. Singer RB (2015), International Journal of Childbirth Education vol 30, no 2, April 2015, pp 17-19

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With the advent of the LGBTQ civil rights movement, particularly the fight for marriage equality, there is a growing awareness of non-traditional families. This awareness requires all health care professionals including childbirth educators to shift away from heterosexist thinking and language in caring for patients. Doctors, nurses, prenatal educators, doulas, and midwives must be adequately educated about LGBTQ health issues to be empathic and conscious of the needs of this population. Without proper culturally competent educational opportunities, the health care system is inadequately prepared to provide responsive health care. (12 references) (Author)

20150316-3*

Neither father nor biological mother. A qualitative study about lesbian co-mothers' maternity care experiences. Dahl B, Malterud K (2015), *Sexual & Reproductive Healthcare* vol 6, no 3, October 2015, pp 169-173

Objective

To explore lesbian co-mothers' maternity care experiences and their implications for the caring encounter.

Methods

A qualitative interview study with data from a convenience sample of eleven Norwegian comothers was conducted. Systematic text condensation was used for data analysis.

Results

Analysis showed that ordinary tokens of recognition created feelings of being included, while lesbian self-confidence played a major role in awkward encounters. Being neither father nor biological mother sometimes challenged parental identity. Being women helped co-mothers understand what their partners went through but they had to find other ways of mothering than if they had given birth themselves. Co-mothers addressed themselves with different terms and perceived some concepts as unnatural or excluding. Parental identity was defined by their relationship to baby, and the term 'co-mother' was perceived as a bureaucratic concept.

Conclusion

For lesbian co-mothers, being recognized in maternity care implies that they are valued for the qualities that separate them from other user groups on a personal level. On a societal level, being recognized is related to acknowledgement of inventive ways of doing family. Everyday signs of recognition may prevent moral violation, and by paying particular attention to use of language, staff can help co-mothers feel acknowledged. (Author)

20150227-48*

'I've Redeemed Myself by Being a 1950s 'Housewife' '

Parent-Grandparent Relationships in the Context of Lesbian Childbirth. Nordqvist P (2015), *Journal of Family Issues* vol 36, no 4, 2015, pp 480-500

This article investigates the relationship between grandparents and lesbian daughters in the context of childbirth, looking specifically at the role that pregnancy plays in shaping kinship affinities. Gender, sex, and heterosexuality are fundamental to Euro-American kinship discourse and practice; lesbian couples' parenthood through donor conception represents a significant departure from prevailing tropes of kinship. Thus, questions arise about how lesbians experience becoming and being parents, and about how their own parents may respond to becoming a genetic or nongenetic grandparent. This article draws on original data from interviews conducted in the United Kingdom with lesbians who became parents by donor conception, and grandparents with lesbian daughters in those situations where the older generation was not originally supportive of their daughters. It explores the negotiated meaning of pregnancy and how relationships with grandparents may be shaped by whether or not it is the daughter of the family who gave birth. (Author)

20150213-69*

Lactation Support and the LGBTQI Community. Farrow A (2015), *Journal of Human Lactation* vol 31, no 1, February 2015, pp 26-28

Highlights that LGBTQI parents and families are underrepresented in breastfeeding research and literature and face

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20150209-34

Transgender men and lactation: what nurses need to know. Wolfe-Roubatis E, Spatz DL (2015), MCN - American Journal of Maternal/Child Nursing vol 40, no 1, January/February 2015, pp 32-38

Research examining needs of postpartum transgender men in relation to lactation and infant feeding is missing from nursing literature. Accordingly, little is known about how perinatal nurses can best support this unique subset of postpartum patients. Case studies presented here reveal that transgender men would appreciate care from nurses who are knowledgeable about transgender individuals and their healthcare needs, but this type of care is not always available. Nurses need more education about how to best support transgender patients and families in order to achieve optimal lactation and infant nutrition in this population. (15 references) (Author)

20150130-76

My two dads. (2014), NCT Matters Winter 2014, p 38

Chris and Mike tell us about their life as new dads, the birth of their daughter through surrogacy and how the trials and tribulations of parenthood are universal. (Author)

20150123-72*

Gay men's experiences of surrogacy clinics in India. Riggs DW, Due C, Power J (2015), Journal of Family Planning and Reproductive Health Care vol 41, no 1, 2015, pp 48-53

While growing numbers of Australian gay men are entering into 'offshore' surrogacy arrangements in order to become parents, little empirical research has been conducted with this population. This article reports on a qualitative analysis of interviews with 12 gay men who had entered into surrogacy arrangements in India. The findings outline both positive and negative experiences in terms of support pre-conception, during the birth and post-birth. Changes to legislation in India mean that gay men can no longer access surrogacy services there, but it is important to understand the experiences of men who had previously accessed those services. The article concludes by highlighting aspects of the data that demonstrate the particular experiences of gay men who undertake offshore surrogacy arrangements, especially with regard to their need for support and involvement in all aspects of the process. A more thoroughly developed network of care may help to facilitate such support and this may further increase the positive outcomes reported by gay men who form families through surrogacy arrangements. (Author)

20141118-73

Transgender men who experienced pregnancy after female-to-male gender transitioning. Light AD, Obedin-Maliver J, Sevelius JM, et al (2014), Obstetrics & Gynecology vol 124, no 6, December 2014, pp 1120-27

OBJECTIVE: To conduct a cross-sectional study of transgender men who had been pregnant and delivered after transitioning from female-to-male gender to help guide practice and further investigation.

MATERIALS AND METHODS: We administered a web-based survey from March to December 2013 to inquire about demographics, hormone use, fertility, pregnancy experience, and birth outcomes. Participants were not required to have been on hormone therapy to be eligible. We used a mixed-methods approach to evaluate the quantitative and qualitative data.

RESULTS: Forty-one self-described transgender men completed the survey. Before pregnancy, 61% (n=25) had used testosterone. Mean age at conception was 28 years with a standard deviation of 6.8 years. Eighty-eight percent of oocytes (n=36) came from participants' own ovaries. Half of the participants received prenatal care from a physician and 78% delivered in a hospital. Qualitative themes included low levels of health care provider awareness and knowledge about the unique needs of pregnant transgender men as well as a desire for resources to support transgender men through their pregnancy.

CONCLUSION: Transgender men are achieving pregnancy after having socially, medically, or both transitioned. Themes from this study can be used to develop transgender-appropriate services and interventions that may improve the

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20141107-10

Lesbian couples seeking pregnancy with donor insemination. Markus E, Weingarten A, Duplessi Y, et al (2010), Journal of Midwifery & Women's Health vol 55, no 2, March-April 2010, pp 124-132

S.S. is a healthy, 29-year-old nulligravida who comes to the clinic with her female partner, M.S., seeking advice on becoming pregnant through the use of donor sperm from a cryobank. S.S. has been charting her fertility signs for 3 months, and both she and her partner are very excited about the prospect of becoming parents. They have done some research into donor sperm, but have questions about the different types of donor sperm available, whether to pursue intracervical or intrauterine insemination, and if the insemination should be done at home or in the clinic. They report that they have been to an obstetrician-gynecologist seeking care. The physician was unfamiliar with donor insemination and referred them to a fertility clinic for preconception counseling. The physicians at the fertility clinic recommended that the couple pursue pregnancy using ultrasound to detect follicle growth, followed by a human chorionic gonadotropin trigger shot and then intrauterine insemination in the clinic 24 hours later. The couple felt that these interventions were unnecessary at this point, because they did not have a known fertility problem. (Author)

20141031-64*

Gay fathers' reproductive journeys and parenting experiences: a review of research. Riggs DW, Due C (2014), Journal of Family Planning and Reproductive Health Care vol 40, no 4, 2014, pp 289-293

Over the past decade growing numbers of gay men have sought and found ways to become parents, including through surrogacy, giving birth, adoption and fostering. These modes of family formation are situated alongside pre-existing modes of family formation available to gay men, specifically in heterosexual relationships and through donating sperm to lesbian recipients. This review article summarises the literature related to each of these modes of family formation. It highlights the discrimination that gay men may face as parents and the positive outcomes both for gay fathers and for the children they parent. (Author)

20140917-4*

Women's voices on health: addressing barriers to accessing primary care. Psarros A (2014), London: Maternity Action 115 pages. May 2014

Maternity Action surveyed 300 women about barriers to accessing primary care and held focus groups with BME women, refugee and asylum seeking women, women living with HIV, LGBT women, and women with learning disabilities. The research was commissioned by the Women's Health and Equality Consortium. (Publisher)

Full URL: <https://maternityaction.org.uk/2014/05/womens-voices-on-health-addressing-barriers-to-accessing-primary-care/>

20140904-62*

ESHRE Task Force on Ethics and Law 23: medically assisted reproduction in singles, lesbian and gay couples, and transsexual people. de Wert G, Dondorp W, Shenfield F, et al (2014), Human Reproduction vol 29, no 9, 2014, pp 1859-1865

This Task Force document discusses ethical issues arising with requests for medically assisted reproduction from people in what may be called 'non-standard' situations and relationships. The document stresses that categorically denying access to any of these groups cannot be reconciled with a human rights perspective. If there are concerns about the implications of assisted reproduction on the wellbeing of any of the persons involved, including the future child, a surrogate mother or the applicants themselves, these concerns have to be considered in the light of the available scientific evidence. When doing so it is important to avoid the use of double standards. More research is needed into the psychosocial implications of raising children in non-standard situations, especially with regard to single women, male homosexual couples and transsexual people. (Author)

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20140709-18

Exploring same sex couples' experiences of maternity care. Hammond C (2014), British Journal of Midwifery vol 22, no 7, July 2014, pp 495-500

Same sex parenthood is becoming increasingly prevalent around the world. More same sex couples are engaging with maternity services, and as a 'vulnerable' group in health care it is imperative that their needs are met (Burkholder and Burbank, 2012). This literature review explores research from around the world to evaluate the care that same-sex parents receive in the maternity sector. No articles were found to include gay men; however, 13 articles focused on lesbian parents. Three main themes arose from the review: the attitudes of health care professionals, the involvement of the co-mother and the invisibility of the lesbian mother due to heteronormativity. It was found that same sex couples receive overall positive care, however, some areas of subtle homophobia remain. Most same sex parents wish to be treated no differently to heterosexual parents, but with special recognition of their diverse family constellation. It is therefore essential that health professionals are educated on the unique needs of lesbian women and gay men. (38 reference) (Author)

20140625-19*

Welcoming all families - the need for LGBTQ- specific childbirth classes. Kali K (2014), Science and Sensibility 24 June 2014

Today on Science & Sensibility, as part of the occasional series, Welcoming All Families, midwife and educator Kristin Kali, LM, CPM shares information on holding a childbirth class that is designed specifically for LGBTQ families. Kristin discusses the benefits of holding an LGBTQ class, provides some resources and offers additional information on content designed to meet the specific needs of LGBTQ families. (Author)

Full URL: <http://www.scienceandsensibility.org/?p=8430>

20140429-33

How do lesbian couples compare with heterosexual in vitro fertilization and spontaneously pregnant couples when it comes to parenting stress?. Borneskog C, Lampic C, Sydsjo G, et al (2014), Acta Paediatrica vol 103, no 5, May 2014, pp 537-545

Aim

To study parenting stress in lesbian parents and to compare that stress with heterosexual parents following in vitro fertilisation (IVF) or spontaneous pregnancies.

Methods

This survey took place during 2005-2008 and was part of the Swedish multicentre study on gamete donation. It comprised 131 lesbian parents, 83 heterosexual IVF parents, who used their own gametes, and 118 spontaneous pregnancy parents. The participants responded to the questionnaire when the child was between 12 and 36-months-old and parenting stress was measured by the Swedish Parenting Stress Questionnaire (SPSQ).

Results

Lesbian parents experienced less parenting stress than heterosexual IVF parents when it came to the General Parenting Stress measure ($p = 0.001$) and the subareas of Incompetence ($p < 0.001$), Social Isolation ($p = 0.033$) and Role Restriction ($p = 0.004$). They also experienced less parenting stress than heterosexual spontaneous pregnancy couples, according to the Social Isolation subarea ($p = 0.003$). Birth mothers experienced higher stress than co-mothers and fathers, according to the Role Restriction measure ($p = 0.041$).

Conclusion

These are reassuring findings, considering the known challenges that lesbian families face in establishing their parental roles and, in particular, the challenges related to the lack of recognition of the co-mother. (30 references)


(Author)

20140219-34*


Experiences of preconception, pregnancy, and new motherhood for lesbian nonbiological mothers. Wojnar DM, Katzenmeyer A (2014), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 43, no 1, January/February 2014, pp 50-60

OBJECTIVE:

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To describe the experiences of preconception, pregnancy, and new motherhood from the perspective of lesbian nonbiological mothers.

DESIGN:

Descriptive phenomenology.

SETTING:

A private room at the study site and participants' homes.

PARTICIPANTS:

Twenty-four self-identified lesbian nonbiological mothers in a committed relationship and whose partner gave birth within the past 2 years participated. All of the participants were from urban or suburban areas in the Pacific Northwest.

METHODS:

Women participated in semistructured in person interviews that were audio recorded and transcribed verbatim for analysis. Colaizzi's method guided the process.

RESULTS:

An overarching theme of 'feeling different' permeated the experiences of preconception, pregnancy, and new motherhood for the participants. The women's narratives revealed seven themes that illustrated their experiences: (a) Launching pregnancy: A roller coaster ride; (b) Having legal and biological concerns: Biology prevails; (c) There is a little person in there: Dealing with pregnancy issues; (d) Losing relationships over pregnancy: The elephant in the room; (e) Feeling incomplete as a mother; (f) Carving a unique role: There are very few of us out there; and (g) Sadness and regret: Nonbiological mothers get the postpartum blues, too.

CONCLUSIONS:

The experience of preconception, pregnancy, and new motherhood for nonbiological lesbian mothers is complicated by the lack of biological and legal substantiation to the infant, few role models, and limited social support. Nurses and health care providers cognizant of these issues can play an important role in facilitating a positive transition to motherhood for this population. (Author)

20140102-8*

Disparities in health insurance among children with same-sex parents. Gonzales G, Blewett LA (2013), Pediatrics vol 132, no 4, October 2013, pp 703-711

OBJECTIVES:

The objectives of this study were to examine disparities in health insurance coverage for children with same-sex parents and to investigate how statewide policies such as same-sex marriage and second-parent adoptions affect children's private insurance coverage.

METHODS:

We used data from the 2008-2010 American Community Survey to identify children (aged 0-17 years) with same-sex parents (n = 5081), married opposite-sex parents (n = 1369789), and unmarried opposite-sex parents (n = 101678). We conducted multinomial logistic regression models to estimate the relationship between family type and type of health insurance coverage for all children and then stratified by each child's state policy environment.

RESULTS:

Although 77.5% of children with married opposite-sex parents had private health insurance, only 63.3% of children with dual fathers and 67.5% with dual mothers were covered by private health plans. Children with same-sex parents had fewer odds of private insurance after controlling for demographic characteristics but not to the extent of children with unmarried opposite-sex parents. Differences in private insurance diminished for children with dual mothers after stratifying children in states with legal same-sex marriage or civil unions. Living in a state that allowed second-parent adoptions also predicted narrower disparities in private insurance coverage for children with dual fathers or dual mothers.

CONCLUSIONS:

Disparities in private health insurance for children with same-sex parents diminish when they live in states that secure their legal relationship to both parents. This study provides supporting evidence in favor of recent policy statements by the American Academy of Pediatricians endorsing same-sex marriage and second-parent adoptions. (53

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20131111-86*

Paternity balancing. Evans MI, Andriole S, Pergament E, et al (2013), *Fetal Diagnosis and Therapy* vol 34, no 3, 2013, pp 135-139

Background: Gestational carriers and egg donors have been used by 'traditional' and now increasingly, gay couples. Three gay male couples, all using egg donors and gestational carriers with semen from both partners, had triplets. All desired reductions to twins for the standard medical indications, but requested, if reasonably possible, to have twins with one fathered by each partner. Methods: Following our usual clinical protocol, we performed chorionic villus sampling at 12 weeks on all fetuses obtaining FISH and karyotype. For paternity analysis, 14 polymorphic molecular markers on villi were compared to DNA samples from the two men to include or exclude each. Results: Standard assessments were all normal. Paternity testing showed that one partner fathered two of the triplets, and the other one. In all cases, one of the 'twins' was reduced with good clinical outcomes ensuing. Conclusions: Paternity balancing increases options for satisfying family planning desires of gay male couples. We believe it comparable to gender preferences in reductions, i.e. it can be considered but only completely subservient to any clinical criteria. Paternity balancing raises similar ethical issues as reduction with gender preferences, but may increase patient autonomy and mainstream acceptance of stable, gay families. (Author)

20130607-15

Lesbian women's experiences with healthcare providers in the birthing context: A meta-ethnography. Dahl B, Fylkesnes AM, Sorlie V, et al (2013), *Midwifery* vol 29, no 6, June 2013, pp 674-681

OBJECTIVE:

to explore research knowledge about lesbian women's experiences with health-care providers in the birthing context.

METHOD:

a systematic search for relevant qualitative studies in selected databases identified 13 articles of sufficient quality. The findings were synthesized using a meta-ethnographic approach as described by Noblit and Hare. SYNTHESIS AND

FINDINGS: issues related to covert or overt homophobia and prejudice were demonstrated and were sometimes mediated by subtle mechanisms that were difficult to understand and to manage. On the other hand, small gestures of support were described to make a huge difference. A lack of knowledge was demonstrated, contrasted by staff showing a positive and informed attitude. Disclosure was an important issue, but due to the risk involved the women demonstrated a need to be in control. Finally, being acknowledged, both as individuals and as family were considered vital. In this regard, it was essential to recognize and include co-mother as equal parent and to look upon lesbian sexuality as normal and natural.

KEY CONCLUSIONS:

midwives' emotional involvement in the situation is significant for moral perception of the women's intimate citizenship, even when they are distressed by lesbian sexuality.

IMPLICATIONS FOR PRACTICE:

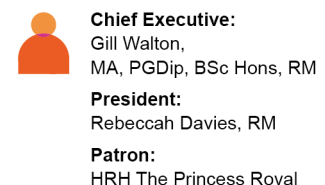
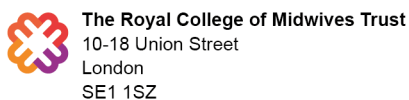
our findings reveal the importance of including sexuality as an issue deserving reflection in maternity wards, whether or not this might cause unrest in midwives who do not feel comfortable with intimate citizenships beyond mainstream. (39 references) (Author)

20130530-17

Promoting the well-being of children whose parents are gay or lesbian. Committee on Psychosocial Aspects of Child and Family Health (2013), *Pediatrics* vol 131, no 4, April 2013, pp 827-830

To promote optimal health and well-being of all children, the American Academy of Pediatrics (AAP) supports access for all children to (1) civil marriage rights for their parents and (2) willing and capable foster and adoptive parents, regardless of the parents' sexual orientation. The AAP has always been an advocate for, and has developed policies to support, the optimal physical, mental, and social health and well-being of all infants, children, adolescents, and young

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adults. In so doing, the AAP has supported families in all their diversity, because the family has always been the basic social unit in which children develop the supporting and nurturing relationships with adults that they need to thrive. Children may be born to, adopted by, or cared for temporarily by married couples, nonmarried couples, single parents, grandparents, or legal guardians, and any of these may be heterosexual, gay or lesbian, or of another orientation. Children need secure and enduring relationships with committed and nurturing adults to enhance their life experiences for optimal social-emotional and cognitive development. Scientific evidence affirms that children have similar developmental and emotional needs and receive similar parenting whether they are raised by parents of the same or different genders. If a child has 2 living and capable parents who choose to create a permanent bond by way of civil marriage, it is in the best interests of their child(ren) that legal and social institutions allow and support them to do so, irrespective of their sexual orientation. If 2 parents are not available to the child, adoption or foster parenting remain acceptable options to provide a loving home for a child and should be available without regard to the sexual orientation of the parent(s). (21 references) (Author) (Full article available online at <http://www.pediatrics.org/cgi/doi/10.1542/peds.2013-0376>)

20130425-26

Lesbian co-mothers' experiences of maternity healthcare services. Cherguit J, Burns J, Pettle S, et al (2013), *Journal of Advanced Nursing* vol 69, no 6, 2013, pp 1269-1278

AIM:

This article is a report of a study of lesbian co-mothers' experiences of UK maternity healthcare services.

BACKGROUND:

With the increase in fertility provision to lesbian couples, maternity healthcare services are increasingly coming into contact with lesbian co-mothers. Literature highlights the need to investigate donor-conceived lesbian families and an absence of research focusing on the unique experiences of co-mothers in the maternity process.

DESIGN:

The study followed a qualitative design and interpretative phenomenological analysis methodology.

METHODS:

A qualitative study was carried out involving ten lesbian co-mothers, whose children were conceived via anonymous donor insemination to their partners. Data collection took place between May-September 2009.

FINDINGS:

Interpretative phenomenological analysis revealed two main types of co-mothers' experiences, those connected with maternity service structures and interpersonal experiences with maternity care staff. Co-mothers felt excluded by heterocentric organizational service structures. However, the co-mothers' overwhelming experiences with staff were positive and inclusive. Despite this, co-mothers reported that any ambiguous or non-inclusive experiences with professionals left them questioning whether these experiences were due to homophobic attitudes or professional incompetence.

CONCLUSION:

The results indicate that these lesbian co-mothers felt predominantly included and accepted by maternity services. Ambiguous interpersonal experiences, however, evoked doubts in this regard. In addition, organizational heterocentric structural barriers remain. Structural service delivery changes could facilitate co-mothers' feelings of inclusion and highlight the important role practitioners have in contributing to co-mothers' experiences. (Author)

20130319-102*

Symptoms of anxiety and depression in lesbian couples treated with donated sperm: a descriptive study. Borneskog, Sydsjo G, Lampic C, et al (2013), *BJOG: An International Journal of Obstetrics and Gynaecology* vol 120, no 7, June 2013, pp839-46

OBJECTIVE:

To investigate symptoms of anxiety and depression in lesbian couples undergoing assisted reproductive treatment (ART), and to study the relationship of demographic data, pregnancy outcome and future reproductive plans with symptoms of anxiety and depression.

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DESIGN:

Descriptive, a part of the prospective longitudinal 'Swedish study on gamete donation'.

SETTING:

All university clinics in Sweden performing gamete donation.

POPULATION:

A consecutive sample of 214 lesbian couples requesting assisted reproduction, 165 of whom participated.

METHODS:

Participants individually completed three study-specific questionnaires and the Hospital Anxiety and Depression Scale (HADS): time point 1 (T1), at commencement of ART; time point 2 (T2), approximately 2 months after treatment; and time point 3 (T3), 2-5 years after first treatment.

MAIN OUTCOME MEASURES:

Anxiety and depression (HADS), pregnancy outcome and future reproductive plans.

RESULTS:

The vast majority of lesbian women undergoing assisted reproduction reported no symptoms of anxiety and depression at the three assessment points. A higher percentage of the treated women, compared with the partners, reported symptoms of anxiety at T2 (14% versus 5%, $P = 0.011$) and T3 (10% versus 4%, $P = 0.018$), as well as symptoms of depression at T2 (4% versus 0%, $P = 0.03$) and T3 (3% versus 0%, $P = 0.035$). The overall pregnancy outcome was high; almost three-quarters of lesbian couples gave birth 2-5 years after sperm donation treatments. Open-ended comments illustrated joy and satisfaction about family building.

CONCLUSION:

Lesbian women in Sweden reported good psychological health before and after treatment with donated sperm. (43 references) (Author)

20130211-119*

Attitudes and knowledge among obstetrician-gynecologists regarding lesbian patients and their health. Abdessamad HM, Yudin MH, Tarasoff LA, et al (2013), Journal of Women's Health vol 22, no 1, 2013, pp 85-93

Objective: The lesbian patient population is underserved. Almost no research has examined the knowledge and attitudes of obstetrician-gynecologists toward lesbian health. Our study sought to address this research gap. Methods: All 910 obstetrician-gynecologists licensed in Ontario, Canada, were mailed a true-false survey about lesbian health issues, the Homosexuality Attitudes Scale (HAS), and a demographic survey. Results: Of the 910 surveys, 271 were returned. The mean HAS score was 87.6 (standard deviation [SD] 11.5), indicating an overall positive attitude. The mean knowledge score was 76.0% (SD 9.5), indicating that respondents had adequate knowledge about lesbian health; 22% described their lesbian health knowledge-base as unaware. Most respondents reported lack of education on lesbian health in residency (81%) or medical school (78%). The majority reported a desire for formal education pertaining to lesbian health. There was no correlation between HAS and knowledge scores. Conclusions: Although our results indicate overall adequate knowledge about lesbian health issues, important knowledge gaps were identified. Medical school and residency training curricula should include formal education about lesbian health issues, particularly because most obstetrician-gynecologists report a desire to receive this information. (Author)

20130204-17*

Sperm donors can seek access to kids. Gallagher J (2013), BBC News 1 February 2013

Reports a High Court ruling which will give sperm donors the right to apply for access to their children. Stresses that this decision does not guarantee that fathers will be successful in their applications for access. (JSM)

Full URL: <http://www.bbc.co.uk/news/health-21296551#>

20121219-27

Assessment of postnatal depression among Australian lesbian mothers during the first year after childbirth: a pilot study. Khajehei M, Doherty M, Tilley M (2012), International Journal of Childbirth Education vol 27, no 4, October 2012, pp 49-54

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This cross-sectional study used a combination of three relative, reliable and standard questionnaires to evaluate symptoms of depression, sexual function and relationship satisfaction in the first year postpartum of sixteen lesbian mothers. The questionnaire was administered online. When individual scores were analyzed, there were 5 women who were depressed and 11 who were not. Those who were non-depressed had better sexual functioning and a higher level of satisfaction with relationships. This pilot study indicated that the need for further studies with lesbian mothers. (37 references) (Author)

20121219-24

Improving prenatal care for pregnant lesbians. Singer RB (2012), International Journal of Childbirth Education vol 27, no 4, October 2012, pp 37-40

Today's changing social environment, with more non-traditional families than ever, requires that healthcare providers avoid heterosexist thinking and language in assessing new clients. Doctors, nurses, and midwives can be more sensitive by initiating intake histories differently. Instead of assuming the patient became pregnant through intercourse, the patient could be asked to tell the story of how she became pregnant. This way, each woman, gay or straight, has the option to disclose her history in a non-threatening, judgment-free way. Language used by the healthcare professional during the first prenatal care visit can set the stage for the rest of the pregnancy. (18 references) (Author)

20121219-23

The story of Diana and Daniel and Mary. Vanderburgh R (2012), International Journal of Childbirth Education vol 27, no 4, October 2012, pp 32-36

Historically, it was uncommon for children to be born and/or raised in the context of a same-sex relationship. In the past few decades, it has become increasingly common for lesbian or gay people in the United States of raise children. This in turn has led to the need for various service providers to develop cultural competency around issues of same-sex relationships. Expanding the envelope further, there are increasing numbers of formerly heterosexual families in which one parent is a transsexual and has transitioned from one sex to another, raising further issues of cultural competency on the part of service providers. As the number of such families increases, it is also more likely that service providers such as midwives, sperm banks, or other health care professionals will encounter transgender individuals seeking their services. This article tells the story of one such couple, and some of the challenges they have faced in seeking to expand their family post-transition. (16 references) (Author)

20121219-20

Caring for lesbian, gay, bisexual, and transsexual parents and their children. Burkholder GJ, Burbank P (2012), International Journal of Childbirth Education vol 27, no 4, October 2012, pp 12-18

Estimates indicate that about 1% of all households are headed by gay and lesbian parents and that about 19.4% of these households report having children under the age of 18 years at home. There are a number of social, legal, and health care issues faced by lesbian, gay, bisexual, and transgender (LGBT) families and their children. The purpose of this article is to provide information to health care professionals that can help them to better address the health care needs of LGBT families. Included are resources that nurses can use to understand the complex issues facing LGBT families. (34 references) (Author)

20121219-19

Expanding our understanding of family. Forshee A (2012), International Journal of Childbirth Education vol 27, no 4, October 2012, pp 10-11

Editorial introducing the current issue of this journal, which focuses on non-traditional families and the specific implications for childbirth practitioners and educators. Discusses contemporary family structures and highlights that acknowledging all non-traditional family compositions is essential in enabling the provision of responsive family-centred prenatal care and education. (2 references) (CI)

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20121219-18

Nontraditional family: how do we live as a family today?. Lantz N (2012), International Journal of Childbirth Education vol 27, no 4, October 2012, pp 8-9

Explores what is meant by a 'traditional' and 'non-traditional' family and considers whether it is ever really helpful to label a family unit in this way. Suggests that by connecting with the mother and learning as much as possible about her individual situation, childbirth educators can help to both nurture and empower the family unit and allow themselves to grow in a professional capacity. (CI)

20120619-32*

The experiences of Australian lesbian couples becoming parents: deciding, searching and birthing. Chapman R, Wardrop J, Zappia T, et al (2012), Journal of Clinical Nursing vol 21, no 13-14, 2012, pp 1878-1885

Aim and objectives. To explore Australian lesbian mothers' experiences of becoming parents. Background. Lesbians are becoming parents and, since legislative changes in Australia, their numbers are increasing. Prior to legislative changes, fertility and health services for women in Australia exclusively served the needs of the heterosexual community. Although lesbian experience of seeking health services has been studied in other contexts, little has been done to understand their experience of deciding, conceiving and birthing. Design. Qualitative descriptive study. Method. Seven interviews conducted with lesbian mothers in Australia. Results. The following themes were identified: 'making the decision'; 'the search'; 'perseverance'; and 'problems of isolation'. Conclusions. Although legislation now affords lesbians access to reproductive technologies throughout most of Australia, their involvement with health professionals can result in homophobic interactions. One way to address the needs of lesbian families is to provide an environment where the disclosure of sexual identity is encouraged. Further larger scale research should identify changes to service provision required to address the inequalities between heterosexual and lesbian women and ensure health services are provided that are free from discrimination. Relevance to clinical practice. Most health services have policies and procedures in place to prevent discrimination on all grounds, including sexual orientation. It is imperative that administrators and clinicians take steps to ensure that these guidelines are applied. (Author)

20120417-2


An expression of love - midwives' experiences in the encounter with lesbian women and their partners. Dahl Spidsberg B, Sorlie V (2012), Journal of Advanced Nursing vol 68, no 4, April 2012, pp 796-805

Aim. This paper is a report of a descriptive study of midwives' lived experiences of caring for lesbian women and their partners. Background. A growing body of qualitative studies describes lesbian women's experiences of maternity care. Studies about midwives' caring experiences in the encounter are needed to improve care for lesbian women and their partners. Method. A qualitative study, using a phenomenological-hermeneutical method influenced by Ricoeur was conducted. Eleven midwives were recruited by snowball method. Interviews were conducted in 2009 and participants were encouraged to share events in their midwifery practice encountering lesbian women. Findings. The midwives described the lesbian love-relationship as strong and caring, but including elements of difference which could make the couple vulnerable. It was important for midwives to acknowledge their own attitudes and culturally sensitive non-verbal communication; also to consider the co-mother's needs and role as different compared with those of fathers. Although caring for lesbian couples was seen as unproblematic, midwives described experiences of ambivalence or anxiety in the encounter and they had noticed that some couples had had negative experiences with maternity care. Conclusion. Studies are required to map content, consequences and coping strategies regarding the ambivalent or uncertain caring situations and to assess a co-mother's particular role and needs during pregnancy, labour and the postnatal period to provide tailored care for lesbian couples. (Author)


20111012-8

Supporting LGBTQ families: a brief cultural competency guide for childbirth educators and doulas. MacTavish J (2011), International Journal of Childbirth Education vol 26, no 3, Summer 2011, pp 7-10

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Considers how childbirth educators can best support lesbian, gay, bisexual and transgender expectant new families.

(5 references) (CI)

20111003-1857*

Understanding lesbian experience: what perinatal nurses should know to promote women's health. Goldberg L (2005), AWHONN Lifelines vol 9, no 6, 2005, pp 463-467

Why should perinatal nurses in clinical practice care about lesbian health? After all, isn't lesbian health the same as women's health? The answer is no. Although exact accounts of lesbian experience will not likely be obtained for fear of disclosure in homophobic environments, their lived experiences and ways of being in the world are different. Because of heterosexist and homophobic practices reflected in health care institutions, lesbians often fail to disclose important health-related information with their health care providers. As a result, treatment and diagnosis are compromised; access to care, advice and support are restricted. (LB)

20111003-16673*

Caring for disabled lesbian, gay, bisexual and transgendered people. Peate I (2008), British Journal of Healthcare Assistants vol 2, no 5, May 2008

Diversity occurs in all spheres of society and is just as prevalent in disabled communities. Any society that purports to be truly inclusive must ensure that all members of that society have equal access and opportunity to all aspects of economic, social and cultural life. It is also important that diversity in the disabled community (in whatever form that is) is supported, respected, acknowledged and valued inclusive of health. Sexuality is not just about sex in a physical sense; it is about wider issues that impact on sexuality such as gender, relationships, trust, respect and love. Healthcare assistants and assistant practitioners can help to support and respect people who are disabled and lesbian, gay, bisexual and transgendered if they understand some of the issues and challenges they face. (Author)

20110511-43

'It's not me, it's them': How lesbian women make sense of negative experiences of maternity care: a hermeneutic study. Lee E, Taylor J, Raitt F (2011), Journal of Advanced Nursing vol 67, no 5, May 2011, pp 982-990

ABSTRACT: Aim. The paper is a report of one aspect of a hermeneutic study of lesbian women's experiences of maternity care, specifically interpretations of negative experiences. Background. There is a growing body of literature in relation to lesbian women's experiences of maternity care. Although most commentators discuss the negative experiences encountered by lesbian mothers, there has been no contextual analysis of these expressions of negativity in an increasingly positive environment. Methods. The study was undertaken using a qualitative approach using an adapted Gadamerian hermeneutic phenomenology using unstructured interviews with eight women. The interviews took place between November 2007 and March 2008. All of the participants had disclosed their sexual orientation in pregnancy. Snowball sampling was used. The data were then analysed using an iterative hermeneutic framework. Findings. The participants not only described their experiences of maternity care as being positive but also offered examples of negative experiences. These were analysed separately to explore the ways in which the women made sense of them in the context of an otherwise positive experience. These experiences were expressed in ways that distanced the negative and that seemed to rationalize behaviour or ascribe it to the health professional. Conclusions. Negative encounters with health professionals are processed by women in a way that protects their overall experience. Health professionals in maternity care should consider the impact of negative responses to lesbian mothers and the effect that it has in reducing the overall quality of this significant life event. (36 references) (Author)

20110315-37*

Adolescents of the US National Longitudinal Lesbian Family Study: the impact of having a known or an unknown donor on the stability of psychological adjustment. Bos HMW, Gartrell NK (2011), Human Reproduction vol 26, no 3, 2011, pp 630-637

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BACKGROUND The current study is based on the US National Longitudinal Lesbian Family Study (NLLFS), which was designed to document the development of the first generation of lesbian families with children conceived through donor insemination. Data were collected in five waves, first at insemination or during pregnancy, and subsequently when the index children were 2, 5, 10 and 17 years old. The study is ongoing, with a 93% retention rate to date. The purpose of the current investigation was to assess changes in psychological adjustment of the index offspring between the time that they were 10 and 17 years old (T4 and T5) and to examine the effects of having a known or an as-yet-unknown donor. **METHODS** The total T5 sample consisted of 78 adolescents. The mothers in 74 families completed a Child Behaviour Checklist (CBCL) on their offspring at both T4 and T5: 26 of these offspring had been conceived through known sperm donors and 48 through unknown donors. Changes in psychological adjustment were assessed through computations of stability coefficients between T4 and T5 on all CBCL subscales, and by means of a general linear model (GLM). **RESULTS** On 10 out of 11 CBCL subscales, the stability coefficients were not significantly different for adolescents with known and unknown donors. Findings from the GLM showed that no main effect for donor type was found; for offspring in both donor groups thought problems and rule-breaking behaviour were higher and scores on social problems and aggressive behaviour were lower at T5 than T4. **CONCLUSIONS** The development of psychological well-being in the offspring of lesbian mothers over a 7-year period from childhood through adolescence is the same for those who were conceived through known and unknown donors. (Author)

Full URL: <http://humrep.oxfordjournals.org/content/26/3/630.short>

20100715-9

Meeting the needs of lesbian mothers. Fisher S (2010), *New Digest* no 51, July 2010, pp 10-11

Lesbian mothers often face discrimination in maternity care. Sarah Fisher, NCT researcher on diversity, introduces a new study day that can help specialist workers support lesbian mothers more effectively, and offers some practical guidance. (9 references) (Author)

20100218-1

Experiences of gay women during their partner's pregnancy and childbirth. Erlandsson K, Linder H, Haggstrom-Nordin E (2010), *British Journal of Midwifery* vol 18, no 2, February 2010, pp 99-103

Growing numbers of openly gay women choose to have children, but there have been few studies on the topic. The aim of this study was to describe the co-mother's experiences of care provided during their partner's pregnancy, childbirth and the postnatal period. Six co-mothers were interviewed between six weeks and three years after the birth of their child. The open interviews were analysed using content analysis. The overall theme of the findings was 'like everyone else, but not quite'. The following main categories were identified: need for acknowledgement, need for care designed to suit same-sex couples, and in the hands of nursing staff. Co-mothers felt themselves to be 'like everyone else but not quite'. In order to support the relationship of same-sex parents in parenthood it is important for midwifery staff to recognize co-mothers as an equal parent of the child. (19 references) (Author)

20100114-56

If transmen can have babies, how will perinatal nursing adapt?. Adams ED (2010), *MCN - American Journal of Maternal/Child Nursing* vol 35, no 1, January/February 2010, pp 26-32

Reproductive technology has made it possible for those born biologically female and who have partially transitioned to the male gender via hormones to become pregnant and give birth. This article explores the role of the perinatal nurse in providing care during the obstetric experience for a transgender male and his significant other. A carefully executed plan of care can assist the nurse in providing nonjudgmental, nondiscriminatory physical and emotional nursing care, and ensure that the family's healthcare needs are met and that their transition into parenthood is effective. (20 references) (Author)

20091207-47

Care during pregnancy and childbirth in Sweden: perspectives of lesbian women. Larsson AK, Dykes AK (2009), *Midwifery*

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OBJECTIVE: to explore the views and experiences of care of lesbian women during pregnancy and childbirth. **DESIGN, SETTING AND PARTICIPANTS:** a qualitative study of 18 lesbian women in southern Sweden. **FINDINGS:** valid text units were formed through categorisation into four main categories: recognition of sexual orientation; openness; relationships within the homosexual family; and different encounters and attitudes within the health-care system. The interviewed women were positive about their care during pregnancy and childbirth. However, as in studies regarding women's experiences of care in general, lesbian women raised concerns about postnatal care, parent education and the structure of the patient records with no place for the female partner. **KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE:** confirmation of parenthood was important, especially for the co-parent. The participants in this study felt that when they were open about their sexuality, this was met with an openness that they felt was confirming about their homosexuality. It is important for health-care providers not to make assumptions about women's sexuality. (22 references) (Author)

20091029-21

Heteronormative communication with lesbian families in antenatal care, childbirth and postnatal care. Rondahl G, Bruhner E, Lindhe J (2009), *Journal of Advanced Nursing* vol 65, no 11, November 2009, pp 2337-2344

TITLE: Heteronormative communication with lesbian families in antenatal care, childbirth and postnatal care. **AIM:** This paper is a report of a study of lesbian parents' experience of antenatal care, childbirth and postnatal care.

BACKGROUND: In a strictly heteronormative-based care system, 'parents' naturally implies a man and a woman, and all communication and routines are based on heterosexual couples. **METHOD:** A qualitative interview study was carried out in 2008. Ten mothers, eight of whom were in a relationship with another woman, participated. The participants had experience from several care facilities from three different cities in central Sweden. **FINDINGS:** Most participants had positive experiences but also complained that the focus was not always on the pregnancy and that no parenthood education had been offered. Heteronormativity was communicated by midwives and nursing staff throughout the process - from antenatal care to postnatal care, via forms, journals, verbal communication and orientation visits. This was experienced as embarrassing for the participant parents, and they also described encountering what they interpreted as embarrassment on the part of care providers. Participants called for increased knowledge about lesbian parenting, since they believed this would influence and facilitate communication, not least with midwives in antenatal care. **CONCLUSION:** Midwives educated in lesbian issues could ask questions and communicate in a more neutral way at the first meeting, and thereby make prospective parents feel less insecure. Special parenthood education groups for lesbians are recommended so that lesbian couple can meet others with similar experiences and so that the focus will be on prospective parenthood and not on their sexual orientation. (17 references) (Author)

20090923-48

Experiences of lesbian parents in the UK: interactions with midwives. Dibley LB (2009), *Evidence Based Midwifery* vol 7, no 3, September 2009, pp 94-100

Aim. To discuss findings from a study of lesbian parents' experiences of health care in the UK, focusing on interactions with midwives. **Objectives.** To identify issues that have affected lesbians' experiences of midwifery care, and ways in which care could be enhanced in the future for child-bearing lesbians. **Method.** A qualitative approach was employed, using Heideggerian phenomenology. Ten lesbian women: four couples, one representing a couple, and one now single, were recruited via snowball (chain-referral sampling). They consented to participate in unstructured interviews recorded on digital mini-disc. Interviews focused on respondents' interactions with healthcare professionals. Following transcription, narratives were analysed using McCormack's Interpretive Lenses. **Findings/results.** Stories were told which indicated both positive and negative attitudes towards lesbians by midwives. Findings suggest that some midwives were supportive and inclusive, while others struggled to care for lesbians appropriately, and that homophobia and heterosexism exist within midwifery practice. **Implications.** Further education and information for midwives is necessary to enhance the quality of care given to lesbian child-bearing women. (49 references) (Author)

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20090805-31

Feminist and queer phenomenology: a framework for perinatal nursing practice, research, and education for advancing lesbian health. Goldberg L, Ryan A, Sawchyn J (2009), Health Care for Women International vol 30, no 6, June 2009, pp 536-549

A queer phenomenology would involve an orientation toward queer, a way to inhabit the world that gives 'support' to those whose lives and loves make them appear oblique, strange, and out of place. (Ahmed, 2006) The climate of the health care system is a reflection of society, which often hesitates to support individuals who choose paths other than those, that are heteronormatively constructed. Consequences of such limited directedness include fear, misunderstanding, avoidance, and discrimination on the part of nurses toward individuals involved in same-sex partnerships (Goldberg, 2005/2006). A feminist and queer phenomenological framework offers an approach for perinatal nurses to advance lesbian health and, in particular, lesbian couples' experiences of birthing, in the context of nursing practice, research, and education. (52 references) (Author)

20090210-27

Social justice considerations for lesbian and bisexual women's health care. Weisz VK (2009), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 38, no 1, January/February 2009, pp 81-87

Lesbian and bisexual women share much with heterosexual women such as the desire to parent and the risk for partner violence. However, these women have unique risks associated with heavy alcohol use, smoking, obesity, and nulliparity. As nurses become increasingly aware of the need for social justice advocacy for marginalized groups, they are in a good position to advocate for lesbian and bisexual women and to bring visibility to their poor treatment in the health care setting. references) (Author)

20081023-41*

Imagination and integrity: decision-making among lesbian couples to use medically provided donor insemination.

Donovan C, Wilson AR (2008), Culture, Health & Sexuality vol 10, no 7, October 2008, pp 649-665

This paper reports findings from a pilot study of lesbian parents in the UK who used medicalised donor insemination (DI) with unknown donors. It focuses on decision-making processes in family construction: this includes lesbian parents' experiences with clinicians and their family stories as told to clinicians and to their young children. Findings reveal that parents' understanding of family, particularly the centrality of the lesbian couple as the key parenting relationship, is crucial. We suggest that this group of parents make considered decisions about how their family might be created. It is their perception of what family means and their desire to protect the integrity of their family that leads them to negotiate social questions, particularly in relation to the presence of a 'father' and the familial role/relationship of the non-biological parent. The study calls attention to the process of respondents' reflexivity about family and their 'doing' of family and highlights the integrity and imagination central to becoming lesbian parents. (Author)

20080919-39


Donor insemination and parenting: concerns and strategies of lesbian couples; a review of international studies.

Werner C, Westerstahl A (2008), Acta Obstetrica et Gynecologica Scandinavica vol 87, no 7, 2008, pp 697-701


The concerns and strategies of lesbian couples at the time of donor insemination, throughout pregnancy and during early parenthood differ in several ways from those of heterosexual couples. For the majority of the lesbian couples insemination was the first option to conceive. They reported having strategies for their children growing up in a heteronormative society, and the parents shared time with and responsibility for the children equally. Issues considered most important by the couple were an open and non-judgmental attitude from caregivers without heteronormative assumptions, knowledge about lesbian women's situation and acknowledgement of the co-mother. (32 references) (Author)

20080828-35*

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Correlates of mental health service use among lesbian, gay, and bisexual mothers and prospective mothers. Steele LS, Ross LE, Epstein R, et al (2008), *Women and Health* vol 47, no 3, 2008, pp 95-112

Lesbian, gay, and bisexual women undertake parenting in a social context that may be associated with unique risk factors for perinatal depression. This cross-sectional study aimed to describe the mental health services used by women in the perinatal period and to identify potential correlates of mental health service use. Sixty-four women who were currently trying to conceive, pregnant, or the parent of a child less than one year of age were included. One-third of women reported some mental health service use within the past year; 30.6% of women reported a perceived unmet need for mental health services in the past year, with 40% of these women citing financial barriers as the reason for their unmet need. Women who were trying to get pregnant or who were less 'out' were most likely to have had recent mental health service use. Women who had conceived by having sex with a man or who reported more than three episodes of discrimination were most likely to report unmet needs for mental health services. Providers may benefit from additional knowledge about the LBG social context that is relevant to perinatal health, and from identifying a strong referral network of skilled and affordable counsellors. (Author)

20080325-24

Lesbian parents negotiating the health care system in Australia. McNair R, Brown R, Perlesz A, et al (2008), *Health Care for Women International* vol 29, no 2, February 2008, pp 91-114

Twenty Australian lesbian-parented families were interviewed in multigenerational family groups about the interface between their public and private worlds. Experiences of the health care bureaucracy were difficult, whereas many participants found individual providers to be approachable and caring. Three strategies were used for disclosure of their sexual orientation to health care providers: private, proud, and passive. Influences on the strategy used included family formation, role of the non-birth parent, geographic location, and expected continuity of care. Parents displayed a high degree of thoughtful planning in utilizing their preferred disclosure strategy in order to optimize safety, particularly for their children. (45 references) (Author)

20071204-15*

Sperm donor to pay child support. BBC News (2007), BBC News 3 December 2007. 2 pages

Cites the case of a man who donated sperm to a lesbian couple so that they could have a family, and has now been approached by the Child Support Agency (CSA) for maintenance. Explains that the law states that donors at licensed centres are not classed as the legal father of a child born as a result of their donation, and are therefore exempt from any responsibilities, but as the man in this case agreed to help the couple as a friend, no such exemption applies. (JSM)

20071119-27*

Church condemns lesbian IVF use. BBC News (2007), BBC News 19th November 2007. 2 pages

Reports on criticism levelled at plans to make it easier for lesbian couples to have babies through IVF, by Cardinal Cormac Murphy-O'Connor, leader of the Roman Catholic Church in England and Wales. States that in a letter to the Times, Cardinal Murphy-O'Connor expressed concern that the plans undermined the role a father plays in the life of a child. Cites the Human Fertilisation and Embryology Bill, which is due for debate in the House of Lords. (JSM)

20071115-2

Vulnerable and strong - lesbian women encountering maternity care. Spidsberg BD (2007), *Journal of Advanced Nursing* vol 60, no 5, December 2007, pp 478-486

Aim. This paper is a report of a study to describe the maternity care experiences narrated by a sample of lesbian couples. Background. Pregnant and labouring women are dependent on the professional skill and caring ability of the healthcare provider. Studies show that lesbian women who reveal their sexual identity are exposed to homophobic prejudice and discrimination in midwifery care. Method. A phenomenological hermeneutical study inspired by the French philosopher Paul Ricoeur was conducted. Six lesbian couples were recruited in Norway by a snowball method,

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reporting a total of eight children conceived by donor insemination. Joint interviews were performed in January 2006, and the participants were encouraged to share narratives about important events in their maternity care experiences. Findings. The fundamental life conditions of vulnerability, responsibility and caring permeated the narratives, and were related with the couples' decisions to be open about their sexual identity. Being exposed, they experienced under- and over-focusing on sexuality. They felt responsible for having the right attitude in interactions, which meant being open, but not over-assertive. They described genuinely caring situations as well as being content with less genuine care, and demonstrated that in addition to receiving care, they provided care in the encounters. Conclusion. Lesbian women are a vulnerable group when encountering maternity care. They took responsibility in caring situations because of healthcare providers' uncertainty and anxiety. Existential needs, such as being seen, being cared for and communicated with, should be considered equally important for lesbian women and heterosexual women in labour. (32 references) (Author)

20071002-57

Miscarriage experiences of lesbian couples. Wojnar D (2007), Journal of Midwifery & Women's Health vol 52, no 5, September/October 2007, pp 479-485

This was a descriptive phenomenological study of 10 self-identified lesbian couples who had experienced miscarriage in the context of a committed relationship. Analysis of individual and joint open-ended interviews revealed that the experience of miscarriage for lesbian couples must be viewed from the perspective of the difficulties surrounding conception as well as the actual pregnancy loss. The overarching theme, 'We are not in control,' captures the struggles lesbian couples faced in conceiving their pregnancies and the sense of loss that accompanied miscarrying. These experiences constituted two sub-themes: 'We work so hard to get a baby' and 'It hurts so bad: The sorrow of miscarriage.' Our results indicate that the experience of miscarriage is compounded by the complexities of planning and achieving pregnancy. Practitioners need to be aware of the unique perspectives lesbian couples have on pregnancy and miscarriage and remain sensitive to their unique needs. Findings may serve as an intervention framework for nurse midwives and others caring for lesbian couples after miscarriage. (46 references) (Author)

20070807-5*

Perinatal depressive symptomatology among lesbian and bisexual women. Ross LE, Steele L, Goldfinger C, et al (2007), Archives of Women's Mental Health vol 10, no 2, April 2007, pp 53-59

Lesbian and bisexual women who were pregnant (N = 16), biological (N = 18) or non-biological (N = 15) parents completed the Edinburgh Postnatal Depression Scale (EPDS), and scores were compared to a previously published heterosexual sample. Lesbian and bisexual biological mothers had significantly higher EPDS scores than the previously published sample of heterosexual women. Results suggest that perinatal depression is not less common and may be more common among lesbian and bisexual women relative to heterosexual women. Additional, longitudinal studies are needed. (Author)

20070731-1*

Lesbian families soar thanks to fertility clinics. Rogers L (2007), Times 29 July 2007

News item reporting on the increase in lesbian couples and single women who are having donor insemination treatment at infertility clinics. (MB)

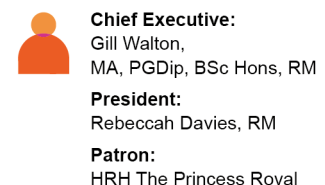
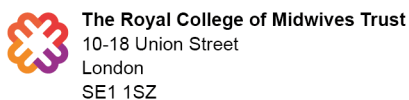
20070619-66*

Lesbians 'should both be called mother'. Rozenberg J (2007), The Telegraph 19 June 2007

Reports on comments by a senior judge that lesbian couples that have children together should both be considered as their mother. (SB)

20070518-21

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We are mothers too: childbearing experiences of lesbian families. Renaud MT (2007), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 36, no 2, March/April 2007, pp 190-199

OBJECTIVE: To describe lesbians' personal and health care experiences of becoming pregnant, giving birth, and being mothers and comothers within the context of potentially oppressive family, social, and political structures. **DESIGN:** Critical ethnography. **SETTING:** Participants' homes, lesbian mother support group, and prenatal clinics and hospitals in the Pacific Northwest. **PARTICIPANTS:** English-speaking self-identified lesbian women, including 21 interview and six focus-group participants and approximately 43 observed in a support group. **DATA COLLECTION:** In-depth open-ended interviews, focus group, and participant observation. **DATA ANALYSIS:** Content/categorical analysis followed by discussion of the mother's stories and a critical conversation about lesbian mothering. **RESULTS:** The seven organizing themes are as follows: preparing the way: becoming ready; conception: you can't just fall into it; you can hear a heartbeat: pregnancy; birthing our babies; the work of mothers and mothers who work; families who sustain and families who oppose; and sources of support in everyday life. The first four are described in this article. **CONCLUSIONS:** Health care providers, policy makers, and the public can be better informed about the specific needs of childbearing lesbians. (31 references) (Author)

20070517-27

Midwifery basics: women's health needs (8). Women from disadvantaged communities. Price S (2007), Practising Midwife vol 10, no 5, May 2007, pp 43-46

Sally Price looks at the health needs of women from disadvantaged communities and the way in which they relate to pregnancy, birth and midwifery. (17 references) (Author)

20061103-16

Heterosexual assumptions in verbal and non-verbal communication in nursing. Rondahl G, Innala S, Carlsson M (2006), Journal of Advanced Nursing vol 56, no 4, November 2006, pp 373-381

AIM: This paper reports a study of what lesbian women and gay men had to say, as patients and as partners, about their experiences of nursing in hospital care, and what they regarded as important to communicate about homosexuality and nursing. **BACKGROUND:** The social life of heterosexual cultures is based on the assumption that all people are heterosexual, thereby making homosexuality socially invisible. Nurses may assume that all patients and significant others are heterosexual, and these heteronormative assumptions may lead to poor communication that affects nursing quality by leading nurses to ask the wrong questions and make incorrect judgements. **METHOD:** A qualitative interview study was carried out in the spring of 2004. Seventeen women and 10 men ranging in age from 23 to 65 years from different parts of Sweden participated. They described 46 experiences as patients and 31 as partners. **FINDINGS:** Heteronormativity was communicated in waiting rooms, in patient documents and when registering for admission, and nursing staff sometimes showed perplexity when an informant deviated from this heteronormative assumption. Informants had often met nursing staff who showed fear of behaving incorrectly, which could lead to a sense of insecurity, thereby impeding further communication. As partners of gay patients, informants felt that they had to deal with heterosexual assumptions more than they did when they were patients, and the consequences were feelings of not being accepted as a 'true' relative, of exclusion and neglect. Almost all participants offered recommendations about how nursing staff could facilitate communication. **CONCLUSION:** Heterosexual norms communicated unconsciously by nursing staff contribute to ambivalent attitudes and feelings of insecurity that prevent communication and easily lead to misconceptions. Educational and management interventions, as well as increased communication, could make gay people more visible and thereby encourage openness and awareness by hospital staff of the norms that they communicate through their language and behaviour. (32 references) (Author)

20061009-89

Health care recommendations for lesbian women. Roberts SJ (2006), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 35, no 5, September/October 2006, pp 583-591

OBJECTIVE: To review research literature to provide clinicians with data-based recommendations for care of lesbians. **DATA SOURCES:** Medline searches and references from selected articles with the search term 'lesbian health.' **STUDY**

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SELECTION: Literature was selected whether lesbian or women who have sex with women was utilized as a category in the study and results were available on this population. DATA EXTRACTION: Data were organized according to specific health problems noted frequently in the research articles. DATA SYNTHESIS: Lesbians have previously been invisible in health services and research, but in several areas, data now exists on which to base care. CONCLUSIONS: Lesbians are now more comfortable 'coming out' to providers but continue to have lower screening rates than other women. Risk is especially high in this population for cancer, heart disease, depression, and alcohol abuse. Adolescent lesbians are especially at risk for smoking and suicide/depression. (93 references) (Author)

20061009-6

New labour. Sawyer M (2006), Observer Magazine 1 October 2006, pp 18-32

Finally, 21st-century woman has moved on from the stereotype of the young married stay-at-home mother of our parents' era. Now there are lots of ways we bring up our babies. New mum Miranda Sawyer introduces a celebration of the many faces of motherhood. (Author)

20060915-2*

Lesbian perinatal depression and the heterosexism that affects knowledge about this minority population. Trettin S, Moses-Kolko EL, Wisner KL (2006), Archives of Women's Mental Health vol 9, no 2, March 2006, pp 67-73

The medical literature about homosexuality and mental health is expanding; however, a paucity of research about lesbian mental health remains. No research about lesbian perinatal depression has been published. This paper highlights the heterosexism that perpetuates research and health care disparities between heterosexual and lesbian/gay/bisexual individuals. We acknowledge barriers that distance lesbian women from research and health care, and emphasize the importance of moving beyond these barriers to fill in gaps of knowledge about the specific health care needs of this minority population. We use an analysis of stress factors as a framework to generate hypotheses about perinatal depression in lesbian women. We conclude with suggestions for future study in the form of questions that should be asked and pursued in research. (Author)

20060831-20*

Equal fertility treatment wanted for lesbians and single women. (2006), Independent 30 August 2006. 2 pages

Lesbians and single women should be given the same NHS fertility treatment as heterosexual couples, doctors said today. (Author)

20060710-13

Service use and gaps in services for lesbian and bisexual women during donor insemination, pregnancy, and the postpartum period. Ross LE, Steele LS, Epstein R (2006), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 28, no 6, June 2006, pp 505-511

Objective: Increasing numbers of lesbian and bisexual women are choosing to have children. This qualitative study investigated the degree to which a sample of Canadian lesbian and bisexual women were satisfied with the health and social services that they received during the process of trying to conceive, during pregnancy, and during the early postpartum weeks and months. Methods: Three focus groups were conducted: (1) women who were themselves, or whose partners were, in the process of trying to conceive (n = 6); (2) biological parents of young children (n = 7); and (3) women who were non-biological parents of young children or whose partners were currently pregnant (n = 10). Participants were asked to discuss their positive and negative experiences with health and social services during their efforts to conceive and through the perinatal period. Results: Participants were very satisfied with the care they received from midwives, doulas, and public health nurses. Services directed specifically to lesbian, gay, and bisexual parents were also perceived to be important sources of information and support. Many participants perceived fertility services to be unsupportive or unable to address their different health care needs. Conclusion: Participants expressed satisfaction with pregnancy-related services provided by non-physicians and dissatisfaction with services provided by physicians and fertility clinics. There is a strong desire for fertility services specific to lesbian and bisexual women, but

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20060406-4

Lesbian experiences and needs during childbirth: guidance for health care providers. McManus AJ, Hunter LP, Renn H (2006), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 35, no 1, January/February 2006, pp 13-23

Objective: To provide an overview of the literature regarding lesbian experiences of childbirth and to offer health care providers guidance in supporting the childbearing lesbian couple. Data sources: A search of the literature from 1980 through 2004 was conducted using PsycINFO, Ovid, PubMed, Ebscohost, and Cinahl, and the key words, lesbian, childbirth, parenting health care providers, pregnancy, artificial insemination, parental rights. Data extraction: A critical review of all articles from relevant journals was included with attention to the needs of lesbian women concerning childbirth and implications for health care provider care. Data synthesis: The four areas of concern identified for lesbians considering parenting were (a) the pros and cons of disclosing sexual orientation to caregivers and finding lesbian-sensitive caregivers, (b) the options available when deciding how to conceive, (c) assurance of the desired level of partner involvement, and (d) the legal considerations for the conception process and for the protection of both parents as well as the child. Methods and strategies to assist health care providers to meet the needs of lesbian clients were gleaned from the literature. Conclusion: A growing numbers of lesbian women are becoming consumers of childbirth health care. Health care outcomes of lesbian women and their infants are affected by experiences during pregnancy and childbirth and by the attitudes and actions of health care providers. Evidence exists that health care outcomes for lesbians are improved when health care providers are knowledgeable about and sensitive to the unique needs of lesbian clients. (48 references) (Author)

20060115-57*

Lesbian families and family functioning: an overview. Bos HM, Balen F, Boom DC (2005), Patient Education and Counseling vol 59, no 3, December 2005, pp 263-275

OBJECTIVES: In the last 30 years a growing body of studies on lesbian parents and the development of children has been published. METHODS: Four computerized databases were identified studies for inclusion in this review of research on lesbian families, namely PsychInfo, Educational Resources Information Centre (ERIC), Medline, and the Social Sciences Citation Index. RESULTS: Forty-four empirical studies on lesbian families published between 1978 and 2003 were reviewed. In the research on lesbian families two phases were identified. To begin with, systematic studies on lesbian families focused on lesbian families with children who were born in a previous heterosexual relationship. More recently, studies included lesbian families whose children were born to the lesbian couple (planned lesbian families). In both phases, articles reporting results on children's development (such as sexual identity, emotional/behavioral development, social relationships and cognitive functioning), and parental functioning (such as mental psychological health and parenting skills). This paper presents and discusses major finding of the reviewed articles. CONCLUSION: Studies in both phases have emphasized that lesbian and heterosexual families are very much alike. However, it is the stigma of lesbianism that makes the family situation of lesbian families different. PRACTICE IMPLICATIONS: Healthcare workers should be informed about the similarities and differences between lesbian families and heterosexual families, and about the non-traditional family situation of planned lesbian families. (Author)

20060115-1*

Perinatal mental health in lesbian mothers: a review of potential risk and protective factors. Ross LE (2005), Women and Health vol 41, no 3, 2005, pp 113-128

Postpartum depression and other perinatal mental illnesses are common complications of childbirth. The majority of research on these conditions has been conducted in heterosexual women; however, increasing numbers of women are choosing to parent in the context of lesbian relationships. Although many of the fundamental aspects of the transition to parenthood are shared between lesbian and heterosexual mothers, lesbian mothers may differ from heterosexual parents on a number of variables that have been previously associated with perinatal mental health.

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Lesbian mothers may be more likely than their heterosexual peers to lack social support, particularly from their families of origin, and may be exposed to additional stress due to homophobic discrimination. However, the likelihood that lesbian pregnancies will be planned, together with the relatively equal division of child-care labour observed in lesbian couples, may offer protection from perinatal depression. The study of perinatal mental health in lesbian mothers is warranted, both to ensure that the mental health needs of this largely invisible population are being met, and to further illuminate the role of psychosocial stress in perinatal mental health in all women. (Author)

20051206-16

The booking visit: a difficult encounter for lesbian clients?. Porter J (2005), British Journal of Midwifery vol 13, no 12, December 2005, pp 786-789

The objective of this study was to explore the experience of the maternity booking visit and blood sampling for lesbian client. The design of the project was based on a review of relevant literature together with personal reflection on the care offered to one lesbian client. Among the findings the author notes that at the booking visit, midwives often make presumptions that the client is heterosexual. This can make it difficult for lesbian clients to discuss their needs. When midwives are aware of the clients' sexuality, personal beliefs and attitudes may affect the care offered. The author makes a number of key conclusions and recommendations for practice which include: midwives must be aware of the diversity of the pregnant population; avoid making presumptions about sexuality; midwives prejudices need to be set aside; and appropriate care should be offered to all women. (17 references) (Author)

20050516-40

Reproduction in same sex couples: quality of parenting and child development. Greenfield DA (2005), Current Opinion in Obstetrics and Gynecology vol 17, no 3, June 2005, pp 309-312

PURPOSE OF REVIEW: Same sex couples are steadily becoming more open about their relationships. One consequence of this growing openness is that more couples of the same sex are choosing to have children and infertility treatment centers are increasingly faced with requests for assistance in creating these families. The aim of this review is to address new trends in reproduction in same sex couples, to consider the quality of parenting in lesbian mother and gay father households, and to review the literature on the development of children raised by same sex couples.


RECENT FINDINGS: The current literature on these families is limited by small sample sizes and a predominance of studies of lesbian mothers and their children, with few studies of gay fathers and their children. A recent study of adolescents living with same sex parents recruited from a large national sample supports the notion that adolescents raised by same sex couples are doing well psychologically and are not more likely to be homosexual. The authors concluded that it was the quality of parenting, not parental sexual orientation that accounted for developmental differences. **SUMMARY:** The literature supports the notion that children of lesbian mothers and gay fathers are not more likely to become homosexual and are not measurably different from children raised by heterosexual parents in terms of personality development, psychological development, and gender identity. Larger longitudinal studies of same sex parents, particularly gay men, are needed, including those who choose to become parents through the use of assisted reproduction. (34 references) (Author)

20050425-1


Lesbian health. Davis VJ (2005), Obstetrician and Gynaecologist vol 7, no 2, 2005, pp 98-102

Despite tremendous progress in women's health care, there is a paucity of literature and little emphasis or funding for research on health and the lesbian woman. Lesbians are frequently an invisible subset in a physician's practice and, if the sexual practices of an individual are unknown or assumed, medical management may be compromised. Physicians' attitudes, especially homophobia or heterosexism, can affect the care of their patients. With education on sexuality, sensitivity skills that promote bias-free histories and full disclosure can be achieved. Once a woman's sexual orientation is known, her care can be appropriately modified only if the physician has knowledge about lesbian culture and lifestyle in order to take an appropriate sexual history. Education and enlightenment of attitudes toward sexuality among healthcare providers is the first step towards improving care for lesbian patients. Next is research to

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identify the preventive healthcare needs within this group of women. This article reviews the current literature surrounding issues involved with the care of lesbian patients. (28 references) (Author)

20041130-16

Minority stress, experience of parenthood and child adjustment in lesbian families. Bos HMW, van Balen F, van den Boom DC, et al (2004), *Journal of Reproductive and Infant Psychology* vol 22, no 4, November 2004, pp 291-304

The aim of this study was to explore the relationship of minority stress with experiences of parenthood (e.g. parental stress and parental justification) and child adjustment in lesbian mother families. Three components of minority stress were examined, namely, experiences of rejection as a result of the non-traditional family situation, perceived stigma, and internalized homophobia. A total of 100 planned lesbian families (100 biological mothers and 100 social mothers) were involved in this study. Data were collected by means of a written questionnaire. The lesbian mothers in this sample generally described low levels of rejection, they perceived little stigmatization, and they also manifested low levels of internalized homophobia. However, minority stress was significantly related to experiences of parenthood. Lesbian mothers with more experiences of rejection experienced more parental stress, and appeared to defend their position as mother more strongly (e.g. parental justification). Furthermore, mothers with higher levels of perceived stigma and internalized homophobia felt significantly more often that they had to defend their position as mother. Finally, mothers who reported more experience of rejection were also more likely to report behaviour problems in their children. Our findings emphasize the importance of the effect of minority stress on the lives of lesbian mothers and their children. (74 references) (Author)

20040607-10

Lesbian users of maternity services: appropriate care. Lee E (2004), *British Journal of Midwifery* vol 12, no 6, June 2004, pp 353-358

Lesbians constitute a significant proportion of users of maternity services. However, their existence is poorly acknowledged and, therefore, their needs may not be adequately assessed. Treating all women in the same way denies the existence of problems and stresses specific to this client group. Provision of women-centred care which recognizes the imperative to remove assumptions regarding sexuality may provide the key to better understanding. It may also result in maternity services within which lesbian mothers feel safe enough to express their individuality. Failure by midwives to provide this safe environment is a failure to be 'with woman'. The author proposes a constructive rethinking of institutional heterosexist factors which render lesbian mothers largely invisible and unacknowledged. (16 references) (SB)

20040329-46

Sexuality and reproduction. Earle S, Church S (2004), *Practising Midwife* vol 7, no 4, April 2004, pp 28-30

In the second part of our 'Sociological perspectives' series, Sarah Earle and Sarah Church look at how sexual identity affects women's experiences of childbearing and maternity care. (33 references) (Author)

20040308-38*

New fertility clinic for lesbians. (2004), *BBC News* 8 March 2004. 2 pages


Plans are under way to set up a fertility clinic targeted at lesbian and single women. (Author)

20031208-2


Gender and sexuality. Cronin A (2004), In: Stewart M ed. *Pregnancy birth and maternity care: feminist perspectives*. Edinburgh: Books for Midwives 2004. pp 11-23

Examines the relationship between gender and sexuality and considers the social constructions of both heterosexuality and homosexuality. Outlines feminist concepts of sexuality. Discusses healthcare provision to gay and lesbian patients including how perceived or actual attitudes of health care professionals towards homosexuals

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may interfere with the quality of care provided. (58 references) (RM)

20031205-23

'Coming out' as a life transition: homosexual identity formation and its implications for health care practice. Taylor B (1999), Journal of Advanced Nursing vol 30, no 2, August 1999, pp 520-525

This paper explores the formation of homosexual identity through the complex transitional process of 'coming out'. Linear developmental models are discussed as is the influence of societal norms on identity formation. In considering the implications for professional practice the author challenges the heterosexism in health care and suggests ways in which health care professionals can provide a supportive environment for gay men and lesbians.

(50 references) (Author)

20031110-10*

Planned lesbian families: their desire and motivation to have children. Bos HMW, van Balen F, van den Boom DC (2003), Human Reproduction vol 18, no 10, October 2003, pp 2216-2224

BACKGROUND: There is no information about the desire and motivation for children among planned lesbian families. The overall aim of this research was to examine whether planned lesbian families differ from heterosexual families in desire and motivation to have a child. The reason for studying this is that desire and motivation to have children are characteristics that are supposed to effect parenting and the parent-child relationship. **METHODS:** A total of 100 lesbian two-mother families were compared with 100 heterosexual families. All data were collected by means of questionnaires. **RESULTS:** Lesbian parents and heterosexual parents rank their parenthood quite similarly; however, happiness is significantly more important for lesbian mothers than it is for heterosexual parents and identity development is less important for lesbian mothers than it is for heterosexual parents. Furthermore, compared with heterosexual parents, lesbian parents had spent more time thinking about their motives for having children, and their desire to have a child was stronger. **CONCLUSIONS:** Lesbian parents especially differ from heterosexual parents in that their desire to have a child is much stronger. The study's findings may be helpful for counsellors in their work to inform and assist lesbian couples in their decision to have a child. (Author).

20030723-55

Midwifery care and the lesbian client. Jackson K (2003), British Journal of Midwifery vol 11, no 7, July 2003, pp 434-437

The traditional model of 'the family' is rapidly changing. Married parents living with their biological offspring (RCM, 2000) is no longer the only accepted norm. Single parenting, reproductive technologies and parenting outside of marriage are becoming more common in contemporary society. Increasing numbers of lesbian women are choosing to become mothers. With such a shift in the historical concept of the family, midwives are having to readjust their attitudes and practices. This article focuses on the issues concerning lesbians receiving maternity care. These include: defining lesbianism, an historical perspective, discrimination and invisibility of lesbians in health care, stereotyping, exploding myths and what midwives can do. (12 references) (Author)

20030303-24*

Midwifery participation in transgender health care. Rivinus R (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 6 pages
An overview of the transgender movement and a proposal that the care of transsexuals should be included within the normal scope of midwifery practice. (RGW)

20030227-6

'We just want to be ordinary': lesbian parents talk about their birth experiences. Stewart M (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 11 pages

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Conference paper reporting the findings of a qualitative study which looked at the experiences of a small group of self-identified lesbian parents, to ascertain if their needs had been met by the maternity services. (23 references) (JSM)

20030224-49

Lesbian mothers: queer families. The experience of planned pregnancy. Bree C (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 6 pages

Inquiry into the phenomenon of planned pregnancy for lesbian-identified mothers by alternative fertilisation methods. Argues that midwives may feel cultural uncertainty when dealing with lesbian mothers, but that satisfaction with midwifery care is greatly increased when the mother feels safe to be 'out'. Describes some of the reasons why lesbian-identified women plan to become pregnant. (15 references) (RM)

20030220-12

Preconceptual counseling and insemination services for the Lesbian community. Lynne S (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 6 pages

Short paper which explores some of the assisted conception options available to lesbians. The author also suggests that more midwifery care should be targeted at these women who are often neglected by the health services. (MS)

20030124-20

When there are two mommies.... Adkins-Bates T (2002), International Journal of Childbirth Education vol 17, no 4, December 2002, pp 26-27

Overview of care during pregnancy and labour for lesbians. (RGW)

20020827-34

'We just want to be ordinary': lesbian parents talk about their birth experiences. Stewart M (2002), MIDIRS Midwifery Digest vol 12, no 3, September 2002, pp 415-418

In this article, the author describes her study into the experiences of a small group of self-identified lesbian parents to see whether their needs had been met by the maternity services. (24 references) (VDD)

20020816-15

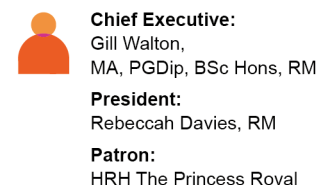
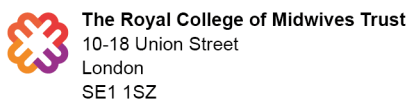
'Cultural conceptions': lesbian parenting and midwifery practice. Hastie N (2000), In: Fraser D ed. Professional studies for midwifery practice. London: Churchill Livingstone 2000, pp 63-75

The aim of this chapter is to challenge the invisibility often experienced by lesbians as users of health services by emphasizing the need to suspend stereotypical attitudes and heterosexist assumptions. Some health issues identified are key concerns for lesbians and will be discussed in order to demonstrate to midwives, and other professionals allied to health, how important it is to display sensitivity around sexuality and identity, regardless of whether a woman chooses to disclose her sexuality. The decision to have children, the experience of pregnancy, childbirth and maternity care, how a woman experiences body image and her experience of personal and family relationships raise issues for lesbians which do not always fit comfortably within conventional medical or midwifery practice. A further positive aim of the chapter is to demonstrate how lesbian experience and culture need not remain hidden to health professionals if health services address the significance of current lesbian-focused research. (48 references) (Author)

20020716-23

Experiences of lesbian couples during childbirth. Buchholz SE (2000), Nursing Outlook (US) vol 48, no 6, November/December 2000, pp 307-311

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An increasing number of lesbians are choosing to have children. Do nurses interact with the couples differently during the childbirth experience? This article reports findings of a small qualitative study conducted in Georgia, United States of America. (16 references) (Author, edited)

20020617-49

Lesbians, bisexual women have special ob-gyn needs. Wager GP (2002), ACOG Today vol 46, no 4, April 2002, p 11

Information gathered by the Committee on Health Care for Underserved Women of the American College of Obstetricians and Gynecologists shows that lesbian and bi-sexual women are not receiving the health care that they need. Brief suggestions are given for ways in which obstetricians and gynaecologists can improve their practice. (KL)

20010910-35

Lesbian mothers' experiences of maternity care in the UK. Wilton T, Kaufmann T (2001), Midwifery vol 17, no 3, September 2001, pp 203-211

Objective: to explore the maternity care experiences of a sample of lesbians in the UK in order to evaluate service delivery to this group. Design: a descriptive study, using both qualitative and quantitative survey methods to elicit 'rich' accounts of women's experiences. Participants: a convenience sample of 50 women, reporting on a total of 65 pregnancies. Findings: while participants were generally appreciative of the care they received, they also reported high levels of anxiety about the implications of disclosure, together with acute awareness of midwives' personal attitudes and prejudices. Their comments demonstrate the extent to which these issues may negatively impact on quality of care, and the study reveals examples of discomfort, inappropriate service delivery and even hostility. Key conclusions and implications for practice: 'booking in' and antenatal education are identified as the two areas where service delivery is least effective in meeting the needs of this client group. Findings were used in drawing up the Royal College of Midwives' position paper on the care of lesbian mothers. (26 references) (Author)

20010621-78

Addressing mothers' diversity. Luttkus S (2001), Leaven April/May 2001, pp 38-39

The author responds to a request from France for information on experiences of and support for lesbian couples who wish to breastfeed. (7 references) (KL)

20000904-32*

Lesbian and gay parenting and the law: UK reference list. Pink Parents (2000), Bristol: Pink Parents [2000]. 1 page

Brief list of references, with abstracts, on legal issues regarding lesbian and gay parenting in the United Kingdom. (KL)

20000904-31*

Lesbian motherhood: reference list. Pink Parents (2000), Bristol: Pink Parents [2000]. 5 pages

List of references on motherhood and families for lesbians. (KL)

20000904-30*

Maternity services and the lesbian client: reference list. Pink Parents (2000), Bristol: Pink Parents [2000]. 3 pages


Brief list of references, with abstracts, on maternity services available for lesbians in the United Kingdom. (KL)

20000904-29*


Challenging conceptions: planning a family by self-insemination. Saffron L (1998), Bristol: Pink Parents 1998. 130 pages

Guidebook for lesbians who are creating their own families. It includes the experiences of birth mothers, co-parents, children and donors. There are chapters on fertility awareness, inseminating, screening, anonymous vs known donors;

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singles and couples; the children's perspective; the law; when self insemination isn't working; and donor insemination through clinics. (Publisher)

20000904-28*

Lesbian parenting from all angles. Pink Parents (2000), Bristol: Pink Parents July 2000. 56 pages

A collection of articles previously published in Diva magazine, 1998-2000 covering a variety of parenting issues for lesbians including step-families, homophobia at school; adoption; fostering; and donor insemination. (KL)

20000904-27*

Pink parents guide to lesbian, gay and bisexual parenting. Pink Parents (2000), Bristol: Pink Parents July 2000. 46 pages

Introduction to parenthood for lesbians, gay men and bisexual people who are parents or thinking about becoming parents. It is intended as a resource guide, pointing out the main issues and directing you to appropriate organisations and sources of information. (Author)

20000604-43\$

Lesbians' experiences of healthcare. Platzer H, James T (2000), NT Research vol 5, no 3, 2000, pp 194-202

This paper reports on the findings of part of an interview study of lesbian and gay men's experiences of nursing care which was conducted to develop nursing guidance for members of the Royal College of Nursing (RCN). The RCN recognises that discrimination and prejudice against lesbians and gay patients occurs in nursing and it is committed to developing and promoting good practice for this group of patients (RCN, 1994). One area where such discrimination and prejudice exists is in the ways that nurses approach lesbian patients when questioning them about their sexual or reproductive health. Nurses and other health care professionals often ask about sexual and reproductive health, and respond in a way that implies a lack of respect for individuals, heterosexism and homophobia. Guidance on the nursing and health needs of lesbian women is being produced (RCN, 2000). A more detailed discussion of the research findings used to develop the guidance is presented here. (30 references) (Author)

20000603-21\$

Providing gynecological and obstetric care for lesbians. Carroll NM (2000), Contemporary Reviews in Obstetrics and Gynaecology vol 12, no 1, March 2000, pp 75-79

Lesbians underutilize health-care services and present later when they do need care. Homophobia and insensitivity to the health care and needs of lesbians have produced this abstention from medical services, especially those gynecologists. Physicians' attitudes and interactions with lesbian patients need to be changed, from being discriminating and disdainful, to being non-judgemental and communicative. A description of lesbianism and of how homophobia is a public health problem will be followed by practical solutions for providing optimal obstetric and/or gynecological care to lesbians. The first gynecological appointment, history-taking and physical examination, adolescence, contraception, sexually transmitted diseases, cancer, and fertility issues for lesbians will be described. Several areas of lesbian health ripe for research will then be highlighted. The inclusion of questions regarding sexual orientation, identity and/or behavior of women in all aspects of women's health care and medical research will provide a clearer understanding of any actual health differences, particularly in the incidence of sexually transmitted diseases and gynecological cancers, if they exist, and lead to appropriate screening intervals and health maintenance strategies. (20 references) (Author)

20000518-11*

Maternity care for lesbian mothers: survey report. Royal College of Midwives (2000), London: Royal College of Midwives April 2000. 14 pages

Report of a survey of the experiences of maternity of 65 lesbian mothers in the United Kingdom, age range 23-48 years. (KL)

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20000414-32\$*

Maternity care for lesbian mothers. Royal College of Midwives (2000), London: Royal College of Midwives April 2000. 6 pages
Royal College of Midwives position paper on maternity care for lesbian mothers. This document is also reprinted in the RCM Midwives Journal, vol 3, no 4, April 2000, pp 118-120. (6 references) (RGW)

20000414-31\$

Maternity care for lesbian mothers: an acid test of woman-centred care. Kaufmann T (2000), RCM Midwives Journal vol 3, no 4, April 2000, pp 116-117

The RCM position paper on maternity care for lesbian mothers reflects the College's belief that in order to provide truly woman-centred care, the maternity services must understand and respond to the challenges and opportunities posed by our increasingly diverse society. Because lesbians are a largely 'invisible' minority, however, many midwives are not aware of their needs - or even that they are users of maternity services. This recent RCM survey attempted to identify some of those needs by asking 50 lesbian mothers about their experiences of maternity care. It shows that while lesbian mothers are generally positive about, and appreciative of, the midwifery care they have received, they also report high levels of anxiety about the implications of disclosure, acute awareness of midwives' personal attitudes and how these can negatively impact on quality of care, and cite examples of discomfort, inappropriate service delivery - and even hostility. (Author)

20000306-23\$

Building alternative families: helping lesbian couples find the path to parenthood. Blackwell DA, Blackwell JT (1999), AWHONN Lifelines vol 3, no 5, October/November 1999, pp 45-48

Increasing numbers of lesbian couples are choosing to become parents, and so caregivers can no longer ignore the needs of lesbians using maternity services. The article encourages caregivers to create a more hospitable atmosphere during a time which may focus attention on an individual's sexual orientation, and considers many aspects of care which may need to be addressed when caring for lesbian clients. (19 references) (JAL)

20000210-03

Working with lesbian mothers: their healthcare experiences. Salmon D, Hall C (1999), Community Practitioner vol 72, no 12, December 1999, pp 396-397

Over the last 10 years the subject of lesbian and gay parenting has become a more common topic in professional healthcare journals, although progress has been and remains slow. Debra Salmon and Carly Hall focus specifically on the needs of lesbian mothers in community settings, highlighting some practical ways in which health visitors can work more effectively with them and their families. (27 references) (Author)

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