Public Health England

University of HUDDERSFIELD
Inspiring global professionals

UNIVERSITY OF LEEDS

KING'S College LONDON

Perinatal care of LGBTQ+ individuals- how can we do it better?

Public Health England Yorkshire and Humber series:

Understanding the health needs of LGBT+ people

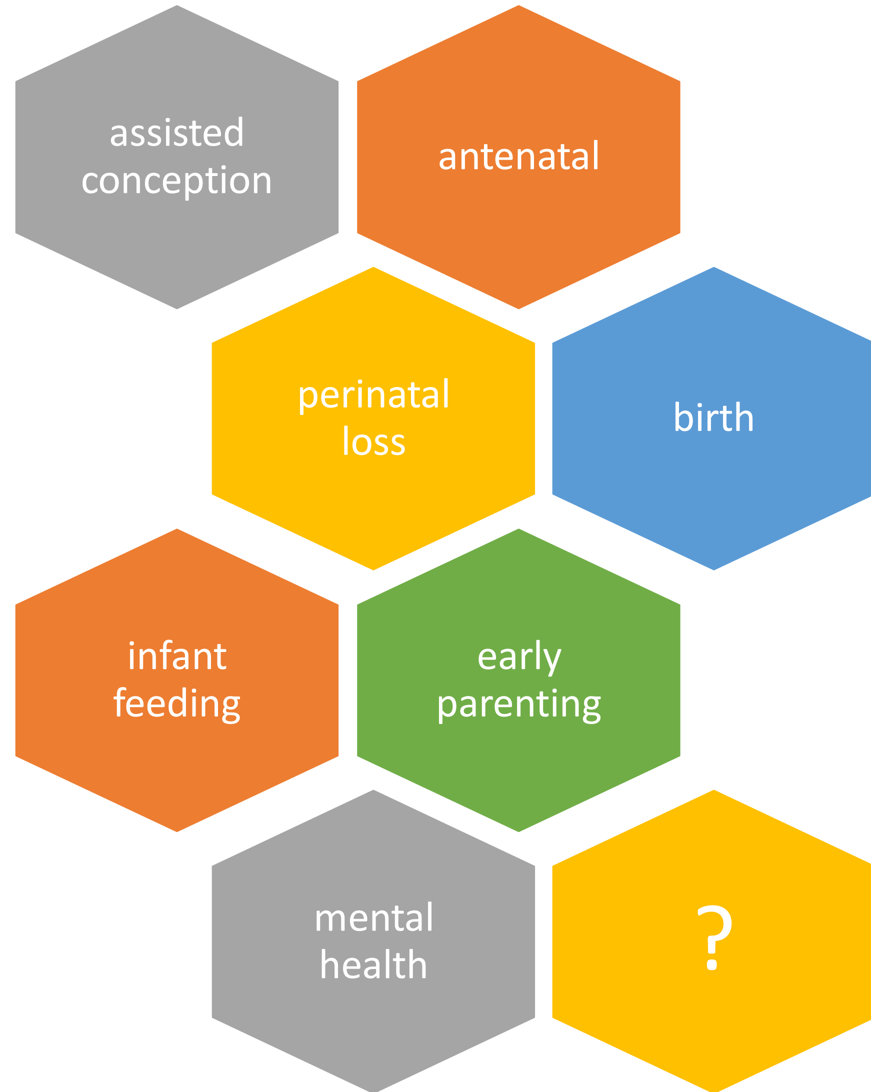
Session overview

Speaker(s)
Welcome & housekeeping Zoe Darwin, Reader in Health Research, University of Huddersfield
Laura-Rose Thorogood, Co-founder of the LGBT Mummy Tribe
Language and invisibility Zoe Darwin, Reader in Health Research, University of Huddersfield
Perinatal mental health in co-mothers Alex Howat, Trainee Clinical Psychologist, University of Leeds
Birth trauma *Infant feeding* Mari Greenfield, ESRC Postdoctoral Fellow, King's College London
Take-home messages; Q&A All

Welcome & Housekeeping

- Part of the PHE series on understanding the health needs of LGBT+ people
- Wide range of registrants, reflecting range of perinatal services
- Webinar is being recorded and will be made available afterwards
- Please do use the chat function
- Please do Tweet but no screenshots

Supporting LGBTQ+ parents in the perinatal period



What may this webinar offer?

- Awareness of the diversity of family forms?
- Insights into the experiences of LGBTQ+ individuals in the perinatal period and how these may vary within and across sexual and gender minority groups?
- Consider some of the potential vulnerability factors facing LGBTQ+ people in the perinatal period?
- Develop self-awareness through reflecting on own assumptions, attitudes, beliefs?
- Consider what this means for your own practice/organisation?

The LGBT Mummies Tribe

The LGBT Mummies Tribe was founded by Laura-Rose and Stacey after encountering numerous barriers when starting their own family.

What LGBT Mummies Tribe do:

Educate: Achieving parity for LGBT+ people, both in terms of ease of access and also quality of care through lobbying for equality, visibility & policy change for LGBT+ women & people.

Share: Providing information, guidance & knowledge on the different pathways to parenthood through the LGBT Mummies Tribe website, social channels & support groups.

Celebrate: Creating a kind & caring safe haven & community for like-minded women & people who are looking to start a family.

Laura-Rose Thorogood, Co-founder of the LGBT Mummies Tribe

contact@thelgbtmummiestribe.com

Presentation rescheduled for July 2021

University of HUDDERSFIELD
Inspiring global professionals

Language and invisibility

Zoe Darwin, Reader in Health Research, University of Huddersfield

Who are we thinking about?

- Sexual and gender minority groups
- LGBT, LGBTQ, LGBTQIA, LGBT+?

- cis (gender) = denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex
- trans (gender) = gender identity or gender expression that differs from their assigned sex
- non-binary = gender identities outside of the binary (neither male nor female)

- a transgender man (or trans man) is a person who identifies as male, but whose sex may have been assigned female at birth (AFAB); they therefore may have reproductive anatomy to become pregnant and give birth

Language and family forms

- Birth parent? Birthing parent? Carrying parent? Gestational parent?
- Biological parent?
- Intended parent?
- Same-sex or same-gender couples?
- Co-mothers or lesbian mothers?

- Need for shared language and understandings
- Need to reflect on implicit assumptions behind the language used

Invisibility

Queer people's experiences of conception, pregnancy, birth and parenting are under-recorded, under-researched, and underheard.
(Darwin & Greenfield, 2019)

Invisibility

- Data
- Policy
- Research
- Healthcare systems

Co-mothers / lesbian mothers – encounters with services

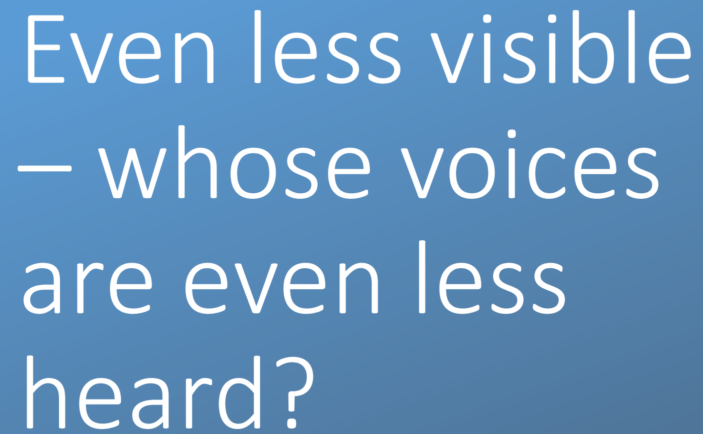
"Lesbian mothers are an increasingly visible group of maternity service users … part of woman-centredness is recognizing the increasing diversity of women who access maternity services"
(Lee et al., 2011)

"…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… even when [midwives] are distressed by lesbian sexuality."
(Dahl et al., 2013)

For practice considerations offered in maternity, see Hammond (2014)….
How may these apply in other settings?

Gay fathers

- Research on gay men's experiences of parenting through surrogacy (instead of e.g. fostering/adoption) has focused on
    - children's developmental outcomes
    - politics of surrogacy
- Very little on experiences of assisted conception, pregnancy, birth, infant feeding or perinatal mental health



Even less visible – whose voices are even less heard?

- Single people
- Sexual minority but currently in an opposite-gender relationship
- Non-birthing people where ≥ 1 of the couple is trans
- Non-binary people
- People who are intersex
- Families with >2 parents
- Cross-cultural / legal and social context
- Intersectionalities (e.g. ethnicity, age, disability, socio-economic factors)

"I'm her mum, but I'm not her mum": non-birth co-mothers' experiences of perinatal mental health in same-sex parented families

Alexandra Howat[1], Dr Ciara Masterson [1], Dr Zoe Darwin[2]

[1]Institute of Health Sciences, University of Leeds, UK

[2]School of Human and Health Sciences, University of Huddersfield, Huddersfield, UK

Introduction

UNIVERSITY OF LEEDS

- Many parents experience perinatal mental health problems, most commonly depression and anxiety (NICE, 2014; Bauer, Parsonage, Knapp, Lemmi & Adelaja, 2014).
- Approximately 10% of fathers in heterosexual couples experience perinatal depression and anxiety (Paulson & Bazemore, 2010; Leach, Poyser, Cooklin & Gaillo, 2016) – prevalence in female partners is unknown.
- Perinatal experiences of partners in the LGBT+ community is under-researched (Darwin & Greenfield, 2019).
- There is a lack of research concerning the experiences of partners in the LGBT+ community (Darwin & Greenfield, 2019).

Introduction

- Why is this concerning?
  - Potential increased risk of perinatal mental health problems
  - Experiences of homophobia and discrimination from medical professionals and services
  - Possible adverse impact of parental perinatal mental health difficulties for individuals and their children’s development.
  - Need for inclusive services

Aims

To explore experiences of perinatal anxiety and depression of non-birth mothers in same-sex female families where their partner has carried the child.

Method

Design

- Qualitative study using Interpretative Phenomenological Analysis (IPA) – focus on lived experiences and making sense of these experiences
- Semi-structured interviews (in-person, online or by telephone)

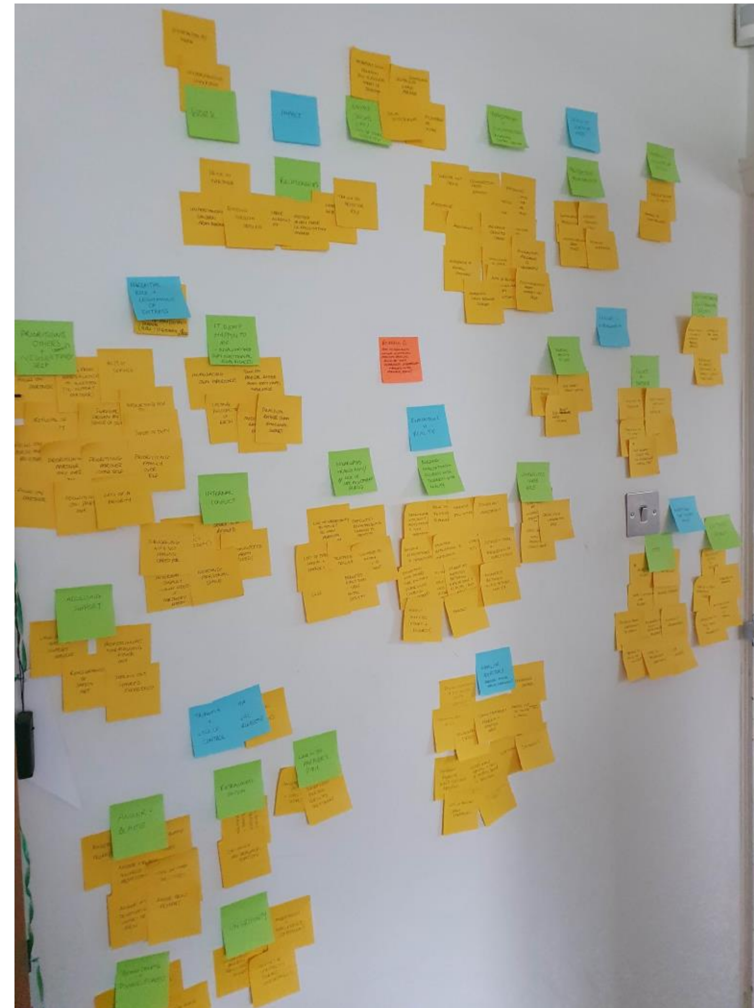
Sample

- Non-birth mothers who:
  - were currently or previously in a same-sex relationship where their partner was pregnant or had given birth in the previous five years
  - self-identified as having experienced perinatal anxiety or depression

Recruitment

- Via University organisations and online via social media

Analysis



Who took part

- 7 women, aged 27-40
- Self-identified as lesbian (6) or bisexual (1)
- All first-time parents
- 5 married, 2 co-habiting
- Length of relationship 3 – 15 years
- Children aged 2 months – 3 years
- All used assisted conception clinics: 3 IUI, 4 IVF
- All White: 6 British, 1 other.
- 5 employed full-time, 2 employed part-time

Results

Analysis is on-going but themes emerging from the data so far:

1) Familiar Territory

"I think I'm ah I'm probably quite a naturally anxious person anyway. Erm but like I suppose my baseline is probably higher than most [uh huh] people's. Erm and I'm kind of okay with that, that's part of who I am and stuff and that's okay with me, you know."

2) Developing and Adjusting to New Parental Identity

"It's just such a big thing to learn to do."

Results

3) Lack of clarity about role/parental identity

"…I don't know if I don't know if dads feel like a similar way, but I think if you're a dad like, I'm sure dads have a difficult time as well and because they are men that's not well catered for, but they're like a recognised group of people in their own right."

4) Failure & Inadequacy (as parent & partner)

"I mean, it didn't stop me from feeling helpless though, and sometimes not good enough, even though I don't really know what else I could have done. I guess that's normal isn't it?... not being a good enough partner."

"…I don't mean sort of paranoid in like a clinical sense but like, you know, worried about what people would think of our parenting."

Results

5) Parental Role & Legitimacy of Distress

“ Erm, well just, you know, just worried about her but it didn’t affect me in the same way. It’s not my body, it’s not my body that’s been ravaged.”

6) Powerlessness & Uncertainty

"I felt, you know, very helpless a lot of the time. Obviously I was doing the best that I could support her."

Results

7) Survival Mode

"I dunno she did suggest to me that I go to the doctors but I was just “oh I just can’t be bothered with that right now”, [laughter] which isn’t very good. Erm I just didn’t want to get didn’t want to get in that place. Didn’t want to acknowledge it I guess. Even though I knew that-- I guess cos there was nothing majorly causing problems, I just thought let’s just push it down and get on with it, you know."

8) Changing relationship dynamics

“So, I guess I became more a carer, I mean obviously I was going to be a carer anyway having a young child, but erm I guess I became doubly a carer because, erm you know my partner was able to do kind of very little physically and after the surgery that she had..."

Discussion

- Some findings are consistent with the literature on paternal perinatal mental health e.g. emphasis on protecting their family whilst neglecting own needs and services' focus on the birthing parent

- Others appeared distinct to this group and resonate with other literature concerning minority stress and difficulties negotiating ill-defined parental identity

- **Limitations:** lack of intersectionality within sample

Conclusions & Recommendations

- Non-birth mothers have specific needs and stressors, warranting tailored perinatal mental health support
- Culturally competent care is needed whereby services and individual professionals recognise diverse family forms, including the potential for both parents to be pursuing gestational parenthood
- Further research is needed to explore intersectionality and the experiences of other LGBT+ parents

KING'S College LONDON

Birth trauma

Mari Greenfield, ESRC Post-doctoral researcher, King's College, London

What is traumatic birth?

'An event occurring during the labor and delivery process that involves actual or threatened serious injury or death... The [labouring person] experiences intense fear, helplessness, loss of control, and horror.' (Beck, 2004)

'the emergence of a baby... in a way that involves events or care that cause deep distress or psychological disturbance, which may or may not involve physical injury, but resulting in psychological distress of an enduring nature' (Greenfield, Jomeen & Glover, 2016)

- Up to 30% of people who have given birth in the UK experience childbirth as a traumatic event
- Partners and others present may also experience birth as traumatic

Why is traumatic birth important?

Increased vulnerability to:

- Mental health difficulties
- Relationship difficulties
- Depression in partners
- Difficult reproductive decisions

Rates of birth trauma amongst LGBT+ people?

Risk factor	How this relates to LGBTQ+ parents
Lack of social support	LGBT+ people at higher risk of lack of social support Co-mothers not recognized as a ''true'' parent by family and friends[5] or NHS staff Transphobia from families
(Perceptions of) poor care	Where gender of the pregnant person/partner does not conform to expectations, the quality of care received (or perception) can be negatively affected Cis-heterocentric organisational structures are excluding Co-mothers feel excluded by heterocentric organizational structures Covert homophobia and transphobia
Pre-existing mental health difficulties	Current or past difficulties increase further vulnerability; LGBT+ people are a population with elevated mental health needs - depression and anxiety
Teenage pregnancy	Non cis-het AFAB (assigned female at birth) teenagers at greater risk of unwanted pregnancies
Previous sexual abuse	Higher rates of childhood sexual abuse in sexual minority AFAB people

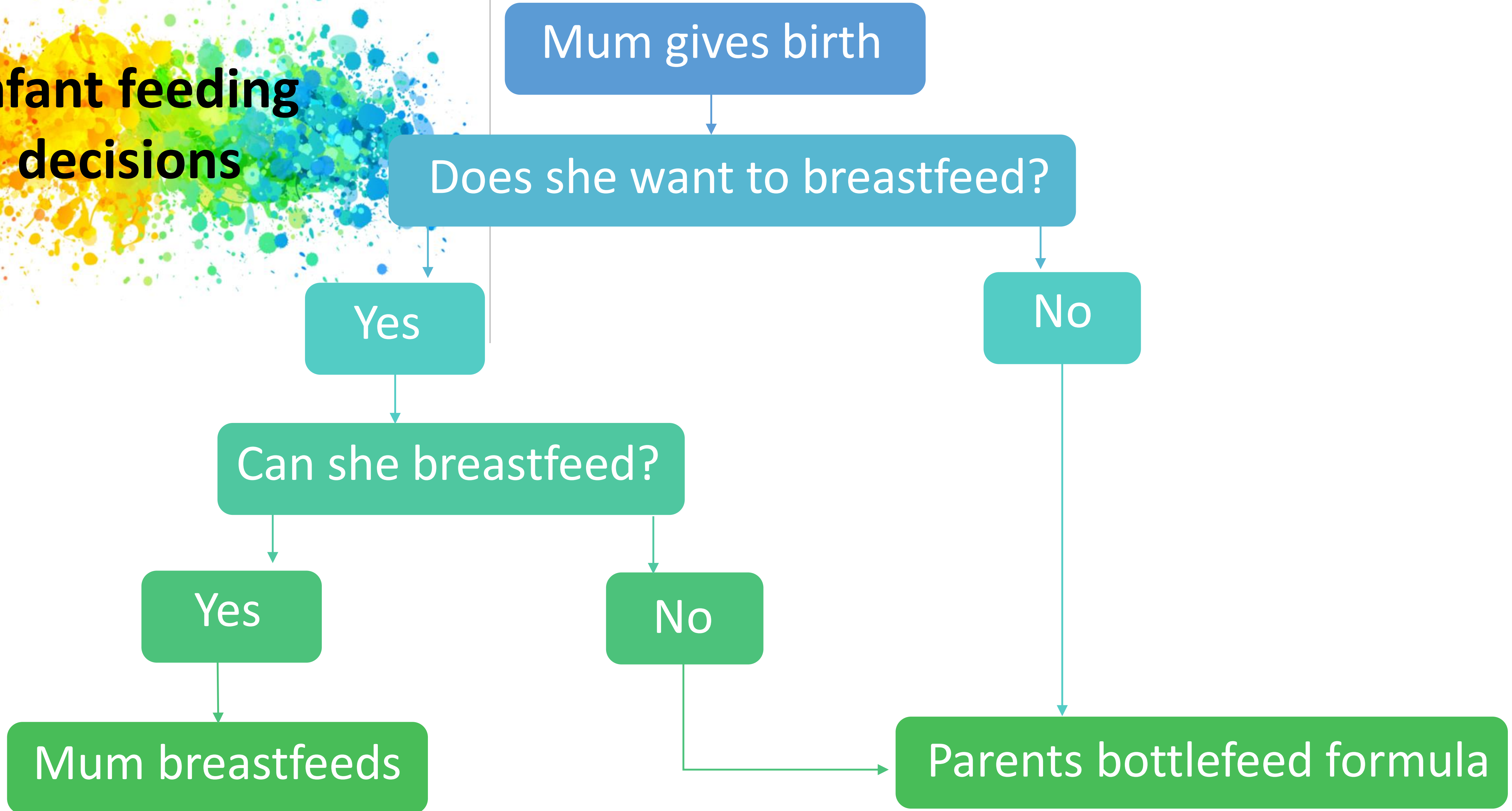
Pregnant trans men and non-binary people
Dysphoria
Visibility and recognition
Isolation and exclusion
Anticipated and experienced poor care
Choice and control

KING'S College LONDON

Infant feeding

Mari Greenfield, ESRC Post-doctoral researcher, King's College, London

Infant feeding decisions



‘Neonatal say they will look into whether it’s okay for me to feed, because ‘usually donor milk is tested and pausterized!’’

‘Participants suggested a need for health care providers to communicate respect for different feeding choices other than chestfeeding, and that providers should neither assume a desire to chestfeed nor push for it.’ (MacDonald et al. 2016)

Q&A

Take home messages

- We need to stay curious and open about what family formations can look like
- Importance of visibility: language, paperwork, imagery used
- Importance of recording who is using your services – including sexual orientation and gender as part of monitoring

Brighton and Sussex University Hospitals NHS Trust

Gender Inclusive Language in Perinatal Services:

Mission Statement and Rationale