

Queer experiences of maternity care

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This project is an exploratory study of queer/LGBTQ+ people's experiences of the healthcare system in relation to pregnancy and birth. This study seeks to understand the ways in which queer parents feel that birth care providers, including midwives, obstetricians, nurses, doulas, and other healthcare providers, are able and unable to provide queer-inclusive care. Secondly, this project seeks to evaluate healthcare providers' efforts to provide queer-inclusive care in the context of pregnancy and birth. With previous studies reporting queer people's varying experiences of alienation, inclusivity, and prejudice in the birth care context, this study seeks to holistically explore how the maternity care system cares for queer people.

A review of the sociological literature relating to queer experiences of and disparities within birth care, postnatal care, and healthcare was first conducted. Data were also collected from other published resources, including first-person narratives about maternity care, inclusivity information from midwifery and maternity care practices, medical and maternity care associations' guides to caring for gender- and sexuality-diverse patients, and legal resources regarding healthcare and adoption for queer families. Contact with queer parents, birth care providers, midwifery educators, and reproductive justice organizers further contributed to the project. These sources provided information about the intersections of birth care, cultural competence training for healthcare providers, inclusivity for queer clients, and social justice.

Language use in interpersonal communications, prenatal education sessions, and printed resources was found to be a major factor in inclusive birth care. Many queer people reported healthcare providers' reliance on gender-centric terms such as "mother" and "father" to be alienating, inaccurate, or disrespectful. For example, maternity care intake forms requesting information about the "mother" and "father" may create feelings of exclusion, alienation, or hypervisibility in parent couples with two mothers or trans or gender nonconforming parents. Furthermore, some trans men and gender nonconforming people who have given birth report heightened gender dysphoria as a result of birth care providers' failure to use their appropriate pronouns.

Queer parents report more positive experiences of pregnancy and birth when they feel that their healthcare providers are educated on queer identities and family structures. A lack of such understanding may be demonstrated by a healthcare provider's inability to distinguish between parents in two-mother families, references to the gestational parent as a child's "real mom," and inappropriate questions about a couple's method of impregnation.

Some queer families find that they are able to have positive and respectful birth care experiences within the mainstream healthcare system. After finding a culturally competent healthcare provider or with some explicit explanations of their family structures and personal needs, some queer people are able to fit the healthcare system to their distinct needs. In light of other queer families' conclusions that mainstream birth care services are not able to provide them with inclusive care, some report preferences for and more positive experiences with birth care providers specializing in serving queer families. These results demonstrate the importance of comprehensive and evolving cultural competency training for all healthcare providers.

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