

Description

Special Report: Pathways to Parenthood for LGBTQI+ Families

Avril Flynn [she/her] – Independent Midwife and Antenatal Educator, Dublin, Republic of Ireland

Instagram: @avrilflynn_com

Published in The Student Midwife Volume 5 Issue 02 April 2022, Pages 11-14
https://doi.org/10.55975/CUJP6830

Summary

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 specifically 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.

Families come in all shapes and dynamics

When I set up my practice as an independent midwife and antenatal educator my focus was to include all types of families, particularly those from the LGBTQI+ community. While working within the hospital system, there was effectively no inclusivity within the education of prospective parents.



Any and every antenatal education programme or leaflet was geared toward heteronormative family structures: heterosexual couples, consisting of a cisgender mother and father, or sometimes a cisgender single parent mother. I wanted my practice to be entirely different and provide a service of antenatal, birth and baby education that met the needs of not just cisgender-heterosexual families, but the full spectrum of rainbow families.

The journey to parenthood for LGBTQI+ families may have a lot of different barriers to both accessing equal care,[1] but from a very basic perspective; there is a lack of understanding from healthcare professional, midwives, obstetricians and support staff about the different ways in which the community choose to have children.[2]

This lack of understanding means that inclusivity is incredibly hard to achieve as we may have no idea of the family structure or dynamic.[5,6] It is incumbent on us as student and qualified midwives not only to understand but ensure we make room for everyone. This is not in any way an attempt to erase or remove the majority, which is cis- women giving birth, but to have the knowledge to not assume that they are the only types of families or individuals we will encounter and care for. Every family deserves respect and individualised care. The first step is understanding.

The different ways to becoming a family

The ways in which queer families choose to expand are as varied as the makeup of the families themselves. While this is not an exhaustive list it is helpful as starting point:

Adoption and Fostering

Adoption and fostering can be a route chosen by lesbian, gay, bisexual, non-binary or trans folks, and can be done as a couple or individual through public or private agencies. These agencies can include those in the person's own country,or they may choose to go abroad. Adoptions can be open, whereby the birth parent has some access to the baby orchild, or closed, where they do not wish to have any access to the child. People may also foster with the hope ofadopting. The process is like that of any person wishing to adopt or foster.

Invitro Fertilisation

IVF means that donor sperm is used and either the persons own egg, or donor egg, is fertilised and inserted into the uterus. In reciprocal IVF, a couple (lesbian, or non-binary or trans folks who have female sex organs) agree one partner will go through an IVF cycle and have their eggs fertilised. The other partner carries the pregnancy and gives birth. One



ill be linked through their birthing

Donor insemination can be done at home, using either a private, known donor, or an anonymous or known donor through an agency or clinic using frozen sperm. Fertility clinics can also use IUI (intrauterine insemination), usually under ultrasound guidance at the clinic. There are different levels of anonymity within specific clinics in that you can choose to know certain things about the donor (such as family history, education, health, ethnicity etc).[3] You can also choose to use sperm from clinics abroad.

Within the trans community, for those that have surgically transitioned from male to female, a trans woman might have their own sperm frozen prior to their bottom surgery, to be used if they choose to have a family later. In the same way, a trans man who has transitioned from female to male might undergo an IVF cycle to freeze their eggs prior to surgery involving a hysterectomy, oophorectomy or salpingectomy. It is important to note that not all trans people have surgery, or the same surgeries.

They might transition but still have reproductive organs from their sex assigned at birth, and therefore can get pregnant or create a pregnancy using their own bodies and oocytes. Some trans men may take testosterone, but stop and are able to ovulate and get pregnant. In the same way, a trans woman might stop taking oestrogen, and again produce sperm.

Surrogacy

Surrogacy can be a route typically chosen by a gay male couple, trans folks or other queer single individuals. Surrogacy usually involves donor eggs, fertilised by the parent or one of the parents, but can involve donor sperm also. The pregnancy is then carried by a gestational surrogate. In some cases, it can involve someone who wishes to be a surrogate and use their own eggs, but does not wish to co-parent.

Co-parenting

This option is just as it sounds, where LGBTQI+ people decide to have a family. They undertake home insemination so that the family make up might have two mums and a dad, two dads and a mum, trans parents or any permutation. This whom they are not in a relationship.



Like any person, one of the biggest barriers for LGBTQI+ people having families is the cost.[1,3] This might influence the way in which families choose to conceive. From an Irish perspective, IVF is an entirely private enterprise, meaning huge costs to any person or family who needs to use the services of assisted fertility. By the time a person comes into the care of maternity services, they may have been down a very long, difficult road to get to the point of pregnancy.

In Ireland, although same sex marriage has been recognised since 2015, there are still many families who are in a legal limbo in that their child's birth certificate might not reflect who the parents actually are. This is something groups like Equality for Children (with whom I have been campaigning for the last number of years) have been fighting hard to change.

In the UK, the Human Fertilisation and Embryology Act sets out who the legal parents are and allows for same-sex couples to be equally recognised as parents. There are ongoing legal fights for trans people that hopefully will in future mean that birth certificates reflect truly whom "mother", "father" or "parent 1, 2, 3" really are. Every child deserves to have the same legal protections and access to their parents, as does every person who chooses to have a baby. The

law in this regard has much catching up to do.

It is unconscionable to me that as a bisexual, who happens to be in heteronormative marriage, my child is afforded much greater legal protection than many of my friends or clients who I have had the privilege to care for, just because I am a cisgender woman married to a cisgender man. All children, and people deserve protection and recognition.

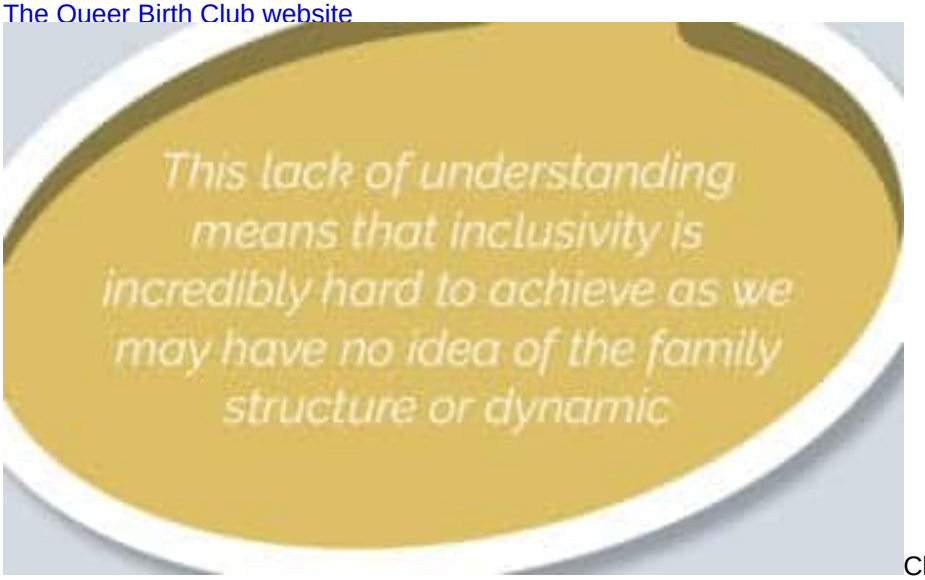
Further resources

Having a baby if you are LGBT+ (NHS website)

Pathways to Parenthood for LGBT People (National LGBTQIA+ Health Education Center website)

Equality for Children website

The Queer Birth Club website



Change in service provision can happen much faster if the providers of the service educate themselves. There are some great courses where you can learn directly from families who have had to use maternity services not designed to include them. Individual trusts and units can be inclusive but it is still very much a patchwork or ad-hoc as to how LGBTQI+ parents are treated within different services, or whether they are included at all.[1,2,4] This can change with every student and qualified midwife who demands inclusion and understanding for all rainbow families. You can be the change and the educators of the future.[6,7]

TSM

References

1. Kerppola J, Halme N, Perälä ML, and Maija-Pietilä A. Empowering LGBTQ parents: How to improve maternity services and child healthcare settings for this community–'She told us that we are good as a family'. Nordic Journal of Nursing Research 40.1; 2020:41-51. doi:10.1177%2F2057158519865844.
2. Shields L, Zappia T, Blackwood D, Wardrop J, Chapman R. Lesbian, gay, bisexual, and transgender parents seeking health care for their children: a systematic review of the literature. Worldviews Evidence Based Nursing; 2012:9(4): 200–209. doi:10.1111/j.1741- 6787.2012.00251.x.
3. Wells MB, Lang SL. Supporting same-sex mothers in the Nordic child health field: a systematic literature review and meta-synthesis of the most gender equal countries. Journal of Clinical Nursing; 2016:25(23–24): 3469–3483. doi:10.1111/jocn.13340.
4. Röndahl G, Bruhner E, Lindhe J. Heteronormative communication with lesbian families in antenatal care, childbirth and postnatal care. Journal of Advanced Nursing; 2009:65(11): 2337–2344.

5. Chapman R, Watkins R, Zappia T, Combs S, Shields L. Second-level hospital health professionals' attitudes to lesbian, gay, bisexual and transgender parents seeking health for their children. Journal of Clinical Nursing; 2012:21: 880–887. doi: 10.1111/j.1365- 2702.2011.03938.x.
6. Stewart K, O'Reilly P. Exploring the attitudes, knowledge and beliefs of nurses and midwives of the healthcare needs of the LGBTQ population: an integrative review. Nurses Education Today; 2017: 53: 67–77. doi: 10.1016/j.nedt.2017.04.008.
7. Klittmark S, Garzón M, Andersson E, Wells MB. LGBTQ competence wanted: LGBTQ parents' experiences of reproductive health care in Sweden. Scandinavian Journal of Caring Sciences; 2019:33: 417–426. doi:10.1111/scs.12639.

Category

1. Special Report
2. The Student Midwife
3. TSM Articles

Tags

1. 2022
2. inclusiveness
3. LGBTQIA+
4. Parenthood
5. Pathways

Date Created
15th April 2022