



Run by and for LGBT+ parents/carers, their children and those considering parenthood living in Greater Manchester.

# Supporting LGBT+ Parent-led families in Health Care.

Written by and for LGBT+ parents and carers

LGBT parents/carers do all the things that other parents/carers do to care for and nurture their children. However, they can face discrimination from various services such as health care, education settings, employers and society as a whole.

The idea of a family is ever changing and as a result we need to be aware of the needs of LGBT+ parent/carer led families in our services. Health care professionals therefore need to be informed if they are to support LGBT patients with topics such as family health, fertility, pregnancy, maternity and the first 1001 days of a child's life.



## Parenting & LGBT People

While the legal rights regarding LGBT families has developed and progressed, many LGBT people still report experiences of discrimination. This may be experienced not only in healthcare settings but in educational environments or from wider societal views. Many LGBT parents face prejudice and stigma about how their sexual orientation will impact their ability to parent and the well-being of their child.

Healthcare professionals can be a supportive service provider in helping LGBT people overcome their fears and support their ability to successfully nurture and raise a family. Unfortunately, qualitative research finds that this isn't always the case and LGBT patients are forced to 'educate' or confront homo/bi/trans-phobic attitudes from healthcare professionals.

## Concerns of 'Coming Out'

The Royal College of Midwives (RCM) recognises that heterosexual presumptions and biases can, if not careful, impact the quality of care that LBT patients receive when pregnant.

Expectant parents often find they have to continually 'come out' to healthcare professionals and encounter 'inappropriate' questions about how the baby was conceived or about their relationship, which they felt would not have been asked of heterosexual couples.

## Maternity

Despite a deficit in research relating to lesbian and bisexual mother's experiences, several qualitative studies raise awareness of heterosexism within maternity care services. One study found that nearly 27% of women encountered homophobia, heterosexism and prejudice from healthcare staff while pregnant. Women in relationships with other women frequently report that services and/or individual midwives and other healthcare professionals assumed that the partner of a pregnant woman must be male. Presumptions around heterosexuality is often reflected in healthcare forms which only provide the option of husband/male partner.



## Trans People & Parenting

Trans people have similar parenting options as lesbian, gay and bisexual people. However, anecdotal evidence suggests that trans people experience barriers to accessing fertility and maternity services because healthcare professionals are not necessarily aware of services available for those needing assisted pregnancies. Another barrier may be that societal expectations of women being pregnant can play a factor in accessing healthcare as most services are structured with this assumption. Therefore, trans men who have babies are likely to be misunderstood and even poorly treated. Additionally, healthcare professionals should make patients aware that Hormone Replacement Therapy (HRT) can have an adverse effect on their fertility. In turn, patients may want to consider gamete storage before beginning HRT.

## Adoption

Legal changes in the Adoption and Children Act 2002 have expanded the right of lesbian and gay couples to adopt within the UK. As a result, one in seven adoptions in 2016 were made by gay couples. Healthcare professionals should provide a variety of resources for LGBT individuals and couples to start a family, including adoption. Health professionals need to ensure that relevant information is gathered about the family and their specific route to parenthood to ensure the child's needs are met.

## Isolation

LGBT parents and their children can often feel isolated within the community, as generic family-based service do not often meet the needs of the LGBT community, and the LGBT community do not often meet the needs of families. Therefore, being aware of relevant local services within the community and signposting patients to LGBT inclusive family services within your area can greatly increase their support network and help children engage with families who have a similar background to them



## Positive experiences from health care providers:

“When a health care provider doesn't show any shock on their face at our family”

“Saying 'that's ok' when you tell them you have a female partner!”

“Our doctor was very accepting and understanding of our situation - took the time to understand what our adoption experience had been like and to explain what our son's health condition meant”

“The midwives were great. During pregnancy and throughout the labour. We felt comfortable the whole time and didn't feel we had to explain anything. It was just accepted our family is our family”

“We moved to a new area, and after having a bad experience with our previous health visitor we didn't have much hope. However, our new health visitor was great, she was a lot more experienced than the previous worker. On our initial meeting she had referred us to various services for support, which we had been asking for help with for ages. And then did a listening visit to hear all about our son's story and how we had come to adopt him. She wanted to hear our journey to help us in the future and we felt that she was interested in our son's health holistically”

## Negative experiences:

“When we met our first health visitor, she didn't seem to understand our family at all and seemed very uncomfortable with us which in turn meant that I didn't feel I would have approached her had I been struggling. We had to explain a number of times to her that although Y is X's Mommy that he is not biologically her's and that she couldn't have passed any genetic diseases on to him!! I didn't take X to any weigh-ins in the area, but instead took him to one in the city centre as I didn't want to see her again.”

“Terminology used annoys me. I have had midwives saying 'Dad' when they know full well that we are a lesbian couple who used donor sperm. They should ask the set up and what terminology we would want to use. I prefer donor”

“Health care provider seeming shocked with our family”



“I am a single parent male adopter and when registering my son at my original practice, I was asked ‘is mum registered at the surgery’ as a prerequisite for him being able to register. When I explained, I had to be referred to a manager to discuss it. It was done in front of my son, which could have been triggering”.

“We have attended a hospital appointment whereby we were spoken to by a doctor and there were several other nursing staff and students in the room. We were given false and discriminatory information stating we were not entitled to NHS fertility funding. The actual situation was very oppressive and humiliating. We left knowing we had been given false advice and challenged this appropriately with the senior consultant’s secretary who was apologetic and supported us thereafter.”

“I went to the G.P after being placed with my son, I was having some work-related stress and felt I wasn’t coping well. It was making me think I wasn’t bonding with my son too. I spoke to my G.P about what was going on, as I had suffered from depression previously and felt it was returning. The G.P listened to my thoughts and feelings, they prescribed me my previous medication and then said, ‘If you feel you are not bonding with your child, you can always give them back’. I was shocked at the lack of understanding and empathy to our pathway to parenthood.”

“If you don't know the family set up, only talk about the parent in front of you. We went for our child's vaccines recently and the nurse said, you will be strong like Daddy after you get these superpowers. It was just wholly unnecessary.”

The assumption that I'm with someone at all and that it would be a woman. It can be triggering for my son to hear about ‘mum’ in a way that suggests it's the norm.



## Health professionals view

As an NHS midwife who works on the labour ward I care for families with different structures and different needs. These include same sex couples, single parents, surrogate mothers, trans parents, adoptive parents, parents raising gender neutral children and many more. All nurses and midwives are trained to abide by the Nursing and Midwifery Council Code (standards of conduct, performance and ethics) which states “You must treat people as individuals and respect their dignity. You must not discriminate in any way against those in your care. You must treat people kindly and considerately. You must act as an advocate for those in your care.”

These principles should underpin the care that LGBT+ parents receive; however, I know from experience that mistakes, oversights or lack of understanding from healthcare professionals can result in a poor experience. All healthcare staff receive mandatory equality and diversity training; however, I have found that some of the most valuable education comes from speaking openly and honestly between ourselves about gaps in our knowledge. In my Trust, we also have equality and diversity champions who ensure that our guidelines are not discriminatory and comply with standards.

Birthing people often attend labour ward with multiple birth partners, so I always ask openly who the birth partners are and what relationship they have to the parent. I find this really helpful to avoid mislabelling parents, to understand the family structure, and also avoid potential embarrassment (my Mum is still annoyed about the time she was presumed to be “Grandma” when she was in fact Auntie, and that was 14 years ago!).

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## Recommendations

- Reflect and challenge your assumptions as a healthcare professional about LGBT families
- Ask appropriate open questions to find out about the specific family structure and route to parenthood. This will be a sensitive matter, but necessarily to ensure we meet families' health needs.
- Be conscientious of providing the same level of support and resources to LGBT couples seeking families as with heterosexual couples.
- Refrain from using language that presumes one of the partner(s)/parent(s) must be male or likewise female.
- Use appropriate wording or terminology to ensure inclusivity e.g. using the phrase ‘biological parent’ will allow the parent (whether giving birth, donating sperm or adoptive parent) to address any relevant medical questions.
- Ask the presenting parent/ parents in front of you what terminology they would like you to use, is completely appropriate and shows understanding.
- Be aware that some of your patients may be trans and therefore not appear physically as you presume them to
- Provide relevant information regarding options for fertility, parental support and referral procedures



## Parent's recommendations

"Don't assume all families are made up of a mum and a dad "

"Ask me rather than assuming and pushing my life and experiences into their own narrow view of relationships etc."

"Use the correct terminology and if they don't know ask. This should be documented in the red book and any electronic records. The red book should have options to put mum/ surrogate/ biological mother and dad/ donor, adoptive parent etc"

"Acknowledge same sex parents, be inclusive in all aspects of care, including language. Have correct information about health issues for us. I was told I didn't need a smear as I was a lesbian!"

Proud 2 b Parents is an inclusive organisation for all routes to parenthood. We are run by and deliver services for LGBT+ parents/ carers to be, LGBT+ parents/carers and their children living in Greater Manchester. Contact us on [info@proud2bparents.co.uk](mailto:info@proud2bparents.co.uk) or visit [www.proud2bparents.co.uk](http://www.proud2bparents.co.uk) for more information.



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