

To view an archived recording of this presentation please click the following link:

<https://youtu.be/oEzLz65m518>

Please scroll down this file to view a copy of the slides from the session.

#### **Disclaimer**

**This document was created by its author and/or external organization. It has been published on the Public Health Ontario (PHO) website for public use as outlined in our Website Terms of Use. PHO is not the owner of this content. Any application or use of the information in this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.**

# Affirming Perinatal Care for 2SLGBTQIA+ Individuals

Dr. Zafiro Andrade-Romo, MD, MSc

PhD Candidate

Dr. Lori Ross, PhD

March 06, 2024



UNIVERSITY OF TORONTO  
DALLA LANA SCHOOL OF PUBLIC HEALTH

# Disclaimer

This presentation was created by its author. It will be published on the Public Health Ontario (PHO) website for public use as outlined in our Website Terms of Use. PHO is not the owner of this content. Any application or use of the information in this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.



**Land  
acknowledgement**



# Positionality

-Who are we

# Agenda

- Research related to Two-Spirit, lesbian, gay, bisexual, trans, queer, intersex, asexual (2SLGBTQIA+) individuals and parents
- Terms and language that are inclusive and affirming to 2SLGBTQIA+ individuals
- Trauma-informed approach
- Supportive resources for your practice

# How many 2SLGBTQIA+ people are in Canada?



- 0.33% of the population >15 identifies as transgender or non-binary (Statistics Canada, 2022)
- 4% of the population >15 identifies as lesbian, gay, or bisexual (LGB), with a younger average age compared to the heterosexual population (Statistics Canada, 2022).
- These numbers are likely under-estimates; a study by Salway et al. (2016) found that only 40% of bisexual men and 86% of gay men were willing to disclose their sexual identity to the Canadian Community Health Survey interviewers.

# How many 2SLGBTQIA+ people are parents?

Studies in Canada and the US:

- 24% to 49% of trans people are parents

(Dierckx et al., 2016; Grant et al., 2011; Pyne et al., 2015)

A survey by The Family Equality Council (Harris & Hopping-Winn, 2019) found that in the US:

- 77% of LGBTQ adults aged 18-35 are already parents or are considering becoming parents
- 33% of LGBTQ adults aged 55 years and older either already have children or are considering becoming parents

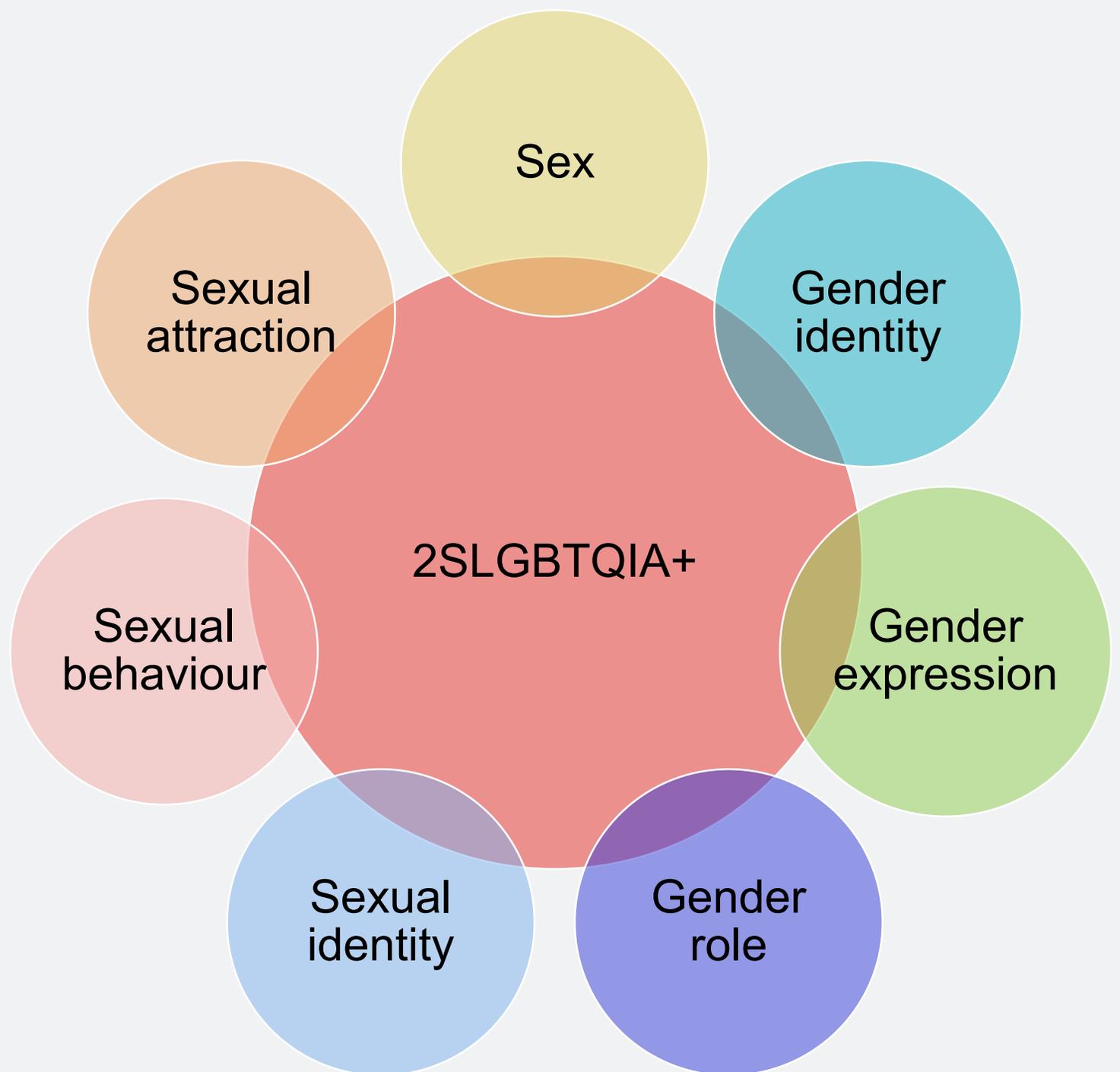


# Language and terminology



- Inclusive, affirmative, and culturally competent language by service providers is a key part of safety for 2SLGBTQIA+ people
- Language is dynamic, shifting and changes over time, geography, and populations/communities
- The most important part of using it – showing respect and that you are in constant learning

# Terminology and its complexity



# Sexual identity



- <https://buildingcompetence.ca/docs/Module3HandoutMixAndMatchDefinitions-2SLGBQ.pdf>

A photograph of a stone archway over a stream in a forest. The arch is built from stacked, irregular stones. The stream flows through the arch, and the surrounding area is filled with green trees and foliage. A large, semi-transparent white circle is overlaid on the left side of the image, containing the text "Two-Spirit".

**Two-Spirit**

# Gender – Transgender and Cisgender



# Trans



- Often used as an **umbrella term** to capture various identities such as transgender, transsexual, genderqueer, gender non-conforming, non-binary, and more.
- **It can include people who:**
  - *transition medically*, with hormones and/or surgery
  - *do not transition medically* but who transition through means such as changing names, pronouns, style of dress, and other ways of expressing gender.
  - *do not transition at all.*
- All trans people are valid regardless of whether or not they transition. There is no “one way” to be trans or one essential trans experience.

# Gender & terms

**Gender identity** – woman, man, trans, non-binary, fluid, agender, non-conforming

**Gender expression** – masculine, feminine, androgynous, gender fluid, drag

**Gender role** – related to cultural practices, gender identity, gender expression, family, society



# Terminology – Pronouns

- Pronouns are the ways we refer to one another in the third person.  
*Examples: she/her, they/them, he/him, xe/xym, ze...*
- Sometimes people choose to change their pronouns.
- Respecting and using the chosen pronouns is a big part of creating a safer environment for Two-Spirit, trans, and non-binary people.

## **Common pitfalls:**

- Assuming a person's pronouns based on their appearance, dress, or their partner(s) appearance
- Misgendering someone (for example, referring to someone as 'she' when in fact that person uses the pronoun 'he' or 'they')

# Misgendering

- To refer to someone (especially a trans person) by using a word, like a pronoun or form of address (i.e., sir, ma'am) or name, that does not correctly reflect the gender with which they identify.
- The act of misgendering can be done intentionally and with malice, or with ignorance; both are considered harmful, dehumanizing, and a form of individual and structural violence.
- Calling everyone “they” unless told otherwise – this seems like it could be a safer option, but in fact can be experienced as very invalidating and othering when it’s not the pronoun someone uses.

# An inclusive and affirming approach

- **Ask:** respectfully and privately ask for someone's pronoun.  
*Example:* "I use he/him pronouns, what pronouns do you use?"
- **Respect:** If someone shares their **chosen name** or name that they go by and **pronoun** (could differ from birth name, legal name or legal pronouns), use and respect it. Also include them on applications, intake forms and other documents.  
*Example:* "I would just like to confirm what name you go by. Great, thanks so much for giving me that information. I will make a note to ensure that other folks know that this is your name."

# An inclusive and affirming approach

- **Practice:** If you have difficulty using someone's pronouns, practice. Ask coworkers, peers, and friends to point out when you've made a mistake. Or you can even ask your patient/client.

*Examples:* "Thank you for telling me." "I will do better in the future."  
"I'm sorry, I know this is important and I will do better."

- **Correct** misgendering when you hear it: once you are aware of someone's pronouns, correct any slip-ups.

*Example 1:* "She...sorry, he, was telling me he wants a referral."

*Example 2:* "He was telling me about a difficult experience, I mean she was telling me about a difficult experience."

# Family formation/ expansion pathways

- In vitro fertilization (IVF) and insemination
  - *used by lesbian women, bisexual women, trans and non-binary people*
  - *known or anonymous sperm donor*
  - *reciprocal IVF*
- Surrogacy (most studied in cisgender gay men)



# Family formation/ expansion pathways

- Adoption
  - *public*
  - *private*
  - international



# Terminology – family relationships / structure

- Chosen family
- Partner(s), significant other
- Pregnant / gestational parent / birthing and non-birthing parent
- Parent: preferred term (parent, mother, father, mamas, moms, co-parent, other)
- Surrogate
- Donor



# Terminology – family relationships / structure

- Example: “sometimes people use different words to refer to themselves or their partner/s as parents, do you have a preferred term?”



# Terminology – Human milk feeding

- Lactation
- Nurse
- Chestfeeding / bodyfeed
- Co-feeding / co-lactation

## **Common assumptions:**

- “Do not assume that a person with breasts will desire to nurse” (Ferri, 2020)
- “Do not assume that a person with breasts will know that inducing lactation is an option” (Ferri, 2020)

# An inclusive and affirming approach

- Regardless of a family's prior experience, families with 2SLGBTQIA+ members should be provided appropriate information about human milk feeding.
- **Ask:** respectfully about thoughts and feelings about lactation  
*Example:* “What are your thoughts about feeding your child when is born?”
- **Respect:** If someone shares their terminology towards lactation use and respect it. Also include it on notes and documents.  
*Example 1:* “Would you like us to talk more about chestfeeding?”  
*Example 2:* “In case you would like to know more about nursing, I am happy to talk more about the different options available to you.”

# Trauma-informed care approach

- Recognizes the prevalence of **trauma history** and the diverse effects of trauma that 2SLGBTQIA+ people may experience. (Tam et al., 2022; Substance Abuse and Mental Health Services Administration, 2014)
- Working from a **strengths-based perspective** to recognize people's resilience and that people are coping the best way they can. (Tam et al., 2024 in press)
- Aims at **addressing barriers** to care and the potential for re-traumatization in service provision. (Tam et al., 2024 in press)

# Some Examples of 2SLGBTQIA+ Specific Traumas

- Physical, verbal and/or sexual violence that is rooted in homophobia, biphobia and/or transphobia
- Disproportionate murder of trans people in general, and trans women of colour in particular
- Rejection from family of origin, which may result in homelessness
- Being rejected from one's community (e.g., church)
- Conversion therapy (i.e., psychological or spiritual intervention to change someone's sexual orientation or gender identity)

# Trauma-informed care approach

## Practice level

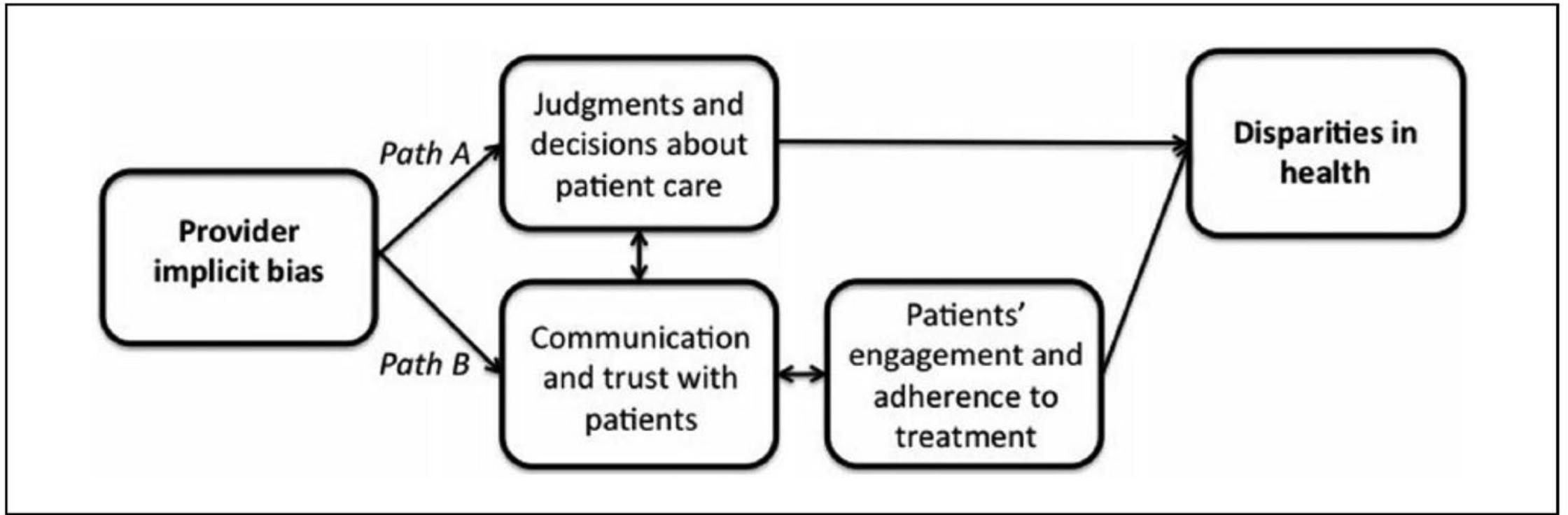
- Sharing pronouns
- Recognizing that individuals may be afraid to disclose their SOGI
- Not making assumptions about how clients/patients identify based on their partner(s), or who is the birthing parent
- Language shift away from a deficit perspective and instead, towards a trauma-informed, strengths-based, and non-stigmatizing perspective

Example: I know you mentioned that in your last appointment with the obstetrician you didn't feel heard, and I want to make sure you don't experience that in our interactions. Would you feel comfortable sharing with me what might have been a better approach?

# Trauma-informed care approach

## Personal level

- Understanding implicit bias
  - Bias / Explicit bias / Implicit bias
  - We all have implicit bias
  - The more we learn, the more we can be more aware of our implicit bias
- Reflecting on one's own assumptions
- Examining stereotypical beliefs about SOGI



**Figure 1.** Model of paths through which provider implicit bias may contribute to health disparities.

Zestcott, Blair and Stone (2016)

# Personal reflection activity

- Before this webinar, when I learned about 2SLGBTQIA+ Individuals, were they portrayed in a positive light or negative light?
- What is something new that I have learned today about perinatal care for 2SLGBTQIA+ Individuals?
- What are some of my internalized beliefs that I still need to unpack about 2SLGBTQIA+ Individuals and their pregnancy journey?

# Acknowledgements

---



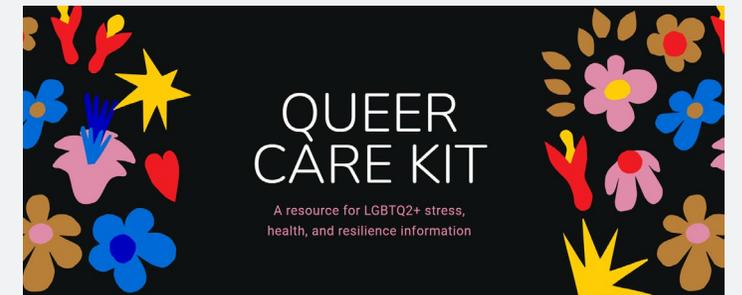
Book chapter in press –  
2SLGBTQIA+ Individuals  
and Perinatal Mental Health  
Disorders. Michelle W. Tam,  
Jennifer M. Goldberg, Zafiro  
Andrade-Romo, Lori E. Ross

PHAC-funded project to  
develop workshops for  
service providers across  
Ontario about providing  
trauma-informed care to  
2SLGBTQIA+ people.

# Supportive resources

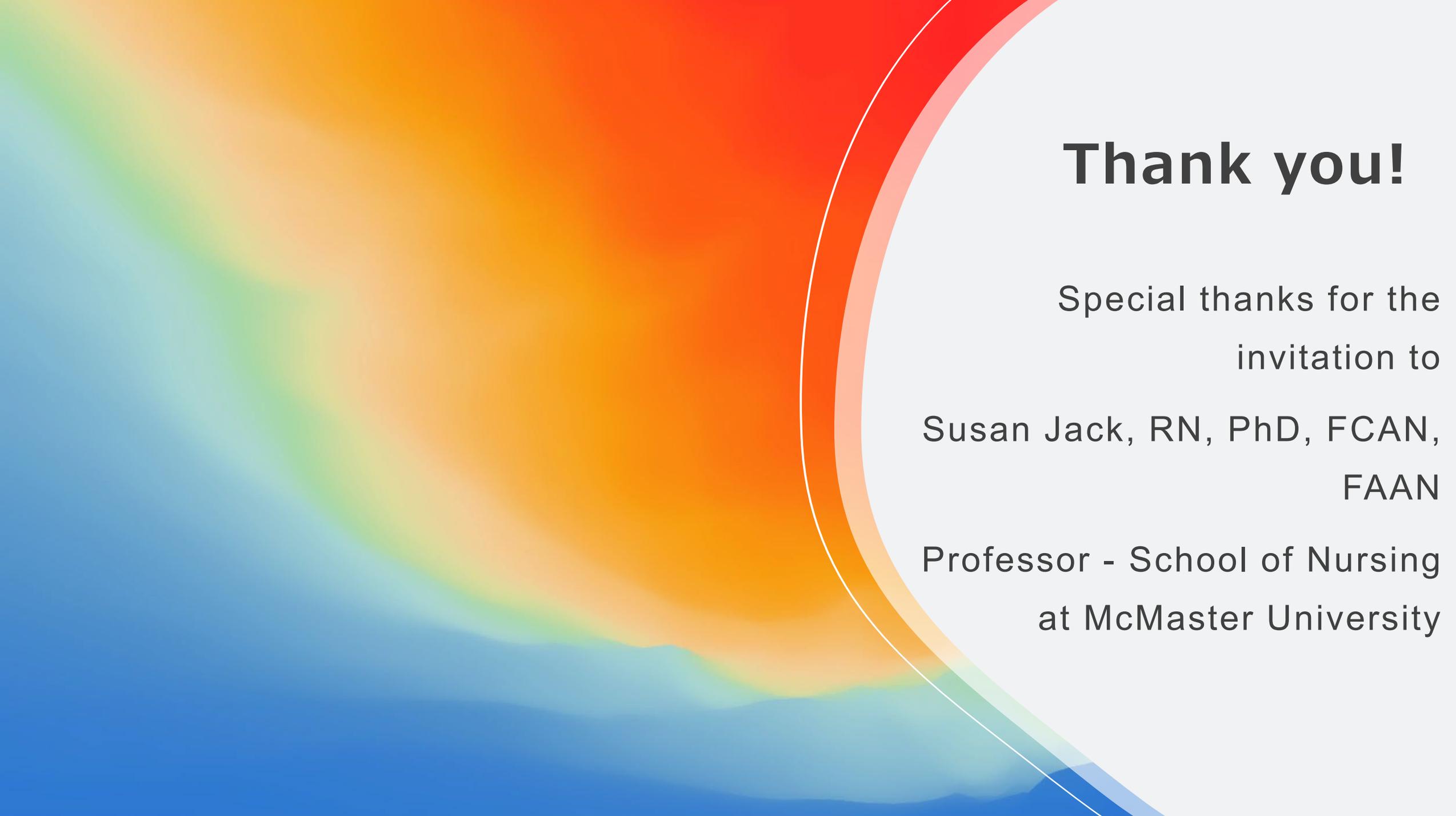


- [https://www.pcmch.on.ca/wp-content/uploads/PCMCH-Tip-Sheet\\_Providing-Inclusive-Affirming-and-Safer-Perinatal-Care\\_Mar2023.pdf](https://www.pcmch.on.ca/wp-content/uploads/PCMCH-Tip-Sheet_Providing-Inclusive-Affirming-and-Safer-Perinatal-Care_Mar2023.pdf)
- <https://nursejournal.org/articles/nursing-care-lgbtq-patients/>
- <https://www.queercarekit.com/>
- <https://buildingcompetence.ca/resources.php>
- <https://www.the519.org/resources/>



# Supportive resources

- Ferri, R. L., Rosen-Carole, C. B., Jackson, J., Carreno-Rijo, E., Greenberg, K. B., & Academy of Breastfeeding Medicine (2020). ABM Clinical Protocol #33: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients. *Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine*, 15(5), 284–293. <https://pubmed.ncbi.nlm.nih.gov/32330392/>
- Griggs, K. M., Waddill, C. B., Bice, A., & Ward, N. (2021). Care During Pregnancy, Childbirth, Postpartum, and Human Milk Feeding for Individuals Who Identify as LGBTQ+. *MCN: The American Journal of Maternal/Child Nursing*, 46(1), 43-53. doi:10.1097/nmc.0000000000000675
- Health Care for Transgender and Gender Diverse Individuals: ACOG Committee Opinion, Number 823. (2021). *Obstetrics and gynecology*, 137(3), e75–e88. <https://pubmed.ncbi.nlm.nih.gov/33595253/>
- Moxley, R. (2023). Affirming pregnancy care for transgender and gender-diverse patients. *Canadian Family Physician*, 69(6), 407-408. doi:10.46747/cfp.6906407
- Obedin-Maliver J, Makadon HJ. Transgender men and pregnancy. *Obstetric Medicine*. 2016;9(1):4-8. doi:10.1177/1753495X15612658
- Hunt, S. (2016). An introduction to the Health of Two-Spirit People: Historical, contemporary and emergent issues. Prince George, BC: National Collaborating Centre for Aboriginal Health.



# Thank you!

Special thanks for the  
invitation to

Susan Jack, RN, PhD, FCAN,  
FAAN

Professor - School of Nursing  
at McMaster University

# Questions

We will now answer  
questions placed in the chat



# References

- Dierckx, M., Motmans, J., Mortelmans, D., & T'sjoen, G. (2016). Families in transition: A literature review. *International Review of Psychiatry*, 28(1), 36-43. <https://doi.org/10.3109/09540261.2015.1102716>
- Ferri, R. L., Rosen-Carole, C. B., Jackson, J., Carreno-Rijo, E., Greenberg, K. B., & Academy of Breastfeeding Medicine (2020). ABM Clinical Protocol #33: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients. *Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine*, 15(5), 284–293. <https://doi-org.myaccess.library.utoronto.ca/10.1089/bfm.2020.29152.rlf>
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force. <https://bit.ly/3w3r5YI>
- Harris, E., & Hopping-Winn, A. (2019). LGBTQ family building survey. Retrieved from: [https://www.familyequality.org/wp-content/uploads/2019/02/LGBTQ-Family-Building-Study\\_Jan2019-1.pdf](https://www.familyequality.org/wp-content/uploads/2019/02/LGBTQ-Family-Building-Study_Jan2019-1.pdf)
- Pyne, J., Bauer, G., & Bradley, K. (2015). Transphobia and other stressors impacting trans parents. *Journal of GLBT Family Studies*, 11(2), 107-126. <https://doi.org/10.1080/1550428X.2014.941127>
- Ross, L. (2022). Understanding the context of disability for sexual and gender minority (2SLGBTQ+) people [PowerPoint slides]. [www.buildingcompetence.ca](http://www.buildingcompetence.ca)

# References

- Statistics Canada. (2022, Dec 01). Canada at a Glance, 2022 LGBTQ2+ people. <https://www150.statcan.gc.ca/n1/pub/12-581-x/2022001/sec6-eng.htm>
- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Retrieved from: [https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)
- Tam, M. W., Pilling, M. D., MacKay, J. M., Gos, W. G., Keating, L., & Ross, L. E. (2022). Development and implementation of a 2SLGBTQ+ competent trauma-informed care intervention. *Journal of Gay & Lesbian Mental Health*, 1-25. <https://doi.org/10.1080/19359705.2022.2141936>
- Tam, M., Goldberg, J., Andrade-Romo Z., Ross, L. (2024 in press) 2SLGBTQ+ Individuals and Perinatal Mental Health Disorders.
- Salway, T., Gesink, D., Ferlatte, O., Brennan, D., Rhodes, A., Marchand, R., Trussler, T. (2016) Concealment of Sexual Minority Identities in Interviewer-Administered Government Surveys and Its Impact on Estimates of Suicide Ideation Among Bisexual and Gay Men, *Journal of Bisexuality*, 16:4, 427-453, DOI: [10.1080/15299716.2016.1225622](https://doi.org/10.1080/15299716.2016.1225622)
- Zestcott, C. A., Blair, I. V., & Stone, J. (2016). Examining the Presence, Consequences, and Reduction of Implicit Bias in Health Care: A Narrative Review. *Group processes & intergroup relations: GPIR*, 19(4), 528–542. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4990077/>

# Images references

- Slides 1 and 34. Rainbow image comes from Microsoft Powerpoint, and it is an image with no attribution required.
- Slide 3. Turtle image comes from Microsoft Powerpoint, and it is an image with no attribution required.
- Slide 4. Presenters' personal images. No attribution required.
- Slide 6. LGBTQ+ flag. No attribution required.
- Slide 7. TopVectors (2019). Mother Raccoon and her Kid. [Image]. iStock.  
<https://www.istockphoto.com/vector/mother-raccoon-and-her-kid-loving-parent-animal-and-adorable-child-humanized-gm1175187363-327140883?clarity=false> – the author has a standard license for the use of this image.
- Slide 11. Bridge image comes from Microsoft Powerpoint, and it is an image with no attribution required.
- Slide 13. Trans flag. No attribution required.
- Slide 14. Gender sign image comes from Microsoft Powerpoint, and it is an image with no attribution required.

# Images references

- Slides 19 and 20. Unicorn image comes from Microsoft Powerpoint, and it is an image with no attribution required.
- Slides 21 and 22. TopVectors (2019). Father Fox and his Kid. [Image]. iStock.  
<https://www.istockphoto.com/vector/father-fox-and-his-kid-cute-baby-sitting-on-fathers-shoulders-loving-parent-animal-gm1175187130-327140670?clarity=false> – the author has a standard license for the use of this image.
- Slide 29. Figure 1. Model of paths through which provider implicit bias may contribute to health disparities. Reprinted from “Examining the Presence, Consequences, and Reduction of Implicit Bias in Health Care: A Narrative Review.” by Zestcott, C. A., Blair, I. V., & Stone, J., 2016, Group processes & intergroup relations: GPIR, 19(4), p.532. Copyright 2016 by Group processes & intergroup relations: GPIR.
- Slides 31 and 32. Building competence + capacity 2SLGBTQ+ competent trauma-informed care (2019) Building competence + capacity 2SLGBTQ+ competent trauma-informed care logo. [image]. <https://buildingcompetence.ca/>
- Slide 32. The 519 (n.a.) The 519 logo. [image]. <https://www.the519.org/>
- Slide 32. Ghabrial, M., and Marcus, N. (n.a.) Queer care Kit logo. [image] <https://www.queercarekit.com/>
- Slide 35. Question mark image comes from Microsoft Powerpoint, and it is an image with no attribution required.