

# Community Discussion: Talking About Queer Birth



## Summary

LGBTQ+ peoples' experiences of birth and reproductive care are continually under-represented in the "birthing world" of midwifery services, NHS referrals, doulas and labour wards. This can be intimidating and actively harmful to LGBTQ+ families and individuals, who face barriers ranging from homophobia and transphobia to inadequate service provision. This event sought to connect community members to peer support, solidarity, and information on the services that were available and accessible to them through panel presentation and group discussion.

## Background & Panelists



As part of the Glasgow LGBT Community Project we host quarterly community discussions on issues relevant to our community. The Project aims to reduce social isolation and improve the wellbeing of community members. Community Discussions play an important role in raising the issues our community cares about and helping us to identify gaps services.

The discussion was held on Wednesday 28<sup>th</sup> July 2021, from 7:30 to 9 PM. The event was made open to anyone at any stage of a queer birth journey, including allies and birth workers.

The format of the discussion aimed to provide a safe and non-judgemental space for information sharing and discussion.

Initially, our panel gave short presentations about themselves, their experiences, and the services they provided. Questions were invited via the chat or out loud following each speaker. Following presentations for the panel, the group was given the option to enter one of 3 break-out rooms, or to remain in the quiet space of the main room. The break out rooms were:

- Preparing  
(Thinking about or planning a queer family, whether for the first time or in consideration of a new addition to a family)
- Expecting  
(For those currently pregnant, expecting via surrogacy, or going through IVF treatments)
- Reflecting  
(Thinking back on previous experiences of queer birth, however long in the past they may have been)

Each break out room was facilitated by a member of the organising team. Our panel (including the organising team) was made up of:

- Jules Stapleton-Barnes (Edinburgh LGBT Community Project/Rainbow Families)
- Benn Benjamin (Glasgow Mental Wellbeing/Rainbow Families)
- Ciara Maguire ([Outside the Box – Queer Families](#))
- Emma Simpson (Glasgow LGBT Community Project/[Amma Birth Companions](#))
- AJ Silver ([The Queer Birth Club](#))
- Connor (Community Member)
- Anonymous Community Member

## Panel Presentations

### Jules (she/her) & Benn (he/him)

- [Rainbow Families](#) is a programme ran by LGBT Health and Wellbeing in both Edinburgh (Jules) and Glasgow (Benn). The programme provides events and information for LGBTQI parents. Events are an opportunity to meet other parents and socialise in a family friendly setting, and for children to meet other kids in queer families.
- Prior to the pandemic, events would include trips out to spaces like [the Baltic Street Adventure Playground](#) in Glasgow.

## Ciara (she/her)

- Outside the Box supports communities across Scotland in lots of ways. One of these is the Queer Families programme in Glasgow, set up in 2018 because LGBTQ families wanted more alternatives to typical “mum and toddler” groups.
- Queer Families meets once a month for informal group hang-outs with craft activities and visits from local LGBTQ artists.
- Outside the Box have also produced [this](#) resource for LGBTQ families, and [this](#) one for services working with them.

## Emma (they/them)

- This event came about because we wanted more spaces to talk about queer birth and our lived experiences.
- One of the ways people can access meaningful, transformative support during their queer birth journey is through doulas or birth companions.
- Amma Birth Companions specifically provides trained birth companions (doulas) to birthing people going through birth in challenging circumstances. Amma works predominantly with people who have survived trafficking or sexual violence, or people recently arrived in Glasgow without access to support networks or an understanding of the care system. This includes any LGBTQI birthing people.
- People can self-refer or make a referral on behalf of someone else (with their permission) by going to <https://www.ammabirthcompanions.com/make-a-referral>.
- Birth companions support people shortly before and during their pregnancy, and postnatal companions support people for approximately 12 weeks following birth.

## AJ (they/them)

- AJ is a birth and postnatal doula, as well as a chest-feeding counsellor and a baby-wearing consultant. They are soon to be a published author, writing on the topic of queer birth.
- AJ started teaching birth workers about queer experiences because no one else was doing it.
- *“Incredible to think of all the training that these folks go through and there is no mandatory LGBT training.”*
- AJ has personal experience as a non-binary birth parent to 2 children.
- *“There are some real diamonds in there, there are other LGBT parents that work inside these institutions.”*

## Connor (he/him)

- Connor is a trans gestational parent. He describes himself as knowing he was trans before he was pregnant, but from an outside perspective presented as being in a cisgender, heterosexual relationship and therefore “snuck” through services.
- Connor access 2 rounds of IVF, 1 through the NHS in the UK and 1 privately in Norway. There were times he didn't get what he needed.

- *“I didn’t want people to look at me, didn’t want to make a fuss.”* – speaking about the barriers to disclosing information about gender identity through the pregnancy and birth process.
- *“If you can advocate for yourself that’s great, if you need someone else to help you, don’t feel bad about asking for what you need, I don’t think you’ll ever regret doing that”* – speaking about how he didn’t feel able to advocate for himself and wish he had had some support to have his needs and voice heard.

## Anonymous

- Anon is a non-binary gestational parent.
- They were open about being non-binary with doctors and other medical staff throughout.
- The antenatal period was difficult, due to attitudes and behaviour from staff. The nurse filled out their paperwork wrong because she “could not wrap her head around it”, including adding IVF to the form despite the couple not going through IVF.
- Anon made staff add to their notes that they are not a female parent and they didn’t want any “mother” or “mum” language used in reference to themselves. This is possible and they would recommend it: your paperwork is for you as well as for your doctor, and getting things written on the front (even if it doesn’t fit in an existing box) is a way to try and ensure you’re seen as who you are.
- *“For me, I really didn’t want to give birth, I wanted a C-Section and it’s totally doable. It’s doable to go through the whole birthing experience without any medical professional having to put their hands on your vagina.”* – speaking about self-advocacy and the potential for having the birth journey that you want.
- The day of delivery itself was amazing and exceeded their expectations. Staff recognised their pronouns, asked after pronouns for the babies, and didn’t make it awkward. The consultant arranged a private room on the antenatal ward to help create a safe and respectful environment.
- *“It sounds strange to say of such a momentous occasion, but it was just such a lovely day [...] no one said anything weird or asked any intrusive questions.”*
- Emma and Jules both reflected on these experiences:
  - *“It is important for people to know that you can have those things and that it can be a good experience and you can have the basics of not being misgendered during such an important experience.”* (Emma)
  - *“Even if you feel you’re not at a stage where you can advocate for yourself, there is a whole community out there that can help you do that...reach out, ask for help if you need it because you are worth it and how you are feeling is valid.”* (Jules)

## Questions and Answers

After the panellists provided their input members of the group were invited to ask questions and make comments on what they had heard.

Are there any recent or coming changes in the queer birth world that you are excited about?

- AJ: The call for nationalisation of guidelines for sperm donation and same-sex families.

- AJ: Changes happening within the Brighton Sussex University Hospital Trust, where staff are being provided with documents on language for appropriately supporting trans and non-binary people, and where the Trust is updating across the board. You can read about this here: <https://www.bsuh.nhs.uk/maternity/our-services/specialist-support/gender-inclusion/>
- AJ: If you want to see change like this happen where you live, you can share your experiences with your local [Maternity Voices Partnership](#) (England) or [Maternity Services Liaison Committees](#) (Scotland, Wales and N. Ireland). It's important for providers to be given this feedback and for queer folk to feel like they can ask questions. You can email the Chair or Vice-Chair of these groups directly.
  - Emma: Birth companions/doulas can act as an extra layer of support and advocacy in creating the birth experience you want.

Can the non-gestational parent chest feed as well as the gestational parent? Will it negatively impact the gestational parent?

- AJ: If you have already lactated (chest-fed previously), that's a positive thing. Milk production works on supply and demand and as lactation settles into an established rhythm, there's no reason you cannot co-nurse. Some health workers may say it is not possible, but it is.
- "Un-queer" the question. There are limited resources specifically titled or made with queer people in mind, but that doesn't mean the information you need isn't out there. For example, you could search for re-lactation or adoptive mother induced lactation for this question (rather than something like same sex partner co-nursing).

I am interested in hearing from AJ/ others on chestfeeding and top surgery for AFAB people!

- AJ: Nipple relocation is the most important thing! Again, "unqueer" the question and instead look for information on cisgender folks who have been through something like breast reduction.
- AJ: I would recommend '[Where's the Mother? Stories from a Transgender Dad](#)' by Trevor McDonald for reading on the topic of transmasculine parenting and birth.
- Emma: Chest-feeding after top surgery is definitely possible! Chest-feeding is variable for everyone anyway, and the volume of milk produced can never be guaranteed, but it's something that can happen for you.

Is there a word for a person who helps you through the necessary antenatal appointments (like comes along for support etc)? Is this something a doula can do? Can doulas in UK attend births in hospitals/not home births?

- Emma: Doulas in the UK can attend antenatal appointments! You can bring them to appointments before, during and after birth. If you're accessing a doula privately, you'll negotiate with them individually and come to an agreement about which things they'll

come to and how long their support will be. At an organisation like Amma, we typically work with people from around 36 weeks pregnant through to 12 weeks after birth (sometimes longer).

Doulas are also still permitted to come with you to birth during COVID restrictions (they just can't leave the delivery room/hospital, as they won't be allowed back in).

- AJ: If there is push-back for having more than one person (e.g. a partner **and** a doula), [AIMS](#) and But Not Maternity (run by [Pregnant Then Screwed](#)) have [templates for letters](#) and advice you can use to assert your rights. Be aware that the information on AIMS' website is not trans-inclusive.

Does AJ have any queer doula contacts in Scotland?

- AJ: Jen Muir at [Badass Birth](#) and [Red Tent Doulas](#).

## Break-Out Room Discussions: Key Themes

### Planning

- People experience being in the middle of a clinic journey, but still feeling left in the dark. They don't have enough information about what will happen next, and what the pathways and their options are.
- Transmasculine people are looking to know more about available peer support and what being a trans birth parent is like within the NHS (how will I be treated?). They were also wanting to find out more about the legal side of things (their rights) and chest-feeding.

### Expecting

- It can difficult to assert your identity as queer in birth spaces, particularly if your relationship is assumed by outsiders to be straight/between two cisgender people.
- Multiple people in the space described discriminatory treatment from nurses and doctors during their first or current pregnancy, including disregard for their identity or putting someone on the spot about explaining the entirety of non-binary genders to them.
- It's really beneficial to be able to connect to other LGBTQ parents and see other people moving through a journey like yours.

### Reflecting

- This group discussed the impact of queerness on a birth journey, including when queerness and fatness, the intersection of barriers, and the assumptions and discrimination that occurs.
- Birth carries a vast mix of different emotions – often very difficult feeling as well as pride and love.
- Experiences of transphobia post-birth.
- Positive experiences with care professionals getting language and pronouns right – affirming identity.

## How to Get in Touch

### LGBT Health and Wellbeing:

 [emma@lgbthealth.org.uk](mailto:emma@lgbthealth.org.uk) (Glasgow)  
[jules@lgbthealth.org.uk](mailto:jules@lgbthealth.org.uk) (Edinburgh)

 0131 564 3970

### Outside the Box - Queer Families:

 [ciara@otbds.org](mailto:ciara@otbds.org)

### The Queer Birth Club:

 [hello@thequeerbirthclub.co.uk](mailto:hello@thequeerbirthclub.co.uk)