

# Pregnant women who are lesbians want to be treated like any other expectant mother

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Midwives often struggle to meet the needs of pregnant women who are lesbians, with patients reporting that the focus is often on their sexuality rather than the fact that they are expecting a baby, according to research in the November issue of the *Journal of Advanced Nursing*.

The findings have led Swedish researchers from Linkopings University and Uppsala University Hospital to call for special training for midwives, more neutral healthcare routines and forms and special education groups for pregnant women who are lesbians and their partners.

"Ten lesbian women aged from 30 to 46 were interviewed" says lead author Dr Gerd Rondahl, a Senior Clinical Lecturer at the University.

"All were open about their sexuality with healthcare staff, all had experience of antenatal care, childbirth or postnatal care in Sweden and eight of them were in a relationship with another woman at the time of the study.

"Our study showed that none of the women were offered any childbirth and parenting education and some assumed that this was because the [midwife](#) did not know how to handle two mothers rather than the mother and father unit normally seen in traditional parenting groups.

"Some reported positive experiences but others felt vulnerable and defenceless because of the way that healthcare staff reacted to them. However, the majority felt that healthcare staff focused more on their sexuality than their needs as pregnant women and prospective [parents](#)."

Other key findings from the study included:

- Some women chose clinics that they knew were experienced in dealing with pregnant women who are lesbians. As one mother-to-be stated: "I'm just the same as any other pregnant woman... we don't want to be different."
- Most of the women reported that their first meeting with their midwife was positive. Even if midwives were surprised, they were kind and friendly towards the prospective parents.
- Those who had a negative experience felt it was down to personality not sexuality. However, one mother was so upset at the initial reaction she received - perceived as disbelief and disgust - that she moved to another clinic.
- Interviewees stressed the importance of including the 'second mother' and any other children in a conscious and natural way, as this conveyed an acceptance and tolerance of same-sex parents. One woman who gave birth was touched by the fact that staff "put up a little sign and just wrote mother X and mother Y".
- Some staff failed to modify their comments when dealing with same-sex couples. One woman found a delivery ward visit upsetting as the midwife "emphasised the whole time 'here is where the father can go and get coffee' and 'the father can sit here' even though we were two woman couples and two woman-man couples." It made her wonder, "would we be respected when we got there?".
- All the women saw the forms the midwife had to fill in as a source of embarrassment for both parties. Some were offended

by the standard forms and saw them as conservative and stereotyped. They felt there were easy solutions. "It wouldn't take that much to make us feel visible - print up a few forms" said one mother. "Little things like that make all the difference."

- Some of the women felt that they had to educate their midwife and other staff about lesbian relationships and parenting. As one woman said, it was important for staff to acquire the knowledge, but not through the patients. "I can come and talk about it later, but not when I'm there to have a baby. I'll come and talk about it as a lesbian or a parent, but not when I'm a patient."
- Participants were also keen to have special parenting education groups for lesbians, citing the importance of sharing experiences with like-minded individuals. "Then maybe we'll have something to talk about" said one woman. "Otherwise we maybe just sit there and feel like a monkey that everyone is staring at."

"Since 2005 Swedish law has enabled lesbian women to undergo artificial insemination within the public health system and, like all other mothers-to-be, receive free maternity care" says Dr Rondahl, who is also a qualified nurse.

"But what this study demonstrates is that, although they are equal in the eyes of the law, [pregnant women](#) who are lesbians are not receiving the same care as other mothers-to-be. Our research underlines how important it is for midwives and healthcare professionals to be aware that not all parents are heterosexual and that it is vital to focus on the patient's needs not their sexuality.

"We would also like to see more sensitive routines and forms that take account of the fact that the other parent is not always male and special education groups where lesbian couples can focus on parenting in an

atmosphere where their sexuality is not an issue.

"The greatest wish expressed by the women who took part in this study was to be treated as any pregnant woman and family would be. When they were, it increased their positive experiences of pregnancy and parenthood."

More information: Heteronormative communication with lesbian families in antenatal care, childbirth and postnatal care. Rondahl et al. *Journal of Advanced Nursing*. 65.11, 2337-2344. (November 2009). [doi:10.1111/j.1365-2648.2009.05092.x](https://doi.org/10.1111/j.1365-2648.2009.05092.x)

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