

Polyamorous families face stigma during pregnancy and birth

October 15 2019



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Polyamorous families experience marginalization during pregnancy and birth, but with open, nonjudgmental attitudes from health care providers and changes to hospital policies, this can be reduced, found new research in *CMAJ* (*Canadian Medical Association Journal*).

An estimated 1 in 5 single Americans have engaged in consensual polyamory, or consensual nonmonogamy, and interest in these types of relationships seems to be increasing. People who identify as gay, lesbian or bisexual are more likely to be in consensual nonmonogamous relationships.

Few studies exist on the experiences of polyamorous families in [health care](#), and it appears there are none on experiences during pregnancy and birth.

"[G]iven the high proportion of polyamorous individuals who are of child-bearing age and the substantial potential for stigma, it is important to investigate polyamorous individuals' experiences with reproductive care providers to better inform practice," writes Dr. Elizabeth Darling, a study author and assistant dean, midwifery, and an associate professor, Department of Obstetrics & Gynecology, McMaster University, Hamilton, Ontario, with coauthors.

Several themes emerged in this qualitative study of 24 participants, including 11 women who gave birth within the last 5 years and 13 partners.

Key points:

- Participants deliberately planned families, choosing [health care providers](#) who they thought would be less discriminatory because of [relationship](#) status.
- More partners means more support, although some partners were not able to fully share this support because of discomfort in disclosing polyamorous relationships.
- People in polyamorous relationships often chose to disclose their status when it was medically relevant, and they received both positive and negative reactions from [health](#) care providers.

- Navigating the health system presented challenges, including administrative barriers, in which forms did not have enough space for additional partners, or newborn identification bracelets that could be issued for only two parents

To improve health care experiences for polyamorous families, the study participants suggested health care providers should acknowledge the partners' presence and roles, be open and nonjudgmental, adapt administrative forms and procedures, and advocate for patients and their families.

"Our findings align with recent reports that individuals engaging in consensual nonmonogamy face stigma with respect to accessing health care," write the authors. "Our results also suggest that polyamorous individuals face concerns similar to those of other gender and [sexual minorities](#) regarding administrative barriers and challenges with disclosure to health care providers."

The authors state that substantial work needs to be done to remove marginalization experienced by these families in the health care system.

"[R]educing providers' implicit biases toward sexual minority groups, and patients in consensually nonmonogamous relationships in particular, is vital to addressing health disparities," writes Dr. Sharon Flicker, Department of Psychology, California State University, Sacramento, California, in a [related commentary](#).

"Health care providers have an opportunity to mitigate this stress by providing inclusive environments and sensitive health care."

More information: *Canadian Medical Association Journal* (2019). www.cmaj.ca/lookup/doi/10.1503/cmaj.190224

Provided by Canadian Medical Association Journal

Citation: Polyamorous families face stigma during pregnancy and birth (2019, October 15)
retrieved 7 May 2024 from

<https://medicalxpress.com/news/2019-10-polyamorous-families-stigma-pregnancy-birth.html>

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