

Having to defend one's sexuality increases fear of childbirth

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Minority stress adds an additional layer to fear of childbirth. Credit: Linköping University

In order to help people with fear of childbirth, there must be trust

between the patient and the healthcare staff. But for many lesbian and bisexual women and transgender people, this trust never develops. These are the results of a study in the journal *Midwifery* from researchers at Linköping University.

Fear of childbirth (FOC) in heterosexual people is a well-researched field, but we know little about how [lesbian](#) and bisexual women and transsexual people experience pregnancy, childbirth and reproductive healthcare. Anna Malmquist and Katri Nieminen, researchers at Linköping University, have investigated the topic in depth. The study has been published in the journal *Midwifery*.

"This study shows that fear of childbirth is the same, regardless of sexuality. The difference is that in addition to this fear, lesbian and bisexual women and transsexual people are afraid of being questioned or offended because of their identity. That is, their fear has an added dimension," says Anna Malmquist.

The study includes interviews with 17 people who identify as either lesbian, bisexual or transgender. Many of the interviewees state that they have numerous positive experiences of maternal care and obstetrics, but also negative experiences. The additional layer of fear and stress felt by this group in its encounter with [health care](#) is called minority stress. This is the stress experienced by people who challenge norms when they must repeatedly explain their relationship or are forced to deal with comments, misunderstanding or incomprehension.

The study's conclusion is that lesbian and bisexual women and transsexual people with FOC are particularly vulnerable in healthcare. In order to help people with FOC, there must be trust between the [healthcare](#) staff and the patient. If instead the staff stress the patient more, for instance by assuming the patient is heterosexual, this trust will never develop to a level where the FOC can be addressed.

Anna Malmquist explains that improving the situation for lesbian and bisexual women and transsexual people with FOC requires training. Healthcare staff must be familiar with the various groups they can encounter at work, keep in mind that not everyone is heterosexual, and understand what minority stress is.

"It's not enough that [healthcare staff](#) feel they are 'open-minded' in their interaction with this group. They need knowledge. These patients are already having a lot of difficulty with their [fear](#) of childbirth. They shouldn't have to train their midwife as well," says Anna Malmquist.

Looking forward, Anna Malmquist and Katri Nieminen will study whether FOC is more common in lesbian and [bisexual women](#) and transsexual people than in heterosexual people.

More information: Anna Malmquist et al, Minority stress adds an additional layer to fear of childbirth in lesbian and bisexual women, and transgender people, *Midwifery* (2019). [DOI: 10.1016/j.midw.2019.102551](#)

Provided by Linköping University

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