Meeting the needs of lesbian mothers

Lesbian mothers often face discrimination in maternity care. Sarah Fisher, NCT researcher on diversity, introduces a new study day that can help specialist workers support lesbian mothers more effectively, and offers some practical guidance.

Increasing numbers of lesbian women are choosing to become mothers. Despite this, it is common for lesbian mothers-to-be to experience insensitive care, discrimination and heterosexist assumptions throughout their maternity care, including antenatal courses. Lesbian co-parents (non-birth mothers) are particularly likely to be excluded by health professionals and to have their role and needs as a parent ignored. As part of NCT’s commitment to equality and diversity, a new study day has been developed by Cathy Welch, an NCT antenatal teacher, and Fiona Barlow, a postnatal leader and tutor. Over the last year Standing out from the crowd: working with lesbian parents has successfully run in London, Brighton and Manchester. NCT specialist workers from all three specialisms have had the opportunity to explore good practice in working with lesbian mothers, including ways of meeting the challenges of running mixed group sessions with both heterosexual and lesbian parents.

Diversity of parenting situations

Among lesbian mothers, there is great diversity of situations and family structures. While some become parents by using adoption or surrogacy, many lesbians get pregnant through a licensed clinic, using either an unknown or known sperm donor (such as a close male friend), or through self-insemination. With artificial insemination, lesbians may also use an egg donor; lesbian couples are increasingly choosing to biologically co-parent, using the eggs of one and the womb of another. Although less usual, some lesbians become pregnant through sexual intercourse with a man.

As Cathy Welch explains, ‘Before becoming parents, there’s often a lot of thinking and planning that lesbians may go through, besides how to become pregnant. Other issues include who will be the birth mother (which may differ for subsequent pregnancies), and decisions about the sharing of parenting roles.’ Many lesbian mothers will desire equal parenting-roles once the baby has been born, but parenting models and choices vary greatly. While the birth of a child brings changes and can have negative impacts on all parents’ relationships, it is common amongst lesbian parents, particularly non-birth mothers, to experience some feelings of maternal jealousy or exclusion. This is often associated with inter-related issues of unequal biological ties (which woman became the birth mother, and whether both mothers were happy with this decision), and subsequent parenting roles, including breastfeeding and the implications for bonding and attachment.

Other individuals, such as a biological father, may be involved with bringing up the child, and may also attend antenatal classes, perhaps even with a partner of his own. Due to the desire to avoid having to explain personal and sometimes complex family situations to numerous health professionals, and sometimes also due to fear of discrimination, some lesbian mothers decide not to ‘come out’ to health professionals.

Lesbian mothers who do reveal their sexuality may particularly value the opportunity for continuity of carer. They may also be more likely to choose a home birth to allow for more privacy and freedom to suit their needs, such as those relating to the involvement of the co-parent. As Welch explains, ‘While you’re unlikely to know, and shouldn’t feel that you need to know, all of these specifics about each lesbian mother you work with, being sensitive to differing circumstances helps you to avoid making assumptions and to better understand lesbian mothers’ needs and experiences.’

Language and assumptions

An important way of demonstrating acceptance is through using inclusive language that doesn’t assume heterosexuality. Welch says: ‘Both parents are women and of course mothers, but sometimes terms such as ‘birth-mother’, ‘co-parent’ and ‘labouring woman’ can be useful when it is necessary to make a distinction. ‘Partners’ or ‘birth-partners’ can of course also be substituted for ‘dads/fathers’ during group activities when you need to distinguish between pregnant women and partners. Overall, for addressing individuals, it’s good to ask the parents how they would like to be referred to, as well as anyone else who may attend with them, whatever their relationship may be.’

Giving your materials an overhaul to ensure they are lesbian-friendly, for example using gender-neutral terms, or multiple ‘mum’ cards for activities, is always a good idea. Include pictures of same-sex couples and leaflets about lesbian parenting groups to help lesbian parents feel more welcome and less ‘different’. Inclusive language and materials are important even if you do not know that a lesbian parent will be accessing your services. Whether you work with parents in a group or one-to-one situation, and whether antenatally or
postnata tally, you may be working with a lesbian mother without knowing it. Remember also not to make assumptions about family relationships. Family members may have difficulty accepting a lesbian mother’s sexuality or relationship, and the birth of a child may be particularly hard to come to terms with. So doting grandparents, for example, may not be on hand to help. ‘At the same time though, it’s easy to make a quick slip of the tongue or to overlook something, so don’t be too hard on yourself if you don’t always get it right. The most important thing is to model acceptance, without making lesbian mothers feel like special cases,’ says Welch.

Planning activities

Advance planning and thinking carefully about activities and materials can make a real difference to whether the support you offer is appropriate and inclusive for everyone who attends. Welch suggests ‘thinking through everything in your course plan, considering whether something may raise particular issues and checking if any activities, resources or visuals need adapting. This is particularly important for activities related to gendered roles and family relationships, or those that involve splitting the group.’

A key point to think about is how to comfortably integrate the co-mother. While all birth-mothers in the group have shared experiences in common, it’s easy for the co-mother to be isolated, even though she herself may have been pregnant before or plans to be in the future. For some activities, such as practising massage, it’s clearly appropriate to assign the same role or tasks to female and male partners. Yet this isn’t always the case for activities or discussions that assume a gendered-role or involve distinguishing between ‘mothers’ and ‘fathers’. ‘In these situations it’s perhaps best to invite the co-parent to join whichever group they like, or even to opt out,’ says Welch. ‘The last thing you want is a lesbian parent feeling ignored, or that they’ve been plonked with the men to chat about becoming a dad!’

Even some topics or scenarios that may seem clear-cut require consideration to avoid making a wrong assumption. Breastfeeding is one of these issues. Induced lactation, in which women stimulate their breasts to produce milk, is possible whether or not a woman has been pregnant or has breastfed before. Therefore co-mothers may also plan to breastfeed. Discussions about paternity and parental leave can also raise specific issues, especially if the co-mother is not ‘out’ at work.

Promoting supportive groups

Good planning and thought can go a long way towards creating a group environment that is supportive and welcoming of all parents. If you demonstrate inclusiveness and acceptance yourself, this will encourage the group to follow your lead. When a group first meets however, some degree of awkwardness or uncertainty from participants about how to respond to a lesbian mother or couple may arise. Carefully considering the opening activity and being prepared for potential situations where a lesbian couple may feel uncomfortable or excluded can help. For example, if you’re pairing two couples but sense that a lesbian couple may be left out, manage it yourself rather than letting couples choose.

On occasions you might find that the behaviour of one or more individuals presents a problem. Often this will be due to them feeling outside of their comfort zone, which may improve with time. But if an individual’s attitude or behaviour is offensive or unacceptable, take whatever action you think appropriate to address the situation. As Welch explains: ‘Whether or not this means expressing in the group ‘out’ at work.

The need for sensitivity

If NCT services are to be welcoming and relevant to lesbian parents, specialist workers should be aware of the particular needs and issues that lesbian mothers may experience, and actively respond to these needs. At the same time, lesbian women share with all women the need for relevant information and the desire for autonomy, choice, and to be treated with sensitivity and respect. By offering support that is truly responsive to individual needs and situations, NCT services will not only be more inclusive to lesbian parents but to all parents.

References


Top tips

• A useful read for getting up-to-date on conception, rights and legal issues is Pregnant pause: A guide for lesbians on how to get pregnant, available free from: http://www.stonewall.org.uk

• Avoid asking unnecessary questions. For example, you wouldn’t ask a straight couple how a baby was conceived so why would you ask a lesbian mother?

• If you do need to ask a personal question, explain why you are asking to avoid being seen as nosy.

• Non gender-specific names such as ‘Alex’ or ‘Jo’ can be handy if you want to use lesbian-friendly scenarios.

• Have information to hand about lesbian support groups and specialist services — you can search for local lesbian parenting groups here: www.stonewall.org.uk/at_home/w hats_in_my_area/default.asp#ddl

• Don’t be afraid to use the word lesbian!