

Tips for supporting LGBTQ Families

B.J. Epstein Woodstein

As a gay woman, I'm painfully aware that health professionals sometimes don't have the knowledge or the sensitivity needed to work with me.

For example, when it was taking a while for me to get pregnant, the GP advised me, "Keep having sex regularly with your husband." She said this despite the fact that she'd seen me before and I had told her that I was married to a woman. Presumably this also would have been listed in my notes (not to mention that this advice is pretty unhelpful for anyone suffering from fertility issues). I pointed out that having regular sex with my wife, as fun as that might be, wasn't going to produce a baby. The GP didn't even have the good grace to apologise for her mistake and instead just said, "I haven't dealt with people like you before, though I did have a single lady once who wanted to get pregnant." My wife and I switched GP practices after this.

When it comes to matters of health, including breastfeeding, we owe it to our fellow human beings to try to understand as much about their lives and their needs as possible. So here I'd like to mention some of the issues we might want to consider when supporting queer* mums and trans dads; by these terms I mean gay/lesbian and bisexual women (and women in same-sex relationships who don't identify as gay/lesbian or bisexual), and men who were considered girls when they were born but who self-identify as male.

- *I'm aware that not everyone is comfortable with the term queer, but I find it inclusive and encompassing, so I like using it, but as with all terminology issues, your mileage may vary.*

As a gay mum, I am always really grateful when people simply acknowledge our situation and attempt to understand us as a family rather than either pretending our differences don't exist or else asking a lot of inappropriate and immaterial questions.

Assumptions

We should try to avoid making assumptions about people in general, of course, but there are a few things that are particularly relevant to queer families. Many heterosexual/ cisgender people assume that if two women or a trans man (or a single woman, for that matter) have a baby, the baby must have been created through IVF. In fact, IVF is only one of many ways that queer families come to be. Other methods include adoption, using a known donor (a friend or a relative), using an unknown donor and having a more "natural" insemination at a clinic (i.e. without medication), inseminating at home with frozen sperm, and having a child with a former partner. It's often not relevant to the issue of breastfeeding in any case, but sometimes people try to make conversation and it just gets awkward. We had people asking us what clinic we used, for example, though there was no reason for them to know whether we had even gone to a clinic. Similarly, it's best not to make assumptions about gender roles. Just because one person has been pregnant and given birth doesn't mean that that person is the "woman" in the relationship; the person could identify in all sorts of ways, as could their partner. My wife is not the "father" or the "man" (we're both women and mothers), and a trans man would in most cases not want to be viewed as the mother. If you're unsure, ask, but try to do so sensitively and only if it makes any difference to the topic of breastfeeding and your interactions with the person.

Pronouns and terminology

It's best not to assume what pronouns, titles, or terms people want to use. Trans men, for instance, usually would not want pronouns such as "she" and "her" employed to them and, as already noted, do not see themselves as women or mothers. Partners may want to be called wives, spouses, partners, husbands, or something else. "Breastfeeding" is itself a loaded term; trans men in particular may feel more comfortable with "chestfeeding" or "nursing", as the connotations around "breasts" are not included in those words. And some would prefer us to describe ourselves as peer supporters rather than mother supporters. Many queer people are used to confusion around terms and will tell you what they prefer; for example, a genderqueer friend of mine hands out small pieces of paper that say, "My pronouns are they/them/their, and my title is Mx." If you need to know, ask as politely as possible.

Sensitive topics

Pregnancy and nursing can bring up challenging feelings for anyone, but there are a few issues that we want to be especially aware of when it comes to queer parents. For example, trans men might have body issues, since even though they wanted to get pregnant and give birth, pregnancy and feeding a baby can remind them that they were born with female parts. Feeding can feel threatening because it is seen as a quintessentially female act. For two -mum families, the non-birth mother might feel left out or even jealous of the nursing mum-nursling dyad, even if she actually had no desire to experience pregnancy or breastfeeding herself. I lost count of the number of people who questioned me about whether our baby got confused about whether to latch on to my breasts or my wife's breasts or whether my wife was angry not to be breastfeeding. These people asked out of prurient curiosity and it was never something I actually wanted to discuss or needed support with but I know other gay women

who did want help in regard to this. We should be Brett and family their GPs, but they might also like to be told about the Drugs In Breastmilk helpline**. Sometimes the non-birth mother in a two-mum family might attempt to induce lactation, often with the help of medication and will need to be directed to appropriate information. In short, as peer supporters and counsellors, we hope to be as understanding and helpful as we can in any situation but it behoves us to keep some of these topics in mind when we work with gay, lesbian, bisexual, queer, and/or trans parents. As a gay mum, I am always really grateful when people simply acknowledge our situation and attempt to understand us as a family rather than either pretending our differences don't exist or else asking a lot of inappropriate and immaterial questions.

Medication/hormones

While most of us aren't trained to give advice on medicine, we should be aware that some trans dads in particular will be taking medication or hormones and we should know where to suggest they look for information. They will hopefully have discussed their hormone regime.

** Drugs In Breastmilk helpline: 0844 412 4665. <https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/>

B.J. Epstein Woodstein is a senior lecturer in literature at the University of East Anglia in Norwich, a peer supporter and newly qualified ABM Breastfeeding Counsellor.