



ASSOCIATION OF ONTARIO MIDWIVES

Represents Registered Midwives and Promotes the Profession of Midwifery in Ontario

Tip Sheet - Providing Care to Lesbian, Bisexual and Queer (LBQ) Women

In this tip sheet, you will find the following sections:

1. Create a Welcoming Environment
2. General Guidelines for Forms and Client/Midwife Discussions
3. Language and Confidentiality
4. Be Knowledgeable About Health Issues that Affect LBQ Women
5. Be Knowledgeable About the LGBTQ Health Care Community

1. Create a Welcoming Environment

- Welcome lesbian, bisexual or queer female clients by getting the word out about your services to community and health centres that serve WSW¹ and LGBTQ (Lesbian-, Gay-, Bisexual-, Trans-, Queer-Identified) people.
- If you or your practice has experience working with LBQ women, you may consider being part of the Rainbow Health Ontario's Provider Directory for LGBTQ-friendly program and services: www.rainbowhealthontario.ca/lgbtHealth/find.cfm or registering with your local LGBTQ-friendly service provider directory.
- Display LGBTQ-friendly markers in your clinic/office/bathrooms. Display rainbow flags, pink triangles, unisex bathroom signs, posters showing racially and ethnically diverse LGBTQ people, other LGBTQ-friendly symbols or stickers and/or display a diversity policy statement.²

¹ The term WSW refers to women who engage in sexual activity and/or relationships with other women. Many self-identify as lesbian, bisexual, queer, heterosexual or questioning or do not identify with any sexual identity at all.

² For example, see AOM's Statement on Diversity, Equity and Inclusion. Available from: URL: www.aom.on.ca/Communications/Position_Statements/DiversityStatement.aspx



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- Review and revise all policies, forms and patient literature to eliminate heterosexist bias and non-inclusive language. Heterosexism is the assumption that everyone is, or should be, heterosexual.³
- The staff members at the reception should familiarize themselves with inclusive and non-heterosexist language. They are often the first point of contact between a LBQ client and the clinic.
- Make visible and available books, pamphlets, brochures, and other information materials that deal with LGBTQ-related issues. These materials can be obtained via the Internet or at provincial and local community centres that provide service to LGBTQ people.⁴

2. General Guidelines for Forms and Client/Midwife Discussions

- The intake form sets the tone for how comfortable a client will feel about sharing her sexual history, sexual orientation, gender identity, and/or gender expression. It should use gender-neutral language such as “partner(s)” or “significant other(s).” Use “relationship status” instead of “marital status” or do not include this as part of the intake form at all.
- Allow space for the client to define whom they want involved in their care. Recognize that LBQ families, like others, can have complex configurations, including multiple parents and/or other caregivers who are not parents (for example, a known sperm donor).
- LBQ women may also define “family” beyond biological kin. The concept of “chosen family” is an important one in LBQ communities, often due to lack of support from families of origin. LBQ women may prefer to be supported by people from their “chosen” family, especially if their biological kin is unsupportive of her pregnancy, sexual, and/or gender identities or expressions.
- Avoid heterosexist assumptions. For example, you may want to ask “Have you ever used birth control?” instead of “What birth control measures have you used?”
- As with all client contacts, approach the discussions showing empathy and open-mindedness. Screen for, address and treat concerns related to domestic, sexual and/or bias-related abuse and violence. It is shown that women who are in relationships with

³ Registered Nurses' Association of Ontario. RNAO Position Statement: Respecting Sexual Orientation and Gender Identity. June 2007 [cited 2010 Jun 3]. Available from: URL: www.rnao.org/Storage/30/2486_Respecting_Sexual_Orientation_and_Gender_Identity.pdf

⁴ For instance, Sherbourne Health Centre, The 519 Community Centre, Family Service Toronto, and Rainbow Health Ontario collaborated to develop the Queer Parenting Info Brochure Series. This series of eight brochures address topics that are relevant to LGBTQ parents, prospective parents and their families. These brochures can be downloaded or purchased on the organizations' websites.



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women who experience domestic abuse are less likely than heterosexual women to seek help in the medical system and are less likely to turn to shelters.⁵

- Avoid making assumptions about the client's sexual identity or about her sexual and health behaviours based on her appearance, physical, mental, intellectual and linguistic abilities or racial, ethnic and religious backgrounds. Let the client tell you about herself and her issues.
- Ask open-ended questions to solicit information about stressors and supports. Many LBQ women withhold relevant information from their health care providers for fear of discrimination. Sensitivity towards issues facing LBQ women is especially important since a disproportionate number of LBQ women have been victims of physical, mental and/or sexual discrimination, intimidation and abuse when compared to the general population.⁶
- Remember that LBQ women, like others, often face multiple layers of intersecting identities and oppressions. For example, racism, classism and ableism can intersect with homophobia and/or biphobia to significantly affect physical, emotional and mental health.

3. Language and Confidentiality

- Listen to how your clients describe their sexual orientation, gender identity, family configurations and relationship(s). Reflect their choice of language. If you are in doubt as to how to refer to a client, ask what word, phrase or pronoun they prefer. The key is to follow the client's lead about their self-description (which builds respect and trust) while exploring how this relates to their current and potential medical needs.
- Ask questions about sexual behaviour, not sexual identity. Remember that behaviour is what is most relevant to the care you are offering.
- Displaying a confidentiality statement prominently and providing it in writing to every client will encourage LBQ women and other clients to disclose information pertinent to their health knowing that it is protected.

4. Be Knowledgeable About Health Issues that Affect LBQ Women

- Recognize that many LBQ women become pregnant through donor insemination (sometimes referred to as "alternative" or "artificial" insemination). While most do not have a history of taking fertility medication or other interventions to facilitate pregnancy,

⁵ Hudspith M, Minister's Advisory Council on Women's Health. Caring for Lesbian Health: a resource for health care providers, policy makers and planners. 1999 Sep [cited 2010 Jun 7]. 16. Available from: URL: www.health.gov.bc.ca/library/publications/year/1999/caring.pdf

⁶ Rainbow Health Ontario. LGBT Health Issues. Available from: URL: www.rainbowhealthontario.ca/lgbtHealth/lgbtHealthIssues.cfm



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some women do. Be aware of the medication they may have used and/or intervention that may have taken place prior to conception.⁷

- As with all clients, ask questions about the client's previous experiences with pregnancy. Do not assume from your client's sexual orientation that she has not or does not have male-identified partners. It is estimated that 23% to 50% of lesbians have been pregnant and have children from previous relationships.⁸
- Recognize that LBQ women, as with all women, have a wide range of gender expressions. Reproductive and sexual health needs should not be assumed based on a client's butch, gender-ambiguous, masculine-identified or feminine-identified presentation.⁹
- Keep in mind that your client may not have ever had an internal exam. Some health care professionals and their patients are misinformed about the need for LBQ women to receive pelvic exams and Pap tests. Many health care providers believe that sexually transmitted infections (STIs) cannot be transmitted through woman-to-woman contact and, due to heterosexist bias, many LBQ women have not received adequate or any internal exams.¹⁰ Appointments provide an opportunity to discuss and educate about Pap tests and testing for STIs.¹¹
- Recognize that bisexual women may face unique social stressors and health challenges. For instance, many bisexual-identified women feel marginalized by both the heterosexual and lesbian communities and this has significant impact on their mental, emotional and physical health and availability of support during pregnancy.

5. Be Knowledgeable About the LGBTQ Health Care Community

- Be aware of local, provincial, national and web-based resources for LBQ women and LGBTQ communities. Build collaborative relationships between your clinic and local organizations and support groups. Refer to the list in this tip sheet for groups that serve LBQ women.

⁷ For more information on queer women's access to donor insemination, see Queer Parenting Info: Insemination Procedure. Sherbourne Health Centre, Family Service Toronto, and Rainbow Health Ontario. 2009 Mar [cited 2010 Jun 15]. Available from: URL: <http://lgbtqparentingconnection.ca/resources.cfm?mode=3&resourceID=12913d3c-3048-8bc6-e828-68358d05fc97>

⁸ Hudspith M, Minister's Advisory Council on Women's Health. Caring for Lesbian Health: a resource for health care providers, policy makers and planners. 1999 Sep [cited 2010 Jun 7]. 16. Available from: URL: <http://www.health.gov.bc.ca/library/publications/year/1999/caring.pdf>

⁹ Planned Parenthood and Sherbourne Health Centre. (DIS)ENGAGED: A Report on the Challenges and Barriers in Sexual and Reproductive Health faced by Women who have Sex with Women. 2008 Apr 10 [cited 2010 Jun 17]. 11. Available from: URL: <http://www.ppt.on.ca/pdf/reports/wsw.pdf>

¹⁰ One report shows that "WSW were ten times less likely to have received timely pap tests than their non-WSW counterparts." Ibid.

¹¹ Hudspith M, Minister's Advisory Council on Women's Health. Caring for Lesbian Health: a resource for health care providers, policy makers and planners. 1999 Sep [cited 2010 Jun 7]. 14. Available from: URL: <http://www.health.gov.bc.ca/library/publications/year/1999/caring.pdf>



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- Find out if there is an organization in your area that offers pregnancy, parenting and/or health care-related workshops for lesbian, bisexual and queer women. If yes, attend it or ask them to conduct a workshop for your practice. Consult the LGBTQ Parenting Connection to find out about available workshops in your area:
www.lgbtqparentingconnection.ca/home.cfm
- Make referrals with sensitivity. If your client has trusted you and disclosed her sexual identity/history, keep this in mind when referring to other practitioners. It is useful to keep a list of practitioners and clinics that have an explicit LGBTQ-friendly mandate. You may want to consult Rainbow Health Ontario's Provider Directory for LGBTQ-friendly program and services: www.rainbowhealthontario.ca/lgbtHealth/find.cfm